



The Dignity Digest

Issue # 132

March 27, 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
[Courtesy of our colleagues
from Tallgrass Economics,

Centene Corporation's Annual Financial Report Indicates That Poverty is Profitable for Investors

Tallgrass Economics (Economics, Finance & Politics of Aging)

March 23, 2023

By David Kingsley

The Biggest Player in Poverty Medicine Had a Banner Year in 2022

Among all U.S. corporations, Centene Corporation is ranked 20th in revenue. It is also a major player in the Medicaid Managed Care business. The other leading corporations contracting with states in the \$800 billion Medicaid program include United Health, Aetna/CVS, Anthem, and Molina. Most states have moved or will be moving to managed care and contracting with an MCO. The big five have approximately half of that business now. It is likely that the Medicaid MCO market will become increasingly concentrated and oligopolistic over the next few years.

Centene can be said to be solely in the Medicaid managed care business. According to its recently released annual 10-K report to the Securities and Exchange Commission, 97% of Centene 2022 revenues of \$144 billion were derived from Medicaid and Medicare contracting – practically all of it from Medicaid. The company's cash flow statement notes \$6.3 billion net cash from operating activities, which is a major indicator of "profitability." However, that is not the whole story regarding enhancement and protection of shareholder value.

Taking Care of Shareholders by Keeping Stock Price Propped Up

Cash and cash equivalents on Centene's balance sheet increased from \$10.8 billion in 2020 – the early stages of the ongoing COVID pandemic – to \$12.7 billion at the end of 2022. Taxpayers need to ask questions about how that hoard of cash is allocated. I have tracked the company's stock since late November of 2021 when the equities market began to tank. It closed at \$73.77 on November 29, 2021 and has been quite resilient despite the market decline since that time – trading in the high \$70s and \$80s.

The strength of Centene's stock price is most likely due to a \$3 billion stock buyback. In 2022, the company's board "authorized increases to the Company's existing stock repurchase program, including \$3.0 billion in June 2022 and an additional \$2.0 billion in December 2022." (see page, 34 of 10-K*). With those increases, the Company was authorized to repurchase up to \$6.0 billion.

Stock repurchases, which are thinly disguised forms of stock manipulation/insider trading, were unfortunately deregulated during the Clinton Administration. This financial maneuver benefits only shareholders and executives and does nothing for long-term investment in workers, R&D, patient quality, and other productive activities. The benefits for executives and board members who have been awarded generous stock options involve strategies for exercising their right to sell stock based on insider knowledge (of which the public is unaware).

Since the financial deregulation allowing loose rules about stock buybacks a corporate buyback frenzy has been underway. Free money handed out by the Federal Reserve from 2008 until Fed Chair Powell reversed course to quell inflation pumped \$trillions into speculative finance, much of which was borrowed for stock repurchase.

Consequently, the U.S. economy has been damaged and wealth has become increasingly maldistributed by the diversion of cash to a wealthy few that could be reinvested in long-term growth benefitting employees and overall economic growth. It seems to me to be the height of governmental irresponsibility to not regulate this kind of activity on the part of corporations which are rewarded for managing poor peoples' health care.

Politically Powerful Board Members & Executive Board Compensation

The revolving door from government to business is starkly obvious on the Centene board, which includes two powerful former congressmen – Tommy Thompson and Richard Gephardt. Mr. Thompson is also a former Secretary of Health and Human Services. The Centene Proxy Statement for 2022 has not been issued to the public yet (we expect to see it within a month). However, the 2021 Proxy Statement indicates that Mr. Thompson's compensation in cash and stock totaled \$403,046. Mr. Gephardt's compensation totaled \$426,923. The fine print below the compensation table states that both Mr. Thompson's and Mr. Gephardt's compensation included use of the company aircraft and other perks.

Executive Compensation

The late Michael Neidorff had been Chief Executive and Chairman of the Board in 2019, 2020, and 2021 with compensation for those years of \$26.4 million, \$24.9 million, and \$20.6 million respectively. His replacement, Sarah M. London joined the board in 2021 as vice chairman and received 2021 compensation of \$15.2 million. The seven top executives received a total of \$80 million in compensation in 2021.

Conclusion

Medicaid expenditures in the U.S. will reach \$1 trillion within the next few years. Along with expenditure on military activities, this poverty program will remain one of the two biggest programs funded by U.S.

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| | <p>income tax payers. With expansion of Medicaid under the Affordable Care Act, we anticipate that growth of tax-funded poverty medical care will be rapid in the years ahead. This raises the question of evaluation of these expenditures and public discourse about the quality of care.</p> <p>My initial foray into availability of state and federal data regarding the effectiveness and regulation of MCOs leaves me with considerable doubt about what taxpayers and legislators know about outsourcing medical care for poor people. It is not difficult for me to uncover the inordinate executive compensation packages, stock buyback information, and financial performance metrics reported by major providers. However, medical and ethical, questions arise regarding the justification for cash out to investors and executives given the care provided. I will be sharing my research pertaining to Medicaid expenditures on this blog in the weeks, months, and years ahead.</p> <p>*The Centene 10-K can be accessed at https://investors.centene.com/all-filings?cat=1 https://tallgrasseconomics.org/</p> |
| <p>Quotes of the Week</p> | <p><i>"This proposal [to establish an Executive Office of Housing] to me is supreme. I'm excited to work with you [Lt. Gov. Kim Driscoll] and to work with the new secretary."</i></p> <p>Rep. Antonio Cabral, Joint Committee on Housing, <i>Lawmakers Warm to Housing Secretariat Plan</i>, *State House News, March 27, 2023, https://tinyurl.com/SupremeSecretariat</p> <p><i>Releasing older adult prisoners poses a very low danger to communities overall, and in cases of prisoners with debilitating health problems, many are unable to commit new crimes.</i></p> <p><i>Broken and Underutilized: Understanding Compassionate Release Programs for Older Adult Prisoners</i>, Bifocal – American Bar Association, January 19, 2023, https://tinyurl.com/BrokenAndUnderutilized</p> <p><i>"People with disabilities could lose access to home health care and, with it, the ability to stay in their homes — which, by the way, shows it extends life of the people. People would much rather stay, if they could, just with a little bit of help in their own homes rather than go to a home. And it's less expensive. Medicaid also pays for nursing home care for about two thirds of all Americans who live in nursing</i></p> |

homes. Well, it'd be different if they were able to stay home."

President Joe Biden, *Home Health Care 'Extends Lives' and Is 'Less Expensive'*, **Home Health Care News**, March 24, 2023, <https://tinyurl.com/HomeHealthExtendLives>

Nursing homes that conducted staff surveillance testing more regularly experienced significantly lower rates of COVID infections and deaths among residents, according to a new study [published in the [New England Journal of Medicine.](#)]

More staff COVID testing saved nursing home resident lives, **Futurity**, March 24, 2023, <https://tinyurl.com/TestingSavedResidentLives>

"Please, Sir, I want some more!"

