



# The Dignity Digest

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The Dignity Digest is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Monday.

\*May require registration before accessing article.

## Spotlight



### **Judy Heumann, Who Led the Fight for Disability Rights, Dies at 75** **New York Times (free access)**

March 5, 2023

<https://tinyurl.com/NYTJudyHeumann>

She successfully battled to become a teacher and went on to help bring about a revolution in the government’s treatment of the disabled.

Judy Heumann, who spent decades attacking a political establishment indifferent to the rights of disabled people and won one fight after another, ultimately joining and reforming the very establishment she once inveighed against, died on Saturday in Washington, D.C. She was 75.

An [announcement](#) on her personal website did not specify the cause.

A quadriplegic since childhood, Ms. Heumann (pronounced human) began her career in activism waging a one-woman battle to be allowed to work as a teacher in New York City when discrimination against disabled people was not widely understood as a problem.

She went on to become an official in the Clinton administration, a special adviser in the Obama State Department and a fellow or board member at some of the nation’s leading nonprofits. She was also featured in the Oscar-nominated 2020 documentary “Crip Camp.”

Over time, she saw a revolution occur in the government’s involvement in the lives of disabled people such as herself. And she, as much as anyone else, helped bring about that revolution.

A pivotal moment came in San Francisco in 1977.

It had been four years since President Richard Nixon had signed the Rehabilitation Act, one section of which, 504, was supposed to outlaw discrimination against disabled people by any institution receiving federal money.

“It was a very important provision because it would mean, for example, that you could not discriminate against someone with a disability in preschool, in elementary school, in high school, at universities, in hospitals, in government,” Ms. Heumann [told](#) the BBC in 2020. “And if in fact discrimination occurred, you would have a remedy. You could go to court. You could file a complaint.”

Yet officials repeatedly delayed implementing the measure, and Joseph A. Califano Jr., the secretary of health, education and welfare under President

Jimmy Carter, said he had wanted to overhaul the regulations before authorizing them.

Activists responded that there would be national protests if Mr. Califano did not sign off on the original form of the law by April 4.

April 5 arrived. Protesters in cities throughout the nation occupied federal offices. Ms. Heumann, then 29, organized the San Francisco contingent. She appeared with more than 100 other people of varying disabilities to demand action from Joseph Maldonado, the regional director who reported to Mr. Califano from San Francisco.

“No one had briefed him; he didn’t know what 504 was,” Ms. Heumann [told](#) The New York Times in 2020. “We were incredulous about the fact that nobody was taking what we were doing seriously.”

The other protest actions soon ended. But the San Francisco sit-in continued for almost a month. It has often been described as the longest nonviolent occupation of a federal building in American history.

Many of the protesters did not bring necessary supplies, or even a change of clothes. The government cut the building’s water and phone connections.

Fortunately, deaf protesters knew another way to communicate: sign language. That is how they passed messages out of the building. Other protesters knew a diverting form of amusement: wheelchair races.

The sit-in received support from San Francisco’s mayor, George Moscone, who sent over mattresses, and from the Black Panther Party, which [delivered](#) ribs and fried chicken.

Ms. Heumann later traveled to Washington and participated in a special congressional hearing. “We will no longer allow the government to oppress disabled individuals,” Ms. Heumann [said](#). “We want the law enforced. We want no more segregation.”

Then she turned to address Eugene Eidenberg, a representative of Mr. Califano. “I would appreciate it,” she said, her voice cracking but still determined, “if you would stop shaking your head in agreement when I don’t think you understand what we are talking about.”

On April 28, Mr. Califano signed Section 504. The measure’s provisions for federal institutions and activities prepared the way for the Americans with Disabilities Act of 1990, which broadened those protections to include the private sector and many other areas of public life.

After Mr. Califano capitulated, Ms. Heumann [said](#), “We believe we have won the major issues.”

Judith Ellen Heumann was born in Philadelphia on Dec. 18, 1947. She grew up in Brooklyn. Her parents, Werner and Ilse Heumann, were both sent away from Nazi Germany as Jewish children, and neither of them saw their parents again. Werner ran a butcher shop, and Ilse volunteered for local civic groups.

During the 1949 polio epidemic, when Judy was 18 months old, she was diagnosed with the disease. She spent three months in an iron lung.

When her mother tried enrolling her in kindergarten, the principal said she could not attend, calling her a “fire hazard.” She was not able to properly enroll in school until she was 9 years old, and even then she took her classes with other disabled students in the basement. She was able to mix with the rest of the student body only once a week during assemblies.

She attended a special high school, graduated from Long Island University with a bachelor’s degree in speech and theater in 1969, and earned a master’s in public health from the University of California at Berkeley in 1975.

She first came to prominence as an advocate for the disabled in 1970, when she tried to become a New York City teacher. She passed every requirement except a physical and was denied a position, with the cited cause being “paralysis of both lower extremities.” Regulations stipulated that teachers must not have physical issues that prevented them from moving on stairs quickly or from escorting students out of school in case of an emergency.

Ms. Heumann sued the city and went public, telling *The Times* that if a school lacked a ramp or elevator, she could teach on the ground floor, and adding that she moved faster with her electric wheelchair than normal pedestrians did walking.

The *Times* editorial board wrote in her favor, [arguing](#) that “the blind student who takes mental notes and the paraplegic who wheels himself through school show a determination that exceeds the courage of more acclaimed hero-athletes in our society.” Mayor John Lindsay urged “a thoughtful and compassionate review” of her case.

Within a few months, Ms. Heumann won her license — becoming New York City’s first teacher in a wheelchair.

She went on to found, help run or advise many organizations concerned with the rights of the disabled, including the Center for Independent Living, a Berkeley group that she called “the first organization in the world to be run for and by the disabled.”

She worked in government in the mid-1970s as an employee of the Senate Committee on Labor and Public Welfare. She returned to Washington from 1993 to 2001 as the assistant secretary of the office of special education and rehabilitation services in the Clinton administration.

In the Obama administration, she experienced a rare failure when she tried to convince the Senate to recommend ratifying an international treaty modeled on the Americans with Disabilities Act.

She also held positions as an adviser, fellow or board member with institutions like the World Bank, the Ford Foundation and Human Rights Watch.

In August 1991, Ms. Heumann attended a program of a disability rights nonprofit in Eugene, Ore., and was struck by the broad shoulders of another attendee in a wheelchair, an accountant named Jorge Pineda. Less than a year later, they were married.

He survives her, along with her brothers, Ricky and Joseph.

During her youth, Ms. Heumann was a camper and counselor at Camp Jened, a summer camp for disabled people in the Catskills that, in 2020, became the subject of “Crip Camp.”

The camp, which was founded in 1951 and closed in 1977, was exceptional for providing disabled children with experiences so common for others, like playing classic rock and furtively making out.

It wound up producing several leaders of the disability rights movement, including others who participated in the 1977 San Francisco sit-in.

In a [Q. and A.](#) published the year of the movie’s release, The Times called Ms. Heumann “the activist star” of the film. She described the camp as a “playground,” yet she saw a larger meaning in the fun she had.

“It was a liberating time,” she said. “We could be ourselves and it absolutely helped formulate our futures.”

<https://tinyurl.com/NYTJudyHeumann>

***Biden remembers disability rights activist Judith Heumann as ‘rolling warrior’***  
**The Hill**

March 5, 2023

<https://tinyurl.com/BidenRemembersHeumann>

President Biden on Sunday remembered disability rights activist Judith Heumann, who passed away on Saturday at 75, as a “trailblazer” and a “rolling warrior.”

He also credited her advocacy for helping get pieces of legislation through Congress that opened up more opportunities to others with disabilities.

“Her courage and fierce advocacy resulted in the Rehabilitation Act, Individuals with Disabilities Education Act, and the Americans with Disabilities Act – landmark achievements that increased access to education, the workplace, housing, and more for people with disabilities,” he said.

Heumann served as the Assistant Secretary of the Office of Special Education and Rehabilitation Services for the Clinton administration and was appointed by President Obama as the State Department’s Special Advisor on International Disability Rights.

<https://tinyurl.com/BidenRemembersHeumann>

***Activist Judy Heumann led a reimagining of what it means to be disabled***  
**NPR All Things Considered**

March 4, 2023

<https://tinyurl.com/NPRHeumann>

It was still a radical claim that disabled people didn’t see themselves, or their conditions, as something to be pitied. Or that they insisted what most held them back wasn’t their health condition but society’s exclusion — maybe attitudes that they were less capable to do a job, go to college or find romance; or a physical barrier, like a sidewalk without a curb cut.

