



The Dignity Digest

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

***May require registration before accessing article.**

Spotlight

What Happened to America? We Asked 12 People in Their 70s and 80s.
New York Times (free access)

April 16, 2023

<https://tinyurl.com/NYTWhatHappenedToAmerica>

Moderator, Kristen Soltis Anderson

You're all in this group because you're in your 70s or 80s. Which decade of life would you say was or is your favorite?

- Elizabeth, 82, Kan., white, Republican, retired

I'd say the '50s. That's when I was in high school. It was just a fun time for me, a carefree existence.

- Alan, 80, N.C., white, independent, retired

In my 30s, we were able to go overseas on Uncle Sam's dime and enjoy traveling around Europe. Though we still had some issues, I think things in the world were pretty good.

- Elna, 71, Ill., Latina, Democrat, employed part time

In my 20s, there was so much to do — roller-skating, dancing, just hanging out with friends and going bike riding. And it was simpler. It was easier then.

- Elaine, 83, Mass., white, independent, retired

My favorite years are my college years: the late '50s, early '60s. The beatniks were still around, and I was an aspiring writer. I just spent that time learning who I was and what I wanted to do.

- Ray, 76, N.J., Black, Democrat, retired

I got excited when I heard this question. I knew immediately I'd have to say the '60s. Growing up in North Carolina, I was a part of the civil rights movement, and that activism helped shape my thinking for the rest of my life. I was in the middle of a revolution that I didn't even know I was a part of.

- Mike, 74, Texas, Latino, independent, employed part time

The best times were the late '60s, going into the '70s. What I liked, which we'll never have again, was the music. Yeah, best music, best groups there ever was. There's good musicians out there today, but they can't compare to the '70s.

Moderator, Kristen Soltis Anderson

What are some of the changes that have happened over the course of your lifetime that you'd say are for the better?

- Eugene, 80, Calif., white, Republican, retired

Running water, compared to a sod house on the prairie of South Dakota.

- Barbara, 71, Ore., white, Democrat, retired

We've seen major changes in technology. When I was working 20 years ago, I was doing things on a typewriter or doing notes on a sheet of paper. It took time. Now we can do our budgeting and financing by using a computer and software that helps us track our expenses.

- Elizabeth, 82, Kan., white, Republican, retired

There's the awareness that we have to be more concerned about conserving the environment that we have. I appreciate that.

- William, 88, Mo., white, independent, retired

I've seen so many things change, especially with phones. My daughter is on vacation in Vietnam, and we text back and forth just like she was in the next room. It's amazing. If there's a negative about it, it's that as soon as you take something out of the box, it's obsolete already.

- Ray, 76, N.J., Black, Democrat, retired

For me, it's medical advances. My father died at 59, but now most of us look forward to living into our 80s. Technology has made everything convenient, but it's handicapping the human. It amazes me to walk down the street or drive down the street and watch how many people never see me because their faces never leave their cellphones.

Moderator, Patrick Healy

Any other changes that have happened over your lifetime that you think are for the worse?

- Alan, 80, N.C., white, independent, retired

I don't think people want to serve the country anymore. Once we got rid of the draft in 1973, fewer and fewer people want to serve. If you have a strong military, you're going to have a strong country.

- Elna, 71, Ill., Latina, Democrat, employed part time

Don't take offense, but it's all the moms and the women that are working, and the fathers are all stay-at-home dads. And a lot of them don't have jobs. It's the woman who is the main breadwinner, and they just — I think men are getting lazy or something. Just like —

- Elaine, 83, Mass., white, independent, retired

We've forgotten how to be our brother's keeper. And the homelessness is totally out of control. The 1 percent — I hate to repeat a cliché, but the 1 percent has all the money, and the rest of us are struggling. And I guess I disagree with Elna. I love the idea that finally there's some egalitarianism between men and women and it's up to the couple to decide what they want to do.

Moderator, Patrick Healy

How likely do you think it is that you'll be able to stay, and what are the factors you take into account when thinking about that question?

- Francis, 83, Pa., white, Republican, retired

I think I've got a pretty good chance of that. I've got a little bit of a heart problem. But when you get to be our age, you're living on borrowed time. You try to keep healthy, live healthy, eat good, sleep good, socialize, be around people. Do things. But that's the way it's got to be.

