



The Dignity Digest

Issue # 130

March 13, 2023

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

Long Term Care Community Coalition

LTCCC Alert: Nursing Home Administrator Hours Down 20% Since Pandemic

March 9, 2023

[Editor’s note: This communication and referenced report is courtesy of our colleagues from the Long Term Care Community Coalition in New York. We are grateful for their research and willingness to share.]

Greetings,

I am writing to share our latest nursing home staffing alert (below). Though highly-paid industry lobbyists continue to bemoan staffing “challenges” and demand more money to provide sufficient staffing*, the latest data indicate that the percent of facilities that are sufficiently staffed has remained fairly constant at around 25%. This indicates that safe staffing is possible but, in the absence of a specific government mandate and enforcement of federal care standards, too many operators will maximize profits by cutting staffing to unsafe levels.

Also, in case you missed it, we have posted the recording and slides from February’s extraordinary webinar presentation by the NYS Attorney General’s office on their ground-breaking cases against three major nursing home operators, alleging serious fraud and profiteering at the expense of basic resident safety and dignity. We thank the NYS Medicaid Fraud Control Unit for its outstanding work and encourage other state MFCUs to undertake similar efforts to protect residents, families, and the integrity of the public funds that pay for most nursing home care.

Richard Mollot, Executive Director

*NOTE: Nursing homes are already paid and required to have sufficient staff to meet the care and psycho-social needs of residents. affairs, to ensure that resident care needs are met. According to federal law, nursing homes must be administered “effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.”

LTCCC Alert: Nursing Home Administrator Hours Down 20% Since Pandemic

[In a new staffing report by The Long Term Care Community Coalition](#), we find that nursing home administrators are providing less time in their facilities compared to before the COVID-19 pandemic. According to payroll-based journal data, nursing home administrators provided

an average of 4.7 minutes per resident day (total of 6.17 hours per day) in the third quarter of 2022. This is a 20% decline from the 5.9-minute per resident day (total of 8.44 hours per day) in Q3 2019. LTCCC's new staffing report contains Q3 2022 data on nurse staff (RN, LPN, CNA, etc.) and non-nurse staff (Admin, Medical Director, Dietician, etc.) for every U.S. nursing home (in compliance with mandatory reporting requirements). Visit the NursingHome411 staffing page for user-friendly data on nursing homes in your community or state, including nurse staff, non-nurse staff, contract workers, turnover rates, weekend staffing levels, staffing ratings, and state rankings (plus: an interactive staffing dashboard!). We hope this report can help the public, media, and policymakers identify and assess the extent to which nursing homes in their communities provide sufficient staffing to meet basic clinical and quality of life needs.

Staffing Facts for Q3 2022

- Federal data show that a majority of nursing homes continue to provide insufficient staffing levels (3.61 Total Nurse Staff Hours Per Resident Day (HPRD), 0.59 RN Staff HPRD on average) to meet the basic care needs of the nation's 1.16 million nursing home residents.

Important Note: Industry lobbyists are claiming that they need help to meet staffing standards. In fact, inadequate staffing has been a persistent problem for decades due to the fact that nursing homes are rarely held accountable when they put profits over the safety of their residents and staff.

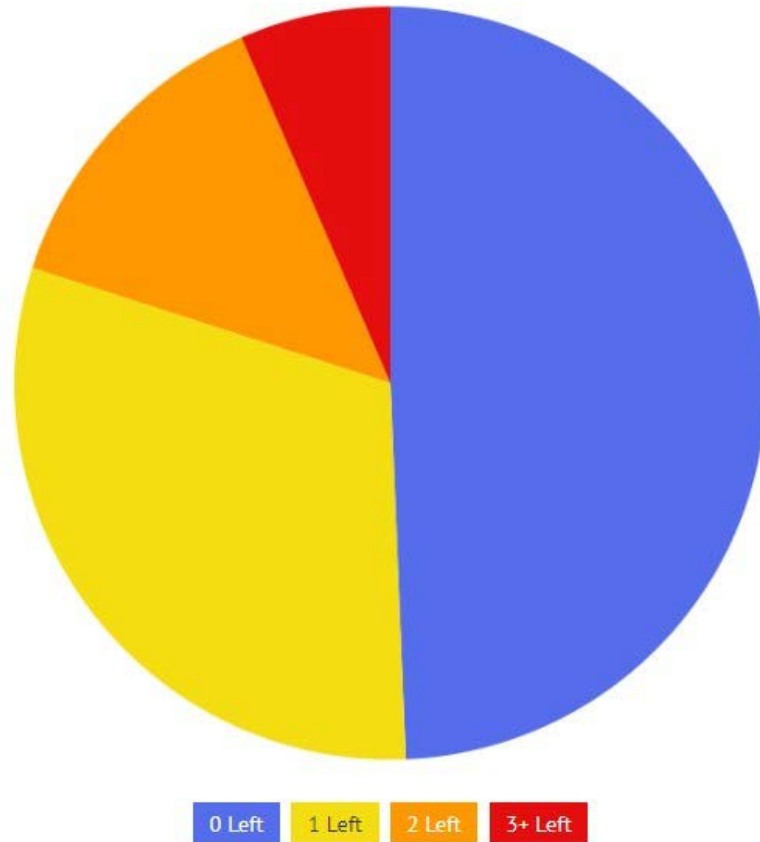
- Only one in four (25.8%) nursing homes met the total care staff threshold (4.10 HPRD), as determined by [a landmark 2001 federal study](#).
- Roughly half of nursing homes lost at least one administrator in the previous 12 months (among the 10,000 nursing homes with available administrative turnover data).
- At least 2,100 nursing homes lost at least two administrators in the previous 12 months.
- Nursing homes are increasingly reliant on contract staff, which accounted for 10.5% of all nurse staff hours in Q3 2022, up from 5.0% in Q1 2021.

Note: The report is based on the most recent payroll-based journal (PBJ) data reported by the federal Centers for Medicare & Medicaid Services (CMS). (Sources: [PBJ Daily Nurse Staffing](#), [PBJ Daily Non-Nurse Staffing](#), [Provider Information](#)). Visit the [NursingHome411 Data Center](#) for more information on staffing, five-star ratings, and other important nursing home data.

<https://tinyurl.com/LTCCCQ32022Report>

Administrator Turnover by Nursing Home

Number of admins who left within 12 months (Source: CMS Provider Info)



Staffing by State: Check out [our interactive dashboard](#) to see your state's staffing levels for each nurse staffing position.

Quotes of the Week

“This is outrageous. [The Northeast Health Group facilities in western Massachusetts] should be able to continue operating [under state control] while there is a more deliberate, more careful, more rational, more caring way to empty the buildings.”

Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts, ‘This is outrageous’: Advocates urge state to take control of four nursing homes slated to close, ***Boston Globe**, March 9, 2023 (updated), <https://tinyurl.com/GlobeThisIsOutrageous>

“Transitioning residents with complex medical and emotional needs is a delicate process, and transfer trauma is a major concern with residents who have been haphazardly placed. “Some residents may not survive this transition, or may suffer physically, emotionally, and socially.”

Stavros Center in its complaint to the Massachusetts Dept. of Public Health, *‘This is outrageous’: Advocates urge state to take control of four nursing homes slated to close*, ***Boston Globe**, March 9, 2023 (updated), <https://tinyurl.com/GlobeThisIsOutrageous>

“They told us if we didn’t find a place for a loved one, they would relocate them, and it could be on the Cape, it could be Pittsfield, wherever there was a bed. . . A lot of staff jumped ship right away. They kept trying to bring in staff from agencies, but a lot of times they were short staffed and if a loved one wasn’t there to watch out, forget it. . . I would like to see things revamped and people being treated more like human beings.”

Judy, whose 86-year-old father moved out of Willimansett West in Chicopee, *‘This is outrageous’: Advocates urge state to take control of four nursing homes slated to close*, ***Boston Globe**, March 9, 2023 (updated), <https://tinyurl.com/GlobeThisIsOutrageous>

“The company [Northeast Health Group] has been very silent with us, very silent with the state. They won’t let us do our jobs.”