If Dickens were alive today, and living in Massachusetts, he might easily have chronicled the plight of nursing home residents, and their equally bare bones Personal Needs Allowance!

Richard T. Moore, Dignity Alliance Massachusetts' Legislative Workgroup Chair, *"Please, Sir, I want some more!"*, **GSA [Gerontological Society on Aging] Connect Open Forum**, March 25, 2023, [Accessible online only to GSA members.]

Boston is one of the nation's most expensive cities. More than seven in 10 older people living alone here — and 45 percent of older couples — lack the minimum income required to cover necessary expenses, according to February data from the University of Massachusetts Boston's Gerontology Institute. For them, life is a daily struggle to maintain dignity and make ends meet.

'I have to take my time.' Growing old in Boston without much money is an everyday stress test. ***Boston Globe**, March 25, 2023, <https://tinyurl.com/GrowingOldInBoston>

Dignity Alliance Members in the News

1. GSA [Gerontological Society on Aging] Connect Open Forum

March 25, 2023

"Please, Sir, I want some more!"

A plea to increase the personal needs allowance for nursing home residents

By Richard T. Moore

'Please, sir, I want some more.'

“The master was a fat, healthy man; but he turned very pale. He gazed in stupefied astonishment on the small rebel for some seconds, and then clung for support to the copper. The assistants were paralyzed with wonder; the boys with fear.”¹

These well-known lines from social critic Charles Dickens satirical novel, “Oliver Twist,” capture the plight of the poor in the Victorian Era when orphans were sent to workhouses and a bare bones existence. If Dickens were alive today, and living in Massachusetts, he might easily have chronicled the plight of nursing home residents, and their equally bare bones Personal Needs Allowance! So, what is the personal needs allowance? According to the American Council on Aging, “Medicaid’s personal needs allowance (PNA) is the amount of monthly income a Medicaid-funded nursing home resident can keep of their personal income. Since room, board, and medical care are covered by Medicaid, the majority of one’s income must go towards the cost of nursing home care. The PNA is intended to cover the nursing home resident’s personal expenses, which are not covered by Medicaid. This may include but is not limited to haircuts, vitamins, clothing, magazines, and vending machine snacks.

“Federal law requires that a Medicaid-funded nursing home resident receive a personal needs allowance. Authorized by the Supplemental Security Act Amendments of 1972, and enacted in 1974, the federally mandated PNA was set at \$25 / month. The 1987 Omnibus Budget Reconciliation Act, effective in 1988, increased it to \$30 / month, where it still remains. Each state, however, can allow for a higher Personal Needs Allowance, up to a maximum of \$200 / month. While the PNA amount varies by state, it ranges between \$30 / month and \$200 / month. Under certain circumstances, if a nursing home resident does not have their own monthly income, the personal needs allowance is provided by the state in which one resides.”² However, for those who receive a Social Security payment, the personal needs assessment is, in reality, money that belongs to the nursing home resident.

About two-thirds of nursing home residents have their care paid by Medicaid and, in exchange, all Social Security, pension and other income that they are entitled to received, is rerouted to go toward their bill. The personal needs allowance is intended to cover anything not provided by the nursing home, such as a phone, shoes, or even a birthday present for a grandchild. Perhaps some might think that a phone is a luxury, but we should remember the tragic isolation that accompanied COVID. Studies have shown that it is vital for a person’s physical and mental health to be able to stay in contact with loved ones. Another expense for which the personal needs allowance is used, clothing, is generally not provided by the nursing home, other than bed clothes. Yet, state inspectors are known to penalize nursing homes if residents who are not bedridden are not dressed in street clothes when moving around or in common areas. Even clothing, which helps nursing home residents retain their dignity, may be brought from home, buy may be ill-fitting or will wear out over time and must be replaced.

Massachusetts ranks below the top ten states which provide a more generous allowance for personal needs. That’s outrageous! Alaska offers \$200. Even Ron DeSantis’ Florida is more generous with a \$130 personal needs allowance! Can’t

¹ Dickens, Charles “Oliver Twist,” the Dickens Page, <https://www.charlesdickenspage.com/twist-more.html>.

² <https://www.medicaidplanningassistance.org/personal-needs-allowance>

Massachusetts do better than Florida, or even, Alaska? It doesn't seem too much to ask to set the rate in Massachusetts at no less than \$200. Massachusetts once led the nation in programs supporting older adults, but has been overtaken by other states in recent decades.

Increasing the personal needs allowance is not a new idea. Such an increase has long been advocated in Massachusetts by the Massachusetts Advocates for Nursing Home Reform and, nationally in Congress, by the National Consumer Voice for Quality Long-Term Care. Similar increase proposals have been filed in Massachusetts for at least the past five legislative sessions, but are routinely placed in a study. Of course, the "study" never happens.

At the federal level, Virginia Congresswoman Jennifer Wexton, in 2019, introduced H.R. 3853, The PNA Modernization Act, which would double the federal base amount from \$30 to \$60. While this amount is still too low, it could spur states to revisit state rules to raise the PNA to a more realistic level. Our federal legislators should re-introduce this bill, possibly increasing the federal base amount/

This year, another effort to increase the personal needs allowance is under way. In Massachusetts, Senators Patricia Jehlen (S.375), and Mark Montigny (S115) and Representative Sean Garballey (H626), joined by several other legislators, have filed bills to raise the personal needs allowance to \$100. That's a start! However, when you consider that the \$72.80 rate was set over thirty years ago, the allowance should be at least \$150 today with inflation. There should also be a cost-of-living provision so that the allowance retains its buying power.

While some Massachusetts legislators support an increase in the personal needs allowance through legislation, there's actually a faster way to help our vulnerable older adults in nursing homes. The Legislature could simply amend line item 4000-0601 by replacing the amount of \$72.80 with at least \$200. Such an amendment could provide almost immediate relief, rather than waiting to next year to see if the Jehlen/Garballey legislation passes.

In a March 15, 2023, Associated Press (AP) report,³ entitled, "In nursing homes, impoverished live final days on pennies, reporter Matt Sedensky details the plight of those who are forced to live "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."

The AP story chronicles the experience of several nursing home residents. In one case, new pants were needed to replace the resident's tattered khakis, but the purchase had to wait. "There's no cash left for sugar-free cookies either," the article continued. "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," according to the resident interviewed in the article.

