The Dignity Digest

Issue # 131 March 20, 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

[Editor's note: Margaret Morganroth Gullette, resident scholar in the Women's Studies Research Center at Brandeis University, is the author of "Ending Ageism, or How Not to Shoot Old People." Her forthcoming book is "American Eldercide: How It Happened, How to Prevent It."
She is also a member of Dignity Alliance Massachusetts.]

Everyone in a nursing home deserves a single room

By Margaret Morganroth Gullette

***Boston Globe**

March 15, 2023 (updated)

https://tinyurl.com/EveryoneDeservesSingleRoom

This concerns all of us. At the start of the COVID-19 pandemic, in 2020, many residents of nursing facilities died because they were crowded together in small rooms with other people, with often nothing more than a plastic shield between the beds. If an aide unknowingly carried the coronavirus into the cramped space and one resident caught the highly contagious disease, other roommates could too. They were all locked in, and their families and friends, social workers, and the occasional ombudsman were locked out.

Most residents — despite being old and physically vulnerable — have survived the pandemic. They were resilient. But residents of the 363 nursing facilities in this state are still dying every week from COVID. They were individually special and well-loved, and their untimely deaths are deeply mourned.

The pandemic has driven home what a 2022 report from the National Academies of Science, Engineering, and Medicine highlighted: The nation's nursing home system is "ineffective, inefficient, inequitable, fragmented, and unsustainable."

The best response to the sobering facts of danger and death would be to deinstitutionalize as many current long-term care residents as possible, returning them to their communities. That's what most people yearn for. Expanding a government program called Money Follows the Person would make that possible for more long-term care residents. The program also lowers costs. But because it is not possible to empty the nation's 15,000 nursing homes of 1.2 million people, many of whom need care up to 24 hours a day, what then?

The answer is architectural, medical, and ethical. Each person should get a private room if they want one — not a room with two beds or a single bed in a dormitory. Being in their own room keeps vulnerable individuals safe. It makes residents feel more like human beings of value. Sweden and Denmark have moved to this higher standard.

In Massachusetts, the Department of Public Health mandated in 2021 that there be no more than two people to a nursing home room. That is better than before but still leaves the residents unhealthily

confined. The space for a bed, a tiny chest of drawers or locker, a night table, and a chair is allowed to be as small as 90 square feet. Two-person rooms provide no privacy. A roommate may snore, cry out in her sleep, drift into your space, watch TV 12 hours a day, take one of your few remaining precious possessions.

Only Dickens could do justice to this inhumane minimum. The federal government requires even less, only 80 square feet per person. A resident could be lying less than 6 feet of shared air away from the person in the next bed. Such regulations exist to prevent nursing facility owners from going even smaller.

Almost all the owners of the facilities in Massachusetts agreed without a fuss to the two-to-a-room mandate, even though they lose some Medicaid funding, which is allocated per head. The industry here now has many empty beds, partly from deaths, partly because potential clients are fleeing. Thirty-one owners refused to comply with the mandate and have sued the state to prevent it. Four, all in the western part of the state, are closing rather than giving their residents more space.

When owners close facilities, the residents are often unable to find other accommodations. Often the available choices are badly run or farther from family. Good people in state government or nongovernmental organizations struggle to find them another placement.

There are two solutions. The state could build "small houses," as it will be doing in a $400 million renovation of the infamous Holyoke Soldiers' Home. This approach, which is also known as the Green House model and admired in many states, cares for 10 to 12 people, each in a single room. One study, of three-quarters of the Green Houses and other small houses around the country, found that *no one* in that sample of centers died in that first terrifying spring and summer of 2020. In small houses, retention of aides improves. Residents' health improves. Many emergency room visits are prevented; many illnesses are more safely treated in-house. Small houses offer the safety and dignity our elders deserve.

If we can achieve this for the veterans in Holyoke, why not for other vulnerable nursing home residents who need the same kind of skilled or constant care?

The second solution would be for the state to take over failing facilities. Many citizens dislike "lemon socialism" — when the government takes responsibility only for *failing* capitalist enterprises — but the situation of chaotic multiple closures and a wealthy pigheaded industry demands radical thinking.

Reformers have been begging for comprehensive improvements for decades. The state has some powers, but all over the country, the lobby is strong. Many nursing facilities are part of a multibillion-dollar industry and must provide high earnings for shareholders. A

	conscientious legislator aiming to improve grim conditions has at her ear an industry lobbyist whispering about helping her campaign — while he holds the threat of a home's closure behind his back like a grenade. Some of the two dozen bills before the Massachusetts Legislature aim to raise the minimums of care hours and improve working conditions. Giving residents more space without providing enough trained and well-paid aides would still be a guarantee of continuing misery, morbidity, and mortality. Under Governor Maura Healey, can the state finally be trusted to serve the elders in its charge with decency? By running refashioned facilities humanely and honestly and using guaranteed Medicare and Medicaid funds, the state could in one stroke save money and improve conditions. We should all seek age and disability justice. Given a vast retirement savings crisis and increasing ill health, Gen X and Gen Z may also need a bed someday.
Quotes of the Week	*"It's this really enormous financial bomb sitting out there that most people are just hoping won't hit them. There's an incredible amount of confusion and denial."* Marc A. Cohen, co-director of the LeadingAge LTSS Center at the University of Massachusetts at Boston, *Senior care is crushingly expensive. Boomers aren't ready,* **Washington Post (free access),** March 20, 2023 (updated), https://wapo.st/3LujT0B *"[The cost of long-term care] has to be addressed because ultimately it will be a societal crisis. These are the schoolteachers and the firefighters, the working people who take care of all of us, who cannot afford the [senior housing] that is being built out there right now."* Beth Mace, chief economist for the National Investment Center for Seniors Housing & Care (NIC), *Senior care is crushingly expensive. Boomers aren't ready,* **Washington Post (free access),** March 20, 2023 (updated), https://wapo.st/3LujT0B *"Even before the pandemic, the long-term care system in this country was broken. It's too expensive for most people, yet it needs further investment to ensure front-line caregivers receive a competitive wage and facilities continue to modernize. . . You're combining housing and*

health care, and most Americans haven't thought about or can't afford to plan for this expense,"

LaShuan Bethea, executive director, the National Center for Assisted Living, *Senior care is crushingly expensive. Boomers aren't ready,* **Washington Post (free access),** March 20, 2023 (updated), https://wapo.st/3LujT0B

[Beth Roper] is baffled there is no safety net for families in her situation. The Ropers saved for college, they paid off their house, they tithed at church, and they paid thousands of dollars in taxes for more than 70 years of combined work. "We did everything our country asked us to do."

Beth Roper, whose husband, Doug Roper, was a history teacher and wrestling coach and began showing signs of forgetfulness that seemed to accelerate in 2018, the same year he retired, *Senior care is crushingly expensive. Boomers aren't ready,* **Washington Post (free access),** March 20, 2023 (updated), https://wapo.st/3LujT0B

"We should all seek age and disability justice. Given a vast retirement savings crisis and increasing ill health, Gen X and Gen Z may also need a bed someday."

By Margaret Morganroth Gullette, *Everyone in a nursing home deserves a single room,* ***Boston Globe,** March 15, 2023 (updated), https://tinyurl.com/EveryoneDeservesSingleRoom

"How many years do I have left? I want to live those as well as I can. But to some degree, you lose your dignity."

Alex Morisey, a 82-year-old man who lives in a Philadelphia nursing home, *In nursing homes, impoverished live final days on pennies,* **AP News,** March 15, 2023, https://tinyurl.com/ImpoverishedOnPennies

In a long-term care system that subjects some of society's frailest to daily indignities, Medicaid's personal needs allowance, as the stipend is called, is among the most ubiquitous, yet least known.

In nursing homes, impoverished live final days on pennies, **AP News,** March 15, 2023, https://tinyurl.com/ImpoverishedOnPennies

"I was shocked. It's about dignity for these people."

Virginia State Rep. Jennifer Wexton, who in 2019 introduced a bill to raise the minimum allowance to $60 and cement annual increases tied to those for Social Security but didn't even get a hearing, *In nursing homes,*

impoverished live final days on pennies, **AP News,** March 15, 2023, https://tinyurl.com/ImpoverishedOnPennies

Nursing home residents often must cede control of everything from how often they get a shower to what they eat. With no financial wiggle room, even more autonomy evaporates, putting out of reach the chance to take a taxi to see a friend, to get lost in a newly purchased book, or to escape the monotony of the cafeteria with some take-out food.

In nursing homes, impoverished live final days on pennies, **AP News,** March 15, 2023, https://tinyurl.com/ImpoverishedOnPennies

"We take patients who are going to die of their diseases within a three-month period of time, and we force them into a denial [issued by a Medicare Advantage insurer] and appeals process that lasts up to 2.5 years. So, what happens is the appeal outlasts the beneficiary."

Chris Comfort, chief operating officer of Calvary Hospital, a palliative and hospice facility, *Denied by AI: How Medicare Advantage plans use algorithms to cut off care for seniors in need,* **STAT News,** March 13, 2023, https://tinyurl.com/DeniedByAI

"They are looking at our patients in terms of their statistics. They're not looking at the patients that we see."

Medical director of a post-acute care facility, *Denied by AI: How Medicare Advantage plans use algorithms to cut off care for seniors in need,* **STAT News,** March 13, 2023, https://tinyurl.com/DeniedByAI

"There's no doubt we have a full on housing crisis in Massachusetts. There's not enough housing to meet the current demands at all levels -- not market rate, not affordable, certainly not truly affordable for our most vulnerable populations. And we really are trying to partner with communities and make sure they have the tools they need. We're focused on production."

Lt. Governor Kim Driscoll, *On Big Issues, Driscoll Taking "We'll See" Approach,* ***State House News,** March 13, 2023, https://www.statehousenews.com/email/a/2023368?key=32176c2

"I still struggle to make out every word. It's kind of like a foreign language you speak very well but not completely, so you're always a little behind. . . I wish I had gotten [hearing aids] sooner because I missed a lot."

Mary Louise Kelly, co-host of NPR's daily newsmagazine "All Things Considered,", NPR's Mary Louise Kelly talks about living with hearing loss, ***Washington Post,** March 19, 2023, https://tinyurl.com/LivingWithHearingLoss

"It's better for me to be under shelling than to be there. It was living hell."