- Ray, 76, N.J., Black, Democrat, retired

I can't even imagine not. I've lived here since 1982. As long as I can keep getting up and going every day, God willing, I'll probably stretch out right here in this place. This is it.

- John, 78, N.Y., Asian, independent, retired

The big concern for me is shoveling snow. Having just turned nearly 80, I just kind of realized that, gee, maybe I'm not as young as I thought I was.

- Barbara, 71, Ore., white, Democrat, retired

My husband and I are in the process of selling our home of 36 years and moving into a new house. I figure I'll be in there maybe 10 years if I'm lucky. But we're asking, "What can we do to make the house safe?" I'm having a ramp put in. I'm making sure there's no carpeting in the house, where you can slip and fall. And it's all one level. Because I can't go up and down stairs anymore. So sometimes you have to move to a smaller place when you're thinking about your age and how to take care of yourself.

On a scale of 1 to 5, how important is it to you to continue being able to live at home, as opposed to, say, moving to assisted living or a retirement community?

1 means I don't care and 5 means I care deeply.

1

Elaine, 83, Mass., white, ind.

2

No one raised their hand.

3

Eugene, 80, Calif., white, Rep.

William, 88, Mo., white, ind.

4

No one raised their hand.

5

Alan, 80, N.C., white, ind.

Barbara, 71, Ore., white, Dem.

Elizabeth, 82, Kan., white, Rep.

Elna, 71, Ill., Latina, Dem.

Francis, 83, Pa., white, Rep.

John, 78, N.Y., Asian, ind.

Mike, 74, Texas, Latino, ind.

Pat, 74, Tenn., Black, Dem.

Ray, 76, N.J., Black, Dem.

- Elizabeth, 82, Kan., white, Republican, retired

I live in a rural area. The town has less than 1,000 people. So, if I went into a nursing home, I'd have to be out of town. Probably, my choice then would be to live with my oldest son, who's married and has children. But as long as I can stay walking and talking and breathing, I'm going to try to stay here in my house.

Moderator, Patrick Healy

Do you ever feel isolated or lonely where you are?

- Elizabeth, 82, Kan., white, Republican, retired

No. I'm very active. I play pinochle twice a month. I go to an exercise group. I go to an outreach program. And I'm working with these students four days a week after school. That keeps me young.

- William, 88, Mo., white, independent, retired

I already live in a senior community. My wife was alive when we moved here seven years ago. I'm 88 now and moving here was one of the best things we've ever done.

Moderator, Kristen Soltis Anderson

Right now, the official full retirement age is somewhere between 65 and 70, according to the government, depending on what year you were born in. What do you think about that?

- Pat, 74, Tenn., Black, Democrat, retired

I don't think I would have made it to 70, no. I retired at 65.

- Ray, 76, N.J., Black, Democrat, retired

I think that our retirement system was designed, initially, so that no one would benefit. And I'm happy to say that we have outlived all expectations. And I don't think they should raise it again. They're trying to encourage people to go to 70, and I disagree with that. But the word "old" is not in my vocabulary. I'm a senior, but I'm not old.

- Eugene, 80, Calif., white, Republican, retired

I worked three jobs for 17 years, so I retired from one when I was 55, and the next when I was 65. This is a decade where I've never had it so good. I have a stair climber. I have the ramps in. I have a roll-in shower. So, it's just great for me and my new girlfriend, who doesn't climb stairs.

Moderator, Kristen Soltis Anderson

How many of you think that Social Security will exist as a program when your grandchildren retire?

- Francis, 83, Pa., white, Republican, retired

It'll be different.

- Barbara, 71, Ore., white, Democrat, retired

I think that the government will change it to something else. And people won't get as much out of it in the future as we're getting out of it today.

- Elna, 71, Ill., Latina, Democrat, employed part time
They're already slashing all kinds of things with Social Security. I used to get transportation to and from my doctors and everything. Now my plan cuts that out.

- William, 88, Mo., white, independent, retired
I don't like to say it, but I think by the time my grandkids get ready to retire, we'll be in socialism. I think we're headed that way.

Moderator, Kristen Soltis Anderson

Tell me why you think that.

- William, 88, Mo., white, independent, retired
Well, the government seems to be taking over more and more of the things that we used to do for ourselves. In a lot of cases, it pays better not to work than it does to work. If I drive around here, I see people standing up with their signs saying, "Give me some money," and then right across the street, there's a help wanted sign.