That reimagining of what it means to be disabled did gain traction over the years — [the passage of the Americans with Disabilities Act](#) just three years later in 1990 was a milestone — thanks to leaders like Heumann, who died

	<p>suddenly on Saturday at age 75 at a hospital in Washington, D.C. She'd been hospitalized the previous weekend with breathing problems. . .</p> <p>Heumann, then 29, emerged as a leader. When California congressmen convened a hearing at the occupied building and a federal official tried to reassure the protesters, Heumann did not let him off easy. "We will no longer allow the government to oppress disabled individuals. We want the law enforced. We will accept no more discussion of segregation," she said in a voice that quivered with emotion and indignation. "And I would appreciate it if you would stop shaking your head in agreement when I don't think you understand what we are talking about."</p> <p>The protesters forced the Carter administration to implement Section 504 of the Rehabilitation Act, which specified that no government agency, or even a private business, that accepted federal funds could discriminate against someone on the basis of their disability. . .</p> <p>The disability civil rights revolution, which Heumann had helped launch in America, was now becoming a democracy export. Between 2000 and 2015, 181 countries passed disability civil rights modeled after the ADA (although many were laws with little power or follow up). In her hulking power wheelchair, Heumann traveled to more than 30 countries to spread the gospel of disability rights.</p> <p>For the 25th anniversary of the ADA in 2015, I followed Judy at a <a href="#">State Department conference in Washington that brought 50 disabled advocates from 33 countries</a>. They treated Judy like a rock star. They posed for selfies and brought her gifts. They sought her advice about closing down abusive orphanages for disabled children and about how to win equal rights for women with disabilities. "We are slowly changing the world," Judy told them.</p> <p><a href="https://tinyurl.com/NPRHeumann">https://tinyurl.com/NPRHeumann</a></p>
<p>Quotes of the Week</p>	<p><i>"Disability only becomes a tragedy when society fails to provide the things we need to lead our lives — job opportunities or barrier-free buildings, for example. It is not a tragedy to me that I'm living in a wheelchair."</i></p> <p>Judy Heumann, <i>Activist Judy Heumann led a reimagining of what it means to be disabled</i>, NPR All Things Considered, March 4, 2023, <a href="https://tinyurl.com/NPRHeumann">https://tinyurl.com/NPRHeumann</a></p> <p><i>"Judy Heumann was a trailblazer – a rolling warrior – for disability rights in America. After her school principal said she couldn't enter Kindergarten because she was using a wheelchair, Judy dedicated the rest of her life to fighting for the inherent dignity of people with disabilities."</i></p>

President Joe Biden, *Biden remembers disability rights activist Judith Heumann as 'rolling warrior'*, **The Hill**, March 5, 2023, <https://tinyurl.com/BidenRemembersHeumann>

*"Today's authorization of the first OTC test that can detect Influenza A and B, along with SARS-CoV-2, is a major milestone in bringing greater consumer access to diagnostic tests that can be performed entirely at home."*

Jeff Shuren, M.D., J.D., director of the FDA's Center for Devices and Radiological Health, *FDA Authorizes First Over-the-Counter At-Home Test to Detect Both Influenza and COVID-19 Viruses*, **U. S. Food and Drug Administration**, February 24, 2023, [emergency use authorization](#)

*Fueled, in part, by the devastating COVID-19 death toll in nursing homes, leaders in some states are not waiting for federal action to ensure public dollars do not pay for poor care. New York, for instance, set requirements for how Medicaid payments could be spent. When more than 200 nursing homes sued the state to block the new law, they revealed budget details usually hidden from the public and regulators. One fact stood out: The homes spent most of their government Medicaid funding on expenses other than face-to-face care of residents. In total, the group would have had to return \$511 million to the state in 2019 had a key requirement of the new law been in effect: that 70% of Medicaid be spent on direct care.*

*Biden wants more nursing home staff; owners say they need more funding*, **USA Today**, March 3, 2023, <https://tinyurl.com/BidenWantsMoreNurses>

*"This way of paying and supporting nursing home care in this country is completely broken. From an industry perspective, this is a flawed model: overpaying with one public payer and underpaying with the other and hoping for the best."*

David Grabowski, a Harvard University researcher and member of the congressional Medicare payment commission, *Biden wants more nursing home staff; owners say they need more funding*, **USA Today**, March 3, 2023, <https://tinyurl.com/BidenWantsMoreNurses>

*“Nursing homes should protect the health and well-being of every resident. . . This case demonstrates that we will hold responsible people accountable when they pocket federal funds while providing substandard care.”*

Carla Freedman, United States Attorney for the Northern District of New York, *Attorney General James Secures Over \$7.1 Million from Former Saratoga County Nursing Home for Years of Fraud and Neglect*, **Office of the New York Attorney General**, February 27, 2023, <https://tinyurl.com/SaratogaNH>

*“I don’t think we should be thinking of 90-plus or even 100 as extreme aging anymore. We should be helping people prepare for this longevity.”*

Michael “Mick” Smyer, a clinical psychologist and national expert on aging. *When it comes to aging, 90-plus or even 100 might not be ‘extreme’ anymore*, \***Boston Globe**, February 19, 2023, <https://tinyurl.com/100MightNotBeExtreme>

*“More than 90 percent of centenarians are functionally independent in their early nineties. ... Semi-super-centenarians (ages 105-109 years) and [especially] supercentenarians (age 110+), usually delay such age-related diseases towards the ends of their lives”; and “a substantial proportion of centenarians live with age-related diseases usually associated with significant mortality, for more than 20 years.”*

Dr. Thomas Perls, an international expert on longevity with Boston University Chobanian & Avedisian School of Medicine, *When it comes to aging, 90-plus or even 100 might not be ‘extreme’ anymore*, \***Boston Globe**, February 19, 2023, <https://tinyurl.com/100MightNotBeExtreme>

*“A group of 7-year-olds are more alike than a group of 77-year-olds. With increasing age comes increasing individual differences.”*

*When it comes to aging, 90-plus or even 100 might not be ‘extreme’ anymore*, \***Boston Globe**, February 19, 2023, <https://tinyurl.com/100MightNotBeExtreme>

*Aaliyah sang (and then, sadly, demonstrated when she died at 22), “Age ain’t nothing but a number.”*

Aaliyah, a singer who died at age 22, *When it comes to aging, 90-plus or even 100 might not be 'extreme' anymore*, \***Boston Globe**, February 19, 2023, <https://tinyurl.com/100MightNotBeExtreme>

*"The fact that Norman Lear just turned 100 is the least of his accomplishments. Lots of people do it. You turn on the Today show and you see a bunch of folks celebrating their centennial. . . . Congratulations on your first hundred, my friend."*

George Clooney, *When it comes to aging, 90-plus or even 100 might not be 'extreme' anymore*, \***Boston Globe**, February 19, 2023, <https://tinyurl.com/100MightNotBeExtreme>

*"The Governor's proposal is a strong, welcome initiative which we hope turns the tide in our present crisis."*

Maura Sullivan, Senior Director, The Arc of Massachusetts, *Disability Advocates Hope Healey Budget "Turns the Tide" On Staffing Crisis*, \***State House News**, March 2, 2023, <https://tinyurl.com/TurnsTheTide>

*"PTSD Coach is an exceptionally valuable tool that allows you to tell your own story to yourself. You have to go through the bad stuff to get to the story. And even if you only tell your story to yourself, that's a lot better than not telling it at all."*

Veteran Army Captain John Kirby IV, *Veteran uses PTSD Coach app to cope*, **Veterans' Health Care**, March 2, 2023, <https://tinyurl.com/VeteransPSTDCoach>

*"A Disability Justice framework understands that all bodies are unique and essential, that all bodies have strengths and needs that must be met. We know that we are powerful not despite the complexities of our bodies, but because of them."*

Patty Berne, disability rights advocates, *Disability Justice—in the Workplace (and Beyond)*, **Non-Profit News | Nonprofit Quarterly**, February 28, 2023, <https://tinyurl.com/NPQDisabilityJustice>

*"Disability justice really comes about because traditional disability rights movements did not center or didn't center as well the experiences and perspectives of queer, trans,*