Viktor Krivoruchko, 54, who had a stroke and had been placed in an Ukrainian nursing home, *War forces thousands of disabled Ukrainians into institutions,* ***Washington Post,** March 19, 2023,, https://tinyurl.com/DisabledUkranians

"Despite the huge challenges we are facing, especially for people with disabilities, we are not stopping our effort to move people out of institutions."

Oksana Zholnovych, Ukraine's minister of social policy, *War forces thousands of disabled Ukrainians into institutions,* ***Washington Post,** March 19, 2023,, https://tinyurl.com/DisabledUkranians

"The rule creates a framework that will result in a shared understanding of quality community living."

Alison Barkoff, Acting Administrator of the Administration for Community Living, *Joint Statement from the Centers for Medicare & Medicaid Services (CMS) and the Administration for Community Living (ACL): Implementation of the Home and Community-Based Services Settings Regulation,* **The Centers for Medicare & Medicaid Services (CMS) and the Administration for Community Living (ACL),** *March 17, 2023,* https://tinyurl.com/HCBSRegs

"You have to remind yourself that you know who you are and you are the person who can reaffirm and comfort the person who had reaffirmed and comforted you for so long."

Anne Basting, MacArthur Fellowship recipient based on her 30 years of working with persons with dementia, *This Conversation Changed the Way I Think About Dementia,* **First Person / New Times Podcast,** March 16, 2023, https://tinyurl.com/FisrtPersonDementia

"The bill's workforce funding is necessary to ensure there are enough health professionals, including licensed

practical nurses (LPNs) and certified nursing assistants (CNAs), to meet the needs of vulnerable residents under state care while we transition beyond the COVID-19 public health emergency."

Release from Governor Healey's office, *Healey Adds $734 Million To Expanding Spending Agenda,* ***State House News,** March 17, 2023, https://tinyurl.com/734ExpandedSpending

"We know it'll be a transition for people to go from not paying any premiums for their health coverage to potentially have to paying some premium. So, we don't want people to assume they can't afford it. We want people to come check out their options."

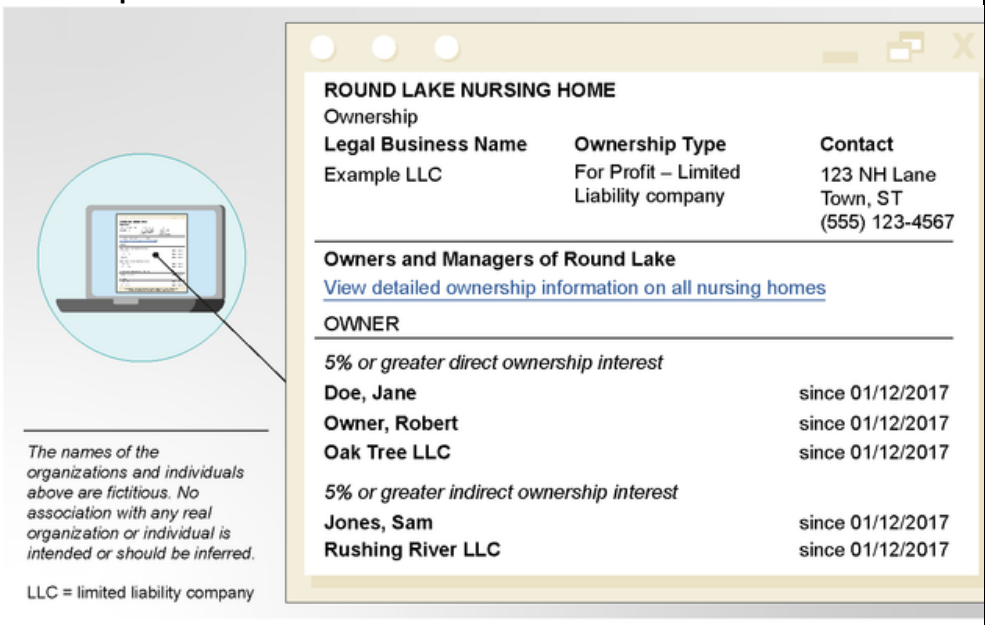
Health Connector Executive Director Audrey Morse Gasteier, *Blue Envelopes Signal Start of Big Health Insurance Project,* ***State Health News,** March 9, 2023, https://tinyurl.com/BlueEnvelopesSignal

"CMS should adopt strong nursing staff-to-resident ratios to ensure workers are not overburdened and unable to meet their patients' needs, it is clear that chronic understaffing contributes to high rates of stress, injury, and burnout among nursing assistants, and ultimately to high rates of turnover. Thus, we believe that creating a robust staffing standard will also go a long way towards improving the quality of nursing home jobs, which in turn will actually help attract more workers and resolve current workforce shortages in this industry."

Letter by U.S. Representative Lloyd Doggett (D-TX) and Jan Schakowsky (D-IL) and signed by 113 representatives, *'Imperative' to finalize staffing rule this year, dozens of House members tell CMS,* **McKnight's Long-Term Care News,** March 20, 2023, https://tinyurl.com/ImperativeToFinalize

The average weekly pay for a travel nurse in January was $3,077 – 67% higher than the rate in January 2020, according to a report by Vivian Health posted to Becker's Hospital Review. The average weekly pay jumped 99.5% from January 2020 ($1,896 per week) to December 2021 ($3,782 per week). But the wages reached a "new floor" in

	July 2022 when they hit $2,997 per week. . . Even more drastic, Brendan Williams, president and CEO of the New Hampshire Health Care Association, told McKnight's in December 2021 that while nursing homes were offering $17 per hour, plus shift differentials for nursing assistants, staffing agencies were paying as high as $69 per hour, plus charging facilities agency fees on top of that. *Many states now looking at price-gouging legislation to combat soaring staffing agency nursing costs,* **McKnight's Long-Term Care News,** March 20, 2023, https://tinyurl.com/PriceGougingLegislation
World Down Syndrome Day March 21	**1. WorldDownSyndromeDay.org** *What is World Down Syndrome Day?* World Down Syndrome Day (WDSD) , March 21, is a global awareness day which has been officially observed by the United Nations since 2012. The date for WDSD being the 21st day of the 3rd month, was selected to signify the uniqueness of the triplication (trisomy) of the 21st chromosome which causes Down syndrome. 2023 campaign theme: *With Us Not for Us.* The message of *With Us Not For Us is* key to a human rights-based approach to disability. A human rights-based approach views people with disabilities as having the right to be treated fairly and have the same opportunities as everyone else, working with others to improve their lives. SEE UN WDSD PAGE https://www.worlddownsyndromeday.org/
State Budget	**2. *State House News** March 17, 2023 *Healey Adds $734 Million To Expanding Spending Agenda* The new bill seeks to extend the popular state-funded universal free school meals program through next school year, assist school districts with expensive special education programs, recruit and retain more MBTA employees, and fund temporary staffing to respond to health crises in the face of waning COVID-19 emergency dollars. The largest spending item in the bill is $200 million toward a "Critical Health and Human Services and Workforce Reserve" to continue pandemic response and mitigation efforts through fiscal 2023 and into early fiscal 2024, as federal funds for the crisis come to an end. The reserve would help temporarily staff nursing homes, group care settings, state hospitals and soldiers' homes, which remain understaffed three years into the pandemic. A survey earlier this month found half of Massachusetts doctors have already or intend to soon cut back their clinical hours, and the deadly COVID outbreak at Holyoke Soldiers' Home, partially due to years of understaffing, remains on the minds of Massachusetts residents and lawmakers. The governor also proposed $10 million to create a new career ladder for licensed practical nurses to "support nursing facilities and home- and community-based services providers in their efforts to retain direct care staff and upskill them to LPNs. The program would fund no-interest loans and grants

	to support the cost of attending an LPN certification program, as well as living expenses while attending." "The bill's workforce funding is necessary to ensure there are enough health professionals, including licensed practical nurses (LPNs) and certified nursing assistants (CNAs), to meet the needs of vulnerable residents under state care while we transition beyond the COVID-19 public health emergency," a release from the governor's office says. https://tinyurl.com/734ExpandedSpending
Nursing Home Ownership Transparency	**3. U. S. Government Accountability Office** February 2, 2023 (release date) *Nursing Homes: CMS Should Make Ownership Information More Transparent for Consumers* **What GAO Found** The Centers for Medicare & Medicaid Services (CMS)—the agency within the Department of Health and Human Services responsible for oversight of nursing homes—collects information on nursing home ownership characteristics. This information includes profit status, names of individual and organizational owners, and chain ownership. CMS also disseminates some of this ownership information on Care Compare, the agency's web-based tool that allows consumers to compare health care providers based on their quality of care and other characteristics. CMS officials told GAO that the agency's goal for presenting nursing home ownership information on Care Compare is to promote transparency for consumers so that they can make informed care choices. **Illustrative Example of Nursing Home Ownership Information Presented on Care Compare**  Source: GAO analysis of Centers for Medicare & Medicaid Services Care Compare website. | GAO-23-104813 The nursing home ownership information presented on Care Compare does not align with the characteristics of effective transparency tools. For example, Care Compare does not allow consumers to easily identify relationships, such as common ownership, and patterns related to quality across nursing homes under common ownership. Therefore, it is difficult for consumers to know whether a given owner is associated with nursing homes of high or low quality. In addition, Care Compare uses ownership terminology, such as “5% or greater indirect

	ownership interest," that is not well defined and could be confusing for consumers. CMS has demonstrated a commitment to improving the transparency of nursing home ownership information and has an opportunity to present ownership information in a way that helps consumers make more informed care choices. **Why GAO Did This Study** CMS provides oversight of the nation's over 15,000 nursing homes that participate in the Medicare and Medicaid programs. This includes ensuring that homes have met certain quality standards. Several studies have shown that the quality of care provided at a nursing home can be related to its ownership. In addition, GAO and others have identified limitations in the transparency and accuracy of information on nursing home ownership. GAO was asked to report on CMS's use of nursing home ownership information. In this study, GAO examined, among other objectives, the transparency of nursing home ownership information for consumers on Care Compare. To do so, GAO reviewed CMS documentation and interviewed CMS officials, consumer groups, and researchers. GAO also assessed whether the nursing home information on Care Compare aligned with the characteristics of effective transparency tools identified in prior GAO work. Skip to Recommendations **Recommendations** GAO is recommending that CMS fully align nursing home ownership information on Care Compare with relevant characteristics of effective transparency tools. This should include organizing ownership information to allow consumers to identify and examine quality ratings for nursing homes under common ownership and using plain language to define key terms. The Department of Health and Human Services concurred with this recommendation. Highlights Page (1 page) Full Report (39 pages) Accessible PDF (44 pages)
Reports	**4. Center for Retirement Research at Boston College** November 2021 *Who Will Have Unmet Long-Term Care Needs and How Does Medicaid Help?* Many older Americans will need at least some long-term services and supports (LTSS) as they age. At the same time, a substantial number do not have sufficient resources to provide for LTSS care needs. The questions are whether those who cannot afford care are the same ones who need care; the extent to which Medicaid reduces any shortfalls; and the types of individuals that continue to fall short after Medicaid. This brief is the final in a three-part series examining the need and resources for LTSS among retirees. The first brief looked at the likelihood of a 65-year-old developing minimal, moderate, or severe care needs, while the second examined the resources available to 65-year-olds to cover the different levels of care. This final brief combines the findings from the two earlier studies to determine the share of individuals projected to have inadequate resources for their specific care needs and explores the extent to which Medicaid makes up the difference. The discussion proceeds as follows. The first section projects what share of older Americans may fall short of affording the care they need based on their private resources, which include both family members and the financial means to cover paid caregivers.