Crystal Bouchie, business representative for [United Food and Commercial Workers Union Local 1459](#) in Springfield commenting on the closure of four nursing homes in western Massachusetts, *Union says company shuttering Hampden County nursing homes is ghosting employees*, **Mass.com**, March 10, 2023, <https://tinyurl.com/GhostingEmployees>

Guardianships have a bad reputation. Guardians are far too easy to appoint, often have more power than they need, and may become too greedy, failing to protect the people they are guarding. The problem is lack of oversight.

Modern Laws and Out-of-Court Solutions Can Advance Guardianship, **Bloomberg Law**, March 9, 2023, <https://tinyurl.com/ModernLawsAdvanceGuardianship>

It's said that when the only tool you have is a hammer, you tend to see every problem as a nail. Plenary guardianship has long been seen as the law's hammer to deal with the "problem" of the alleged incapacity of people with disabilities and older persons. Even when guardianship functions well—and stories of financial, emotional, and other forms of abuse show it often doesn't—it can deny the right of adults with disabilities to make their own decisions, with or without support.

Courts Must Revamp Approach to Guardianship, a Potent Legal Tool, Bloomberg Law, March 9, 2023, <https://tinyurl.com/CourtsRevampGuardianship>

Supported decision-making, which originated in British Columbia, has achieved increasing recognition in US legislation and court decisions. It is a far more appropriate tool for the toolbox than guardianship.

Courts Must Revamp Approach to Guardianship, a Potent Legal Tool, Bloomberg Law, March 9, 2023, <https://tinyurl.com/CourtsRevampGuardianship>

"The [guardianship] system is a profit center. It is not benevolent. It is not altruistic."

Rick Black, a former corporate executive who has become a full-time guardian reformer, Guardians' Dark Side: Lax Rules Open the Vulnerable to Abuse, Bloomberg Law, March 6, 2023, <https://news.bloomberglaw.com/interactive/guardians-dark-side-lax-rules-open-the-vulnerable-to-abuse>

"I guess I was an idealist. I thought the judge was going to listen to me and weigh the evidence and be fair."

Lorraine Mendiola, Guardians' Dark Side: Lax Rules Open the Vulnerable to Abuse, Bloomberg Law, March 6, 2023, <https://news.bloomberglaw.com/interactive/guardians-dark-side-lax-rules-open-the-vulnerable-to-abuse>

"People are rendered to a state of non-personhood, in the name of protection."

Morgan Whitlatch, Center for Public Representation, *Guardians' Dark Side: Lax Rules Open the Vulnerable to Abuse*, **Bloomberg Law**, March 6, 2023, <https://news.bloomberglaw.com/interactive/guardians-dark-side-lax-rules-open-the-vulnerable-to-abuse>

“We want to do everything we can to make it easy for patients and their families. It’s so, so important and making people travel huge distances doesn’t get you there. We have got to make sure that’s resolved in the right way.”

Massachusetts Governor Maura Healey responding to the closure of four western Massachusetts nursing homes, *Governor Healey weighs in on proposed western Massachusetts nursing home closures*, **WWLP-TV 22News**, March 10, 2023,

Lawyers and advocates estimate there are at least 3,000 such “unbefriended” people — most are older adults, though some are younger with brain injuries, intellectual disabilities, or mental health problems in need of a guardian.

Who will be guardians for legions of ‘unbefriended’ elders? A new initiative tries to address an urgent and growing problem in Mass. ***Boston Globe**, February 27, 2023, <https://tinyurl.com/GlobeUnbefriended>

The unpaid care provided by the 780,000 caregivers in Massachusetts is valued at \$15.1 Billion.


Family Caregivers in Massachusetts Provide \$15.1 Billion in Unpaid Care to Loved Ones, **AARP**, March 8, 2023, aarp.org/valuing

“Independently living, with dignity and respect, supported by jobs that pay a living wage, is the only future I’m going to accept.”

State Senator Lydia Edwards, *‘Fighting for my life’: Disability advocates call for higher wage for PCAs*, **WGBH**, March 2, 2023, <https://tinyurl.com/PCAFightingForMyLife>

“PCAs are literally my lifeline. The work that my PCA does is not easy. It’s close, personal, intimate care.”

Dan Harris, who works in the community living advocacy program at the Boston Center for Independent Living, *Personal-care attendants fight for higher wages*, ***Boston Business Journal**, March 7, 2023, <https://tinyurl.com/PCAHigherWages>

<p>Life Well Lived</p> 	<p>1. Sunday Today (video report) March 12, 2023 <i>Disability rights leader, Judy Heumann, dies at 75</i> Judy Heumann, the brave woman who was denied a teaching position because she was in a wheelchair and turned the rejection into a lifetime of disability activism that changed the world, has died at 75. Sunday TODAY’s Willie Geist remembers a life well-lived. https://www.today.com/video/disability-rights-leader-judy-heumann-dies-at-75-164968005645</p>
<p>Dignity Alliance in the News</p>	<p>2. Mass.com March 10, 2023 <i>Union says company shuttering Hampden County nursing homes is ghosting employees</i> The union representing a shrinking number of workers at four nursing homes poised for shutdown says Northeast Health Group Inc. isn’t sharing information and isn’t negotiating severance. “The company has been very silent with us, very silent with the state,” said Crystal Bouchie, business representative for United Food and Commercial Workers Union Local 1459 in Springfield. “They won’t let us do our jobs.” A representative of Northeast Health Group didn’t return a call for comment Friday afternoon. Northeast Health Group announced last month it will close Chapin Center in Springfield; Governor’s Center in Westfield and Willimansett Center East and West in Chicopee by June 6. New state regulations, implemented as a response to COVID-19, no longer allow the facilities to house more than two people in one bedroom. By eliminating three- and four-person rooms, the business will lose an estimated \$2.5 million a year and is no longer financially viable, officials have said. The move will displace about 300 elderly, vulnerable residents and cost about 360 jobs, including certified nursing assistants and dietary and housekeeping staff. The UFCW’s Bouchie said before the closing announcement, the union represented about 180 of those 360 employees. But the number has been shrinking. “Mainly facilities have been moving residents out,” she said. “So, there are less hours and less work available. Our people are taking other jobs.” THE UFCW wants to negotiate severance, at least a week’s pay for each year of service for employees who earn from minimum wage of \$15 an hour up to \$25 an hour. Also, Bouchie said she wants to continue workers’ health insurance. “They need to have health care coverage as they transition to other jobs,” she said. “Gaps can mean they are paying for these costs out-of-pocket.” Also this week, Dignity Alliance Massachusetts, which advocates for nursing home residents, asked the state Attorney General and state Department of Public Health to place at least two of the homes in receivership. Then the state would appoint people to run the homes and conduct an orderly wind-down. Echoing concerns brought up at public hearings, Dignity Alliance said residents are being forced into placements as far away as Pittsfield and Natick. They are also being pressured to make decisions within 24 hours, wrote Paul Lanzikos, co-founder of Dignity Alliance.</p>

Lanzikos said more than five residents are reportedly being transferred in a day, which if so, would be a violation of state regulations. And Spanish-speaking residents are being transferred to facilities without Spanish-speaking staff. State Sen. John C. [Velis](#), D-Westfield, met Friday with the state’s new health and human services secretary, Kate Walsh, following Gov. Maura T. Healey’s appearance at a Springfield Regional Chamber of Commerce event. Velis’ district includes Westfield and parts of Chicopee.

Velis voiced concerns about how and where residents are being placed in new housing and how employees are being handled. The Health and Human Services department continues to review closing plans. Velis promised further updates.

<https://tinyurl.com/GhostingEmployees>

3. **Mass.com**

March 10, 2023

Faulty wheelchairs can leave Bay Staters stranded for weeks. How a bill could accelerate repairs

Chris Hoeh’s power wheelchair sputtered to a halt last fall as he attempted to cross an uphill street in Jamaica Plain.

Hoeh was trying to make it home safely after advocating for the disability community at the Massachusetts State House in downtown Boston, but for weeks he’d dealt with a seemingly finicky battery. Hoeh managed to turn around and roll back down the hill before being “rescued” by a friend with a handicap-accessible van.

When a technician finally responded to Hoeh’s complaint, about four weeks after the fact, it turned out the wheelchair provider had erroneously forgotten to give him a new charger to accompany a new battery months earlier.

“This is a situation where they gave me faulty equipment — it wasn’t my fault,” Hoeh said. “It’s not rocket science.”