	<p><i>Black, Indigenous, people of color, immigrants, and women. And that’s important, and the list is long for a reason, because it is a call-in to members of the community that had not been in the leadership roles and the decision making in the public leadership as much. It’s critical to have that leadership and opportunity component center folks that have been historically excluded. People with disabilities deserve respect, dignity, and genuine inclusion.”</i></p> <p>Adela Ruiz, program and grants lead at the NBA Foundation, <i>Disability Justice—in the Workplace (and Beyond)</i>, <b>Non-Profit News   Nonprofit Quarterly</b>, February 28, 2023, <a href="https://tinyurl.com/NPQDisabilityJustice">https://tinyurl.com/NPQDisabilityJustice</a></p> <p><i>It’s never too early to start thinking about how your home can adapt to meet your changing needs over time, as well as what modifications might be required to make it safer, easier to use and more accessible. “And remember that you can make these changes and still maintain the style of your home. A safe home will increase its value and be more comfortable and more accessible for you, for other seniors who visit you, and for family members of all ages.”</i></p> <p>Melissa Birdsong, an interior designer and the board chairwoman of <a href="#">Raleigh Village East</a>, a nonprofit organization focused on helping people age in place, <i>9 tips for creating a home that is safe for aging in place</i>, <b>Washington Post (free access)</b>, February 6, 2023, <a href="https://tinyurl.com/9TipsHomeSafe">https://tinyurl.com/9TipsHomeSafe</a></p>
Dignity Alliance in the News	<p><b>1. "Now or Never" (podcast)</b>  January 2023  <i>Interview with Margaret Morganroth Gullette about the American Eldercide</i>  Interviewer: Kosta Yepifantsev  Transcript: <a href="https://tinyurl.com/KostaGulletteTranscript">https://tinyurl.com/KostaGulletteTranscript</a>  Audio: <a href="https://tinyurl.com/GulletteInterviewWithKosta">https://tinyurl.com/GulletteInterviewWithKosta</a></p>
Proposed Federal Rule Comment Period Open	<p><b>2. Centers for Medicare and Medicaid Services</b>  <i>Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities — Proposed Rule</i>  On February 13, 2023, the Centers for Medicare &amp; Medicaid Services (CMS) placed on display at the <b>Federal Register</b> a proposed rule that would implement portions of section 6101 of the Affordable Care Act, which require the disclosure of certain ownership, managerial, and other information regarding Medicare skilled nursing facilities (SNFs) and Medicaid nursing facilities (hereafter occasionally referenced collectively as “nursing homes”). This proposed rule is part of the continued effort of the Biden-Harris Administration through a series of initiatives, announced on February 28, 2022, designed to improve care and accountability at such facilities.<sup>[1]</sup></p>

**Background**

Section 6101(a) of the Affordable Care Act, signed into law on March 23, 2010, added a new section 1124(c) to the Social Security Act (the Act) establishing requirements for the disclosure of information about nursing home ownership and oversight.

Over the years, CMS has become increasingly concerned about the quality of care at nursing homes, especially those owned by private equity companies and other types of investment firms, and academic researchers have indicated that this trend needs closer scrutiny. CMS believes that greater transparency about nursing home owners and operators can help CMS and other regulators hold these parties more accountable for the quality of care they furnish.

Although nursing homes must currently report certain ownership and management data to CMS and the states as part of, respectively, the Medicare and Medicaid enrollment processes, some of the information under section 1124(c) of the Act is not currently required to be disclosed (e.g., persons who merely furnish cash management services to an SNF that is enrolling in Medicare). This additional data would give CMS and the states a more complete background on the organizations and individuals that own, oversee, and facilitate the operations of nursing homes.

**Proposed Provisions**


Given both the statutory mandate in section 1124(c) of the Act and the need to address quality of care concerns in nursing homes through increased transparency, this proposed rule would require the following:

- Medicare SNFs and Medicaid nursing facilities would need to disclose the data outlined in section 1124(c) upon initial enrollment and revalidation. Medicare SNFs would also have to: (1) report this information as part of any change of ownership pursuant to 42 CFR § 489.18; and (2) report any change to this data within the timeframes specified in 42 CFR § 424.516(e).
- For Medicare SNFs, the data would be reported via the Form CMS-855A Medicare enrollment application. For Medicaid nursing facilities, the data would be reported via means prescribed by the state.

The rule would also provide definitions of private equity company and real estate investment trust, setting the stage for Medicare SNFs to disclose whether each direct and indirect owning or managing entity is a private equity company or real estate investment trust. The revised Form CMS-855A, for which a revision notice was published in the Federal Register for 60-day public comment on December 15, 2022 (87 FR 76626), would collect, among other things, this private equity company and real estate investment trust data. If this revised form is finalized, Medicare SNFs would have to disclose this data on that version of the Form CMS-855A. Thus, the updated application (CMS-855A form) SNFs use for enrollment purposes would itself be the vehicle for requiring the private equity and real estate investment trust disclosures; we expect that the updated application will be ready for public use in summer 2023. Further, if our provisions in this proposed rule are finalized, the Form CMS-855A would again be revised to collect the data in section 1124(c).

Since, as mentioned, CMS and the states already collect some of the data in section 1124(c), CMS is also proposing that Medicare SNFs would not have to report this same information twice on the same Form CMS-855A Medicare enrollment application submission. CMS believes this approach would help

	<p>alleviate the reporting burden on SNFs. States would have the discretion to adopt a similar policy.</p> <p>CMS is further proposing a number of definitions to assist nursing homes in furnishing the requested data. This includes, for purposes of Medicare enrollment, definitions of private equity company and real estate investment trust.</p> <p><b>Public Posting of Data</b></p> <p>Consistent with section 6101(b) of the Affordable Care Act, CMS intends to make data reported pursuant to section 1124(c) publicly available if this rule is finalized. However, as indicated in the proposed rule, CMS would provide more information after the final rule is published regarding the timing, vehicle, and content of this publication.</p> <p>Comment period:</p> <p><b>To be assured consideration, comments must be received at one of the addresses provided in the Federal Register announcement by April 14, 2023.</b></p> <p>For more information, please visit the <a href="#">Federal Register</a>.</p>
<p>Reports</p>	<p><b>3. Senate Finance Committee and Senate Special Committee on Aging</b></p> <p><i>Left in the Dark</i></p> <p><i>The impact of the 2021 Texas Blackout on Long-Term Care Residents and the Need to Improve Emergency Preparedness</i></p> <p>Left in the Dark is an investigative report released by Senate Finance Committee Chair Ron Wyden and Senate Special Committee on Aging Chair Bob Casey that tells the story of older adults and people with disabilities living in long-term care facilities affected by extreme weather events, which are becoming more frequent due to climate change.</p> <p>Extreme weather and other disasters can affect long-term care residents directly—tornadoes tearing off roofs, wildfires degrading air quality, floods forcing hurried evacuations. They also can affect facilities indirectly, such as when a winter storm interrupted electricity and water services for millions of Texans in February 2021.</p> <p>The number of people in the United States over the age of 65 is projected to reach 80 million by 2040, more than double the number in 2000. As the nation ages and demand for long-term care grows, we must ensure nursing homes are delivering quality care and protecting residents when disaster strikes.</p> <p><b>Key Findings:</b></p> <ul style="list-style-type: none"> <li>• Texas Blackout Took a Severe Toll on Long-Term Care Residents</li> <li>• Extreme Weather Emergencies Extend Beyond Texas</li> <li>• Power Outages are on the Rise</li> <li>• Backup Power is Still Not Required</li> <li>• Staffing Shortages Hinder Emergency Preparedness</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Improve Inclusivity of Disaster Planning, Preparedness and Management in Communities</li> <li>• Improve Staffing—Nursing Home Inspectors</li> <li>• Improve Staffing—Nursing Homes</li> <li>• Increase the Transparency of Emergency Plans</li> <li>• Incorporate Climate Change Risks into Emergency Preparedness</li> <li>• Incorporate Renewable Energy into Emergency Preparedness</li> <li>• Ensure Equitable Emergency Preparedness</li> </ul>

	<ul style="list-style-type: none"> <li>• Emergency Power for Long-Term Care</li> </ul> <p>These recommendations draw on the report's findings, as well as Casey's <a href="#">REAAID for Disasters Act</a>, which calls for including older adults and people with disabilities in emergency planning and management. The report also restates 18 recommendations Wyden issued in his 2018 report, <a href="#">Sheltering in Danger</a>, which have drawn support from patient advocates, a major nursing home industry group and federal regulators.</p> <p>Media release: <a href="https://tinyurl.com/LeftInTheDarkMediaRelease">https://tinyurl.com/LeftInTheDarkMediaRelease</a></p> <p>A summary of the report can be found <a href="#">here</a>. The full report can be found <a href="#">here</a>.</p>
Retirement	<p><b>4. *State House News</b></p> <p>March 6, 2023</p> <p><i>Merrick Nearing Last Shift on Beacon Hill</i></p> <p>"I'm Retiring My Best Friend," says State House ADA Coordinator.</p> <p>A loyal State House employee is set to retire this month after more than eight years working on Beacon Hill -- and that's around half a century in "dog years."</p> <p>Merrick the guide dog is a familiar sight to anyone who regularly walks around under the Golden Dome. He accompanies Carl Richardson, the State House's Americans with Disabilities Act coordinator who identifies as DeafBlind. . .</p> <p>So the veteran Beacon Hill canine will be hanging up the harness on March 15. Like any good State House coworker, Richardson wants to plan a retirement party for his friend. He's thinking of having a time for Merrick at the 21st Amendment after work that day.</p> <p><a href="https://tinyurl.com/MerrickRetirement">https://tinyurl.com/MerrickRetirement</a></p> 
	<p><b>Previously posted webinars and online sessions can be viewed at:</b></p> <p><a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
Nursing Homes	<p><b>5. *Boston Globe</b></p> <p>March 4, 2023 (updated)</p> <p><i>Five people are dead at a South Yarmouth nursing home after a COVID-19 outbreak</i></p> <p>The outbreak also left more than 90 staff and residents infected.</p> <p>Five residents of a South Yarmouth nursing home died in recent days following an outbreak of COVID-19, which also caused more than 90 additional cases among residents and staff.</p> <p>The state Department of Public Health has ordered Pittsfield-based Integritus Healthcare, which operates Windsor Skilled Nursing and Rehabilitation Center in</p>

South Yarmouth, to cease admissions of new residents while officials respond to the outbreak. . .