Returning to the analogy with Dickens' story of Oliver Twist, instead of the nine-year-old youth – Oliver – begging for more, in the case of the personal needs allowance, let's consider the appeal for more coming from a seventy-nine-year-old Medicaid-eligible older adult. The appeal might be to the nursing home industry which takes all but \$72.80 of the resident's Social Security check (if they received a check) or it might be to state government which sets the rate of the personal needs allowance above the federal \$30 minimum.

³ <https://apnews.com/article/nursing-home-medicaid-personal-needs-allowance-poverty-2e0a2d90d7d63d4b476397a50a9cddff>

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| | <p>In either case, we can imagine the nursing home industry or state policymakers turning pale when asked to increase the allowance. In <i>Oliver Twist</i>, the penalty for asking for more might have been hanging, a common penalty in Eighteenth Century England. In today's nursing home, the penalty for seeking more is too often medicating the resident with unnecessary and unhealthy anti-psychotic drugs to keep them quiet!</p> <p>Dickens wrote a happy ending for <i>Oliver Twist</i> who was adopted by loving parents, and those who made life hard for Oliver, like his half - brother "the artful dodger," were punished. In real life, we can only hope for a happy ending for nursing home residents if the personal needs allowance is increased. Let's hope our legislators have Dickens' compassion for those in nursing homes rather than again act like the "artful dodger," when they debate the state budget in the coming weeks.</p> <p>[Accessible online only to GSA members.]</p> |
| State Budget | <p>2. *State House News</p> <p>Tuesday, March 28, 2023, 11:00 a.m.</p> <p><i>H42 An Act creating tax relief for affordability, competitiveness and equity</i></p> <p>Supporters and opponents of Gov. Healey's roughly \$1 billion annual tax package -- and legislators who are almost certain to rewrite the measure if and when it advances -- make their case at a Revenue Committee hybrid hearing. Healey's bill (H 42) would combine a new \$600-per-dependent tax credit for parents and caregivers with larger breaks for renters and seniors, and it would also triple the estate tax threshold to \$3 million and slash the short-term capital gains tax rate from 12 percent to 5 percent. Fellow Democrats and left-leaning advocates have given mixed reactions to Healey's bill, praising the dependent credit and breaks for renters and seniors while slamming the estate and capital gains reforms as benefits primarily for the wealthy. Supporters of those measures argue that Massachusetts is an outlier on both fronts and needs reforms to remain competitive as a home for both businesses and residents. Healey's bill is not the only one on the docket for the early-session event, which will also consider about 50 other tax proposals the committee's agenda describes as "germane to" the governor's push....Room A-1</p> <p>Online Written Testimony will be accepted until Tuesday, March 28 at 5:00 PM. To submit testimony online you need to first create an account for MyLegislature and follow these instructions. If you already have an account click here. https://malegislature.gov/Events/Hearings/Detail/4462</p> |
| AARP Massachusetts Advocacy Action Day | <p>3. AARP Massachusetts Advocacy Action Day</p> <p>Tuesday, April 4, 2023, 10:30 a.m.</p> <p>Virtual Event Via Zoom</p> <p>On Tuesday, April 4th, AARP volunteers and advocates from across Massachusetts will come together for a virtual advocacy event . Join other advocates to hear from legislative leaders and learn how you can make a difference advocating for change here in the Bay State.</p> <p>Help make a difference in the lives of older Massachusetts residents and their families by attending this event, then join us as we work on issues important to our members like caregiving, nursing home reform, retirement savings, and financial security.</p> <p>Register Now at: mobilize.us/aarpma</p> |
| National Compassionate Caregivers of the Year | <p>4. The Schwartz Center for Compassionate Healthcare</p> <p><i>National Compassionate Caregivers of the Year Award</i></p> |

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| Award Request for Nominations | <p>Since 1999, the Schwartz Center for Compassionate Healthcare has honored outstanding healthcare professionals who display extraordinary devotion and compassion in caring for patients and families.</p> <p>The National Compassionate Caregivers of the Year® Award recognizes extraordinary healthcare professionals from across the country who embody the characteristics of compassionate care and whose professional achievements have helped to create healing healthcare environments for patients, families, colleagues, and communities.</p> <p>Up to six award recipients will be chosen by a national review committee. Nominees may include healthcare professionals and interdisciplinary teams of healthcare professionals. We welcome nominations for clinical and nonclinical providers, administrators, educators, and others who provide direct or indirect care to patients, families, and/or healthcare staff.</p> <p>Nominate an individual or team today! The deadline has been extended to April 14, 2023.</p> <p>https://www.theschwartzcenter.org/recognition-programs/nccy/#nccy-nav</p> |
| Request for Nominations | <p>5. U. S. Department of Health and Human Services (HHS) <i>Advisory Council on Alzheimer's Research, Care, and Services Seeking Nominations</i></p> <p>The Department of Health and Human Services (HHS) is soliciting nominations for 6 new non-federal members of the Advisory Council on Alzheimer's Research, Care, and Services.</p> <p>The Advisory Council includes 12 non-federal members who fall into six categories: dementia caregivers (2); health care providers (2); representatives of state health departments (2); researchers with dementia-related expertise in basic, translational, clinical, or drug development science (2); voluntary health association representatives (2); and dementia patient advocates, including an advocate who is currently living with the disease (2). The Secretary of HHS is seeking nominations for one new member for each category, for a total of six, to replace the members whose terms will end on September 31, 2023.</p> <p>The Advisory Council meets quarterly to discuss programs that impact people with Alzheimer's disease and related dementias (AD/ADRD) and their caregivers. The Advisory Council offers recommendations to Congress and the Secretary of HHS on reducing the financial impact of AD/ADRD and improving the health outcomes of people with these conditions. The Advisory Council also provides feedback on the National Plan for Alzheimer's Disease.</p> <p>Find additional details on the request for nominations.</p> <p>How to Nominate:</p> <p>Nominations should include the nominee's contact information (current mailing address, email address, and telephone number) and current curriculum vitae or resume. Information about relevant expertise or perspective may be included. Anyone may nominate an individual, including themselves, for Advisory Council membership.</p> <p>Submit nominations by email or USPS mail before COB April 28, 2023. Nominations should be sent to Helen Lamont, Ph.D.</p> <p>Mailing Address HHS Office of the Assistant Secretary for Planning and Evaluation Room 424E, Humphrey Building 200 Independence Avenue, SW Washington DC, 20201</p> |