Refiled legislation on Beacon Hill this session could remove the hurdles that thousands of Bay Staters who depend on wheelchairs must deal with in contacting the manufacturer or provider to arrange repairs for defective parts. Rather than waiting weeks or months for assistance, people who use wheelchairs could expect to see their “nonconformity” problems reviewed in three business days after flagging the problem — and receive a loaner chair if needed in four business days as repairs are underway, according to bills filed this session by state Rep. Jim O’Day and state Sen. John Cronin. The legislation wouldn’t apply to defects caused by abuse, neglect or misuse of the wheelchair, though.

Wheelchair warranties would also double from one to two years. That’s the crux of the bill, modeled after legislation already implemented in other states, to insulate Bay Staters from broken medical equipment that could force them to be stranded at home — or stuck in their beds, which can lead to serious health complications like pressure ulcers — as they lack alternative ways to navigate their daily lives.

The result, Leigh said, is multiple frustrating attempts to reach wheelchair providers — and then, when it appears a repair is imminent, a user may still wait weeks before a replacement part is available, even with something as simple as a bolt. The pending legislation would require wheelchair providers to maintain stockpiles of common parts to accelerate repair work.

“We really have so little power, like virtually no power, in this situation,” Leigh, of Arlington, said. “Wheelchair users are just left with, ‘oh that’s the way it is,’

and we just have to put our life on hold or use chairs that are faulty, potentially dangerous. Or if they completely stop working — sometimes they can just suddenly stop — then our lives stop, in effect...All of a sudden you can't go to work, you can't participate in life."

Leigh, for example, was once forced to use a chair with a malfunctioning brake since she had no other option. She recalled feeling terrified that she could get hurt, such as rolling away or falling while transferring from the wheelchair into a car.

When a \$40 plastic cover broke on Hoeh's wheelchair, he decided to drive to a distributor's Woburn office to show the problem in-person to speed up the repair process, which spanned about five weeks. Even before that visit, Hoeh knew the exact part number that needed to be replaced, though he couldn't order it himself since the cover was considered medical equipment.

"My experience with the technicians is that they've been very good care people, but they're understaffed," Hoeh said. "If I didn't have a handy friend who was able to make something so we can keep it attached and duct tape the thing, going out it could have easily cost tens of thousands of dollars of damage."

The repair challenges affecting wheelchair users are "outrageous," said O'Day, whose nephew is wheelchair dependent.

O'Day frets over how "one thing after another" would be taken away from his nephew, including his ability to attend a day program, should his power chair stop working. Wheelchairs can be critical to people's self-worth and sense of purpose, O'Day said, as they're able to go work and school and "be productive members of our society."

O'Day said his bill confronts the lack of enforcement surrounding the one-year warranty for wheelchairs. It also requires wheelchair providers to cover collateral costs tied to repair work, including covering shipping costs for the faulty wheelchair and out-of-pocket medical expenses caused by the defect. In situations where the wheelchair cannot be fixed following a "reasonable attempt" — defined as two tries or after the chair is out of service for 21 days — users are entitled to a replacement and certain refunds, according to the legislation.

"Let's ask anybody who thinks it's a good idea to be stuck in bed for three days because you don't have something that you rely daily on to get out and about, in and around," O'Day said, deeming that scenario not acceptable. "It really sort of offends me that the companies that make these don't make them with more of the client in mind, knowing that we need to make sure that if this thing breaks down, we have the wherewithal to replace it for them and keep them mobile."

The Senate passed the wheelchair warranty protections bill last November, though there wasn't sufficient time to advance it in the House of Representatives. In a news release, Senate President Karen Spilka's office called it a "crisis" for wheelchair users and families to be stranded at home and unable to carry out daily tasks, while facing heightened health risks.

Beyond stronger warranty provisions in the bill, wheelchair users can pursue arbitration or sue the manufacturer should a dispute arise during the repair process. The legislation creates an opportunity for the attorney general to get involved and pursue legal action to protect wheelchair users from unfair and deceptive business practices.

"The attorney general's office could intervene if there's no redress, that there's just this ongoing issue and getting nowhere," Leigh said. "Now when we're

getting nowhere, we don't have any options — we just have to wait. We're totally beholden to them fixing our chair, whatever timeline they want to do it." Under the bill, wheelchair users should feel a "little more comfort" knowing the AG's office is empowered to enforce the extended warranty, O'Day said, while manufacturers would be put on notice.

"If you don't follow through with how this is supposed to be, you then risk having to go into arbitration and/or risk having the AG possibly fighting you for not following through with the legality of what the consumer has expectations of," O'Day said.

<https://tinyurl.com/FaultyWheelchairs>



Advocates from Dignity Alliance Massachusetts gathered at the State House last month to raise awareness about their priority bills filed this session, including legislation to strengthen wheelchair warranty protections. Alison Kuznitz/MassLive

***Boston Globe**

March 9, 2023 (updated)

'This is outrageous': Advocates urge state to take control of four nursing homes slated to close

Advocates for elderly and disabled nursing home residents in Western Massachusetts are urging state regulators to take control of four nursing homes slated to close this spring, saying frail residents are being abruptly forced out, with some threatened with homelessness, if they don't leave quickly. Others are being told they will be placed in facilities more than an hour away, far from family and loved ones, if they don't find alternative placements soon.

“This is outrageous,” said Paul Lanzikos, a former state elder affairs secretary and cofounder of Dignity Alliance Massachusetts, a coalition of groups working to overhaul long-term care.

“Their facilities should be able to continue operating [under state control] while there is a more deliberate, more careful, more rational, more caring way to empty the buildings,” he said.

The four homes are Willimansett Center East and West in Chicopee, Chapin Center in Springfield, and Governor’s Center in Westfield. Dignity Alliance and Stavros Center for Independent Living, which fosters independence for people with disabilities, filed complaints Wednesday with the attorney general and the Department of Public Health, urging the state to take control of the four homes during the closure process to ensure rules are being followed and families treated fairly.

“Transitioning residents with complex medical and emotional needs is a delicate process, and transfer trauma is a major concern with residents who have been haphazardly placed,” the Stavros Center said in its complaint.

“Some residents may not survive this transition, or may suffer physically, emotionally, and socially,” it said.

Northeast Health Group, the company that owns the four nursing homes, did not respond to requests for comment.

The Department of Public Health said in a statement that its staff “will carefully review the information provided in the letters and gather additional information to determine if further investigation is necessary.” Thomas Dalton, a spokesperson for Attorney General Andrea Campbell, said the office is reviewing the complaints it received but declined further comment.

One woman who moved her 86-year-old father out of Willimansett West after the closure announcement described a rushed process.

“They told us if we didn’t find a place for a loved one, they would relocate them, and it could be on the Cape, it could be Pittsfield, wherever there was a bed,” said Judy, who asked that her family’s last name not be used for fear that her father may face retaliation in another nursing home.

For now, Judy is taking care of him in her Springfield home, with a hospital bed set up in her living room and ample help from visiting nurses and therapists.

On Feb. 6, in letters to residents and families, Northeast Health Group said it could not afford to keep the four facilities afloat after meeting state requirements to reduce occupancy from three and four residents in a room to no more than two.

After COVID-19 [deaths tore through nursing homes](#) at the start of the pandemic, the state in April 2021 updated regulations that gave facilities one year to comply with the two-person limit in rooms. Several companies have taken steps to comply, filing plans with the state for expansion to accommodate the new configurations, while others are suing to block the rule.

Judy said that one day after the company announced it would be closing, nursing home administrators told families in meetings that residents had to be out by early April. Yet state rules governing closing of nursing homes set a more expansive time frame for the transition, one that would give families until June 6.

“We have been going into these nursing homes, and that’s when I started to realize how egregious the whole thing was,” said Brianna Zimmerman, an advocate with Stavros Center for Independent Living.

“Families were being told they had to place the residents in Boston or Natick, which is hours away,” she said.

Zimmerman said she spoke with an administrator at Willimansett Center East on Thursday and was told all but four residents had already been transported out of the facility by then. It’s not clear how many were living there previously but in correspondence to the state health department, the company said its capacity was 69 beds.

In its complaints to the attorney general and the public health department, Stavros alleges Northeast Health Group is violating a number of state rules. It said Northeast immediately began telling residents they had to move out, even though state rules require that regulators must first approve a company’s closing plan. The state Department of Public Health has yet to approve Northeast’s plan. Stavros and Dignity Alliance also allege the company appears to be moving more than five people out per day, a violation of state rules that aim for methodical, planned transitions with ample counseling for families.