As of Saturday, 75 residents have been infected with the coronavirus, 23 of whom have recovered, Lisa Gaudet, a spokesperson for Integritus Healthcare, said in an e-mail.

Another 19 cases have been reported involving staff, including five who have recovered, she said.

The outbreak began Feb. 21 at the facility, which houses 89 residents, she said. Gaudet said that “all normal infection control measures” that governed nursing homes since the pandemic began are being followed. The facility is also in daily communication with the state health department and its epidemiology team, she said. . .

The outbreak in Yarmouth comes as the state continues to issue weekly reports detailing scores of new COVID-19 deaths, and thousands of new cases, from across Massachusetts.

In the week leading up to March 2, 87 deaths and 3,356 confirmed cases of COVID-19 were reported statewide by the health department.

<https://tinyurl.com/YarmouthOutbreak>

#### **6. McKnight’s Long Term Care News**

March 3, 2023

*Nursing home beds fell pre-pandemic, even as aged population exploded: researchers*

As the number of nursing home beds in the country has declined, so, too, has the number of highly rated beds according to new research. The shifting numbers have produced concern among researchers about the availability of high-quality care.

A study [published](#) in *JAMA Network* Wednesday looked at how the supply of nursing home beds in US counties compared to the demand from 2011 to 2019. What the three University of Pennsylvania-affiliated researchers found was not good news for a growing population of seniors and their caregivers.

“The broad decline in nursing home bed supply, which intensified during the COVID-19 pandemic, may impede access to care and contribute to worsening outcomes for the growing population that relies on nursing homes for post acute care after hospitalization,” the study said. “If access to nursing home care is not commensurate with population-level post acute care needs, older adults may be at greater risk for rehospitalization and other adverse outcomes.”

Using a number of federal sources for data, the researchers found that the number of beds declined from 1,670,000 in 2011 to 1,644,000 in 2019 — a decrease of 1.5%.

Meanwhile, the population of seniors 65 and older increased by 28.2% — from more than 39,600,000 to nearly 51,000,000. . .

The declining number of beds also was not evenly distributed throughout nursing homes. In counties that experienced an increase in the number of beds, it was a relatively small growth of 2.3 percentage points in for-profit beds yet a decrease of 5.5 percentage points in 4- and 5-star rated beds.

<https://tinyurl.com/NHBedsFellPrepandemic>

#### **7. American Bar Association**

March 3, 2023

*CMS to Begin Auditing Nursing Homes Due to Concerns of Erroneous Diagnoses and Improper Antipsychotic Drug Use*

On January 18, 2023, [CMS announced its plans](#) to begin offsite audits of schizophrenia coding to ensure that nursing homes are not making false schizophrenia diagnoses and, in turn, misrepresenting their rates of antipsychotic drug use. CMS gives nursing homes an overall quality rating that is posted on CMS's Nursing Home [Care Compare](#) website, and the percentage of long-stay residents who receive antipsychotic drugs is one of the quality measures used in CMS's star rating calculation. CMS will review facility records, with attention to whether the records include behavior documentation and psychiatric evaluations to support a diagnosis of schizophrenia, to confirm whether coding of schizophrenia is accurate. If an audit reveals improper coding by a facility, CMS will adjust the facility's star rating.

<https://tinyurl.com/ABACMSNHAudit>

#### 8. USA Today

March 3, 2023

*Biden wants more nursing home staff; owners say they need more funding*

Promises to upgrade nursing home care made a cameo appearance in President Joe Biden's State of the Union address for the second year running. But a cornerstone of his plan faces strong opposition as updated regulations begin to roll out.

Central to Biden's plan are more caregivers – nurses as well as the assistants who do the bulk of the day-to-day work with residents.

People who run nursing homes say the president's proposal to set stringent staffing requirements is impractical, arguing the real problem is that the government doesn't [pay enough](#) to hire the number of care workers recommended under federal guidelines. Some advocates for seniors say many nursing homes have plenty of money – they just need to spend more of it on staffing.

Both have a point.

Fixing senior care will come down to a blend of money and oversight, data and recent analyses suggest. And finding the right mix will require government leaders to better track tax dollars paid to nursing homes. Without understanding the profits and costs driving the decisions made by these businesses and nonprofits, experts say, changes to payment rates and staffing rules are a guessing game.

An academic study expected later this year could provide detailed insight into nursing home budgets. The federally funded effort will be the first time researchers have examined how the unique payment structure of each state's Medicaid program factors into the facilities' costs and profits.

Fueled, in part, by the devastating COVID-19 death toll in nursing homes, leaders in some states are not waiting for federal action to ensure public dollars do not pay for poor care.

New York, for instance, set requirements for how Medicaid payments could be spent.

When more than 200 nursing homes sued the state to block the new law, they revealed budget details usually hidden from the public and regulators. One fact stood out: The homes spent most of their government Medicaid funding on expenses other than face-to-face care of residents. In total, the group would have had to return \$511 million to the state in 2019 had a key requirement of the new law been in effect: that 70% of Medicaid be spent on direct care.

The United States spends more than \$90 billion a year on nursing home stays. That number will only increase as Americans live longer, often with complicated health care needs. How to manage those rising costs has been a sticky debate for federal and state officials, who often are leery of increasing taxes or cutting other programs to fill the looming gap.

Not knowing some of the basics of how nursing homes work, and how much profit they pocket, leaves policy makers at a disadvantage, too. A [congressional hearing](#) last fall and a [watchdog report](#) from the Government Accountability Office in January highlighted a growing interest among elected leaders to dissect the relationships between numerous business entities that can operate inside a single nursing home. Last week, Xavier Becerra, secretary of the Department of Health and Human Services, announced a [new federal rule](#) to collect more detailed information on ownership structures.

The draft rule drew quick criticism from the nursing home industry's largest trade organization, the American Health Care Association. President Mark Parkinson said it was "a distraction from the real issues" affecting the quality of care in nursing homes, such as Medicaid payments that he said are too low and staffing challenges.

But a group representing nonprofit aging-care providers, LeadingAge, supports Biden's plan, noting the providers already provide more transparency than for-profit owners through informational forms they must file annually.

"Ownership and financing of nursing homes should be transparent to help ensure that owners or associated businesses do not profit at the cost of quality care," LeadingAge President Katie Smith Sloan said in a statement.

The two organizations agree on one thing: Any required improvements in staffing or care must come with increased congressional and state funding.

#### **Why does it matter?**

At stake are the future health, comfort and dignity of many Americans, in addition to the roughly 1.2 million people who now live in skilled nursing facilities – a number that does not include millions more in independent or assisted living communities.

Most adults will spend at least some time in a nursing home during their lifetime. Some will need skilled nursing and physical therapy to recover after surgery. Others will be years-long residents, either toward the end of their lives or sooner because of disability. Demand already outpaces supply.

Most nursing homes don't have enough staff to keep their residents safe. A recent [USA TODAY investigation](#) found that thousands of nursing homes went an entire day with a registered nurse in the building, yet only a handful were cited for it by inspectors.

[Without enough nurses](#) and aides, people go unattended in their own waste, are stranded on the floor after a fall, or lie in bed with painful pressure sores, unmoved for long stretches. That can hasten mental and physical decline and untimely death.

**Search the data:** Explore

#### **Are nursing homes paid enough?**

Two main sources of funding flow into nursing homes on top of private insurance: Medicaid and Medicare. Some facilities only accept residents who pay entirely out of pocket.

Short-term stays in skilled nursing facilities are covered by Medicare, the federal insurance program for people who are elderly or have a disability. It primarily

covers therapy to help people return home after medical events, such as surgeries or a stroke.

A recent federal advisory commission estimated that Medicare accounts for 16% of the money flowing into nursing homes even though it pays for 10% of stays. USA TODAY found that the number of caregivers a nursing home can afford under Medicare's reimbursement formula is almost always less than minimum staffing levels recommended by a [2001 federal study](#). That's because the algorithm is based on an old snapshot of the industry's staff numbers, not what is [now known](#) about what's needed.

At the same time, the typical nursing home is profitable.

The Medicare Payment Advisory Commission, a nonpartisan government group that advises Congress, said profit margins for Medicare residents in nursing homes average more than 17%. Some operators report even higher profits. With economic headwinds, including inflation and low unemployment, driving up wages and supply costs, the commission projected profit margins would fall to 10% this year.

A portion of these profits could be spent on hiring more nurses and aides. But it's unclear how much closer that would bring the industry to federal staffing benchmarks.

As it stands, researchers say some nursing homes may use profits from Medicare patients to balance out losses or smaller profit margins elsewhere in the operation – such as residents covered by Medicaid.

**What's the deal with How does Medicaid factor in?**

Many elderly Americans from middle-class backgrounds end up having their aging care covered by Medicaid after they use up their savings. The government insurance program for low-income people is paid for by a mix of federal and state tax dollars.