	The second section explores the role of Medicaid and estimates the extent to which it reduces the share of individuals that fall short. The third section explores the disparities in unmet care needs across sociodemographic groups, taking account of both private resources and Medicaid. The final section concludes that while Medicaid covers a substantial share of the cost of long-term care and reduces disparities, a significant minority of retirees will still face varying degrees of unmet needs. analysis of the gap
Webinars and Online Sessions	**5. Health Wonk Shop – Kaiser Health Foundation** Tuesday, March 21, 2023, 12:00 to 12:45 p.m. *Unpacking the Controversy Over Medicare Advantage* Medicare Advantage is the rapidly growing private plan alternative to traditional Medicare that provides coverage to approximately half of Medicare beneficiaries. Controversy has arisen recently over a Biden Administration proposal for changes to payments to insurers for the coming year, including how the health risk of enrollees is captured, as well as a plan for recouping payments not supported by audits. The Centers for Medicare and Medicaid Services estimates the payments to plans per enrollee would increase by 1% in 2024, and supporters argue the approach would help to reduce inappropriate overpayments to insurers. Critics, including the insurance industry and Republicans in Congress, contend that this represents a cut to Medicare and will lead to higher costs for beneficiaries. Tomorrow, March 21 at 12 p.m. ET, three experts join series moderator Larry Levitt in a 45-minute discussion on Medicare Advantage, addressing such questions as: What has driven the growth in Medicare Advantage enrollment? What are the implications of enrollment being concentrated in a few insurance firms? Is the federal government overpaying plans? What would the new rules and proposed changes do, and how would they affect beneficiaries? **Moderator** • **Larry Levitt**, Executive Vice President for Health Policy, KFF **Panelists** • **Jeannie Fuglesten Biniek**, Associate Director, Program on Medicare Policy, KFF • **Tom Kornfield**, Senior Consultant, Avalere • **Richard Kronick**, Professor of Family and Preventive Medicine and Adjunct Professor of Political Science, UC San Diego **RSVP for Web Event** **6. ProPublica** Tuesday, March 21, 2023, 4:00 to 5:15 p.m. *Post-Roe: Today's Abortion Landscape* This is an opportunity for people with disabilities to ask questions as regards disability and reproductive health. ProPublica senior editor Ziva Branstetter will speak with our reporters about their recent work, like what access to abortion looks like now in a post-Roe world, how abortion laws are affecting maternal health and the lack of data privacy laws regarding the abortion pill. We'll also hear from reproductive health care experts about how abortion restrictions are playing out on the ground across the country. There will also be a Q&A session at the end.

This event is virtual and free to the public. Can't make it? Register to receive a link to the recorded session.

Register Here

7. **The Harvard Joint Center for Housing Studies**
   Thursday, March 23, 2023, 12:30 p.m.
   Improving America's Housing 2023
   Sparked by pandemic-induced changes in household routines and use of living space, home improvement and repair spending soared to new heights in 2022, reaching an estimated $567 billion. Despite this enormous investment, the nation's homes are aging and in growing need of major replacements, such as roofing, windows, and HVAC systems. **For many older and lower-income homeowners, the burden of high improvement and repair costs threaten their health and safety**, as well as the preservation of affordable housing. While the boom in home remodeling activity is expected to slow from its breakneck pace in the near term, modifying homes to better prepare against disasters, improve energy efficiency, and **meet the accessibility needs of an aging population** should support longer-term growth in the remodeling market.
   Join us for the release of our biennial report, ***Improving America's Housing 2023***.
   Panelists:
   - Jane Dzielski, Principal Analytical Lead, Google (Moderator)
   - Jessica Granderson, Interim Division Director, Building Technology & Urban Systems Division, Lawrence Berkeley National Laboratory
   - Carlos Martín, Project Director, Remodeling Futures Program, Harvard JCHS
   - Ruth Ann Norton, President & CEO, Green & Healthy Homes Initiative
   - Keith Rozolis, President & CEO, ABC Supply

   Registration required.
8. **National Consumer Voice for Quality Long-Term Care**
   Thursday, March 23, 2023, 2:00 to 3:30 p.m.
   Dignity for All: Resident Voices on How Staffing Impacts Their Lives
   Join Consumer Voice for a webinar highlighting the experiences of long-term care residents. They'll share, in their own words, how living in a facility with inadequate staffing affects their quality of life and the quality of care that they receive, and what it would mean for their lives to live in a facility with enough staff.
   REGISTER
9. **Stanford Social Innovation Review**
   Tuesday, April 4, 2023, 2:00 to 3:30 p.m.
   How to Build a Culture of Accountability and Advance Racial Equity
   This 90-minute LIVE program will:
   - **Explore three forms of accountability** essential to activating organizational change
   - **Outline seven practices** for building a culture of accountability
   - **Highlight four core competencies** of accountable leadership that are essential to advancing racial equity
   - **Illuminate case studies** to understand how conflict avoidant culture leads to a toxic workplace and how to combat that dynamic

   One act of racial harm could have ripple effects across an entire organization. A single microaggression compounded with other acts of interpersonal racism and

	institutional policies that perpetuate unequal access to opportunities for staff of color- can have sweeping consequences. Sending an email apology is like applying a Band-Aid to a systemic issue. And while organizations may opt to leave the role of accountability to their HR departments, cultivating a culture in which everyone practices a commitment to anti-racist community care and responsibility requires much more than compliance to labor policies and practices. From the interpersonal harms of racial microaggressions to the discrimination and implicit bias within core functions of the organization, leaders must be prepared to facilitate a process of accountability that creates lasting change. Otherwise, chronic burnout and high turnover will take hold. In this 90-minute *SSIR Live!* session, social sector leaders and managers will learn strategies for creating a more inclusive and equitable workplace and building a thriving culture of accountability. We will explore three forms of accountability essential to activating organizational change; outline seven practices for building a culture of accountability; and highlight four core essential competencies of accountable leadership – all in this LIVE program. This session will be facilitated and led by Piper Anderson, a former professor at NYU's Gallatin School, a writer, coach, trainer, and founder of Create Forward, a social impact firm delivering experiences that advance equity and justice. This interactive 90-minute session will include prompts for reflective discussion, live polling, and two Q&A rounds to answer your most pressing questions on this topic. This webinar is designed, facilitated, and presented by **Piper Anderson**. Anderson is a former professor at NYU's Gallatin School, a writer, coach, trainer, and founder of Create Forward, a social impact firm delivering experiences that advance equity and justice. She brings 20 years of experience as a coach and facilitator for racial justice, community engagement, and conflict transformation Price for this webinar: $79 This price includes access to the live interactive webinar and unlimited access to the recorded webinar video and resources for 12 months from the date of broadcast. https://tinyurl.com/Apr4CultureOfAccountability **10. Bob Woodruff Foundation** Wednesday, April 5, 2023, 3:00 p.m. *Understanding the PACT Act and Implications for Impacted Veterans* Join the Bob Woodruff Foundation, Dept. of Veteran Affairs, and Iraq and Afghanistan Veterans of America for an important discussion of the Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act. Passed in 2022, the PACT Act expands and extends eligibility for VA health care for Vietnam, Gulf War, and post-9/11 era veterans with toxic exposures. LEARN MORE
	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	**11. McKnight's Long-Term Care News** March 20, 2023 *'Imperative' to finalize staffing rule this year, dozens of House members tell CMS* More than a quarter of the House of Representatives signed a letter last week urging the Centers for Medicare & Medicaid Services to move forward with its plan to institute a nationwide staffing mandate for nursing homes.

They called for the fiscal 2024 payment rule — which is expected to be officially proposed this spring — to include a proposal for "strong mandatory minimum staffing standards" and said it would be "imperative" to finalize requirements this year. The letter, crafted by Reps. Lloyd Doggett (D-TX) and Jan Schakowsky (D-IL), was signed by 113 Democrats.

"It has been one year since President Biden's State of the Union announcement concerning this study and over 20 years since CMS's last review. Meanwhile, many nursing home residents and workers have suffered from insufficient staffing," the letter stated.

The letter was dated March 13 but was not publicized by Dogget's office until later last week. While acknowledging staffing challenges in the sector, the signers urged CMS officials to act anyway.

"CMS should adopt strong nursing staff-to-resident ratios to ensure workers are not overburdened and unable to meet their patients' needs," they wrote. "it is clear that chronic understaffing contributes to high rates of stress, injury, and burnout among nursing assistants, and ultimately to high rates of turnover. Thus, we believe that creating a robust staffing standard will also go a long way towards improving the quality of nursing home jobs, which in turn will actually help attract more workers and resolve current workforce shortages in this industry."

CMS has heard from multiple federal lawmakers on this issue already. Last month, Sen. Bob Casey (D-PA) and six Democratic co-signers [including Senator Elizabeth Warren] also urged quick action, saying the current requirements for RN staffing aren't enough to ensure quality care.