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| | <p>Email Helen.Lamont@hhs.gov If mailing the nomination by USPS, please email Helen Lamont, Ph.D., to be alerted if it is not received. Contact napa@hhs.gov with any questions.</p> |
| <p>Reports</p> | <p>6. The Society of Actuaries (SOA) Research Institute February 2023 <i>Long-Term Care Coverage - Stakeholder Thoughts on State-Based Catastrophic Insurance</i> [Editor’s note: One hour discussion scheduled for Thursday, March 30th. See webinars below for details.] Executive Summary Long-term care (LTC) financing in the United States is a mix of public and private components that do not always align well for the American public. The disparate elements of LTC financing, from LTC insurance to informal family caregiving to Medicaid and other governmental programs, are not organized in a manner to keep up with the need to finance and provide care to our expanding aging population. These challenges are being exacerbated by the aging baby boom generation who will soon be coming to the ages when LTC needs are most prominent and affordable LTC solutions are lacking for many. The Society of Actuaries Research Institute’s Aging and Retirement Strategic Research Program sponsored this exploration of stakeholder views in Minnesota on the efficacy of a public catastrophic LTC insurance program at the state level. This report examines a potential state-based solution to one aspect of the financing problem, the devastating effects of long duration LTC as both a public policy and insurance problem. Highlights of that survey include:</p> <ul style="list-style-type: none"> • Broad support for the concept of—and challenges to—such a public program • Support for a mandatory program • Concerns about the viability of a tax increase to finance such a program • A recognition of the value of properly interfacing a social insurance program with both Medicaid long-term care benefits and private LTC insurance <p>The report also briefly explores other recent efforts to develop research and policy solutions for financing long-term care. Working off efforts by Marc Cohen, Judy Feder, Melissa Favreault, the Long-Term Care Financing Collaborative and others, this research is the first phase of a study to explore catastrophic (back-end) coverage at the state level. To do this, the authors defined two potential “strawman” designs and then solicited feedback from Minnesota stakeholders. The two separate potential options would both be mandatory state insurance programs for Minnesota residents to help pay for long-term care expenses. All Minnesota residents aged 65 and older would be eligible for benefits including non-working spouses. There would be a waiting period after a claim is certified, as explained below. Similar to Social Security, there would also be a work requirement of 10 years or 40 quarters of employment before an individual would vest under the program. In Option 1 (Comprehensive Option) participants would qualify for benefits when they need help performing two or more of the Activities of Daily Living or are Severely Cognitively Impaired (usually referred to as the HIPAA trigger). They would receive up to \$5,000/month (\$165/day), which would track with inflation in future years, as reimbursement for their long-term care expenses. That would</p> |

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| | <p>continue for as long as recipients continued to meet the qualification requirements.</p> <p>There would be a variable waiting period of between one and four years depending on a person’s lifetime income. Those with average annual earnings under \$50,000 would wait one year but those with annual earnings over \$120,000 would have a 4-year wait before benefits begin. Individuals would be responsible for their care during the waiting period, and it was believed that communicating this broadly would incentivize individuals to plan for covering that gap, for instance, by purchasing LTC insurance.</p> <p>To give stakeholders a sense of potential program costs, a team of actuaries from Milliman who specialize in LTC and collaborated with the authors provided a range of payroll deduction increases of between 0.75% and 2.25%. That would translate to \$30 to \$90 per month for the typical Minnesota worker. To simplify discussions with stakeholders the interviewers often rounded the range to a 1-2% potential increase in payroll deduction.</p> <p>Option 2 (Condition Specific Option) would provide funds to help pay expenses resulting from certain conditions such as Alzheimer’s, Parkinson’s, ALS, and MS that typically lead to LTC needs. Since these conditions tend to require earlier service interventions, the waiting period was shortened to one year for those whose annual income is under \$50,000 and two years for those over that. The actuaries estimated that Option 2 would result in a lower payroll deduction increase of between 0.5% and 1.75% for Minnesota workers. That would translate to a \$20 to \$70 per month increase.</p> <p>Specifics of these designs can be found in Appendix A.</p> <p>While this research was conducted in the State of Minnesota, it was neither a state sponsored nor state funded activity. Minnesota was chosen by the researchers from among a group of states because of its history in promoting the health and well-being of its senior population. The researchers also had familiarity with state-based stakeholders from previous work each had done in the state. This facilitated knowledge of, and access to individuals to interview. Stakeholders included long-term care experts, policymakers and thought leaders who were knowledgeable about LTC financing and delivery in Minnesota. The researchers synthesized feedback and input from Stakeholder interviews to determine potential barriers and issues with the “strawmen” designs. That input is important for a possible second phase of this project, covered later in this report.</p> <p>https://tinyurl.com/StateBasedLTCCoverage</p> |
| Dignity Advocates 2023 | <p>7. American Bar Association – Commission on Law and Aging <i>50 State Listing of Available Voter Assistance-2022 ABA Commission on Law and Aging</i></p> <p>Every state has guidelines for assistance available to voters who have difficulty with the physical process of voting. Many voters are unaware of the accommodations their state provides, and sometimes workers in polling places are unaware of the options.</p> <p>For the best outcome, a voter who believes they may need help with the physical process of voting, can read this ahead of time, contact local voting officials to verify the available accommodations and the process for requesting them. It is hoped that this list will help voters across the country fully participate in the electoral process.</p> <p>Download for Free</p> |

Webinars and Online Sessions

8. Gray Panthers of New York City

Tuesday, March 28, 2023, 2:00 p.m.

Well-Being Is a Human Right: Honoring Voice and Choice

Panelists:

- Kris Angevine, Community Builder Eden Alternative.
- Denise Hyde, PharmD, Community Builder Eden Alternative
- Evy Cugelman, RN, BA, Convener of The Live Oak Project

[RSVP here](#)

9. The Long Term Care Discussion Group

Thursday, March 30, 2023, 2:00 to 3:00 p.m.

Exploring Stakeholder Perspectives on State-based Catastrophic Long Term Care Coverage

Topic:

The Society of Actuaries (SOA) Research Institute’s Aging and Retirement Strategic Research Program sponsored this exploration of stakeholder views on the feasibility and efficacy of a public catastrophic LTC insurance program at the state level. Minnesota was chosen because of its background as a state proactive in addressing aging and long term care issues.

Working off efforts by Marc Cohen, Judy Feder, Melissa Favreault, the Long-Term Care Financing Collaborative and others, this research is the first phase of a study to explore catastrophic (backend) coverage at the state level. To do this, the authors defined two theoretical designs and then solicited feedback from a variety of Minnesota stakeholders.

Highlights of the research include:

- Broad support for the concept of—and challenges to—such a public program
- Support for a mandatory program
- Concerns about the viability of a tax increase to finance such a program
- Recognition of the value of properly interfacing a social insurance program with both Medicaid long-term care benefits and private LTC insurance

The report can be accessed here: <https://tinyurl.com/StateBasedLTCCoverage>

John Cutler, Esq.