In all, Medicaid funds about two-thirds of nursing home stays, including for many who enter the facility under Medicare coverage but stay longer than three months.

Industry officials have long asserted that Medicaid rates do not cover the full cost of caring for those residents. However, reviews of individual facilities with large Medicaid populations have sometimes concluded they are, in fact, profitable.

Sorting that out is difficult without access to detailed financial information about nursing home operators and their web of sister companies.

Each state also designs its own coverage and rates, leading to wide differences. A second federal commission advising Congress on Medicaid policy reported recently that on average those programs pay 86% of the actual cost of caring for nursing home residents, although 1 in 7 homes receive as little as 70%.

The commission's analysis included only baseline Medicaid payment rates, not additional money some states pay facilities for meeting quality standards or serving particular types of residents, such as veterans. The study's authors said those bonuses complicate the picture so much that they couldn't say for certain which nursing homes have costs covered and which don't.

If base payments from low-paying Medicaid and high-paying Medicare are both considered, the commission found, the average nursing home's overall profit margin drops to 3.4%.

A more complete picture that could guide policy decisions may finally come this year. Under a federal grant, researchers from the [University of Massachusetts](#),



[Boston and Miami University of Ohio](#) are compiling detailed Medicaid payment data from every state and comparing it with expenditures nursing homes report to federal regulators.

“For the first time, we will have a baseline,” said Marc Cohen, one of the study’s authors and the co-director of an aging studies center at UMass Boston. “Then we can mark progress over time.”

**Should federal leaders increase funding?**

Because Medicaid is the primary payer for nursing home care, David Grabowski, a Harvard University researcher and member of the congressional Medicare payment commission, said fixing Medicaid funding will be crucial to improving quality of care.

He said the existing higher payment rates for Medicare entice nursing homes to prioritize serving people who need short-term stays. Facilities that focus on Medicaid residents can find themselves reducing quality to balance their budgets or guarantee profits.

“This way of paying and supporting nursing home care in this country is completely broken,” he said at a commission meeting last month. “From an industry perspective, this is a flawed model: overpaying with one public payer and underpaying with the other and hoping for the best.”

LeadingAge, an industry association representing non-profit aging services, suggested in [a letter](#) to members of Congress that federal leaders could guarantee a basic level of care nationwide by requiring state Medicaid programs to cover at least 95% of the cost of care, up from the average of 86%. The larger trade group, the American Health Care Association, also supports the “reasonable cost” proposal.

Cohen, the researcher at the University of Massachusetts, Boston, said the quickest way federal officials could close the cost-of-care gap in Medicaid is to increase the share of funding that comes from the federal government, which would incentivize states to invest more, too. On average, Cohen said, the current state-federal split is 50-50.

**Do nursing homes profit from short staffing?**

Wages account for about two-thirds of the cost of running a nursing home. A nonprofit home or chain with a tight budget, or a private company looking to maximize profits for shareholders, may see that line item as a target for cuts. One [federal rule](#) requires a registered nurse in the building at least eight hours a day. Another requires facilities to have enough nurses and aides to provide appropriate care based on resident needs, but it lets each facility define “sufficient” for itself. [USA TODAY’s investigation](#) found that both rules were rarely enforced at homes where payroll records show staffing fell short.

Academic studies have found that for-profit facilities, particularly those owned by private equity firms, have hired fewer registered nurses while bringing in more licensed practical nurses. The math behind that is simple: Nursing homes pay practical nurses an average of \$24 an hour compared with \$35 for registered nurses, according to federal wage statistics.

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Federal law requires at least one of either kind of nurse in the building at all times, so filling most of those hours with the cheaper option can save big money. The cost savings of reduced registered nurse hours, however, has a human price.

Registered nurses receive more extensive training than licensed practical nurses. They are the only providers certified to develop care plans, determine if there's been a change in condition and to complete an assessment after an incident, such as a fall. They receive additional training on infection control and wound care.

Some licensed practical nurses interviewed by USA TODAY said that when there are not enough registered nurses working, these duties fall to them. And because they care about residents, they do work their license doesn't allow and for which they've received no formal training.

**Another way to make money: Pay yourself and keep ownership vague**

A variety of businesses tend to operate inside a nursing home. The operating company that writes the check for nurses might appear to be losing money in annual reports to federal officials. But the company might also be paying a profitable sister business for services like laundry or pharmacy.

A parent company might even own the land and the building as separate subsidiaries. The nursing home then can operate at a loss while paying rent to the real estate fund, which is profitable.

Since 2009, the federal government has had authority under the Affordable Care Act to require that nursing home companies provide detailed disclosures of who owns them. Yet the primary regulator for nursing homes, the Centers for Medicaid and Medicare Services, proposed doing so just this month. Existing ownership records are incomplete.

The ability to collect ownership details is being tested in Illinois, which is set to gather the information for the first time this year.

Illinois nursing homes have the nation's lowest nurse staffing levels, based on USA TODAY's analysis of timecard data. It's a distinction state leaders want to reverse through financial incentives tied to accountability measures.

With more information on the ownership structure of nursing home companies, state officials hope to learn how best to hold operators accountable for the new staffing standards and bonus payments.

**Potential reform: Tie money to hiring more staff**

For years, states have experimented with a variety of Medicaid bonus payments – called “supplemental rates” – to encourage nursing homes to meet quality standards or serve certain kinds of residents, such as veterans.

Now, some states are zeroing in on staffing and profitability within their Medicaid programs as one potential reform.

Illinois changed its Medicaid payments to focus on both nursing care and wages for nursing aides. Payments go up as staffing approaches the desired levels.

Those payments, started last summer, could account for as much as 10% of nursing home funding, among the highest performance supplements in the country, according to officials from the state's Department of Healthcare and Family Services.

A previous rate increase approved by the Illinois legislature had no effect on staffing levels after two years, said department Director Theresa Eagleson. And an internal review of payments found that facilities with the most Medicaid-paying residents actually had some of the largest profit margins.

“We had a lot of facilities in Illinois making a lot of money by doing the wrong things,” like cutting staffing levels, Eagleson said. “That’s why we started this campaign.”

**Potential reform: Limit profits**

New York has taken a more direct approach to making sure nursing homes spend public dollars on care and caregivers.

A recent state law will require nursing homes to spend 70% of their revenue on direct care, including 40% on staff who work face-to-face with residents. Those changes were coupled with increases to minimum staffing requirements. Both will take effect once the state writes policies to guide the laws.

New York’s reforms call for capping profits at 5%. Any excess would go into a state fund to pay bonuses to nursing homes with the best quality of care records. That component of the law is in limbo because about half the state’s nursing homes and three trade associations sued to block it.

The December 2021 complaint challenging the law calls the profit cap “an unconstitutional taking of Plaintiffs’ private property for a public purpose.” It says a state cannot direct how federal Medicare funds are spent and alleges that the “arbitrary” spending requirements for direct care and staffing are not linked clearly enough to quality of care.

Filings in the case also provide a detailed glimpse of normally hidden operator budgets.

The nursing home operators said that if the profit cap and direct care spending requirements had been in place in 2019, they would have had to return \$824 million to the state. That money includes \$511 million the homes spent on expenses other than direct care or face-to-face resident services, plus \$313 million in profits above the new 5% limit.

<https://tinyurl.com/BidenWantsMoreNurses>

**9. JAMA Network**

March 1, 2023

*Trends in Supply of Nursing Home Beds, 2011-2019*

Key Points

**Question** Is the supply of nursing home beds, specifically, high-quality beds, adequate for the aging population in the US?

**Findings** In this cross-sectional study, the supply of nursing home beds per 10 000 adults aged 65 years or older per county declined from 2011 to 2019 in 86.4% of US counties, by a mean of 129.9 beds from 552.5 beds in 2011. The share of 4- and 5- star beds also decreased, likely driven by an increasing number of low-quality beds where bed supply increased.

**Meaning** These findings suggest declining availability of nursing home beds, particularly high-quality beds, raising concerns about whether the long-term care needs of an aging population are being met.

Abstract

**Importance** Nursing homes play a vital role in providing post acute and long-term care for individuals whose needs cannot be met in the home or community. Whether the supply of nursing home beds and, specifically, the supply of high-quality beds has kept pace with the growth of the older adult population is unknown.

**Objective** To describe changes in the supply of population-adjusted nursing home beds from 2011 to 2019.

**Design, Setting, and Participants** This cross-sectional study examines changes in the population-adjusted supply of nursing home beds across all US counties from 2011 to 2019 and describes county and nursing home characteristics where the supply of nursing home beds has increased vs decreased.