In January, a bipartisan group of 13 senators from largely rural states had asked the agency to slow the introduction of any federal staffing mandate, fearing it would imperil nursing homes in areas unable to recruit staff because of supply issues.

The latest Congressional letter writers also acknowledged special circumstances in rural areas, as well as "complex and nuanced issues, such as variations in acuity levels and case mix." But they insisted a lengthy study period and previous responses to information requests should have given CMS insights on how to address those challenges.

The letter, like Casey's, also encouraged CMS to continue pursuing a regulation that would better measure the adequacy of state Medicaid payments. Shoring up Medicaid payments could ultimately provide key revenue for providers to spend on staffing improvements.

Both the American Health Care Association and LeadingAge, the sector's two largest provider advocacy organizations, have said a nursing home staffing minimum cannot work without more financial support.

"If there is evidence that current payment rates are insufficient to support safe staffing levels, CMS should take further steps to ensure that nursing facilities have the financial resources to comply with, if not exceed, minimum standards," the members of Congress wrote last week.

"We believe that the separate rulemaking to strengthen enforcement of the Medicaid 'equal access' provision … currently underway at CMS offers an important opportunity to move toward this goal by creating a robust system for states to demonstrate that Medicaid rates for nursing homes are adequate to support staffing and wage levels necessary to attract and retain sufficient staff to

meet staffing requirements, and that these dollars actually go to support care for residents."
https://tinyurl.com/ImperativeToFinalize

12. **AP News**
March 15, 2023
In nursing homes, impoverished live final days on pennies
new pants to replace Alex Morisey's tattered khakis will have to wait. There's no cash left for sugar-free cookies either. Even at the month's start, the budget is so bare that Fixodent is a luxury. Now, halfway through it, things are so tight that even a Diet Pepsi is a stretch.
"How many years do I have left?" asks 82-year-old Morisey, who lives in a Philadelphia nursing home. "I want to live those as well as I can. But to some degree, you lose your dignity."
Across the U.S., hundreds of thousands of nursing home residents are locked in a wretched bind: Driven into poverty, forced to hand over all income and left to live on a stipend as low as $30 a month.
In a long-term care system that subjects some of society's frailest to daily indignities, Medicaid's personal needs allowance, as the stipend is called, is among the most ubiquitous, yet least known.
Nearly two-thirds of American nursing home residents have their care paid for by Medicaid and, in exchange, all Social Security, pension and other income they would receive is instead rerouted to go toward their bill. The personal needs allowance is meant to pay for anything not provided by the home, from a phone to clothes and shoes to a birthday present for a grandchild.
One problem: Congress hasn't raised the allowance in decades.
"It's really one of the most humiliating things for them," says Sam Brooks, an attorney for The National Consumer Voice for Quality Long-Term Care, which advocates for nursing home residents and has urged an increase in the allowance. "It can really be a point of shame."
Especially when an individual has no close relatives or no one able to financially help, the allowance can breed striking need. When Marla Carter visits her mother-in-law at a nursing home in Owensboro, Kentucky, the scene feels more 19th-century poorhouse than modern-day America. With just a $40 allowance, residents are dressed in ill-fitting hand-me-downs or hospital gowns that drape open. Some have no socks or shoes. Basic supplies run low. Many don't even have a pen to write with.
"That's what was so surprising to us," Carter says, "the poverty."
She was so horrified that she and her husband started a nonprofit, Faithful Friends Kentucky, to distribute items to area nursing home residents. Among the things most warmly received are Kleenex tissues, because facilities often stock scratchy generics and even those can be hard to come by.
"You bring a soda or a toothbrush and they'll get so excited," she says. "It's so sad to me."
Medicaid was created in 1965 as part of the Great Society programs of Lyndon B. Johnson. A 1972 amendment established the personal needs allowance, set at a minimum of $25 monthly. Unlike other benefits like Social Security, cost-of-living increases were not built into personal needs allowance rules.
Had it been linked to inflation, it would be about $180 today. But Congress has raised the minimum rate only once, to $30, in 1987. It has remained there ever since.

Some politicians have tried to fix the problem, including Rep. Jennifer Wexton, a Democrat from Virginia who in 2019 introduced a bill to raise the minimum allowance to $60 and cement annual increases tied to those for Social Security. It didn't even get a hearing.

"I was shocked," Wexton says. "It's about dignity for these people."

Medicaid is jointly administered between individual states and the federal government and, faced with federal inaction, states have taken it upon themselves to raise allowances. Even so, most remain low. A majority of states – 28 – have allowances of $50 or less, according to a state-by-state survey by the American Council on Aging. Just five states grant residents $100 or more each month, including Alaska, which stands alone in offering $200 monthly, the maximum under federal law. Four states – Alabama, Illinois, North Carolina, and South Carolina – remain at the $30 minimum.

Despite such paltry allotments, some facilities have been cited for not telling residents they were entitled to an allowance at all, for failing to provide the money, or for spending the funds without their permission. And though federal regulations outline a host of items that are to be provided to nursing home residents, many find themselves unable to use the cheap items facilities offer, spending their allowance on replacements for institutional-grade soap that makes them dry and itchy, tissues that feel like something out of a bus terminal bathroom, razors that leave a face nicked and bleeding and denture adhesives that seem incapable of keeping false teeth in place.

Some homes skirt the rules, making residents pay for things like diapers or haircuts that are supposed to be included.

"As soon as I get it, it's gone," says Chris Hackney, a 74-year-old resident of a nursing home in Durham, North Carolina, who spends his $30 monthly allowance on body wash, toothpaste, deodorant and some items his facility used to provide but has cut back on, wipes and diapers. "Think of the prices of everything that tripled and quadrupled. And the money hasn't gone up any."

Hackney, a retired appliance technician who has used a wheelchair since a motorcycle accident nine years ago, has a daughter who pays his cell phone and a church that sends care packages. But even a modest boost to the allowance, Hackney says, would mean a ton.

"It would change so many lives in here," he says.

Down the hall, 56-year-old Janine Cox gets an occasional bag of chips from the vending machine and scrimps to add to the collection plate at church. She says her neighbors are even worse off.

"It's like a fight for them to survive another day," she says. "The politicians, they need to come inside these nursing homes and look and see how some of us are living."

It leaves many feeling trapped with no chance of normalcy.

Before a fall that landed her at a nursing home in Toluca, Illinois, 62-year-old Nancy Yundt felt like life was relatively comfortable. Her house was small and needed work, but it was home. Her SUV was 18 years old with 160,000 miles on the odometer, but she loved it. Her $2,373 monthly disability check left room for a housekeeper and take-out food and plenty of generosity.

She paid her son's cellphone and insurance bills, bought Christmas presents for everyone and doted on her family's little ones year-round.

But when her grandniece's 2nd birthday came a few months after she arrived in the nursing home last year, she wanted to buy a doll but realized she couldn't.

"The spoiling aunt can't spoil," she says. "It just makes me feel a little sad."
Nursing home residents often must cede control of everything from how often they get a shower to what they eat. With no financial wiggle room, even more autonomy evaporates, putting out of reach the chance to take a taxi to see a friend, to get lost in a newly purchased book, or to escape the monotony of the cafeteria with some take-out food.
Even after two years of institutionalized life, it is a confounding truth for Morisey.
He ended up in a nursing home after a fall and, once here, learned his income would no longer be his. Pennsylvania's allowance is $45, and after a monthly $20 haircut and $5 tip, a juggling act begins.
Can his razors last a bit longer to put off refills? Can he squeeze a bit more out of the Fixodent tube? Has he cut corners enough to get some aftershave or peanut butter crackers?
"It's the little things," he says. "You don't think about these things until you no longer have them."
When something pricier needs replacing, it's even more of a quandary, like when shirts went missing in the laundry or the top broke on his thermos or his little Bluetooth speaker no longer held a charge.
His meager savings are nearly gone now. If not for help from his church, he wouldn't even be able to afford a phone.
Living simply is at the heart of Morisey's Quaker faith and he decided after college, Ivy League diploma in hand, that he wouldn't use it to chase wealth. He took jobs in nonprofits, putting his skills to the aid of farmworkers, public housing tenants and the mentally ill, and as an aid worker in Central and South America. He has spent each of his 82 years squarely in the middle class.
Looking back, Morisey wouldn't change how he lived his life. But it doesn't seem too much, he says, to ask for a soda. ___
https://tinyurl.com/ImpoverishedOnPennies

13. **Skilled Nursing News**
March 14, 2023
SNFs 'Hanging by a Thread' Find Single-Occupancy Room Initiatives Pushing Them to Brink
The high renovation costs associated with adopting new rules for room occupancy limits are forcing some operators to close their doors, as was recently the case with Northeast Health Group in Massachusetts.
Many of these vulnerable facilities, built in the 1960s and 1970s and designed for three to four residents per room, are already in financial hot water and simply cannot afford the upgrades to house fewer than two residents per room.
The states and the Biden administration have been pushing for room occupancy limits, but this shift to rooms with single or double occupancy further exacerbates access issues for potential residents and their families, as referral bottlenecks between hospitals and SNFs are already happening as a result of the staffing crisis. . .
About 46,140 SNF beds have been lost since 2008, according to NIC MAP Vision data. . .
The Massachusetts Department of Health in April 2021 announced SNFs in the state would not be able to have more than two residents per room – one operator, Northeast Health Group Inc., said last month it would need to shutter four facilities this summer as a result of the mandate.

"It's a matter of keeping the business viable or not. When you're hanging on by a thread, any little thing adds more pressure to you financially, just pushes you closer and closer to the edge," said Salmon. "I think there are a lot of nursing homes in Massachusetts that are there."

Still, Massachusetts's room initiatives haven't had a large impact yet on at least the nonprofit operators of nursing homes in the state.

LeadingAge Massachusetts President Elissa Sherman said in an email that the state's room initiatives have not affected many of her members, all of which are nonprofit aging services providers. . .

In Massachusetts, the state did offer reimbursement rate add-ons and bed buybacks as operators lost beds, but it wasn't significant enough to offset financial losses.

All in all, the state has seen 25 SNFs close since the beginning of the pandemic, according to the Massachusetts Senior Care Association. . .