Over the last 30 years, John Cutler has specialized in Medicare, long term care insurance, aging policy, and insurance benefit design. Since his retirement from the federal government in 2015, he has maintained a consulting business. His clients include the Society of Actuaries (SOA), exploring catastrophic public long term care insurance coverage. as well as the Minnesota Department of Human Services, looking at how to add home care benefits to Medicare as supplemental coverage.

John O’Leary, MBA

John is President of O’Leary Management Associates LLC, a consulting practice dedicated to helping organizations plan, develop, and implement strategic, product, and market solutions for the aging market.

John’s career in long-term care includes senior marketing and product development positions at Genworth Financial, CNA Financial, and John Hancock. He is a recognized expert on the topics of long-term care and long-term care financing. He consulted on and authored the Society of Actuaries (SOA) Long-Term Care Think Tank Research Study entitled “Land this Plane.”

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| | <p>Join Zoom Meeting https://us06web.zoom.us/j/87488356398 Meeting ID: 874 8835 6398</p> <p>10. Administration on Community Living Thursday, April 13, 2023, 2:00 p.m. <i>Creative Fundraising for Senior Nutrition Programs</i> People 65 and older are expected to represent 22% of the U.S. population by 2040. Successful senior nutrition programs of the future will seek diverse funding streams that include <i>but are not limited to</i> participant contributions and public funding like the Older Americans Act. Join ACL’s Office of Nutrition and Health Promotion Programs (ONHPP) to explore creative ways to sustain senior nutrition programs through fundraising efforts. Attendees will learn to:</p> <ul style="list-style-type: none"> • Understand how fundraising contributes to a sustainable program. • Identify and evaluate various fundraising activities and their target audiences. • Develop community relationships and partnerships for sustainability. <p>Speakers:</p> <ul style="list-style-type: none"> • Cristi Twenter, Executive Director, Edmond Mobile Meals • Joel Sekorski, Director, Services for the Elderly, Sullivan Senior Center and the Litchfield Hills NW Elderly Nutrition Program <p>Register for the webinar</p> |
| | <p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p> |
| <p>Nursing Homes</p> | <p>11. *Boston Globe March 26, 2023 (updated) <i>It’ll take more than single rooms to meet nursing home challenges</i> [Editor’s note: following two texts published as letters to the editor] State is not adequately funding long-term care sector “Everyone in a nursing home deserves a single room” (Ideas, March 19) purports to be a scholarly analysis of a complex issue, but it is spiced with uninformed comments about nursing home managers and caregivers who have dedicated themselves to caring for people who no longer can be cared for safely at home. Margaret Morganroth Gullette calls for building “small houses” to care for every 10 to 12 residents in single rooms, which is the model being used for the new Veterans’ Home in Holyoke, formerly the Soldiers’ Home. This model is a worthy goal. Unfortunately, the current reality is that this is not a viable option under the current nursing home financial model, which is primarily funded through the state’s MassHealth. This covers the cost of care for 70 percent of our residents. By our estimate, MassHealth currently underfunds the daily care of 22,000 nursing facility residents by a total of more than \$200 million annually. The capital costs alone for new construction of private rooms for the Medicaid population would total well over \$1 billion and would drastically reduce overall bed capacity while leading to the eviction of at least 5,000 residents from their current placement in nursing home facilities. The grim truth is that nursing homes are in crisis, with historic labor challenges and chronic underfunding. We’ve already had 25 closures of facilities in Massachusetts since the start of the pandemic, making it increasingly difficult for consumers and hospital patients to access a local nursing home.</p> |

What we really need to do is adequately fund our long-term care sector, to the benefit of individuals who need this high level of care.

By Tara Gregorio, President, Massachusetts Senior Care Association

Nursing home lobby's clout blocks path to reforming the industry

Margaret Morganroth Gullette's Ideas piece on the need for regulating nursing home occupancy is a welcome response to our post-pandemic rethink. Instead of finger-pointing, how about some policy-making? Starting with lower density and higher-paid staffing makes sense, but Gullette's note about the clout of the nursing home industry lobby is a warning.

Callous profit-making can be bad for older residents' health, quite literally. We elect legislators and state officials precisely to protect us and our families, and now they should do their job.

By Robert J.S. Ross, Southborough

The writer is a professor emeritus of sociology.

<https://tinyurl.com/LetterToEditorSingleOccupancy>

12. *Berkshire Eagle

March 24, 2023

State sends rapid response team to a Pittsfield nursing home after COVID outbreak hits more than 60 residents, staff

By Heather Bellow

A coronavirus outbreak at Springside Rehabilitation and Skilled Care Center in Pittsfield has decimated staffing levels and prompted the state to send its rapid response team to the facility.

It also prompted the state Department of Public Health to freeze admissions at the facility beginning Thursday. . .

As of Friday morning, a report posted in the lobby — a photo of which was obtained by The Eagle — says 44 residents and 17 staffers are positive for the virus. . .

On March 12, around 90 percent of the nursing home staff were apparently out due to infection, according to an employee who spoke on the condition of anonymity for fear of losing their job. By March 15, a total of 15 residents had tested positive, they added.

<https://tinyurl.com/RapidResponsePittsfield>

13. McKnight's Long-Term Care News

March 24, 2023

Added scrutiny forces state to triple nursing home citation amounts

By Kimberly Marselas

Local media [in Iowa] coverage has now led to the tripling of fines levied on Iowa nursing homes at least three times after state officials initially ignored a state mandate regarding repeat offenses.

The *Iowa Capital Dispatch* this week reported that the state Department of Inspections and Appeals had increased a recent citation against Lantern Park Specialty Care in Coralville from \$10,000 to \$30,000. The change came after the newspaper inquired about surveyors' apparent disregard of a requirement that facilities docked for the same high-level offense more than once in one year's time face triple the penalty.