**Main Outcomes and Measures** Number of nursing home beds adjusted per 10 000 adults aged 65 years and older.

**Results** The population-adjusted supply of nursing home beds declined from 2011 to 2019 for 86.4% of US counties, by a mean (SD) of 129.9 (123.8) beds per 10 000 adults aged 65 years or older per county from a baseline mean (SD) of 552.5 (274.4) beds per 10 000 adults aged 65 years or older per county in 2011. The share of beds that were high quality (4- or 5-star ratings) also declined, which was driven by a small number of counties where nursing home bed supply increased due to a proliferation of lower-quality beds. Simultaneously, metropolitan counties with declining numbers of nursing home beds also experienced declining number of senior housing residential beds (−11.3 [54.6] beds per 10 000 adults aged 65 years or older per county from a baseline mean [SD] of 354.8 [222.3]).

**Conclusions and Relevance** The findings of this cross-sectional study suggest that the supply of nursing home beds, specifically high-quality nursing home beds, and senior residential housing beds have not kept pace with the demographics of an aging population. Understanding the supply of high-quality nursing home beds and associated geographic variation can inform targeted policies to best support older adults requiring nursing home care.

<https://tinyurl.com/TrendsNH Beds>

#### 10. Office of the New York Attorney General

February 27, 2023

*Attorney General James Secures Over \$7.1 Million from Former Saratoga County Nursing Home for Years of Fraud and Neglect  
Owners, Operator, and Landlord of Saratoga Center Deceived DOH,  
Caused Widespread Neglect and Abuse  
Settlement Marks Fourth Recent Action by AG James to Address  
Problems in Nursing Homes and Protect Vulnerable New Yorkers*

New York Attorney General Letitia James and the United States Attorney for the Northern District of New York (USAO-NDNY) Carla Freedman today announced they have [secured more than \\$7.1 million from the Saratoga Center for Rehabilitation and Skilled Nursing Care \(Saratoga Center\)](#), a former nursing home in Ballston Spa, and its owners, unlicensed operator, and landlord for years of fraud and resident neglect. In 2017, following a financial dispute, Saratoga Center’s landlord pressured the owners, who were the licensed operators, to relinquish control of the nursing home to the unlicensed operator, and never reported the change to the New York State Department of Health (DOH). Under the control of this unlicensed operator and his associates, conditions at Saratoga Center rapidly declined. The facility failed to provide medication to residents, lacked hot water and clean linens, and residents suffered falls, pressure sores, and other significant lapses in care. . .

Attorney General James has been investigating nursing homes throughout New York state based on concerns of resident neglect and other unacceptable conduct, both before and during the COVID-19 pandemic. In January 2021, Attorney General James [released a report](#) revealing that many nursing homes were ill-equipped and ill-prepared to deal with the pandemic crisis because of

	<p>poor staffing levels, which resulted in a lack of compliance with infection control protocols and increased risk to residents. In November and December 2022, Attorney General James filed special proceedings against three separate skilled nursing facilities and their owners due to findings of repeated and persistent fraud and illegality, including resident neglect, illegal conversion of government funds, and false and misleading representations to DOH. These facilities include: <a href="#">The Villages of Orleans Health and Rehabilitation Center in Orleans County</a>, <a href="#">Fulton Commons Care Center in Nassau County</a>, and <a href="#">Cold Spring Hills Center for Nursing and Rehabilitation in Nassau County</a>. <a href="https://tinyurl.com/SaratogaNH">https://tinyurl.com/SaratogaNH</a></p>
Home and Community Based Services	<p><b>11. Washington Post (free access)</b> February 6, 2023 <i>9 tips for creating a home that is safe for aging in place</i> We asked [Melissa] Birdsong, [an interior designer and the board chairwoman of Raleigh Village East, a nonprofit organization focused on helping people age in place,] and geriatrician Rosanne Leipzig what changes they would recommend for making a home safe for aging in place, without sacrificing style. Here are their suggestions.</p> <ul style="list-style-type: none"> <li>• Incorporate a zero-threshold entry</li> <li>• Widen doorways</li> <li>• Pick low-maintenance flooring</li> <li>• Brighter is better</li> <li>• Contrast is your friend</li> <li>• Incorporate voice-activated technology</li> <li>• Opt for drawers over cabinets</li> <li>• Make switches easier on hands (and eyes)</li> <li>• Consider outlet and switch height</li> </ul> <p><a href="https://tinyurl.com/9TipsHomeSafe">https://tinyurl.com/9TipsHomeSafe</a></p>
Covid / Long Covid	<p><b>12. U. S. Food and Drug Administration</b> February 24, 2023 <i>FDA Authorizes First Over-the-Counter At-Home Test to Detect Both Influenza and COVID-19 Viruses</i> The agency granted <a href="#">emergency use authorization</a> to the Lucira Covid-19 &amp; Flu Test, a single-use kit that provides results from a nasal swab in about 30 minutes. The test is for people with symptoms of a respiratory tract infection, and can be purchased without a prescription by anyone 14 or older. The test could be particularly helpful in winters like this one with flu, covid-19 and RSV jockeying to inflict <a href="#">an array of miserable symptoms</a>. Before now, no at-home test for flu has been available. Instead, people are usually tested at a physician’s office or urgent care clinic, and other combination flu-coronavirus tests typically require that samples be sent to a lab for analysis. <a href="#">emergency use authorization</a></p>
Caregiving	<p><b>13. LeadingAge LTSS Center @UMass Boston</b> February 27, 2023 <i>New Research Brief: Quality of Communication Between Family Caregivers and Direct Care Professionals</i> Greater availability of communication between family caregivers and direct care professionals in residential care settings was associated with fewer depressive symptoms and lower negative affect in residents, according to a new research brief published by the LeadingAge LTSS Center @UMass Boston.</p>

	<p><b>BACKGROUND</b></p> <p>Family caregivers are important contributors to the quality of care older adults receive and the quality of life they experience while living in nursing homes and assisted living communities, according to the research brief. However, barriers within organizational systems can impede the ability of direct care professionals to establish effective and consistent lines of communication with family members. These communication challenges can create an information gap that makes it more difficult for providers of aging services to deliver optimal care in residential long-term services and supports (LTSS) settings.</p> <p>Researchers Francesca Falzarano of Weill Cornell Medicine, Verena Cimarolli of the LTSS Center, and Karen Siedlecki of Fordham University studied communication in residential care settings by analyzing the datasets of two, linked, population-based surveys.</p> <p>The research team sought to explore and characterize how family caregivers perceive their communication with direct care professionals and how those perceptions influence residents’ mental health. The team also examined how relationships between family members and direct care professionals in nursing homes may differ from similar relationships in assisted living communities.</p> <p><b>KEY FINDINGS</b></p> <p>Key findings from the study fell into three categories:</p> <p><b>Suboptimal Communication Quality:</b> Overall, family caregivers perceived as suboptimal the frequency, availability, and helpfulness of their communication with direct care professionals regarding a care recipient’s care and condition.</p> <p><b>Benefits Associated with Communication Availability:</b> Greater availability of communication between family caregivers and direct care professionals in LTSS settings was associated with fewer depressive symptoms and lower negative affect in residents.</p> <p><b>Setting Comparisons:</b> High-quality communication was found to be a stronger predictor of fewer depressive symptoms among residents in assisted living communities, compared to residents in nursing homes.</p> <p>“The results of this study highlight the need for consistent, transparent, and supportive two-way communication between family caregivers and direct care professionals to encourage the sharing of information about residents,” the authors conclude. “It is critical for direct care professionals and family caregivers to engage in consistent, bi-directional dialogue and to find new ways to communicate and collaborate to improve residents’ daily lives.”</p> <p><a href="https://tinyurl.com/CommunicationsFamilyCaregiver">https://tinyurl.com/CommunicationsFamilyCaregiver</a></p>
<p>Fraud &amp; Scams</p>	<p><b>14. AARP</b></p> <p>February 28, 2023</p> <p><i>Americans Lost Record-Breaking \$8.8 Billion to Scams in 2022</i></p> <p>The cost of investment schemes, impostor scams and other fraud is skyrocketing. Consumers reported losing almost \$8.8 billion to scams and fraud in 2022, up 30 percent over 2021’s losses, according to <a href="#">newly released numbers</a> from the Federal Trade Commission (FTC). The rising cost of these crimes is staggering, considering that in 2020 Americans lost <i>only</i> \$3.5 billion to fraud, including identity theft.</p> <p>It’s “overwhelming,” said Attorney General Merrick B. Garland, 70, during a Feb. 9 <a href="#">interview with AARP</a> at the Department of Justice (DOJ) about what the federal government is doing to fight fraud — which is often aimed at older adults. He</p>