Associations including LeadingAge and the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) aren't yet seeing a link between closures and single room initiatives on a national scale. Any predominant links to closures are due to staffing shortages and underfunding, advocates said. . .

"While facilities have to reduce the number of beds that can be occupied, the primary reason is the labor shortage," said Rick Abrams, CEO of the Wisconsin Health Care Association. "A facility must not occupy a bed if they don't feel confident they can care for that resident."

Abrams doesn't believe the transition from multiple beds to single-bedded rooms is going to cause access difficulties – if a provider can financially do this, he said, it's going to move ahead with renovations to create a better quality of life for residents.

https://tinyurl.com/HangByThread

14. **Taunton Daily Gazette**

March 12, 2023

Ball fields? Assisted living? Got any creative ideas for old Taunton Nursing Home site?

What do you think the city should do with the former Taunton Nursing Home property?

Taunton's Grant Coordinator Taylor J. Torres said a public meeting would be scheduled in April for residents to say how the former municipally-owned nursing home property should be used.

"There will be an opportunity…for residents to meet the project team, view initial findings, and give input after learning more about the potential reuse and redevelopment options," he said. "We will also offer additional avenues for residents to provide their feedback through the city website."

The Taunton Nursing Home closed on July 17, 2019, in response to a City Council 6-3 vote in February 2019 to permanently shut down the facility on Norton Avenue.

According to the city budgetary office, the nursing home had an approximate $3.3 million debt from fiscal years 2015-2018.

The nursing home's 101-bed site was financed with resident insurance revenue provided by federal insurers, Medicare, Medicaid programs and private insurance companies.

	The Taunton Nursing Home previously had 55 full-time union employees and 15 part-time workers. https://tinyurl.com/TauntonNurisngHome
Home and Community Based Services	**15. The Centers for Medicare & Medicaid Services (CMS) and the Administration for Community Living (ACL)** *March 17, 2023* *Joint Statement from the Centers for Medicare & Medicaid Services (CMS) and the Administration for Community Living (ACL): Implementation of the Home and Community-Based Services Settings Regulation* The HCBS Settings Rule was created to ensure that every person receiving Medicaid-funded HCBS has full access to the benefits of community living. It protects individuals' autonomy to make choices and to control the decisions in their lives, a right most people take for granted. This includes controlling personal resources; being treated with privacy, dignity, respect, and freedom from coercion and restraint; deciding what and when to eat; having visitors; being able to lock doors; and having the protections of a lease or other legally enforceable agreement. The rule requires a person-centered process for planning HCBS, which means that the individuals receiving services direct the planning process and the plan reflects their own preferences and goals they have set for themselves. The rule is critical to CMS' broader efforts to expand availability and improve the quality of Medicaid-funded HCBS. . . [A]ll states must now be fully compliant with the rule's requirements regarding participant rights and self-determination, such as those described above. For all states, today marks the beginning of a new phase of implementation of the rule, requiring ongoing evaluation, monitoring, and public engagement. https://tinyurl.com/HCBSRegs
Housing	**16. *State House News** March 13, 2023 *On Big Issues, Driscoll Taking "We'll See" Approach* A longtime mayor of Salem, . . .lieutenant governor [Kim Driscoll] is serving as the Healey administration's point person on housing policy at least until the governor's plan to carve out a new Executive Office of Housing and Livable Communities comes to fruition. She said the administration's "main focus right now" is on increasing housing production. "There's no doubt we have a full-on housing crisis in Massachusetts. There's not enough housing to meet the current demands at all levels -- not market rate, not affordable, certainly not truly affordable for our most vulnerable populations. And we really are trying to partner with communities and make sure they have the tools they need," she said. "We're focused on production." https://www.statehousenews.com/email/a/2023368?key=32176c2
MassHealth Redetermination	**17. *State House News** March 17, 2023 *Healey Adds $734 Million To Expanding Spending Agenda* The end of the federally-declared COVID-19 public health emergency comes with new challenges, as Massachusetts is readying to transition hundreds of thousands of people off the state-run health insurance program over the next year. Healey's supplemental budget would give $3.5 million to support the so-called "redetermination" process at MassHealth, to help transition the estimated 400,000 Bay Staters who will be booted off public insurance to new forms of

	coverage. The shifting of so many Bay Staters off of MassHealth into other subsidized insurance or private insurance tied to employment will free up $1.9 billion in fiscal year 2024 for state spending, based on Healey's budget. The supplemental budget also directs $60 million to support caseworkers and staff at the Department of Transitional Assistance, at a time when other pandemic-era benefits are also coming to an end, such as enhanced Supplemental Nutrition Assistance Program (SNAP) payments. https://tinyurl.com/734ExpandedSpending **18. *State Health News** March 9, 2023 *Blue Envelopes Signal Start of Big Health Insurance Project* Hundreds of thousands people are expected to be booted off the state-run health insurance program over the next year as federal continuous coverage requirements for Medicaid in place since March 2020 expire and the state goes through the required redetermination process for the first time since the pandemic began. The Healey administration expects that MassHealth membership will fall from its current level of more than 2.3 million people to about 1.9 million people over the next year, freeing up $1.9 billion in fiscal year 2024 state spending. Mike Levine, MassHealth assistant secretary, said Thursday that an estimated 50 percent of MassHealth members can be automatically renewed. Those members will get a letter in the mail telling them that their eligibility has been renewed and that no action is needed of them. . . Gasteier told the Health Connector board Thursday morning that the Connector's "utmost priority continues to be our careful preparation for the MassHealth redetermination process" and that the health insurance exchange is "squarely focused on ensuring that we successfully and smoothly enroll as many as possible of the hundreds of thousands of residents who will newly need health coverage over the course of the next year." The Health Connector is opening a special enrollment period from April through November for those who lose MassHealth coverage, and there will be an information campaign that will include sending mail, emails and text messages, and using social media, TV and radio, robocalls and old-fashioned door knocking to let people know they may lose their MassHealth insurance and can enroll in Health Connector coverage. MassHealth and the Health Connector are also relying on an "integrated eligibility system" that Gasteier said "means that the second somebody loses their MassHealth eligibility, they become eligible potentially for Health Connector coverage." People who lose MassHealth coverage will find out immediately that they are eligible for a Connector program, she said. https://tinyurl.com/BlueEnvelopesSignal
Medicare	**19. STAT News** March 13, 2023 *Denied by AI: How Medicare Advantage plans use algorithms to cut off care for seniors in need* An algorithm, not a doctor, predicted a rapid recovery for Frances Walter, an 85-year-old Wisconsin woman with a shattered left shoulder and an allergy to pain medicine. In 16.6 days, it estimated, she would be ready to leave her nursing home.

	On the 17th day, her Medicare Advantage insurer, Security Health Plan, followed the algorithm and cut off payment for her care, concluding she was ready to return to the apartment where she lived alone. Meanwhile, medical notes in June 2019 showed Walter's pain was maxing out the scales and that she could not dress herself, go to the bathroom, or even push a walker without help. It would take more than a year for a federal judge to conclude the insurer's decision was "at best, speculative" and that Walter was owed thousands of dollars for more than three weeks of treatment. While she fought the denial, she had to spend down her life savings and enroll in Medicaid just to progress to the point of putting on her shoes, her arm still in a sling. . . Behind the scenes, insurers are using unregulated predictive algorithms, under the guise of scientific rigor, to pinpoint the precise moment when they can plausibly cut off payment for an older patient's treatment. The denials that follow are setting off heated disputes between doctors and insurers, often delaying treatment of seriously ill patients who are neither aware of the algorithms, nor able to question their calculations. Older people who spent their lives paying into Medicare, and are now facing amputation, fast-spreading cancers, and other devastating diagnoses, are left to either pay for their care themselves or get by without it. If they disagree, they can file an appeal, and spend months trying to recover their costs, even if they don't recover from their illnesses. https://tinyurl.com/DeniedByAI
Veteran Services	**20. Health Affairs Forefront** Ma7rch 13, 2023 *We Must Rebuild America's Military Health System (MHS)—Before It's Too Late* Within the MHS's constrained budget, the share devoted to direct care by military providers declined. This is because dollars that previously paid for treating military family members and retirees in the MHS's own hospitals and clinics followed these beneficiaries to private hospitals. The collective impact of these policies explains how, less than a decade after the MHS achieved unprecedented levels of performance, many of its hospitals stand half empty and seriously understaffed. . . **How We Can Rebuild the Military Health System** • Reverse Funding and Personnel Cuts • Urge Military Retirees and Family Members To Return To Military Hospitals • Rebuild The Military's Medical Education Pipeline • Increase Strategic Partnerships With Civilian Trauma Centers • Allow More Military Trauma Centers To Participate In Civilian Trauma Networks • Implement The Health Reforms In The 2023 National Defense Authorization Act • Direct The Assistant Secretary of Defense For Health Affairs To Oversee The Turnaround https://tinyurl.com/RebuildAmericasMHS **21. VA News** March 5, 2023 *Advance directives ensure Veterans' future care reflects their current wishes* At VA, Veterans typically have control and the final say in the kind of health care they receive. However, Veterans are sometimes unable to make these decisions