Judy said her father, who is diabetic with heart problems and an amputation, is fearful of returning to another nursing home.

“A lot of staff jumped ship right away,” she said. “They kept trying to bring in staff from agencies, but a lot of times they were short staffed and if a loved one wasn’t there to watch out, forget it.”

Judy said she tried to find another facility for her father nearby, but given that more than 300 residents of the four closing facilities are all vying for beds in the area, it has been challenging.

State Senator John Velis, whose district includes much of the lower Connecticut River Valley in Western Massachusetts, has been leading a group of state lawmakers trying to help the families. He said the problems raised in the complaints are “deeply disturbing and require a robust and expansive response.”

“The Department of Public Health must utilize every statutory authority it has to ensure that residents are getting the necessary transition supports and are not being torn from their communities and forced to facilities far away from their loved ones,” Velis said in a statement.

The Department of Public Health said in a statement that it had conducted public hearings earlier this month and that it will now complete “a thorough review” of the facilities’ closure plan and all comments received at the public hearings. The agency did not offer a timetable for its review or comment on whether it will consider taking control of the facilities.

It said the department would “monitor the closure process to ensure the safe and orderly transfer of residents and that safe, high-quality resident care is maintained throughout.”

Asked what she hoped might come of any review or actions by state officials, Judy, the Springfield woman, said, “I would like to see things revamped and people being treated more like human beings.”

<https://tinyurl.com/GlobeThisIsOutrageous>

Comments made in response to article:

- Health care in this country is a mess. We need a single payer system Medicare for all. If you want to hang the socialized medicine label on it, go ahead. One thing we have learned— we are NOT the greatest country in the

world no matter how many times we hear it. The way the most vulnerable among us are treated is abominable. (Joe Hill)

- As for the quality of care of our nursing facilities? They are largely run by companies who expect to turn a profit and run multiple facilities. The staff largely doesn't care about you if you must live in a nursing facility. The sooner you realize this, the better you can plan. I doubt Medicare-for-All, which initially will not cover long-term care, would change this situation. (The Third)
- Three or four residents to a room? These are not skilled nursing facilities, they are warehouses for the elderly. (Big Irish Guy)
- You're right, these facilities are warehouses for the elderly in the twilight of life. 3 or 4 people crammed into tiny rooms deprives our loved ones of their dignity. If your representative fails to pass legislation to address this issue then it's time to exercise your vote accordingly. (Sarah Rae)
- Sandy68, this is something that few people want to talk about. Everyone wants a situation where they pay little in taxes, they can live in a retirement home / skilled care facility, one where they aren't packed in like a warehouse, and they can pass down all their assets to their kids. It can't happen.
- It costs about \$100k per year to live in a skilled nursing facility. Either we need to do the actuarial math and create a program, funded via tax increases, to make this available to seniors, or people need to use their own money to pay for it, which means "no inheritance". But look at everyone tripping over themselves to cut both the inheritance tax and the income tax. That means "you're on your own". (Ralph Slate)
- I've been in enough nursing homes over the years visiting family and friends and my hope is that the good Lord will take me before any nursing home. (All93)
- Congratulations to Stavros and Dignity Alliance for their efforts to protect the residents and families of the four Western Mass. Nursing homes that are going through a thoughtless and disorderly closing. It appears the owners of the nursing homes simply want to bail out as fast as possible to save as much money as possible.

Where is the Department of Public Health? They state their watching the situation! Come on, they have a legal and moral responsibility to ensure that the older adults and people with disabilities who have lived in those four homes should be treated with dignity and person-centered care! Why weren't they actively inspecting these homes and communicating with management about deficiencies?

Where is the Attorney General's Office? These four nursing homes are supposedly "non-profit," which means they've been receiving a public benefit that should be converted to a foundation for benefit of nursing home residents or returned to the state! Seems like a textbook case for the Attorney General to stand up for consumers!

Where are the owners and senior management of Northeast Health Group who should be complying with very clear guidelines for closure, not abandoning ship, leaving residents and families and local communities holding the bag! Even in disaster – we all know about the Titanic and its inadequate number of lifeboats – the captain is supposed to go down with the sinking ship, not be the first one in the lifeboats! Northeast appears to

be ducking the media as well as its responsibility.

The regulation to limit room capacity to not more than two residents per room is clearly a humane move aimed at preventing another tragedy from the continuing COVID spread, as well as providing nursing home residents with some measure of privacy. Siblings who have to share a bedroom don't always get along. People put up with it because they love their brother or sister. Imagine being with two or three or more strangers who have different lifestyles in a cramped bedroom! In most cases, adding more than two to a room is because of nursing home operator's greed wanting to be reimbursed for as much as possible by putting profits over people!

The limit of two people per room is a positive move that's being advocated across the country. Adequate staffing is another regulation that the federal government is pushing states to enforce and properly so. When there's adequate staff, residents are likely to get better care and staff are less prone to injury.

The closure of these four homes is the tip of the iceberg – to continue with the Titanic analogy. No one wants to go to a nursing home, and families want better care for their loved ones after witnessing the pandemic tragedy – and nursing home residents are continuing to die from the disease in greater percentage than in the community! We need a Department of Public Health that shows up when vulnerable people are threatened. We need a “people’s lawyer” who fights for both the vulnerable and the taxpayers. This is truly outrageous! Former Senator Richard Moore (Senator Moore)

- Corporate greed. That's all it is. Human lives don't matter, regardless of age. (Jack Hudson)
- There is a Nursing home around the corner from me. I've been living here for 20 years. For the first 10-12 years the Nursing home had a sign that stated, "Proud to be Deficiency Free". All of a sudden, the sign came down. What happened? The Nursing home went from locally owned to being owned by a Corporate entity. (amb23t)
- This article touched a personal nerve. A close relative suffered neglect in the corporate owned CareOne facility in Northampton. His severe injuries from a fall required complicated neurosurgery. He later went to a much better facility, Mont Marie in Holyoke, where a very caring social worker was able to transition him from rehab to long-term care (after we spent down his savings and filled out the very complicated MassHealth form). His care at Mont Marie was excellent. However, he did not survive the earlier trauma and passed away at the end of January. We saw the difference between a profit-making facility like CareOne (which we have nicknamed CareNone) and a non-profit like Mont Marie. Unfortunately, in the present situation, Mont Marie is likely to end up with a very long waiting list. The very best care in Massachusetts is known to be at another nonprofit, Hebrew Senior Life in Boston. Unfortunately, the present waiting list there is up to four months. The ideal situation would be government subsidies for nonprofits, so that they could expand and provide their excellent care to more people. I should have mentioned that CareOne is an LLC - limited liability corporation - which makes it difficult to get good results in legal action. My relative also complained about being constantly hungry while a patient there, while he found the food at Mont Marie to be excellent and sufficient. (Rozzie23)

	<ul style="list-style-type: none"> • By what authority does Northeast transfer people to another facility against their will? And by what authority does the new facility receive these people? Sounds much like human trafficking. (Donleavy) • The key phrase here is "When a company buys a facility." The care of elders in their last years should not be handled by profit-making corporations. Although partnerships between nonprofits and government might be imperfect, they would not be driven by corporate greed. In my earlier comment I contrasted the care provided by one of these profit-making companies with that provided by the non-profits Mont Marie and Hebrew Senior Life. Perhaps part of the explanation is that the religious orientation of these facilities (Catholic and Jewish respectively) leads to greater respect and compassion for the people in their care. (Rozzie23) • This is the second article I have read in today's BG that has reported the abuse of citizens of MA while in custodial care. The first had to do with a husband and wife and an outsider who have both physically as well as sexually tortured children that were placed in their care by the state over a period of 17 years or so. This despite having been reported to authorities concerning the conditions under which they were housed by these people. Now this article concerning 4 nursing homes that are financially failing and which are breaking laws by literally dumping their occupants out the doors in order to permit the NHs to close. These "homes" are owned by one company. My question: who in this state is in charge of making sure that, in both of these cases, the children and elderly involved are being protected from abuse of any kind? Apparently, no one is in charge. This is not socialism that we are discussing. It is the moral provision of basic human rights by agencies of our state which have been supposed to be providing oversight. We all have known that, for a long time, nursing homes and social service agencies have been understaffed and the workers underpaid. Please Governor [Healey] find a suitable way to correct these ills within our system before any further injuries to our families and loved ones take place. (druid1413) • Thank god I never had to put either of my parents into a nursing home. Even in the best of them there's abuse. (Sullyphoto3) • The ugly secret of the Baker Administration is the lack of attention to the care elders and disabled individuals are receiving, or not, in long term care facilities. But the public is also at fault, as it is so easy to write off these folks. Out of sight, out of mind. But as the population ages, more people will have the sorrow of seeing their loved ones having to endure. I am not a medical provider, but in my practice, I help people navigate the long-term care system. The rules are complex, the costs are catastrophic and the care is often below par. Workers are underpaid — they can work in the fast-food industry and make a better salary. No wonder there is a shortage. Mary Lou Sudders at EOHHS was asleep at the wheel. She never took responsibility for the horrific state of the long term care system in the state, and neither did Baker. (Mrs. P3)
Proposed Federal Rule Comment Period Open	<p>4. Centers for Medicare and Medicaid Services <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 & Medicaid Services (CMS) placed on display at the Federal Register a proposed rule that would implement</p>