	<p>said that while the DOJ is dedicated to the effort, it's challenged by the fact that these crimes are "innovative and constantly changing."</p> <p>And while the number of scam reports last year was actually down — to 2.4 million, from 2.9 million in 2021 — individual victims lost far more than ever before: In 2022, the median loss from fraud was \$650, up from \$500 in 2021. Some scams proved much more lucrative for criminals than others, according to these new numbers, which are based on reports submitted to the FTC's <a href="#">Consumer Sentinel Network</a> directly by consumers, or through law enforcement and other organizations.</p> <p>The highest losses were incurred through investment scams — a total of more than \$3.8 billion, double the amount lost to such schemes in 2021, with a staggeringly high median loss of \$7,144 per victim.</p> <p>The highest losses were incurred through <a href="#">investment scams</a> — a total of more than \$3.8 billion, double the amount lost to such schemes in 2021, with a staggeringly high median loss of \$7,144 per victim. . .</p> <p><b>Other report highlights</b></p> <ul style="list-style-type: none"> <li>• There were over 1.1 million reports of identity theft last year; about 442,000 were related to credit card fraud.</li> <li>• Individual victims within the military community (veterans, military members and their spouses) of all ages also <a href="#">continue to report losing more money</a> than their civilian counterparts, with a median loss of \$765 in 2022, compared with \$650 among the general population.</li> <li>• Texts were the most common contact method criminals used for scams (22 percent), followed by phone calls (20 percent) and emails (19 percent).</li> <li>• There were almost 40,000 reports of <a href="#">romance scams</a> in 2022, with a total loss of \$546 million.</li> <li>• Among those who reported losing money to a scam, the biggest losses were through bank transfers (\$1.5 billion) and cryptocurrency (\$1.4 billion).</li> </ul> <p><a href="https://tinyurl.com/AARPFraudFeb28">https://tinyurl.com/AARPFraudFeb28</a></p>
Veteran Services	<p><b>15. Veterans' Health Care</b>  March 2, 2023  <i>Veteran uses PTSD Coach app to cope</i>  Veteran Army Captain John Kirby IV uses his experience with post-traumatic stress disorder (PTSD) to help other Veterans cope with it. . .  To manage his PTSD symptoms, Kirby started using VA's <a href="#">PTSD Coach app</a> and psychiatric care from <a href="#">North Texas VA</a>. These enabled him to finally "open his duffel bag and see what was in there" after keeping it shut for almost 30 years. PTSD Coach provides education about PTSD, information about professional care, a self-assessment for PTSD and opportunities to find support. It also has tools that can help Veterans manage their symptoms in daily life.  To learn more about PTSD Coach, <a href="#">visit the VA App Store</a>.  <a href="https://tinyurl.com/VeteransPSTDCoach">https://tinyurl.com/VeteransPSTDCoach</a></p>
Disability	<p><b>16. *State House News</b>  March 2, 2023  <i>Disability Advocates Hope Healey Budget "Turns the Tide" On Staffing Crisis</i>  Advocates for people with intellectual and developmental disabilities on Thursday hailed Gov. Maura Healey's fiscal year 2024 budget plan, saying the investments the new administration plans to make in MassHealth day programs and workforce supports would address the persistent capacity and staffing issues that keep thousands of people from getting the services they want. The Arc of</p>

Massachusetts pointed to six specific aspects of Healey's budget (H 1) that Executive Director Leo Sarkissian said, "should address the crisis triggered by the pandemic and give hope to those waiting for assistance." The budget includes \$200 million in base rate investments for MassHealth day programs, a \$54 million increase for Chapter 257 rates, full funding of the Department of Developmental Services' Turning 22 program at \$105.6 million (a \$21 million boost) to support a new class of 1,431 individuals aging out of state supports, a \$10 million increase in supports for adults with autism, a \$7 million increase in family support, and a \$270 million increase in residential services including increases for state-operated programs. In total, the Department of Developmental Services would see a budget increase of 14 percent under Healey's recommendation. As of 2018, there were 791,132 people with disabilities living in Massachusetts, equal to about 11.6 percent of the state's 6.9 million population, according to the Commission on the Status of Persons With Disabilities. "The Governor's proposal is a strong, welcome initiative which we hope turns the tide in our present crisis," The Arc's senior director Maura Sullivan said. A year ago, the president of Association of Developmental Disabilities Providers said that the shortage of workers at group homes and day programs "has now worsened to epic proportions." She estimated that there were about 7,000 people with intellectual or developmental disabilities on waitlists to return to their day programs once they were able to hire new staff. <https://tinyurl.com/TurnsTheTide>

#### **17. Non-Profit News | Nonprofit Quarterly**

February 28, 2023

*Disability Justice—in the Workplace (and Beyond)*

Disability justice emerged as a framework in the early 2000s, as disabled queer folks and BIPOC activists reflected on and critiqued the Disability Rights Movement of the 1960s and '70s—which focused on advocacy for legislation and policy protecting the rights of disabled people. The passage of the Individuals with Disabilities Education Act in 1975 and the passage of the Americans with Disabilities Act in 1990 were pivotal successes for disabled Americans, cementing access to accommodations, equitable education, and physical spaces. Focused primarily on themes such as independent living and individual rights, however, this movement did not explicitly centralize the needs and experiences of those who experience intersectional oppression—for example, people with disabilities who are people of color, immigrant, trans or gender-nonconforming, among many other identities. . .

in response to the critical need for anchoring the movement in the needs and realities of intersectional identities, members of the disability rights movement with those multiple identities created a framework of disability justice that centers ten principles not historically centered within the movement:

1. Intersectionality—applying the perspectives and analysis of multiple identities and groups to movement work
2. Leadership of Those Most Impacted—centering democratic leadership by those with direct lived experience with disabilities
3. Anti-Capitalistic Politic—applying a critique of the ways in which capitalism centers productivity and narrowly defines societal value
4. Commitment to Cross-Movement Organizing—engaging with other social movements to ensure mutual reinforcement and strategic alignment



	<ol style="list-style-type: none"> <li>5. Recognizing Wholeness—valuing all parts of an individual’s offerings to the community and to movement work</li> <li>6. Sustainability—building environments that are focused on long-term healing and change</li> <li>7. Commitment to Cross-Disability Solidarity—preventing siloing within the disability justice movement and identifying shared aims</li> <li>8. Interdependence—honoring communal exchange and relationships among individuals and movements</li> <li>9. Collective Access—prioritizing access for multiple identities, geographies, and contexts</li> <li>10. Collective Liberation—recognizing that struggles are interconnected and that working toward liberation for all is necessary<sup>6</sup></li> </ol> <p><a href="https://tinyurl.com/NPQDisabilityJustice">https://tinyurl.com/NPQDisabilityJustice</a></p>
Health Care	<p><b>18. *Health Affairs</b> February 2023 <i>Dental Services Use: Medicare Beneficiaries Experience Immediate and Long-Term Reductions After Enrollment</i> <b>Abstract</b> Traditional Medicare does not cover routine dental care, but little is known about transitions in dental outcomes upon reaching Medicare eligibility at age sixty-five. Using data from the 2010–19 Medical Expenditure Panel Surveys, we examined dental insurance, utilization, and outcomes among US adults before and after age sixty-five, using a regression discontinuity design and segmented regression analysis. Among 97,108 US adults representing a weighted population of 104,787,300 people, complete edentulism, or the loss of all teeth, increased by 4.8 percentage points at age sixty-five, and the percentage of people receiving restorative dental care decreased by 8.7 percentage points. Enrollment in Medicare Advantage, which may offer a dental benefit, was not associated with greater use of dental services relative to traditional Medicare, and Medicare Advantage enrollees had a significantly larger drop in dental spending from private insurance at age sixty-five than traditional Medicare enrollees. Expanding Medicare to cover dental services may help counteract these effects among all enrollees. <a href="#">changes in dental insurance and oral health care</a></p>
Longevity	<p><b>19. *Boston Globe</b> February 19, 2023 <i>When it comes to aging, 90-plus or even 100 might not be ‘extreme’ anymore</i> Why we need to put out-of-date attitudes about age to rest. Norman Lear turned “100 years young” back on July 27, which ABC later celebrated with a <a href="#">90-minute tribute</a>. . . Even a vibrant, vital, working industry legend cannot escape society’s kiss of death — and you don’t have to be 100 to receive it. A friend replied to my e-mail asking about her mom, a mere 92: “She is cruising along with the challenges that come with age,” remarking that a nurse had referred to her mother as “extreme elderly.” The term may have originated as a demographic distinction in gerontology, but it is also a reflection of how we see people who exceed their place on the actuarial tables. We may congratulate them on reaching a milestone but the expression on our faces is <i>You still here?</i> And some of us may be quietly wondering how much in tax dollars is being spent on their housing, health care, and other needs.</p>