	and need help devising a plan to ensure that their future medical care reflects their current wishes. . . Advance Directives—sometimes called "living wills"—inform medical providers of a patient's wishes if they cannot communicate. Doctors encourage all Veterans to make an advance directive and to ask for help if the forms seem intimidating. . . [A]nyone looking to learn more about planning for future health care needs to check out the National Advance Care Planning Program, which creates a comfortable space for groups of Veterans, families and caregivers to discuss advance care planning. . . For more on how Clinical Resource Hubs make a difference in VA health care, visit the Clinical Resource Hubs (CRH) website. https://news.va.gov/116142/advance-directives-ensure-future-care-wishes/ **22. Nursing Home Abuse Center Blog** January 12, 2023 *VA Benefits Update Veterans in Nursing Homes Should Know About* Late last year, the United States Department of Veterans Affairs (VA) announced an 8.7% increase in veterans' compensation benefits. The increase is effective January 2023 and is the highest compensation adjustment in the last 30 years. These increases have already been reflected in January payments. The adjustment is helping millions of veterans and survivors supported through VA benefits. This includes the thousands of veterans receiving nursing home or other long-term care to achieve more financial stability and afford important care services. Read on to learn about each of the affected benefits and how veterans are being supported. **Benefits impacted by the 8.7% cost of living adjustment include:** • **Social Security and Supplemental Security Income**: Supports senior veterans, whether disabled or retired • **VA Dependency Indemnity Compensation**: Supports surviving spouses or family members of veterans who passed in the line of duty or from a service-related illness or injury • **VA Disability Compensation**: Provided to veterans who were injured or developed serious illnesses during service that keeps them out of work • **VA Special Benefit Allowances**: Covers automobile, clothing expenses, or Medal of Honor pensions https://tinyurl.com/VABenefitsUpdate
Public Policy	**23. *State House News** March 14, 2023 *New Poll Shows Statewide Support For $20 Minimum Wage* New polling suggests statewide support for another minimum wage hike and as lawmakers weigh a push to raise the wage floor, an advocacy coalition is now actively pondering a ballot question to "force the issue." Getting back to the numbers for now, 59 percent of Bay State voters said they would support raising the minimum wage in Massachusetts to $20 an hour compared to 33 percent who are opposed and 7 percent who are undecided, according to the results of a new poll shared first with MASSterList. . . Bills filed by Winchester Sen. Jason Lewis (SD 2032) and Reps. Tram Nguyen of Andover and Daniel Donahue of Worcester (HD 3965) would raise the minimum wage by $1.25 per hour a year until it reaches $20 in 2027. The wage would then

be tied to the consumer price index starting in 2028 so it automatically rises alongside inflation. The bills would also effectively double the lowest wage for tipped workers to $12 an hour.

Massachusetts' minimum wage hit $15 an hour in January after five years of gradual raises. But weeks after the rate hit the ceiling outlined by the 2018 "grand bargain" law, progressive power players are already mobilizing to keep the hourly wage floor rising. . .

Making Massachusetts more affordable and helping people cope with the state's high cost of loving have emerged as themes in the new session, and the bills have picked up 47 co-sponsors -- all Democrats -- out of 200 lawmakers in the House and Senate.

Gruman pointed to the high costs of housing, childcare and other necessities in Massachusetts as justification for another minimum wage increase, and said Raise Up hasn't settled on $20 an hour just yet, hinting a ballot question could ask voters to raise wages even higher. . .

Women overwhelmingly support increasing the minimum wage to $20 an hour, with 69 percent of female voters indicating support compared with 48 percent of men. Just 21 percent of women opposed boosting hourly wages while men revealed a near-even split on the issue with 46 percent saying they're opposed.

Slicing the state into four quadrants, Greater Boston -- the state's most expensive region -- had the strongest support with 65 percent of voters in support. Next was South Shore and South Coast voters with 60 percent in support, followed by North Shore voters where 56 percent are favorable to a wage hike. Even in the more conservative central and western parts of Massachusetts, a narrow majority (51 percent) of voters said they'd say "yes" to a $20 minimum wage.

https://www.statehousenews.com/news/2023374

24. Health Affairs Forefront

March 13, 2023

Preserving Integration for Dual Eligible Individuals After The End Of The Medicare-Medicaid Plan Model

For several decades, policymakers have sought solutions to integrate Medicare and Medicaid and have tested myriad approaches to address system fragmentation facing dual eligible individuals. Despite these efforts, a relatively small portion of dual eligible individuals participate in a meaningfully integrated program. In addition, Medicare and Medicaid program oversight remains generally uncoordinated within the Centers for Medicare & Medicaid Services (CMS) as well as between CMS and states.

There are multiple administrative and legislative opportunities to advance Medicare-Medicaid integration beyond what exists today. In particular, Congress and other policymakers need to recognize the Medicare-Medicaid Coordination Office (MMCO) at CMS as the central body designing and overseeing integrated programs. In addition, there are opportunities to require and resource states to pursue meaningful integration, address lingering statutory barriers, and simplify dual eligible individual's "choice."

Access To Integrated Products

Nearly 50 different combinations of coverage exist for dual eligible individuals nationwide, with a cacophony of acronyms and maze of options. The more common options include the following:

- **Dual Eligible Special Needs Plan (D-SNP)**. A type of Medicare Advantage product limited to dual eligible individuals, with a targeted Model of Care and required to have a contract with the state in which it is operating, known as the State Medicaid Agency Contract (SMAC). There are three types of D-SNPs:
  - **Coordination Only D-SNP (CO D-SNP)**. A D-SNP that does not bear risk for Medicaid behavioral health or long-term services and supports (LTSS), and that must share Medicare data with their state to facilitate transitions of care between certain Medicare and Medicaid settings.
  - **Highly Integrated D-SNP (HIDE SNP)**. A D-SNP that bears risk for Medicaid behavioral health and/or LTSS at the organizational level and in the same counties in which the D-SNP operates.
  - **Fully Integrated D-SNP (FIDE SNP)**. A D-SNP that bears risk for Medicaid behavioral health and LTSS, and that has exclusively aligned enrollment (only enrolls individuals for which it bears this Medicaid risk).
- **Medicare Medicaid Plan (MMP) Model**. A temporary pilot demonstration that includes a three-way contract between CMS, a state, and a health plan; with full risk for Medicare and Medicaid services in a single organization and integrated member materials, provider networks, benefits, appeals and grievances, and customer service. . .

When it was developed, the capitated MMP offered considerable promise to create a more streamlined experience for dual eligible individuals by aligning financial and clinical incentives under a single, at-risk entity. Dual eligible individuals received a single set of member materials; provider networks and quality measures were integrated across Medicare and Medicaid; benefits were aligned; and states were offered a clear path to sharing in Medicare savings. However, the program has had mixed results. For example, some states experienced decreased utilization across services such as skilled nursing facility, long-stay nursing facility, and emergency department, while others experienced increased utilization. As a result and as noted above, in the Contract Year 2023 Medicare Advantage and Part D final rule, CMS stated its intent to sunset the capitated MMP.

The capitated MMP is currently available in eight states: Illinois, Massachusetts, Michigan, New York, Ohio, Rhode Island, South Carolina, and Texas. In select counties in Massachusetts and New York, the MMP model operates alongside a FIDE SNP program, creating a potential path to integration following the MMP sunset. In both states, however, the MMP model and FIDE SNP program serve different cohorts of dual eligible individuals, and the FIDE SNP program will need to be expanded to prevent disruption for dual eligible individuals enrolled in the MMP.

Moving Forward

As the end of the MMP nears and the future of MMCO is uncertain, it is important to ensure Medicare-Medicaid integration successes are not lost. Moving forward, there are several administrative and legislative opportunities to continue to advance Medicare-Medicaid integration and improve the care experience for dual eligible individuals.

- Congress should clarify MMCO's authority to oversee programs serving dual eligible individual

	• States should be required to establish an integrated program. • Statutory barriers should be removed. • Choice should be simplified. https://tinyurl.com/PreservingIntegration
War in Ukraine	**25. *Washington Post** March 19, 2023 *War forces thousands of disabled Ukrainians into institutions* When a Russian shell slammed into Taya Berkova's apartment building in Kharkiv last March, her neighbors did something she could not: They ran. The 43-year-old, who uses a wheelchair because she has cerebral palsy, was trapped as the floors above her burned. When her elderly parents and other residents finally wrangled her and her chair down six flights of stairs, she became trapped again, in a basement with no ramp and no toilet that she could use without help. Conditions have not been much better in the string of makeshift shelters she has lived in since, including one where she shared a bathroom with 35 others. At times during her year-long odyssey as a disabled refugee, Berkova simply "stopped eating so I wouldn't have to go," she said. After several temporary shelter stays, Berkova now lives in a nursing home in Dnipro with hundreds of other people with disabilities. She is one of thousands of displaced Ukrainians with disabilities, many of them senior citizens, who have been institutionalized since the start of Russia's invasion and who are experiencing some of the war's most shattering consequences. At least 4,000 elderly Ukrainians with disabilities have been forced into state institutions, according to an Amnesty International report. . . The National Assembly of People with Disabilities in Ukraine, an advocacy group, said in a report that many care facilities in Ukraine do not have sufficient staffing. Many institutions were short of resources before the invasion, in part because it is difficult to recruit staff to work in remote locations where pay is lower, according to Marharyta Tarasova, who works with a watchdog program called the National Preventive Mechanism. A lack of staff often means basic care is inadequate and there are few activities. In its 2020 report, the National Prevention Mechanism found that 99 percent of residents with limited mobility did not have the opportunity to take walks outside. . . Advocates feel helpless. "I'm scared to think about people getting stuck in institutions," said Larysa Bayda, program director for the National Assembly of People with Disabilities in Ukraine. "But at present in Ukraine, there is no other accommodation that could house this great number of people." Bayda is one of many advocates who are pushing for the Ukrainian government to ensure that postwar rebuilding efforts include more accessible housing, and alternatives to the old approach of warehousing people with disabilities in institutions. https://tinyurl.com/DisabledUkranians
Homelessness	**26. *New York Times** March 19, 2023 *A Sandwich Shop, a Tent City and an American Crisis* Joe and Debbie Faillace opened a sandwich shop in Phoenix called Old Station Subs 37 years ago. They planned to build up the business and eventually sell it

	for enough money to retire. Instead, America's homelessness crisis disrupted their dreams. The Faillaces are not homeless themselves. But one of the country's largest homeless encampments, with 1,100 people, has appeared within blocks of the shop. My colleague Eli Saslow spent dozens of hours with the Faillaces, their workers and customers at Old Station, which has become a front-row seat to chaos. People from the encampment will often come into the restaurant, telling fantastical stories, and asking for money. A bullet recently dinged a fence nearby. The turmoil surrounds them, Eli reported in a story published this weekend about the Faillaces' plight. People argue, fight and deal and use drugs, much of it out in the open. The police were called an average of eight times a day within a half-mile of the restaurant last year. Hundreds of crimes were reported, including four homicides. The remains of a 20- to 24-week-old fetus were burned and left by a dumpster in November. Now, Debbie wants out of the neighborhood. But the Faillaces can't find anyone to buy their restaurant, even as they've steadily reduced the price. "The people suffering the most in these situations are those who are now living unsheltered in the streets," Eli told me. "But it's also true that the rising homeless population has had dramatic impacts across cities. It's Joe and Debbie's shop, where just existing within that restaurant has become incredibly difficult, but it's also every other business in that neighborhood." How did this become such a big problem? The U.S. builds too little affordable housing, experts say. Rising rates of poverty, mental illness and drug addiction also play roles. The resulting homelessness crisis has reshaped life not just in Phoenix but also other U.S. cities, where encampments have grown and become more common. "I'm realizing here lately that we're living in a frigging hellhole," Joe said. "Us, them, inside, outside. Who's it working for? When does it stop?" Read Eli's story here
Alzheimer's / Dementia	**27. First Person / New Times Podcast** March 16, 2023 *This Conversation Changed the Way I Think About Dementia* When cognitive decline strikes, caregivers often resist the changes. Anne Basting says there's another way. In hindsight, there is always a moment that sticks out as the sign that someone is forgetting who she or he is. For *First Person* host Lulu Garcia-Navarro's husband's mother, always an avid reader, it was when she couldn't seem to concentrate enough to finish a newspaper article, much less a book. As anyone who has experienced a loved one with dementia will tell you, the change is at first disorienting and then terrifying. One in three older Americans are dying with dementia. And even though it is common, many of those struggling with it, are hidden away, in part because we don't know how to cope with a person we once knew so well becoming someone else. As my husband's mother slipped deeper into memory loss, he said it felt like she had died already because the person he had known, and who had known him, was gone. That initially led him to withdraw from her, which is an understandable reaction to a distressing situation but it often leaves people with dementia even more isolated.