[The Dispatch investigation](#) cited records showing Lantern Park Specialty had been tagged for "violations that contributed to a resident's death from an infection." The inspections department then fined the home \$10,000 for failing to provide residents with the required nursing services, plus \$10,000 for

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| | <p>separate violations related to resident safety. But it did not triple the fine until the newspaper contacted officials.</p> <p>The department was required to fine at the higher level because the facility had just six weeks earlier been cited for failing to provide residents with required nursing services, according to reports.</p> <p>https://tinyurl.com/AddedScrutinyForcesState</p> |
| Home Health | <p>14. Home Health Care News March 24, 2023 <i>President Biden: Home Health Care ‘Extends Lives’ and Is ‘Less Expensive’</i> By Andrew Dolan</p> <p>Home-based care is arguably getting more attention from the U.S. president now than it ever has before.</p> <p>So much so, in fact, that home health providers and advocates may start looking at President Biden himself as an ally in their fight against payment rate cuts from the Centers for Medicare & Medicaid Services (CMS). . .</p> <p>On the Medicaid side, though, the Biden administration has tried to commit more dollars to home- and community-based services (HCBS). The administration’s 2024 proposed budget, announced earlier this month, included \$150 billion for HCBS over the next 10 years.</p> <p>https://tinyurl.com/HomeHealthExtendLives</p> |
| Housing | <p>15. *State House News March 27, 2023 <i>Lawmakers Warm to Housing Secretariat Plan</i> By Sam Drysdale</p> <p>Gov. Maura Healey's plan to create a separate housing secretariat was met with widespread support from the State Administration and Regulatory Oversight Committee at a hearing on Monday. "This proposal to me is supreme. I'm excited to work with you and to work with the new secretary," committee co-chair Rep. Antonio Cabral told Healey, Lt. Gov. Kim Driscoll and Housing and Economic Development Secretary Yvonne Hao. All of the committee members expressed their support for H 43, which splits the Housing and Economic Development secretariat into two secretariats, with the intention of putting a greater emphasis on housing amidst a housing shortage and affordability crisis. Cabral said it is his intention to get the legislation moving through the process, to have the new housing secretary in place by the start of fiscal year 2024 on July 1.</p> <p>https://tinyurl.com/SupremeSecretariat</p> |
| Covid | <p>16. Futurity March 24, 2023 <i>More staff COVID testing saved nursing home resident lives</i> By Mark Michaud-Rochester</p> <p>“Testing is a key part of any infectious disease response, surveillance testing in particular,” says Brian McGarry, an assistant professor of medicine and public health sciences at the University of Rochester Medical Center and lead author of the study in the New England Journal of Medicine.</p> <p>“This study found that greater surveillance testing of nursing home staff was associated with clinically meaningful reductions in resident COVID cases and deaths, particularly before the availability of vaccines.”</p> <p>The US nursing home industry is comprised of 1.7 million staff and more than 4 million short and long stay residents. This population was particularly vulnerable during the COVID pandemic. While only comprising 2% of the US population,</p> |

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| | <p>nursing home residents represented 20% of COVID deaths through the end of 2021.</p> <p>The researchers found that:</p> <ul style="list-style-type: none"> • During outbreaks, high testing frequency (1.7 COVID tests per week, per staff) was associated with fewer resident cases and deaths compared to low testing frequency (0.6 per week). This difference was particularly pronounced during the pre-vaccine period, when high testing facilities had almost 25% fewer deaths. • Based on the estimated relationship between test frequency and COVID cases and deaths, the study authors projected that had all facilities performed an additional test per staff member per week during the pre-vaccine phase of the pandemic, 30% of resident cases and 26% resident COVID deaths could have been prevented. • For nursing homes that predominantly used lab-processed COVID testing—as opposed to rapid, point-of-care tests—faster test turnaround time was associated with fewer resident deaths. The difference between receiving results in two days or less vs. three or more days in the pre-vaccine period was associated with 13% and 28% fewer cases and deaths, respectively. • Surveillance testing was not strongly associated with cases or deaths during the post-vaccine/pre-omicron phase. Pre-Omicron, COVID vaccines were highly effective at preventing both infections and severe disease. When the first COVID vaccines became available, nursing home staff and residents were prioritized for vaccination. • Frequent surveillance testing was associated with fewer resident cases but no difference in deaths during the Omicron wave, a finding consistent with the reduction in vaccine efficacy for preventing COVID infections, but not in preventing hospitalizations and deaths. <p>https://tinyurl.com/TestingSavedResidentLives</p> |
| <p>Incarcerated persons</p> | <p>17. American Bar Association Commission on Law and Aging February 6, 2023 <i>Resolution regarding the complex issues associated with persons involved in the criminal justice system who are living with dementia</i> In February 2023, the ABA House of Delegates adopted without objection, official ABA policy based on the core findings of the research that we did on Dementia and Criminal Justice. This will enable ABA governmental affairs to take an official position on proposed legislation or regulations. State level advocates can also cite to the ABA policy to help urge action at the state level. https://tinyurl.com/ABAResAgeCriminalJustice</p> <p>18. Bifocal – American Bar Association January 19, 2023 By Megan Horner <i>Broken and Underutilized: Understanding Compassionate Release Programs for Older Adult Prisoners</i> Perhaps one of the least discussed results of mass incarceration is the number of older adult prisoners who, as a result of receiving life without parole sentences earlier in life, have aged while incarcerated. There are a significant number of older adult individuals serving life without parole (LWOP) sentences—nearly a quarter of all LWOP prisoners are over the age of 65 and nearly half are over 50 (Nellis 2022). Even more alarming is that incarcerated individuals experience an increased rate of aging as a result of prison conditions, meaning that someone in</p> |

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| | <p>prison has the equivalent health of someone 10 to 15 years older in the outside world (Nellis 2022). Older adult prisoners are also much more susceptible to illness, something that is further exacerbated by poor prison healthcare. In fact, prisons are not in many ways built for people living with neurocognitive conditions like dementia. “The typical correctional setting relies on a person understanding, remembering, and learning rules and tasks that are difficult or impossible for a person with dementia” (Godfrey et al. 6). In theory, there is a solution: compassionate release programs. Compassionate release programs are designed to release prisoners with terminal illnesses or those who are extremely advanced in age. . .</p> <p>A report written by the ACLU estimates that “releasing an aging prisoner will save states, on average, \$66,294 per year per prisoner, including healthcare, other public benefits, parole, and any housing costs or tax revenue. Even on the low end, states will save at least \$28,362 per year per released aging prisoner” (ACLU 2012). . .</p> <p>All states with compassionate release programs require that for prisoners to be eligible, they must have “chronic, permanent, terminal, or irreversible physical or mental illness, condition, or disease” with some states requiring further prognosis requirements, usually of six or 12 months (Holland et al, 2018). It is simply not enough for prisoners to be older adults and unlikely to reoffend— they must also have some kind of permanent illness or condition in order to be released. . .</p> <p>Unfortunately, even if more older adult prisoners are released, there are a number of obstacles in the outside world that can make it difficult for them to adjust back into society.</p> <p>https://tinyurl.com/BrokenAndUnderutilized</p> |
| Disability topics | <p>19. 60 Minutes – CBS News (video report) March 26, 2023 <i>How advancements in prosthetic technology allow feeling, control 60 Minutes</i> By Scott Peley Technological advances in prosthetic limbs are returning a sense of touch to amputees. Scott Peley reports on the breakthrough technology. https://tinyurl.com/60MinutesSenseOfTouch</p> |
| Aging Topics | <p>20. *Boston Globe March 25, 2023 <i>‘I have to take my time.’ Growing old in Boston without much money is an everyday stress test.</i> By Robert Weisman Urban struggles, cost pressures form the backdrop of senior life. It’s hard to grow old in the city without much money. The urban landscape, with its cracked sidewalks, patchy transit, and the lurking possibility of violence, is a daily challenge. So is the lingering threat of COVID that hovers in congested buses and crowded waiting rooms. And everything costs so much. Boston is one of the nation’s most expensive cities. More than seven in 10 older people living alone here — and 45 percent of older couples — lack the minimum income required to cover necessary expenses, according to February data from the University of Massachusetts Boston’s Gerontology Institute. For them, life is a daily struggle to maintain dignity and make ends meet. . .</p> |