- Elna, 71, Ill., Latina, Democrat, employed part time
I agree.

- Ray, 76, N.J., Black, Democrat, retired
Social Security is socialism. It was designed to be a system whereby everybody contributed and then everyone got benefit. We've always had limited socialism. But what you're talking about, for me, is more a question of a big area that's been forgotten: mental health. We have tons of homeless people on the streets, begging for jobs. They don't have a work problem. They have mental problems. If we have an issue with Social Security, it's maybe that our younger generation does not want to work and invest, because they're more into entrepreneurship and independent applications. Everybody wants to be an entrepreneur, not a part of a company, like we did. We worked for a place for 30 and 40 years. This generation is not interested in working for anybody but themselves for 20 or 30 years.

Moderator, Kristen Soltis Anderson

We've talked a bit about Social Security, but how do you think Medicare is doing these days?

- John, 78, N.Y., Asian, independent, retired
Well, the Center for Medicare and Medicaid Services, they take, like, four months to send you a statement. Sometimes you try to read through the statements, and it's kind of like hieroglyphics. You think us oldsters remember that we went to the doctor six months ago?

- Elizabeth, 82, Kan., white, Republican, retired
I like Medicare. About seven years ago, I had my shoulder replaced. Between Medicare and my Blue Cross Blue Shield coverage, I didn't have to pay anything. And then just this fall, I've had surgery on my

left eye twice. And again, I've had no bills. So, yeah, I like the way Medicare is taking care of my old body.

- Alan, 80, N.C., white, independent, retired

I have no complaints with Medicare. My wife's had a few surgeries. And instead of 50,000 bills, I had zero bills. And because I'm retired military also, I have Tricare for life, so they pick up the other 20 percent. Medicare, to me, is a godsend.

- Elaine, 83, Mass., white, independent, retired

I don't think I would have decent health care without Medicare. The problem is not with the idea. The problem is with the way it's managed. I hear a lot of seniors complaining that they can't get to the doctors because the doctors are so overbooked.

Moderator, Patrick Healy

I'd like to turn to politics for a bit. We know that politicians like to get the votes of older Americans.

Do you think politicians care very much about the needs of American voters in their 70s and 80s?

0 people raised their hands.

Alan, 80, N.C., white, ind.

Barbara, 71, Ore., white, Dem.

Elaine, 83, Mass., white, ind.

Elizabeth, 82, Kan., white, Rep.

Elna, 71, Ill., Latina, Dem.

Eugene, 80, Calif., white, Rep.

Francis, 83, Pa., white, Rep.

John, 78, N.Y., Asian, ind.

Mike, 74, Texas, Latino, ind.

Pat, 74, Tenn., Black, Dem.

Ray, 76, N.J., Black, Dem.

William, 88, Mo., white, ind.

- Francis, 83, Pa., white, Republican, retired

I don't think they really care. They take one look at a senior and say, "He's not producing a thing. He's doing nothing good for the people." And it's wrong. They just look at us like we're numbers.

- Elaine, 83, Mass., white, independent, retired

We're on the fringes. We're not earning all the money and paying all the taxes that we did before. So, they look at us as irrelevant, I guess is the word. That's how I feel.

- Mike, 74, Texas, Latino, independent, employed part time

I think they promise us the moon so that we can give them our vote. And then once they get it, they don't deliver.

Moderator, Patrick Healy

Let me ask a devil's advocate question, though. We were just talking about Social Security and Medicare. And a lot of politicians say they will protect those benefits. Isn't that looking after the needs of older Americans?

- William, 88, Mo., white, independent, retired

I think the politicians are interested in only one thing, and that's being re-elected. And whatever it takes to get re-elected, they will do, they will promise. And I don't think they'll deliver. And I think that's everywhere, from local to national.

Moderator, Patrick Healy

What about politicians who are in their 70s and 80s? Do they care more about older Americans, do you think, or is it just a wash?

- Francis, 83, Pa., white, Republican, retired

They just want to stay there. They want to stay there so they can get that bigger pension.

- Ray, 76, N.J., Black, Democrat, retired

The one politician that I would hang a hat on would be Bernie Sanders. Bernie Sanders legitimately talks a senior citizen's game. And he is an advanced senior citizen. Everyone, they either talk about the budget being too expensive and we got to trim Medic — until there's a backlash. And then it's back to "Oh, no, we're not going to touch senior citizens." AARP is our only arm.