	There is another way. Anne Basting has been thinking about how to reach people with dementia for 30 years, since she was a young artist volunteering in a locked Alzheimer's ward. Her work — which won her a MacArthur Fellowship, also known commonly as a "genius grant" — centers on connecting with people suffering from memory loss through creativity and meeting them where they are instead of trying to tie them to your reality. "It's asking a person to live in loss and creativity, simultaneously," Anne told me on this week's episode of Times Opinion's "First Person" podcast. But the rewards are great. "If you do both, you're going to connect with the person that you thought was lost to you. You just have to let go and be willing to move into the moment and where the person is right now." Anne, whose own mother has dementia, explains how she does that and shares recordings of how it works in practice. I found our conversation surprisingly uplifting and full of hope. We can reach people with dementia and have a meaningful connection without leaving them to suffer by themselves on their journey. https://tinyurl.com/FisrtPersonDementia
Caregiving	**28. Washington Post (free access)** March 20, 2023 (updated) *Senior care is crushingly expensive. Boomers aren't ready.* [Editor's note: As of the time of the issuance of *The Dignity Digest*, this Washington Post article has generated 7,250 online comments.] Beth Roper had already sold her husband Doug's boat and his pickup truck. Her daughter sends $500 a month or more. But it was nowhere near enough to pay the $5,950-a-month bill at Doug's assisted-living facility. So last year, Roper, 65, abandoned her own plans to retire. To the public school librarian from Poquoson, Va., it feels like a betrayal of a social contract. Doug Roper, a longtime high school history teacher and wrestling coach, has a pension and Social Security. The Ropers own a home; they have savings. Yet the expense of Doug's residential Alzheimer's care poses a grave threat to their middle-class nest egg. At nearly $72,000, a year in assisted living for Doug**,** 67, costs more than her $64,000 annual salary. "It's devastating," she said. "You can't wrap your head around it." A wave of Americans has been reaching retirement age largely unprepared for the extraordinary costs of specialized care. These aging baby boomers — 73 million strong, the oldest of whom turn 77 this year — pose an unprecedented challenge to the U.S. economy, as individual families shoulder an increasingly ruinous financial burden with little help from stalemated policymakers in Washington. The dilemma is particularly vexing for those in the economic middle. They can't afford the high costs of care on their own, yet their resources are too high for them to qualify for federal safety-net insurance. An estimated 18 million middle-income boomers will require care for moderate to severe needs but be unable to pay for it, according to an analysis of the gap by the Center for Retirement Research at Boston College. "It's this really enormous financial bomb sitting out there that most people are just hoping won't hit them," said Marc A. Cohen, co-director of the LeadingAge LTSS Center at the University of Massachusetts at Boston. "There's an incredible amount of confusion and denial."

It's no surprise that people put off decisions about how to get by during the final years and decades of life; it's unpleasant to consider, and in the United States, there are few good options. Home care aides are in short supply. Nursing homes are seen as overly institutional and cater to the most disabled.

Assisted-living facilities, the fastest-growing category of elderly care, provide an independent, homelike environment for seniors who need some help with day-to-day functions. Chandeliers, comfy sofas, wood paneling and plush carpets are standard in common areas. You can get your own apartment with your own bathroom. But it starts at $60,000 a year on average, according to the National Investment Center for Seniors Housing & Care (NIC) — and costs go up as residents age and need more care. Locked units for dementia patients, which increasingly are being established within assisted-living facilities or as stand-alone facilities, run more than $80,000 a year on average.

Long-term care costs represent "the single largest financial risk" facing seniors and their families, the National Council on Aging and UMass Boston researchers said in a 2020 report.

"It has to be addressed because ultimately it will be a societal crisis. These are the schoolteachers and the firefighters, the working people who take care of all of us, who cannot afford the [senior housing] that is being built out there right now," said Beth Mace, chief economist for NIC.

Polls show the vast majority of people would prefer aging in place, in their own home. But median costs for 40 hours a week of assistance from a care aide in the home, for things such as bathing, dressing, eating and toileting, run over $56,000 a year. A shortage of home care aides, moreover, was exacerbated by the pandemic.

Nursing homes provide the most intensive care for the most dependent seniors and function like medical facilities, averaging $120,000 a year unless you qualify for Medicaid, the federal insurance program for the poor and elderly. Medicaid will kick in only once an elderly person's resources are drained away.

Nursing homes are viewed as a destination of last resort. More than 70 percent of older Americans say they are unwilling to live in one, according to a 2021 poll by the John A. Hartford Foundation, which advocates and funds research about age-related issues.

Families often rush to shop among these care options when a health or safety crisis strikes. They take out loans, liquidate real estate and ask family members to chip in for costs. They turn to public internet fundraising sites like GoFundMe for help.

But because of the daunting expenses, many simply allow elderly people with dementia and other infirmities to remain in precarious conditions at home, possibly alone or cared for by an aging spouse, extended family, and neighbors or volunteers. Adult children sometimes upend their own lives to care for an aging relative.

"There are people who are in cruise ships and yachts, and there are people who can barely afford to have a life preserver," said Lin Chojnicki, who toured several assisted-living facilities for her mother near their homes in Enfield, Conn.

The buildings she saw were inviting and seemed safe, she said, but they were unaffordable at over $4,000 a month for base rent and much more for people with dementia. So her mother continues to live alone in her own home, getting by with daily drop-in visits from family.

Advocates are calling on assisted-living developers to build more-affordable options.

"It seems like a failure of industry because you've got money on the table and you have people who could afford monthly rents and the industry is not meeting that need," said Caroline Pearson, the lead author of a landmark 2019 demographic study called "The Forgotten Middle," warning that millions won't be able to afford long-term care in old age.

"It is disturbing that the only option is to completely spend down and impoverish yourself," said Pearson, who is now executive director of the Peterson Center on Healthcare.

Growth in assisted-living facilities has been fueled by real estate investment trusts, which are focused on generating stable, recession-resistant returns from their properties, say experts. That means attracting wealthy clients with greater luxury and amenities.

In 2020, according to federal estimates, there were 818,000 people living in assisted-living and residential units for dementia patients, compared with about 1.2 million in nursing homes. The number of assisted-living facilities grew 24 percent from 2015 through 2022 in 99 U.S. metro areas analyzed by NIC, while the number of nursing homes declined 2.8 percent.

The assisted-living industry's major Washington trade group, the National Center for Assisted Living, said in an emailed statement that it recognizes affordability is a problem. It said government must have a role in creating better options.

About 17 percent of people living in assisted-living facilities in 2020 were supported by Medicaid insurance, compared with about 75 percent in nursing homes, according to federal data. A persistent concern of the industry is that Medicaid reimbursement does not fully cover the costs of care.

"Even before the pandemic, the long-term care system in this country was broken. It's too expensive for most people, yet it needs further investment to ensure front-line caregivers receive a competitive wage and facilities continue to modernize," said LaShuan Bethea, NCAL's executive director.

"You're combining housing and health care, and most Americans haven't thought about or can't afford to plan for this expense," she said.

Advocates for the elderly say a solution would be to build insurance programs that will pay for all long-term care and spread the financial burdens over everyone. Germany, Japan and South Korea have government-sponsored long-term care insurance. Congress authorized a long-term care insurance program as part of the Affordable Care Act in 2010, but after 19 months of study, the Obama administration dropped it, calling it unworkable.

Washington state this year is launching a long-term care insurance program, financed by a mandatory employee payroll tax of 0.58 percent, that will provide families $100 a day toward long-term care with a lifetime cap of $36,500. Proponents are working on building support for similar programs in California and Michigan.

Absent any comprehensive insurance, interviews show, family members are left with the burdens of high costs.

One danger is the escalating care fees — as medical need grows — that create a trap for people who think they can afford assisted living over the long haul, said Sherri Lewis, an HIV activist and former pop singer in Los Angeles who placed her mother in a high-end assisted-living facility in Beverly Hills. Lewis's mother, 93, had a long-term care insurance policy that paid $4,000 a month for life, plus

another $3,000 a month in Social Security and other spousal benefits. That covered her mother's care until her needs grew and the monthly bill rose to $10,000. The facility asked her mother to leave last year and she's now in a nursing home, Lewis said.

Lewis turned to internet fundraising in a bid for financial help from her network of friends. She said she was considering giving up her mother's long-term care insurance policy in a desperate bid to qualify for Medicaid.

"Now we're really in this horrible money pit," she said. "I'm burned out. I'm at the end of my rope."

Another Los Angeles resident, Marsha Stevenson, a graphic designer who works from home, lives with and cares for her mother in an apartment. Stevenson got married in June 2020 and still has been unable to move in with her husband. She has taken a pass on career promotions because of the demands of caregiving.