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.¹¹

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

	<p>provisions in this proposed rule are finalized, the Form CMS-855A would again be revised to collect the data in section 1124(c).</p> <p>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 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>Public Posting of Data</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>To be assured consideration, comments must be received at one of the addresses provided in the Federal Register announcement by April 14, 2023.</p> <p>For more information, please visit the Federal Register.</p>
Reports	<p>5. University of Michigan- Institute for Healthcare Policy & Innovation National Poll on Healthy Aging</p> <ul style="list-style-type: none"> • <i>Trends in Loneliness Among Older Adults from 2018-2023</i> Five years of poll data show decline in loneliness to near pre-pandemic levels for many, but much higher rates in those with mental or physical health challenges or disabilities. Read More • <i>Poll Extra: Rising food prices hit less-healthy older adults hardest, poll suggests</i> New data suggest inflation will worsen already large nutrition gaps for people over 50. READ MORE • <i>National Poll on Healthy Aging marks 5 years of elevating older adults' voices</i> As we celebrate the first five years of the poll, a new report highlights the NPHA's extraordinary impact and looks at the future of elevating the voices of older adults. Read the Report • <i>VIDEO: The National Poll on Healthy Aging at Five Years & Beyond</i> During a research seminar on Oct. 13, NPHA leaders, colleagues from AARP, and a U-M faculty collaborator discussed the impact of the poll to date and highlighted ways for researchers to get involved with the poll. Watch the Recording • <i>NPHA Data Available</i> Data files from the National Poll on Healthy Aging are now available for download through the University of Michigan National Archive of Computerized Data on Aging. Additional data will be archived on an ongoing basis. Access the Data >

6. *Boston Business Journal

March 7, 2023

Personal-care attendants fight for higher wages

Personal care attendants, or PCAs, are fighting for fair pay and benefits needed to end the shortage of PCAs in Massachusetts.

Local disability organizations rallied last week to support workers who care for people with disabilities. More than 100 PCAs and advocates joined at The Embrace statue on the Boston Common before marching to the State House to deliver a [letter](#) to Gov. [Maura Healey](#)'s office.

The rally was to advocate for an increase in wages for personal care attendants — to \$25 per hour — and for improved benefits. PCAs currently make \$17.80 an hour, a rate scheduled to go up to \$18 per hour after April 1. The workers also seek improved job training and other benefits.

The shortage of PCAs has reached a crisis, according to worker advocates. [Rebecca Gutman](#), vice president of home care at 1199SEIU United Healthcare Workers East, the union that represents personal care attendants. PCA workers "simply can't afford to live," at the current wage, Gutman continued. As a result, people are being lured away from the field by other, higher-paying jobs, leaving jobs unfilled and the sector vulnerable during a widespread the worker shortage.

New contract negotiation

PCAs are hired and managed by the [MassHealth PCA program](#). The program helps people with permanent or chronic disabilities keep their independence while assisting them to manage their own personal care by providing funds to hire personal care attendants. The program employs over 58,000 workers across the state.

PCAs are scheduled to begin negotiations for a new contract with the state this month, and union organizers say the priority is to increase wages and benefits necessary to pay a worker a living wage.

Retirement security is on the list of demands from workers. "PCAs are devoting their lives to others, but when they retire, they don't have any money for themselves," Gutman said.

Dan Harris, who works in the community living advocacy program at the Boston Center for Independent Living, said low wages are causing more and more PCA workers to leave the field because the job "can't sustain them."

Harris has employed a PCA since 2018 to help him "live his best life" with his disability, he said.

"PCAs are literally my lifeline," Harris said. "The work that my PCA does is not easy. It's close, personal, intimate care."

Gutman said that many PCA consumers have had to acquire PCA's from outside the MassHealth program because they could not get any workers to assist them, due to the shortage.

Currently, PCAs have up to 50 hours paid time off a year but are fighting for more. "It's really stressful work," Gutman said. "Time off is needed to do this kind of labor."

A campaign promise

Before being elected, [Gov. Healey said](#) addressing the PCA workforce shortage is something she will "absolutely" work on. Gutman said advocates are hoping that Healey follows up on her campaign promise.

“People don't respect PCAs. It's sort of seen as a side hustle. But with increase in wage, it can be seen as a more reputable job. People wouldn't ask, 'Oh you're a PCA, but what else do you do?' It's like, no, these people help me, and help others like me, live an independent life, and they should be respected,” Harris said.

<https://tinyurl.com/PCAHigherWages>

7. WGBH

March 2, 2023

'Fighting for my life': Disability advocates call for higher wage for PCAs

Local disability organizations hosted a rally in Boston Wednesday to call for better wages and working conditions for personal care attendants, or PCAs, who support people with disabilities and help them live independently. Advocates say the state program faces a “crisis” of staffing shortages.

More than 100 PCAs and the people who rely on them made their way from the 32BJ SEIU union hall to The Embrace statue on the Boston Common, and then [marched into the State House](#) to deliver a letter with demands to Gov. Maura Healey's office. They are asking the governor to increase the hourly PCA wage to \$25, improve benefits and retirement security, and provide better job training for career advancement.

The [MassHealth PCA program](#) provides support to people with disabilities who live at home to help them stay out of nursing homes. PCAs, who are hired and managed by the disabled consumer, help with daily tasks like getting out of bed, showering, dressing and preparing food. There are more than 58,000 PCAs in the state — mostly women of color — but the workforce is not large enough to support everyone who needs them.

PCAs currently make \$17.80 an hour, which will go up to \$18 on April 1.

Advocates say further increasing pay will attract more people to the job by competing with rising wages in other industries.

Because of the staffing shortage, some people can't find personal care attendants and are forced to rely on family and friends. Ellie Vargas said that without PCAs, her mother has had to fill in to care for her, even though she isn't a trained healthcare worker.

“My mother is 65 years old. She can't do this anymore, you know? So, it's not only having issues with housing, but I'm having PCA issues for the last three-plus years,” she said.

“It's just been horror story after horror story,” she said. Vargas added that her physical health has suffered because she is often left without help. “These people [PCAs] work way too hard to get a little measly check, that they can't invest in their own insurance.”

Quincy resident Dan Harris said that he wouldn't be able to live on his own without personal care attendants.

“I'm a person with a disability who relies on personal care attendants to be able to live the most independent life that I can,” he said outside Healey's office.

“And I feel like I'm fighting for my life, because personal care attendants are my lifeline to the community.”

State Sen. Lydia Edwards was also at the rally, which was sponsored by healthcare union 1199SEIU, the Boston Center for Independent Living and numerous other elderly support and disability organizations.

Edwards’ mother was a personal care attendant, and she says that she saw firsthand how vital their work is, yet they are often struggling themselves with low wages.

“Independently living, with dignity and respect, supported by jobs that pay a living wage, is the only future I’m going to accept,” Edwards said in front of The Embrace statue.

Deborah Stephens, a PCA who lives in Chicopee, says she regularly works 50 hours a week, the maximum she is allowed, to help cover other PCAs when they’re unable to work.

Better benefits, like more sick time, would help, she said.

“If I get sick, they [the consumers] don't have anyone to take care of them. I don't have sick wages. I only have PTO,” she said while marching through the Common. “I'm 61 years old. I'm approaching retirement age myself, but I want to be able to have something to retire with.”