Moderator, Patrick Healy

When you're evaluating candidates to vote for, do you think more or less favorably about candidates who are around your age?

- Elna, 71, Ill., Latina, Democrat, employed part time

It depends on their politics.

- Elizabeth, 82, Kan., white, Republican, retired

I go for younger ones. Get those old ones out of there.

- Barbara, 71, Ore., white, Democrat, retired

I agree, the older ones, they've been there for so long, they're millionaires anyway. They don't care.

- Elaine, 83, Mass., white, independent, retired

For me, it depends on the person. It's not the age. It's where they come down on these issues. And I know a lot of the politicians are just trying to keep their power as long as they can. I wish there were more like Bernie Sanders who really seems to care about doing something for the country.

- Eugene, 80, Calif., white, Republican, retired

I'm from California, where Dianne Feinstein only gave up her position because she can't afford the airplanes anymore. And Nancy Pelosi and her husband have \$120 million. They've already made theirs.

They live behind walled, protected communities. They pay for their own security.

- Alan, 80, N.C., white, independent, retired

I'd like to see term limits. But age doesn't bother me.

Moderator, Patrick Healy

How do you think being in your 70s and 80s affects your ability to be in office, generally? Is it a benefit, a disadvantage? Does it have no effect?

- Elizabeth, 82, Kan., white, Republican, retired

Some politicians that are in their 70s and 80s may be worth their weight in gold. And others, maybe they're getting a little senile.

Moderator, Patrick Healy

We now have a presidential candidate running, Nikki Haley, the former governor of South Carolina. And she's proposed that those who run for office should have to pass a cognition test if they're over the age of 75. What do you think about the idea?

- Ray, 76, N.J., Black, Democrat, retired

I think that would be horrible. It's horrible to assume that there is a magic age where my cognition decreases. I'm 76. And I can sit in a room with Nikki Haley, and we can talk about anything at any point in time. And I will be present for that conversation.

- Francis, 83, Pa., white, Republican, retired

I think when you get to be 70 years old, 72, 73, you should be out of politics.

- Barbara, 71, Ore., white, Democrat, retired

I don't think a blanket test is a good idea. There are people that are 70 that are just as cognitively capable as a person in their 30s.

Moderator, Patrick Healy

Do you think that there should be a maximum age limit for being elected to office?

- Pat, 74, Tenn., Black, Democrat, retired

There's a minimum age, so why not have a set one for the maximum?

Moderator, Patrick Healy

Earlier, someone mentioned Dianne Feinstein, the senator from California, who has served for nearly 30 years. She just announced she'd be retiring from the Senate. Does anyone have a strong view one way or another about that decision?

- Pat, 74, Tenn., Black, Democrat, retired

I was happy, even though she's not in my state.

- Eugene, 80, Calif., white, Republican, retired

She should have done it two election cycles ago.

- Ray, 76, N.J., Black, Democrat, retired

Three.

Moderator, Patrick Healy

Why do you think so?

- Eugene, 80, Calif., white, Republican, retired

It was three election cycles ago that we voted \$3 billion to provide for reservoirs and water for the state. That remains unspent.

Moderator, Patrick Healy

So it's about effectiveness in office, Eugene?

- Eugene, 80, Calif., white, Republican, retired
Oh, yes.

Moderator, Patrick Healy

As you know, President Biden is currently 80. Do you think his age is a benefit for him or a disadvantage?

- Alan, 80, N.C., white, independent, retired

I don't think it's an issue, really. As long as he has his faculties, it'll be fine. I just want to see something positive come out of all of this.

- Elaine, 83, Mass., white, independent, retired

Yeah, I guess I agree. Elizabeth mentioned earlier, we look at each person individually. An 80-year-old sometimes is smarter and sharper than a 40-year-old because of experience and attitude and persistence. I have mixed feelings about the age cognition test because there are people in Congress now, I wish they would give a cognitive test, and they're not 80.

- Mike, 74, Texas, Latino, independent, employed part time

There's nothing wrong with Biden or anyone else in their 80s, or late 70s. The problem is that once you start slowing down or you're not as sharp or quick as before, they use it against you. So, he may be the best guy there ever was, but they'll focus on that little fault and use it against him. And they'll hound him and hound him. And he'll start feeling that pressure. And then they convince him that "Well, I'm getting old, and I can't do this anymore."