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| | <p>They are, many of them, the older neighbors we don't know well enough. So, the Globe gathered some of their stories.</p> <ul style="list-style-type: none"> • 'Miss Annette' rides two buses to the senior center • Bowen Robinson returns from a long hospital stay • Luz Torrez navigates cracked sidewalks • 'Lenke' and 'Allochka' share a Valentine's Day brunch • Mary Greer calls her fuel company, asking for help • Andres Colon delivers food to his neighbors • Sau Nguyen wants everyone to dance <p>https://tinyurl.com/GrowingOldInBoston</p> |
| Health Topics | <p>21. McKnight's Long-Term Care News March 23, 2023 <i>Home health, nursing homes among fastest-growing categories of healthcare spending</i> By Kathleen Steele Gaivin Home health spending grew by 9.4% and nursing home care spending grew by 9.2%, placing them among the fastest-growing categories of healthcare spending in January, according to Altarum's monthly Health Sector Economics Index, released Wednesday. The sectors were outpaced only by dental services, where growth in spending was 10.6%... . "First, the price growth component of the nursing home spending increase was much greater in January (5.2% year-over-year growth) and continued to increase into February (5.6%)," he said. "Conversely, price growth in home healthcare has been relatively moderate (1.9% in January and February), indicating home health spending increases are more driven by increases in utilization." "Looking over a longer historical period, since before the pandemic (January 2020), nursing home spending has grown by 9.1%, while home health spending has grown by 17.6%. . . According to the experts, national health spending grew by 4.6% year over year. Health spending in January accounted for 17.2% of nominal gross domestic product. Nominal GDP in January was 7.4% higher than it was in January 2022, as GDP growth continues to outpace health spending growth." Overall healthcare price growth has stayed moderate as private prices have increased, according to the report. Rates for nursing home care (5.6%) grew second fastest, following dental care (6.6%). Home healthcare (1.9%) price growth was the slowest among the healthcare sectors reported. . . Jobs growth that began in 2022 is continuing into 2023, according to Altarum. Healthcare overall added 44,200 jobs in February, of which 13,700 added jobs were in nursing facilities and residential care facilities such as assisted living communities. Wage growth in healthcare has been declining since mid-2022, according to Altarum. It now sits slightly below economy wide wage growth. In January, healthcare wages grew by 4.2% year over year, whereas total private-sector wages grew by 4.4%. https://tinyurl.com/FastestGrowingCategories</p> <p>22. *Washington Post March 16, 2023 <i>After she's done with the scalpel, surgeon makes art on kids' casts</i></p> |

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| | <p>Her patients often save their casts, which are decorated by Chicago pediatric orthopedic surgeon Felicity Fishman. . .</p> <p>Fishman’s best work — repaired joints, placing prosthetic bones and carefully inserting metal plates — can’t be seen with the naked eye, but she said she decided nearly three years ago to start making something fun for her young patients to wake up to after their operations.</p> <p>“No matter how beautiful of a surgery you do, all the family is looking at for several weeks is the cast,” said Fishman, 43. “I thought it would be nice to turn it into something more positive for everyone to look at.”</p> <p>https://tinyurl.com/ArtOnKidsCasts</p> |
| Civic Engagement | <p>23. The NGO Committee on Ageing – New York</p> <p><i>A DEEPER DIVE: Strengthening the Civic Participation Rates of Older Persons and Their Right to Social Inclusion</i></p> <p>By Maud Bruce-About, Executive Committee, NGO Committee on Ageing/NY</p> <p>This article focuses on "social inclusion," a key area for the upcoming Open Ended Working Group on Ageing, aiming to strengthen the human rights of older persons.</p> <p>Social inclusion - the process to improve participation in society through enhanced opportunities, access to resources, voice, and respect for rights – is a precondition to enjoying human rights and to cohesive societies where all groups feel they belong, participate, and are included, recognized, and legitimated.</p> <p>Achieving social inclusion requires understanding and changing discriminatory social, economic, and cultural structures, practices, and policies that lead to exclusion, deprivation of resources, and lack of opportunities, with an intersectional and a life course perspective as disadvantages that accumulate across the life course. . .</p> <p>As the 1995 World Summit for Social Development in Copenhagen defined, an inclusive society must be based on embracing diversity and using participatory processes involving all stakeholders in the decision-making that affects their lives. . .</p> <p>Age Exclusion is Self-Exclusion</p> <p>Nobody is better placed than older persons to share the lived experience of their conditions and their view on how they wish to live and be cared for. Still, as the young of today are the older persons of tomorrow, it is also vital that the young of today integrate "old age" when planning and politicizing the society that will be their future.</p> <p>Unfortunately, young adults often view ageing as irrelevant to their lives. As Global Report on Ageism released by the World Health Organization indicates, <i>one in two persons is ageist.</i></p> <p>Research indicates that "the tendency for young adults to draw upon stereotypes about ageing makes envisioning themselves as ‘old’ difficult to do," but that "the act of being able to imagine their future self in a way that is informed could reduce ageism and lead to better choices that facilitate the aging experience and "have implications for how younger adults prepare to become an older adult."</p> <p>It is time to close the perceived gap between our current and future selves by communicating the positive aspects of aging and building connections between perceived in-group and out-groups to enhance feelings of closeness between generations.</p> <p>Words that Are Trending</p> |