Isaias Ruiz, a PCA who says he finds his work rewarding, said that the state should pay healthcare workers more, and also help them pay for expensive certifications.

“We shouldn’t have to work three or four jobs to make ends meet,” he said at the labor union hall. “And we should be able to save and invest for retirement.”

Before taking office, Healey [pledged to support the PCA program](#) and improve conditions. Marchers hope she keeps that promise, and improves the home care system as the state’s population ages.

“This will affect all of us because sooner or later — I will get old. You'll get old. What happens then? We’re just going to fail the elderly,” Vargas said.

<https://tinyurl.com/PCAFightingForMyLife>

8. 1199 SEIU Union

PCA Rally for Increased Wages


March 1, 2023

On March 1, PCA from 1199 SEIU union, consumers, advocates and legislators gathered at the union headquarters. After reminding everyone why it is so important for PCAs to earn more money, everyone marched to the new sculpture on Boston Common, the Embrace. Following that, the protest moved to the governor’s office at the State House.

PCAs need higher pay for two key reasons. First, they need to make a living wage. PCA wages are not enough to live on! Second, people with disabilities, whose lives rely on the help they get from PCAs, cannot find enough people who are willing to do this important work for such low wages. If the hourly rate can be increased by a reasonable amount, both problems could be alleviated. Several DignityMA members were present, including Bill Henning, Priscilla O’Reilly, Lachlan Forrow, Meg Coffin and Dorothy Weisman. You can see photos from the event at MWCIL.org.

Some of the people who spoke at the rally included Becca Gutman of 1199SEIU, Bill Henning (ED of Boston Center for Independent Living), Dennis Heaphy of Boston Center for Independent Living, Senator Jamie Eldridge, Senator Mike Brady and Senator Lydia Edwards.

This event was sponsored by BCIL, 1199SEIU, Disability Policy Consortium, Southeast Center for Independent Living, Our Bodies Ourselves, Ad Lib, Independence Associates, CORD, Metrowest CIL, Northeast IL Program, Center for Living and Working, Stavros, Tri-Valley Elder Services, Ethos, Mystic Valley

	<p>Elder Services, Mass Senior Action Council, and the Dignity Alliance Massachusetts. https://tinyurl.com/PCARallyMarch12023</p>
	
	<p>Photos: Top left: rally by The Embrace; Bottom left: Dignity Alliance members Priscilla O'Reilly, Lachlan Forrow, Meg Coffin; Top and bottom right: Bill Henning, Boston Center for Independent Living Executive Director and Dignity Alliance Co-Coordinator. Photos by Sue Rorke.</p>
<p>Webinars and Online Sessions</p>	<p>9. U.S. Access Board Wednesday, March 15, 2023, 1:00 to 2:30 p.m. <i>U.S. Access Board Meeting</i> All are welcome to attend the public session of the next meeting of the U.S. Access Board. The agenda for the session includes election of officers, brief reports from standing and ad hoc Board committees and the Executive Director, and federal agency updates.</p> <p>Agenda</p> <ul style="list-style-type: none"> • Introductory Remarks • Election of Officers • Executive Director’s Report • Standing Committee Reports • Ad Hoc and Special Committee Reports • Federal Agency Updates • New Business <p>Members of the public may attend and listen to the session through the Zoom.gov platform, by phone, or in person at the Board’s Washington D.C. Conference Space. For further information, contact Rose Marie Bunes at events@access-board.gov. Virtual Attendance Information</p>

	<p>Meeting link: www.zoomgov.com/j/1607805452 Meeting ID: 160 780 5452 Dial in: 1-646-828-7666 Contact: events@access-board.gov</p> <p>10. AARP <i>2023 AARP Virtual Lobby Day</i> Tuesday, April 4, 2023, 10:30 a.m. On Tuesday, April 4, at 10:30 a.m., AARP Massachusetts will host a virtual lobby day to share legislative priorities with its members and state lawmakers. These include pushing for a caregiver tax credit to help defray out-of-pocket costs; improving the quality of care in nursing homes and other long-term care facilities by increasing minimum nurse staffing ratios and improving the state’s preparedness and response to infectious disease outbreaks; removing certain restrictions related to senior property tax deferrals; and expanding the state’s CORE Plan, which is a 401(k) savings plan for employees of small nonprofits. The virtual lobby day is an opportunity for members to hear from key lawmakers pushing bills to improve the quality of life for residents 50-plus, says Mike Festa, AARP Massachusetts state director. “Legislators also get to meet the people they’re fighting for and hear their stories.” To register to attend the virtual event, click here</p>
	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Closure of western Massachusetts nursing homes</p>	<p>11. WWLP-TV 22News March 10, 2023 <i>Governor Healey weighs in on proposed western Massachusetts nursing home closures</i> While the Governor was in the western part of the state on Friday 22News asked her about the proposed closures of four nursing homes in Hampden County. With some families saying they are being told they might have to move residents to Pittsfield or Boston, Governor Maura Healey said she wants to put patients’ needs first. “<i>We want to do everything we can to make it easy for patients and their families. It’s so, so important and making people travel huge distances doesn’t get you there. We have got to make sure that’s resolved in the right way,</i>” said Massachusetts Governor Maura Healey. Northeast Health Group, which owns the four facilities from Westfield to Chicopee, said they are closing because of a 2022 state rule that limits two patients per room. Representative Bud Williams has proposed a pause on the cap, something Governor Healey said on Friday that she is looking into, but wants to put residents their families first. The Governor said she also wants to be sensitive to the employer, as well as the workforce. Meantime the United Food and Commercial Workers Union put out a statement saying they are still waiting to bargain the severance of the nearly 200 union employees impacted. Next week we should find out if the state will approve the proposed closure date of June 6th for the four nursing homes.</p>
<p>Caregiving</p>	<p>12. AARP March 8, 2023</p>

	<p><i>Family Caregivers in Massachusetts Provide \$15.1 Billion in Unpaid Care to Loved Ones</i></p> <p>The unpaid care provided by the 780,000 caregivers in Massachusetts is valued at \$15.1 Billion according to new state data available in AARP’s latest report in the Valuing the Invaluable series aarp.org/valuing. This is a \$3.1 billion increase in unpaid contributions since the last report was released in 2019. The report highlights the growing scope and complexity of family caregiving and highlights actions needed to address the many challenges of caring for parents, spouses, and other loved ones.</p> <p>“Family caregivers play a vital role in Massachusetts health care system, whether they care for someone at home, coordinate home health care, or help care for someone who lives in a nursing home,” said Mike Festa, AARP Massachusetts State Director. “We want to make sure all family caregivers have the financial, emotional and social support they need, because the care they provide is invaluable both to those receiving it and to their community.”</p> <p>AARP Massachusetts is fighting and will continue to fight for family caregivers and the loved ones they care for.</p> <p>Right now, AARP Massachusetts is urging lawmakers to bring much needed financial relief to family caregivers who pay for expensive care to help their loved ones live at home. HD 2376/SD 936, An Act to Establish the Family Caregiving Tax Credit, would create a refundable \$1500 tax credit to cover expenses incurred by a taxpayer for the care and support of a qualifying family member. The tax credit would help address the financial challenges of caregiving and allow more unpaid family caregivers to keep their family members in the community.</p> <p>AARP Massachusetts members look forward to sharing their personal experiences caring for older loved ones and how the tax credit would help them offset some of the costs when a hearing on the bill is scheduled.</p> <p>Read the full report aarp.org/valuing for national and state-by-state data on the economic value of unpaid care by family and friends.</p> <p>Resources and information on family caregiving are available at aarp.org/caregiving.</p>
Guardianship	<p>13. Bloomberg Law</p> <p>March 9, 2023</p> <p><i>Courts Must Revamp Approach to Guardianship, a Potent Legal Tool</i></p> <ul style="list-style-type: none"> • <i>The ABA is addressing gaps in guardianship laws and practices through its Commission on Law and Aging and Court Improvement Project.</i> <p>One problem is the laws and practices vary from state to state. The ABA supports efforts to reform guardianship and conservatorship laws and practices. A first step would be for each state to be empowered and supported in a careful examination of their laws and practices, with input from all stakeholders. . .</p> <p>The current systems often fail to protect the people the system is intended to protect. The ABA is committed to working to fix this failure, develop a workable framework, and provide justice for all.</p> <ul style="list-style-type: none"> • <i>Guardianship isn’t the only tool in the toolbox. And its approach to supporting vulnerable populations is outdated.</i> <p>It’s said that when the only tool you have is a hammer, you tend to see every problem as a nail. Plenary guardianship has long been seen as the law’s hammer to deal with the “problem” of the alleged incapacity of people with disabilities and older persons.</p>