	<p>By <a href="#">2034, adults over the age of 65</a> are expected to outnumber children under 18 for the first time in the history of the United States, according to a report by the Census Bureau. In January, a 13-year international <a href="#">study led by Harvard Medical School</a> suggested we may ultimately get <a href="#">one treatment every decade</a> that would reverse the aging of our cells by 10 years, delaying illnesses from heart disease to cancer to dementia, effectively slowing the aging process. Will longer life spans force us to make adjustments to our expectations, reconsider the notion of “extreme,” and change our attitudes toward aging?  <a href="https://tinyurl.com/100MightNotBeExtreme">https://tinyurl.com/100MightNotBeExtreme</a></p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at:  <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a>  Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
Websites	<p><b>AARP Fraud &amp; Scam website</b>  <a href="https://www.aarp.org/money/scams-fraud/">https://www.aarp.org/money/scams-fraud/</a></p>
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . Only new recommendations will be listed in <i>The Dignity Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>
Nursing home closures	<ul style="list-style-type: none"> <li>• <b>Chapin Center, Springfield</b>  160 beds; current census: 91  Owner: The Northeast Health Group, Inc.  Star rating: 3 stars  Notice date: February 6, 2023  Target closure: June 6, 2023  Public hearing:  Thursday, March 2, 2023, 6:00 p.m.  Dial In Number: 888-390-5007  Participant Passcode: 3522632  <a href="#">Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</a></li> <li>• <b>Governor’s Center, Westfield</b>  100 beds; current census: 70  Owner: The Northeast Health Group, Inc.  Star rating: 1 star  Notice date: February 6, 2023  Target closure: June 6, 2023  Public hearing:  Thursday, March 2, 2023, 6:00 p.m.  Dial In Number: 888-390-5007  Participant Passcode: 3522632  <a href="#">Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</a></li> <li>• <b>Willimansett Center East, Chicopee</b>  85 beds; current census: 65</li> </ul>

	<p>Owner: The Northeast Health Group, Inc.  Star rating: 4 stars  Notice date: February 6, 2023  Target closure: June 6, 2023  Public hearing:  Wednesday, March 1, 2023, 6:00 p.m.  Dial In Number: 888-390-5007  Participant Passcode: 8045037  <a href="#">Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</a></p> <ul style="list-style-type: none"> <li> <b>Willimansett Center West, Chicopee</b>  103 beds; current census: 71  Owner: The Northeast Health Group, Inc.  Star rating: 5 stars  Notice date: February 6, 2023  Target closure: June 6, 2023  Public hearing:  Wednesday, March 1, 2023, 6:00 p.m.  Dial In Number: 888-390-5007  Participant Passcode: 8045037  <a href="#">Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</a> </li> <li> <b>Voluntary nursing home closure process</b>  When a facility decides to voluntarily close, there are several requirements that it must fulfill before it can complete the closure. This process is outlined in the <a href="#">Licensure Procedure and Suitability Requirements for Long-Term Care Facilities regulations (105 CMR 153.000)</a>. </li> </ul>
Nursing homes with admission freezes	<p><b>Massachusetts Department of Public Health</b>  <i>Temporary admissions freeze</i>  On November 6, 2021 the state <a href="#">announced</a> that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety.</p> <ul style="list-style-type: none"> <li>• There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:</li> <li>• Number of new COVID-19 cases within the facility</li> <li>• Staffing levels</li> <li>• Failure to report a lack of adequate PPE, supplies, or staff</li> <li>• Infection control survey results</li> <li>• Surveillance testing non-compliance</li> </ul> <p>Facilities are required to notify residents' designated family members and/or representative when the facility is subject to an admissions freeze. In addition, a list of facilities that are currently required to stop new admissions and the reason for this admissions freeze will be updated on Friday afternoons, and as</p>

needed when the Department of Public of Health determines a facility can be removed from the list.

**Updated on March 3, 2023. Red font – newly added**

Name of Facility	City/Town	Date of Freeze	Qualifyin g Factor	Star Rating
Chapin Center	Springfield	2/1/2023	Closure	3
Governor’s Center	Westfield	2/1/2023	Closure	1
Oasis at Dodge Park	Worcester	2/22/2023	Cases	2
Westfield Center	Westfield	2/22/2023	Cases	4
Willimansett – East	Chicopee	2/1/2023	Closure	4
Willimansett – West	Chicopee	2/1/2023	Closure	5
Willowbrook Manor Rest Home	Millis	2/22/2023	Cases	n/a
<b>Windsor Nursing &amp; Retirement</b>	<b>Yarmouth</b>	<b>2/28/202</b>	<b>Cases</b>	<b>1</b>

List of Special Focus Facilities

**Centers for Medicare and Medicaid Services**

*List of Special Focus Facilities and Candidates*

<https://tinyurl.com/SpeicialFocusFacilityProgram>

**Updated October 26, 2022**

CMS has published a new list of [Special Focus Facilities](#) (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.

To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.

This is important information for consumers – particularly as they consider a nursing home.

**What can advocates do with this information?**

- Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.
- Post the list on your program’s/organization’s website (along with the explanation noted above).
- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

**Massachusetts facilities listed (updated July 27, 2022)**

**Newly added to the listing**

- None

**Massachusetts facilities not improved**

- Attleboro Healthcare, Attleboro  
<https://tinyurl.com/AttleboroHealthcare>

**Massachusetts facilities which showed improvement**

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough  
<https://tinyurl.com/MarlboroughHills>

**Massachusetts facilities which have graduated from the program**

- Oxford Manor, Haverhill
- Worcester Health Center, Worcester

**Massachusetts facilities that are candidates for listing**

- Charwell House Health and Rehabilitation, Norwood  
<https://tinyurl.com/Charwell>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225208>
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway  
<https://www.medwaymanor.com/>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225412>
- Mill Town Health and Rehabilitation, Amesbury  
No website  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225318>
- Plymouth Rehabilitation and Health Care Center  
<https://plymouthrehab.com/>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225207>
- Savoy Nursing and Rehabilitation Center, New Bedford  
No website  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225423>
- South Dennis Healthcare, South Dennis  
<https://www.nextstephc.com/southdennis>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225320>
- Tremont Health Care Center, Wareham  
<https://thetremontrehabcare.com/>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225488>
- Vantage at Wilbraham  
No website  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225295>
- Vantage at South Hadley  
No website  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225757>
- Watertown Rehabilitation and Nursing Center, Watertown (added in June)  
No website  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225425>

	<a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a>																								
<i>Nursing Home Inspect</i>	<p><b>ProPublica</b> <b><i>Nursing Home Inspect</i></b> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td><a href="#">250</a></td> <td><a href="#">B</a></td> </tr> <tr> <td>82</td> <td><a href="#">C</a></td> </tr> <tr> <td>7,056</td> <td><a href="#">D</a></td> </tr> <tr> <td><a href="#">1,850</a></td> <td><a href="#">E</a></td> </tr> <tr> <td>546</td> <td><a href="#">F</a></td> </tr> <tr> <td>487</td> <td><a href="#">G</a></td> </tr> <tr> <td>31</td> <td><a href="#">H</a></td> </tr> <tr> <td>1</td> <td><a href="#">I</a></td> </tr> <tr> <td>40</td> <td><a href="#">J</a></td> </tr> <tr> <td>7</td> <td><a href="#">K</a></td> </tr> <tr> <td>2</td> <td><a href="#">L</a></td> </tr> </tbody> </table>	# reported	Deficiency Tag	<a href="#">250</a>	<a href="#">B</a>	82	<a href="#">C</a>	7,056	<a href="#">D</a>	<a href="#">1,850</a>	<a href="#">E</a>	546	<a href="#">F</a>	487	<a href="#">G</a>	31	<a href="#">H</a>	1	<a href="#">I</a>	40	<a href="#">J</a>	7	<a href="#">K</a>	2	<a href="#">L</a>
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2	<a href="#">L</a>																								
<i>Nursing Home Compare</i>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b> <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> <li>• <b>Staff turnover:</b> The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																								
<i>Data on Ownership of Nursing Homes</i>	<p><b>Centers for Medicare and Medicaid Services</b> <i>Data on Ownership of Nursing Homes</i></p>																								

	<p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to <a href="http://data.cms.gov">data.cms.gov</a> and updated monthly.</p>		
Long-Term Care Facilities Specific COVID-19 Data	<p><b>Massachusetts Department of Public Health</b>  <i>Long-Term Care Facilities Specific COVID-19 Data</i>  <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>		
DignityMA Call to Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA.</a></b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – <a href="#">State Legislative Endorsements.</a></li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements.</a></li> <li>• <b>Join</b> our <a href="#">Work Groups.</a></li> <li>• <b>Learn</b> to use and leverage Social Media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>  Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>  Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>		
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p>	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncouncil.org">bhenning@bostoncouncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Pricilla O’Reilly Lachlan Forrow	<a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Legal Issues	Jeni Kaplan	<a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	Housing	Bill Henning	<a href="mailto:bhenning@bostoncouncil.org">bhenning@bostoncouncil.org</a>
	Veteran Services	James Lomastro	<a href="mailto:jiplomastro@comcast.net">jiplomastro@comcast.net</a>
	Transportation	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>

Please contact group lead for more information.		Chris Hoeh	<a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
<b><i>The Dignity Digest</i></b>	<p>For a free weekly subscription to <i>The Dignity Digest</i>:  <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a>  Editor: Paul Lanzikos  Primary contributor: Sandy Novack  MailChimp Specialist: Sue Rorke</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> <li>• Marianne DiBlasi</li> <li>• Wynn Gerhard</li> <li>• Scott Harshbarger</li> <li>• Justice in Aging</li> <li>• Jim Lomastro</li> <li>• Dick Moore</li> <li>• Sue Rorke</li> </ul> <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.  If you have submissions for inclusion in <i>The Dignity Digest</i> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			