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| | <p>Achieving Social Inclusion in an Exclusionary World</p> <p>By Adriane Berg, IFA Representative to the UN, GNEC Podcast host, On The Ground, member NGO Committee on Ageing Communications Subcommittee</p> <p><i>In this article, we examine the meaning of the term social inclusion from the point of view of an older person. However, the components of achieving the social inclusion goal are similar for everyone excluded from significant societal arenas.</i></p> <p>Social inclusion is not technically one of the 17 Sustainable Development Goals (SDGs). However, it is 'Target 10:1' under Goal 10, <i>Reduce Inequality within and among nations</i>. "By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status."</p> <p>As the overarching goal of the SDGs is "Leave no one Behind," the implication is that nations must use the maximum available resources to fully realize economic, social, and cultural rights FOR ALL. . .</p> <p>In April 2023, the Open-Ended Working Group on Ageing (OEWGA) will hold its 13 sessions. Goal 2 of the gathering focuses on social inclusion, asserting that it "is a precondition for the ability of older persons to exercise multiple human rights."</p> <p>The OEWGA identifies four requirements for fueling the process of social inclusion:</p> <ol style="list-style-type: none"> (1) enhanced opportunities (2) access to resources (3) impactful voice and (4) respect <p>Elements of Social Exclusion of Older Persons</p> <p>While the PROCESS leading to social inclusion is straightforward, the reasons behind the exclusion of older persons remain more elusive, significantly because each human will age, and the exclusion is against the self. . .</p> <p>OEWGA cites a laundry list of areas of exclusion that require attention:</p> <ul style="list-style-type: none"> • Lack of equality and non-discrimination • Neglect, violence, and abuse • Absence of autonomy and independence • Lack of long-term care and palliative care • Inadequate social protection and social security • Minimal education, training, lifelong learning, and capacity building • Failure of access to justice • Absence of the right to work and access to the labor market • Poor economic security • Lack of recognition of the contribution of older persons to sustainable development • Barriers to participation in public life and decision-making processes • Absence of accessibility, infrastructure, and habitat (transportation, housing, and physical access to public spaces) <p>each human will age, and the exclusion is against the self.</p> <p>https://tinyurl.com/NGOArticlesSocialInclusion</p> |
| | <p>*May require registration before accessing article.</p> |
| <p>Dignity Alliance Massachusetts Legislative Endorsements</p> | <p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at:</p> <p>https://tinyurl.com/DignityLegislativeEndorsements</p> |

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| | Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net . |
| Websites | <p>American Bar Association Commission on Law and Aging https://www.americanbar.org/groups/law_aging/ The mission of the Commission on Law and Aging is to educate and advocate to protect the rights and dignity of adults as they age. The vision of the ABA Commission on Law and aging is a society where the rights of every adult as they age are acknowledged, respected, and protected. Their research has resulted in several resources for professionals and consumer</p> <p>American Bar Association Commission on Disability Rights https://www.americanbar.org/groups/diversity/disabilityrights/ The Commission works to promote the ABA's commitment to justice and the rule of law for people with mental, physical, and sensory disabilities, and to promote their full and equal participation in the legal profession.</p> <p>The NGO Committee on Ageing – New York https://www.ngocoa-ny.org/ The NGO Committee on Ageing, NY, works to raise world awareness of the opportunities and challenges of global ageing. The Committee advocates within the United Nations community to further integrate ageing in UN policies and programs and encourages member states to include ageing needs in social and economic policy considerations. The goal of the Committee is to further the United Nations mission of building a society for all ages.</p> |
| 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 <i>The Dignity Digest</i> . |
| Previously posted funding opportunities | For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ . |
| Websites of Dignity Alliance Massachusetts Members | See: https://dignityalliancema.org/about/organizations/ |
| Nursing home closures | <ul style="list-style-type: none"> <p>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)</p> <p>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.</p> |

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| | <p>Dial In Number: 888-390-5007 Participant Passcode: 3522632 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <ul style="list-style-type: none"> <p>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)</p> <p>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)</p> <p>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).</p> |
| Nursing homes with admission freezes | <p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i></p> <p>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.</p> <ul style="list-style-type: none"> There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include: <ul style="list-style-type: none"> Number of new COVID-19 cases within the facility Staffing levels Failure to report a lack of adequate PPE, supplies, or staff Infection control survey results |

- Surveillance testing non-compliance
- Facilities are required to notify residents’ designated family members and/or representative when the facility is subject to an admissions freeze. In addition, a list of facilities that are currently required to stop new admissions and the reason for this admissions freeze will be updated on Friday afternoons, and as needed when the Department of Public of Health determines a facility can be removed from the list.

Updated on March 23, 2023. Red font – newly added

| Name of Facility | City/Town | Date of Freeze | Qualifyin g Factor | Star Rating |
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| Chapin Center | Springfield | 2/1/2023 | Closure | 3 |
| Governor’s Center | Westfield | 2/1/2023 | Closure | 1 |
| Springside Rehabilitation and Skilled Care Center | Pittsfield | 3/22/2023 | Cases | 2 |
| 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/SpecialFocusFacilityProgram>

Updated October 26, 2022

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

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

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

What can advocates do with this information?

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

Massachusetts facilities listed (updated July 27, 2022)

Newly added to the listing

- None

Massachusetts facilities not improved

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

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

- Oxford Manor, Haverhill
- Worcester Health Center, Worcester

Massachusetts facilities that are candidates for listing

- Charwell House Health and Rehabilitation, Norwood
<https://tinyurl.com/Charwell>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225208>
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway
<https://www.medwaymanor.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225412>
- Mill Town Health and Rehabilitation, Amesbury
No website
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225318>
- Plymouth Rehabilitation and Health Care Center
<https://plymouthrehab.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225207>
- Savoy Nursing and Rehabilitation Center, New Bedford
No website
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225423>
- South Dennis Healthcare, South Dennis
<https://www.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

| | <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225425 https://tinyurl.com/SpecialFocusFacilityProgram</p> | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p><i>Nursing Home Inspect</i></p> | <p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table> | # reported | Deficiency Tag | 250 | B | 82 | C | 7,056 | D | 1,850 | E | 546 | F | 487 | G | 31 | H | 1 | I | 40 | J | 7 | K | 2 | L |
| # reported | Deficiency Tag | | | | | | | | | | | | | | | | | | | | | | | | |
| 250 | B | | | | | | | | | | | | | | | | | | | | | | | | |
| 82 | C | | | | | | | | | | | | | | | | | | | | | | | | |
| 7,056 | D | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,850 | E | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | I | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | J | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | K | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | L | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Nursing Home Compare</p> | <p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p> | | | | | | | | | | | | | | | | | | | | | | | | |

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

| | | | |
|---|--|----------------------------|--|
| Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information. | Veteran Services | James Lomastro | jimlomastro@comcast.net |
| | Transportation | Frank Baskin Chris Hoeh | baskinfrank19@gmail.com cdhoeh@gmail.com |
| | Covid / Long Covid | James Lomastro | jimlomastro@comcast.net |
| | Incarcerated Persons | TBD | info@DignityAllianceMA.org |
| <i>The Dignity Digest</i> | For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke | | |
| Note of thanks | Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Judi Fonsh • Wynn Gerhard • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i> | | |
| <p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p> | | | |