	<p>Even when guardianship functions well—and stories of financial, emotional, and other forms of abuse show it often doesn’t—it can deny the right of adults with disabilities to make their own decisions, with or without support. Because a guardian stands in for the person and makes decisions for them, the person under guardianship experiences a form of civil death. Guardianship represents an outdated way of thinking about people with disabilities. It reflects rejected concepts of segregation, exclusion, and institutionalization. It privileges a medical model over a social model of disability. . .</p> <p>For others, supported decision-making arrangements—where people select their supporters—can provide needed assistance. Supported decision-making involves a range of relationships, practices, arrangements, and agreements that are designed to assist individuals with a disability to make and communicate to others decisions about their lives. Supported decision-making entities speak with, rather than for, individuals with a disability.</p> <p>Supported decision-making, which originated in British Columbia, has achieved increasing recognition in US legislation and court decisions. It is a far more appropriate tool for the toolbox than guardianship.</p> <ul style="list-style-type: none"> • <i>More court resources and legislative reform are needed to acknowledge the voices and rights of those served.</i> <p>Every state allows its courts to remove an adult’s right to make their own decisions and appoint someone else to make those decisions. Guardianship, also called conservatorship, is designed to protect adults who can’t protect themselves. Unfortunately, it sometimes does the opposite, by stripping people of their fundamental rights and draining their wallets. States must promptly fix this problem and make it harder for courts to remove people’s rights. Many states allow a court to impose a guardianship with minimal evidence of an adult’s needs and abilities, and to remove rights without finding removal is truly necessary to protect the adult.. .</p> <p>Each of us has the potential to become a person subject to guardianship. Each of us has the potential to find a loved one entrapped in the guardianship system. It’s time to contact elected representatives and demand guardianship reform.</p> <ul style="list-style-type: none"> • <i>Out-of-court collaboration and more probate court funding should supplement guardianship oversight laws.</i> <p>Laws that include oversight, accounting, and other protections for alleged incapacitated adults are critical tools to prevent and uncover abuses in the adult guardianship and conservatorship system. But based on my research, strong laws are not always adequate.</p> <p>Many probate courts do not receive sufficient funds or have the staff or other resources necessary to fully investigate prior to the hearing, or to provide consistent and rigorous oversight after an order is in place. . .</p> <p>[T]here is much to be gained by collaborative approaches, such as supported decision-making, elder care coordination, or mediation where families and loved ones work together, and with the help of trained professionals, craft an outcome that is tailored to the individual’s needs, is flexible, can be adapted as circumstances change, and fulsomely reflects the person’s values, interests and wishes.</p>
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The same oversight protections such as oversight by a third party can be incorporated into these agreements, and where appropriate, such agreements can become part of the court's order in a case.

<https://tinyurl.com/CourtsRevampGuardianship>

14. Bloomberg Law

March 9, 2023

Modern Laws and Out-of-Court Solutions Can Advance Guardianship

- *The ABA is addressing gaps in guardianship laws and practices through its Commission on Law and Aging and Court Improvement Project.*

Adult guardianship, long a problematic institution, has been subject to significant reforms in recent years. Most reforms, including alternative arrangements such as supported decision-making, aim to preserve as much of a person's autonomy as possible and prevent potential abuses of this powerful legal tool.

But the impact of these important reforms is limited when the courts charged with implementing them perpetuate outdated approaches to guardianship. . .

[S]tate policymakers need to consider which courts and judges are granted the power to oversee these matters and change them as necessary.

- *Guardianship in practice is implemented too readily, rather than as a last resort, and is often harmful.*

Stolen funds, miscarriage of justice, and lost years of freedom are just some of the dangers imposed by state guardianship systems that don't ensure guardian accountability. Any reform of these systems will be incomplete, however, if we don't also limit overuse of guardianship in the first place. . .

Courts should ensure that alternatives are fully explored and attempted before granting guardianship. An emerging alternative is supported decision-making, where an individual retains the right to make decisions while receiving assistance and support from people they trust.

The Fourth National Guardianship Summit convening judges, lawyers, guardians, and other experts [called for](#) expanding the practice of supported decision-making and ensuring that avenue is tried before any guardianship happens.

When guardianship is imposed, it should be easier to end. Guardianships should either be set for a limited term or periodically reevaluated by the court. The person under guardianship, who often lacks access to counsel, funds, and basic records, shouldn't have the burden of making the case to restore their rights.

- *The problem isn't guardianships—it's guardians. The system works in many instances.*

Guardianships have a bad reputation. Guardians are far too easy to appoint, often have more power than they need, and may become too greedy, failing to protect the people they are guarding.

The problem is lack of oversight. Even though guardianships can only start with a court proceeding, there aren't enough checks to make sure the guardianship is needed and, if one is ordered, that the guardian truly is acting in the best interests of the person they're guarding.

<https://tinyurl.com/ModernLawsAdvanceGuardianship>

15. Bloomberg Law

March 6, 2023

Guardians' Dark Side: Lax Rules Open the Vulnerable to Abuse

The US adult guardianship industry is regulated loosely and ripe for exploitation of elderly and disabled people, Bloomberg Law found in a six-month investigation. Here is Part 1: The Profiteers.

SANTA FE, N.M. – Lorraine Mendiola was desperate to help her adult son, an aspiring electrical engineer battling mental health demons that sent him spiraling through psychiatric hospitals. So, in 2011, heeding advice from a psychiatrist, she sought to become his guardian.

When Mendiola got to court, her lawyer told her a private company, Ayudando Guardians, could oversee Matthew Mendiola's well-being and finances. Mendiola was shocked. She had never heard of the group. But her attorney persuaded her it could handle the guardianship's complexities, and "you can just be the mom."

Mendiola's shock spun to outrage after a judge assigned the company as Matthew's guardian. Ayudando Guardians put her son in a boarding home where he was beaten in the face and swarmed by bedbugs. Later it placed him in Albuquerque, N.M., where Mendiola found her son living in an incomplete garage with exposed wiring, no shower, and no fire escape. In five years, he went through four case managers and seven boarding homes. For years, Mendiola protested Ayudando Guardians' treatment of her son and its handling of his finances. Everywhere she went, from the company to a state guardianship office that paid Ayudando \$7 million over a decade, doors slammed. In 2016, Santa Fe District Court Judge Sarah Singleton even ordered her to stop "the constant communications to the Guardian and Office of Guardianship."

Mendiola compared fighting Ayudando, the state, and courts to battling organized crime. "I likened our situation to a guardianship cartel," she said. "It feels like a Mafioso situation."

Nationwide, guardianships are often dogged by ripe greed, scant scrutiny, scattershot rules, and flimsy protections for the vulnerable people put under court-ordered control.

Few Rights, Controls

In the best sense, guardianships are intended to help adults in need, from young adults battling disabilities or mental health crises to older adults whose minds and bodies are faltering. Family members often step in and serve as legally appointed guardians, watching over the finances and health care for their loved ones.

Yet when a family member is unwilling or unable to step in, or when there are no surviving kin, a professional or lawyer often takes the role.

- *People are rendered to a state of non-personhood, in the name of protection.*
- *From Prison, Nonprofit Director Rues Greed Ruining Guardianships*
<https://news.bloomberglaw.com/interactive/guardians-dark-side-lax-rules-open-the-vulnerable-to-abuse>

16. *Boston Globe

February 27, 2023

Who will be guardians for legions of 'unbefriended' elders? A new initiative tries to address an urgent and growing problem in Mass.

The man was adamant. He did not, he insisted, have any family. But while cleaning out his apartment, Mary Kate Egan stumbled on paperwork that clearly showed he had been married and had children.