"In the time I've been more consistently caregiving in the last 3 years, I've gained 20 pounds and have more cardiovascular issues," Stevenson, 53, wrote in an email. "Even aside from the pandemic, I no longer can easily get out to see friends or attend events and am often too tired even if I could."

In Topeka, Kan., Hugh Fitzpatrick, a 70-year-old retired musician with Alzheimer's, spent the last two years living in his son Bryan Fitzpatrick's basement, burning through the remnants of $88,000 he received in proceeds from the sale of his house in Houston. Much of the money was spent on a $175-a-day adult day-care program. Once the house money was gone, that enabled Fitzpatrick to qualify for Kansas Medicaid, said his brother, Chuck Fitzpatrick.

He moved into a "memory care" unit, as the dementia-care facilities are called, that costs $5,440 a month, Chuck Fitzpatrick said. Medicaid will contribute $4,415 monthly toward the cost, and Hugh's Social Security payment of $1,025 will be applied.

How much Beth Roper's financial woes will grow depends on unknowns, including how long her husband, Doug, survives and what happens to her own health over the next two decades. In addition to postponing retirement, she abandoned plans to pay for her daughter Kathryn's wedding.

Doug Roper, who was a history teacher and wrestling coach at Tabb High School in York County, Va., began showing signs of forgetfulness that seemed to accelerate in 2018, the same year he retired, Beth Roper said. By 2022, he could no longer drive and it became clear he needed professional help.

"He got to the point where he was confusing the key fob with the garage door opener trying to unlock the car with the garage door opener," Beth said. He began ripping up his own clothes. She realized she could no longer trust him on his daily walks, after he started trying to open the doors of random cars around the neighborhood.

Beth scrambled over the summer to find ways to care for Doug. She started to apply for adult day-care openings, but the application process was taking too long. Home-care agencies seemed too costly and would still leave her with the heavy burden of caring for Doug overnight. She never seriously considered nursing homes, she said, because Doug was fairly healthy except for his cognitive decline.

She found a suitable room in assisted living for $3,500 a month, but after just four days there the facility management told her he was a wandering risk and needed to be placed in a costlier locked memory-care unit, Beth said. Even there, he recently fell and suffered cuts and bruises on his head and face. Now Beth

	worries about when she can retire and what, if anything, will be left for her own long-term care. "You can't plan for the future. Not to be morbid, but we don't know how long Doug will live," she said. She's baffled there is no safety net for families in her situation. The Ropers saved for college, they paid off their house, they tithed at church, and they paid thousands of dollars in taxes for more than 70 years of combined work. "We did everything our country asked us to do," she said. https://wapo.st/3LujT0B **29. McKnight's Long-Term Care News** March 20, 2023 *Many states now looking at price-gouging legislation to combat soaring staffing agency nursing costs* More than 11 states are looking at legislation to prevent price gouging by staffing agencies that have seen demand for traveling and temporary nurses and nurse aides soar through the pandemic. Missouri, the most recent state to join the list, would hit healthcare staffing agencies that "substantially" increase their costs during a declared emergency with felony charges, according to Kaiser Health Network. . . The proposals are in various stages of progress. Where any of them might wind up is uncertain, but the fact that more scrutiny and pressure are being exerted on the situation is better than the opposite, as far as providers are concerned. . . The average weekly pay for a travel nurse in January was $3,077 – 67% higher than the rate in January 2020, according to a report by Vivian Health posted to Becker's Hospital Review. The average weekly pay jumped 99.5% from January 2020 ($1,896 per week) to December 2021 ($3,782 per week). But the wages reached a "new floor" in July 2022 when they hit $2,997 per week. Lawmakers and state associations want a reckoning on these costs. Healthcare providers throughout the industry in Iowa reported that base agency hourly rates were up by as much as 40% since 2020, and in Pennsylvania, rates are as much as 200% to 400% what they were pre-pandemic, Kaiser reported. . . Even more drastic, Brendan Williams, president and CEO of the New Hampshire Health Care Association, told *McKnight's* in December 2021 that while nursing homes were offering $17 per hour, plus shift differentials for nursing assistants, staffing agencies were paying as high as $69 per hour, plus charging facilities agency fees on top of that. During a legislative forum in New York hosted by 1199SEIU earlier this month, Patricia O'Connor, vice president of long-term care operations at Catholic Health, said the nonprofit health system spent more than $10 million on agency staffing. https://tinyurl.com/PriceGougingLegislation
Disability topics	**30. *Washington Post** March 19, 2023 *NPR's Mary Louise Kelly talks about living with hearing loss* The ability to listen is essential for a journalist — and also for a mother of teenagers. Yet in her early 40s, while juggling both roles, veteran NPR journalist Mary Louise Kelly realized that she was going deaf. Kelly, now 51 and a co-host of NPR's daily newsmagazine "All Things Considered," writes about the toll of her hearing loss — and her strategies for coping — in a wide-ranging memoir set to publish in April: "It. Goes. So. Fast. The Year of No Do-Overs."

	About 36 million adults in the United States have some hearing loss, according to the National Institutes of Health. https://tinyurl.com/LivingWithHearingLoss
Health Topics	**31. AP News** March 18, 2023 *California, drugmaker partner to produce affordable insulin* The state of California and a generic drug manufacturer announced a 10-year partnership Saturday to produce affordable, state-branded insulin that they hope will rival longtime producers and push down prices for a medication used by millions of Americans. . . According to state documents, the proposed program could save many patients between $2,000 and $4,000 a year. In addition, lower costs could result in substantial savings because the state buys the product every year for the millions of people on its publicly funded health plans. The state also is exploring the possibility of bringing other drugs to market, including the overdose medication Naloxone. The drug, available as a nasal spray and in an injectable form, is considered a key tool in the battle against a nationwide overdose crisis. "We are not stopping here," Newsom said. https://tinyurl.com/CAAffordableInsulin
End of Life	**32. VA News** March 5, 2023 *Advance directives ensure Veterans' future care reflects their current wishes* At VA, Veterans typically have control and the final say in the kind of health care they receive. However, Veterans are sometimes unable to make these decisions and need help devising a plan to ensure that their future medical care reflects their current wishes. . . Advance Directives—sometimes called "living wills"—inform medical providers of a patient's wishes if they cannot communicate. Doctors encourage all Veterans to make an advance directive and to ask for help if the forms seem intimidating. . . [A]nyone looking to learn more about planning for future health care needs to check out the National Advance Care Planning Program, which creates a comfortable space for groups of Veterans, families and caregivers to discuss advance care planning. . . For more on how Clinical Resource Hubs make a difference in VA health care, visit the Clinical Resource Hubs (CRH) website. https://news.va.gov/116142/advance-directives-ensure-future-care-wishes/
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	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 Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.
Websites	**Bob Woodruff Foundation** **https://bobwoodrufffoundation.org/** The foundation ensures that America's impacted Veterans, service members and their families have access to the highest level of support and resources that they have earned for as long as they need it. BWF has partnerships in communities across the country. It identifies and invests in the best in-class

	programs that are serving the diverse needs of service members, Veterans, families, and caregivers in their communities. Since its inception in 2006, the Bob Woodruff Foundation has called for people to support the emerging and long-term needs of Veterans, including mental health, caregiver support, food insecurity and service-connected fertility issues. BWF's investments in programs that have empowered Veterans, active-duty military and their family members has reinforced the message that the Bob Woodruff Foundation has "Got Your Six."
Previously recommended websites	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 *The Dignity Digest.*
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
Nursing home closures	• **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: 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) • **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

Temporary admissions freeze

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.

- 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:
- 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 16, 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

List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *List of Special Focus Facilities and Candidates* https://tinyurl.com/SpeciialFocusFacilityProgram Updated October 26, 2022 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. **What can advocates do with this information?** • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. **Massachusetts facilities listed (updated July 27, 2022)** **Newly added to the listing** • None **Massachusetts facilities not improved** • Attleboro Healthcare, Attleboro https://tinyurl.com/AttleboroHealthcare **Massachusetts facilities which showed improvement** • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills **Massachusetts facilities which have graduated from the program** • Oxford Manor, Haverhill • Worcester Health Center, Worcester **Massachusetts facilities that are candidates for listing** • Charwell House Health and Rehabilitation, Norwood https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208

	• Medway Country Manor Skilled Nursing and Rehabilitation, Medway https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Savoy Nursing and Rehabilitation Center, New Bedford No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225423 • South Dennis Healthcare, South Dennis https://www.nextstephc.com/southdennis Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320 • Tremont Health Care Center, Wareham https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 • Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225425 https://tinyurl.com/SpeciialFocusFacilityProgram
Nursing Home Inspect	**ProPublica** ***Nursing Home Inspect*** 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?) # 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
Nursing Home Compare	**Centers for Medicare and Medicaid Services (CMS)** *Nursing Home Compare Website* 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: • **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. Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite
Data on Ownership of Nursing Homes	**Centers for Medicare and Medicaid Services** *Data on Ownership of Nursing Homes* 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** *Long-Term Care Facilities Specific COVID-19 Data* *Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.* **Table of Contents** • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data

<table>
<tr><td>DignityMA Call to Action</td><td colspan="3">

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

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<tr><td>Access to Dignity Alliance social media</td><td colspan="3">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</td></tr>
<tr><td rowspan="12">Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.

Interest Groups meet periodically (monthly, bi-monthly, or quarterly).

Please contact group lead for more information.</td><td>Workgroup</td><td>Workgroup lead</td><td>Email</td></tr>
<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>
<tr><td>Interest Group</td><td>Group lead</td><td>Email</td></tr>
<tr><td>Housing</td><td>Bill Henning</td><td>bhenning@bostoncil.org</td></tr>
<tr><td>Veteran Services</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Transportation</td><td>Frank Baskin
Chris Hoeh</td><td>baskinfrank19@gmail.com
cdhoeh@gmail.com</td></tr>
<tr><td>Covid / Long Covid</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Incarcerated Persons</td><td>TBD</td><td>info@DignityAllianceMA.org</td></tr>
<tr><td>The Dignity Digest</td><td colspan="3">For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest

Judi Fonsh
Margaret Morganroth Gullette
Dick Moore
David Roush

Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of The Dignity Digest.</td></tr>
</table>

	If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.

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.
Previous issues of The Tuesday Digest and *The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/*
For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.