Egan, a case manager at [Public Guardian Services](#), was starting to manage health care decisions for the man, who had been living alone but was no longer capable of handling his own affairs and was moving into a nursing home. After Egan found the paperwork and asked the man about his family, he had a change of heart; he confessed to Egan that he now wanted to reconnect with them and that he was alienated from them because of his earlier gambling problems. “I finally reached a son who said he didn’t want any contact and hadn’t seen him since he was 13,” Egan said. “Obviously [the man] was operating as if they didn’t exist. But when he changed his mind and wanted contact with his family, they didn’t want it.”

The man’s case is one of 20 Egan juggles, part of an ambitious initiative aimed at addressing an urgent and growing problem in Massachusetts: legions of people who are unable to make medical decisions for themselves but have no family members or friends willing or able to step in. Some of these individuals contribute to hospital crowding because they have no one to sign off on a prompt discharge to a nursing home or rehabilitation center.

Lawyers and advocates estimate there are at least 3,000 such “unbefriended” people — most are older adults, though some are younger with brain injuries, intellectual disabilities, or mental health problems in need of a guardian.

Massachusetts has had no central agency to handle these cases, nor a registry to track them.

Enter Public Guardian Services. The nonprofit pilot program, launched in 2020 in collaboration with the state’s Probate and Family Court, is providing guardians to about 100 people and managing their care in Suffolk, Norfolk, and Plymouth counties. The goal is to improve care for unbefriended people, while saving money for MassHealth, the state’s Medicaid program, which often ends up paying to keep people in need of guardians in expensive places, such as hospitals, because there’s no one to sign off on their discharge and assume responsibility for their care.

“We are trying to show that we can improve the quality of life for people who have nobody,” said Wynn Gerhard, board chair of the nonprofit and a former senior attorney with Greater Boston Legal Services.

Another goal: providing a three-county model of what could be done cohesively on a statewide level, Gerhard said.

She said the organization has had some success stories, resettling people stuck in hospitals or living on the streets in community-based programs, nursing homes, and assisted living facilities, and even a few in their own apartments.

“Some people, who are able, we terminate guardianship to help them get back their life,” she said.

The state is also pursuing a project it hopes will provide a better handle on the burgeoning problem.

In October 2021, the Probate and Family Court [was awarded a nearly \\$1 million](#) federal grant to create a statewide Office of Adult Guardianship and Conservatorship Oversight.

Evelyn Patsos, the court’s deputy legal counsel and project director, said a top priority is to create a system that will reliably monitor what they believe are

thousands of current guardianship cases that have been appointed by, or requested from, the courts.

“We have anywhere from 23,000 to 35,000 guardianship cases in Massachusetts, just on adults,” Patsos said. “That ranges because we are trying to see if any have passed away.”

With some instances of alleged financial and other forms of abuse in elder guardianships grabbing headlines, the state’s initiative aims to keep a close eye on cases.

One major goal of the new office includes creating a formal oversight system to regularly monitor guardians and ensure they are operating responsibly as well as establishing a state ombudsman program for families or other state agencies that have problems or may want to refer a case to protective services if they feel a guardian is not acting in the best interests of a client.

“We are bringing more staff to assist in this because it’s a huge endeavor,” Patsos said.

Fueling the problem is that often people fail to complete a [health care proxy](#) form, a simple document that designates a representative to make health care decisions for a person if he or she is incapacitated. Many other states have laws that allow someone else, such as a spouse, friend, or other family member, to make medical decisions when a proxy is missing — a law that, Patsos said, could ease the flood of guardianship petitions if it were enacted in Massachusetts.

A December survey by the Massachusetts Health and Hospital Association of administrators at three dozen hospitals revealed more than 150 people languishing in their beds, some for as long as 195 days, waiting for a guardianship or related conservatorship (to handle a person’s finances) to be finalized or expanded.

Brandon Saunders, whose [law firm](#) handles most of the new guardianship petitions in Eastern Massachusetts — they filed about 850 just last year and most involved hospital patients — said they struggle to find guardians because even those appointed by a court generally do not get paid.

“Reliance on volunteers to handle the bulk of the need for independent guardians in this Commonwealth is neither sustainable nor fair,” he said.

Pending legislation in Massachusetts aims to address that concern. The proposal ([SD.698/HD.1727](#)) would allow “reasonable” state-funded compensation for medical care-related duties of guardianship by professionals and extended family members. (Extended family is defined as those who are not a spouse, parent, grandparent, child, grandchild or sibling of the person needing a guardian.)

Saunders said his office has heavily relied on the new Public Guardian Services nonprofit as well as on one particular volunteer who has handled roughly 160 cases for them since 2016.

That volunteer is Brian McLaughlin, a Boston health care attorney who specializes in guardianships. He said he does pro bono requests from Saunders’ firm because his college education inspired him to “do good and do well.”

“When you are a guardian or conservator, it’s like being dropped out of a space ship and you have to quickly assess somebody’s life,” McLaughlin said. “You don’t know the person from a hole in a wall and you have to quickly relate to them and figure out what their needs are.”

McLaughlin said the on-call nature of guardianship works well with his lifestyle: He is not married and has no children.

	<p>“There are times I need to be on the phone at two in the morning because hospitals need an answer now,” he said. “They can’t wait on a do-not-resuscitate order, or someone had a slip and fall, or they need a consent signed for a new medication.”</p> <p>McLaughlin is witnessing a rising number of requests for guardianship cases for younger people who have become incapacitated through addiction to alcohol and drugs.</p> <p>He said the pending legislation that would allow state compensation could be helpful. He worries there is a shrinking pool of people willing to take on the time-consuming nature of the work amid a rising tide of guardianship requests.</p> <p>“If I had fewer cases,” McLaughlin said, “I could visit my clients more and give them the TLC they deserve.”</p> <p>[Editor’s note: Dignity Alliance Massachusetts participants Wynn Gerhard, Esq. and John Ford, Esq. are Board Members of Public Guardian Services.]</p> <p>https://tinyurl.com/GlobeUnbefriended</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: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores473@charter.net.</p>
Websites	<p>AARP Fraud & Scam website</p> <p>https://www.aarp.org/money/scams-fraud/</p>
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>
Nursing home closures	<ul style="list-style-type: none"> ● Chapin Center, Springfield 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 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF) ● Governor’s Center, Westfield 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:

	<p>Thursday, March 2, 2023, 6:00 p.m. Dial In Number: 888-390-5007 Participant Passcode: 3522632 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <ul style="list-style-type: none"> Willimansett Center East, Chicopee 85 beds; current census: 65 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 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF) Willimansett Center West, Chicopee 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 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF) Voluntary nursing home closure process 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 Licensure Procedure and Suitability Requirements for Long-Term Care Facilities regulations (105 CMR 153.000).
Nursing homes with admission freezes	Massachusetts Department of Public Health <i>Temporary admissions freeze</i> On November 6, 2021 the state announced 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. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Number of new COVID-19 cases within the facility Staffing levels Failure to report a lack of adequate PPE, supplies, or staff

- Infection control survey results
 - Surveillance testing non-compliance
- 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 needed when the Department of Public of Health determines a facility can be removed from the list.

Updated on March 10, 2023. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating
Alliance Health at West Acres	Brockton	3/3/2023	Case	4
Chapin Center	Springfield	2/1/2023	Closure	3
Governor's Center	Westfield	2/1/2023	Closure	1
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
Windsor Nursing & Retirement	Yarmouth	2/28/202	Cases	1

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

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.nextstephpc.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

	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757</p> <ul style="list-style-type: none"> • Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225425 https://tinyurl.com/SpecialFocusFacilityProgram</p>																								
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> 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: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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<p>Nursing Home Compare</p>	<p>Centers for Medicare and Medicaid Services (CMS) <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"> • Staff turnover: 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. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <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</p>																								

	care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite																								
Data on Ownership of Nursing Homes	Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> 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 data.cms.gov and updated monthly.																								
Long-Term Care Facilities Specific COVID-19 Data	Massachusetts Department of Public Health <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> Table of Contents <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 																								
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																								
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org																								
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom.	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Pricilla O’Reilly Lachlan Forrow</td> <td>prisoreilly@gmail.com lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes, rest homes, assisted living)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Pricilla O’Reilly Lachlan Forrow	prisoreilly@gmail.com lforrow@bidmc.harvard.edu	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Legislative	Richard Moore	rmoore8743@charter.net	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
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Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org																							

Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jiimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jiimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Charles Carr • Judi Fonsh • Bill Henning • Dick Moore • Sue Rorke Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<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 <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			