Moderator, Patrick Healy

Former President Donald Trump is 76 years old. Do you see his age as an issue, either as a benefit or a disadvantage, regarding his campaign for president in 2024?

- Elna, 71, Ill., Latina, Democrat, employed part time

I just wouldn't vote for him. I don't trust him after what he did with that Jan. 6 thing. It's not age related.

- Elaine, 83, Mass., white, independent, retired

Maybe there needs to be a test for ethics and morality, not just for cognitive ability.

- Elizabeth, 82, Kan., white, Republican, retired

As far as his age, no, I don't think that's an issue. I think we all agree that it may be his personality that's an issue but not his age.

Mike, 74, Texas, Latino, independent, employed part time

For an old man, he has a gift. He can talk. He can talk, and he can argue. And he'll convince you. And that's why people, they listen.

They want answers. He tells them what they want to hear.

Moderator, Patrick Healy

How would you feel about a rematch between Biden and Trump for president in 2024?

- William, 88, Mo., white, independent, retired

In a country this size, we could find better candidates. I have been in one party for a long time. I don't agree with what they're doing. And I don't like what the other party does, either. I think I'm becoming an independent.

- Francis, 83, Pa., white, Republican, retired

I'd say dig deeper. But if you stop and think, not one of us right here can honestly say that we're better off now than we were two years ago. Not one of us.

- Ray, 76, N.J., Black, Democrat, retired

I am doing much better today than I was two years ago. I've never been as well off as I am today. But the mistake we would make sitting here now would be to think that anyone sitting on this panel chooses who they're going to make as a candidate for president. That's done by a roomful of people far out of our pay grade. My problem with another election of Trump and Biden is that I think it will turn away a large body of potential elected voters, particularly young people, because they're going to feel once again that they're being disenfranchised, that they're not being heard or listened to. It took people like Barack Obama to energize young people and get them out and get them involved in the electorate. We've got to step aside at some point and give this country to the next generation. Now is the time.

Moderator, Kristen Soltis Anderson

Last question. I want you to think about the generation that comes after Generation Z, people born in the last 15 years. What things do you hope will be better for them than they were for your generation?

- Mike, 74, Texas, Latino, independent, employed part time
- I think they're going to be worse off. It's not getting any better.

- Elizabeth, 82, Kan., white, Republican, retired

I'd like to see less crime, less hatred, and more kindness in this world. So, I just pray and believe that this can come about.

- Barbara, 71, Ore., white, Democrat, retired

I want to see the next generation be more concerned about taking care of this planet and each other as human beings. I want to see more tolerance.

- Alan, 80, N.C., white, independent, retired

I think our education system really has to be ramped up. I think we're missing the boat if we don't educate the younger people and get them on the right track.

- Francis, 83, Pa., white, Republican, retired

Yeah, we should do better on education. I talked to a girl about a month ago who's got a college education. We were talking about Pearl Harbor. And she actually stood there and asked us who was Pearl.

	<ul style="list-style-type: none"> • Elaine, 83, Mass., white, independent, retired I hope there's going to be more kindness, people getting along. Right now, it's just not good at all. We need more time, more love. Money's not the answer to everything. • Eugene, 80, Calif., white, Republican, retired I pray that they have more physical and emotional security. • William, 88, Mo., white, independent, retired Well, I think the bad kids get a lot of publicity. And I see an awful, awful lot of really, really good kids. And I think that the younger generation is probably going to do pretty well. The bad ones get the publicity, and the good ones are doing the good work. • Ray, 76, N.J., Black, Democrat, retired Hopefully, the next generation will study our generation and correct our mistakes, because what's happening in the world, we can't pass it all off to the generations after us. We have been responsible for a lot of how the world has become today. And hopefully, the next generation will return to a feeling of being one set of people, united together as one country. https://tinyurl.com/NYTWhatHappenedToAmerica
Quotes	<p><i>Asked whether politicians cared very much about the needs of Americans in their 70s and 80s, not a single participant thought politicians did. "They take one look at a senior and say, 'He's not producing a thing. He's doing nothing good for the people.' And it's wrong. They just look at us like we're numbers," said Francis. "So, they look at us as irrelevant, I guess is the word. That's how I feel," said Elaine.</i></p> <p><i>What Happened to America? We Asked 12 People in Their 70s and 80s. New York Times (free access), April 16, 2023, https://tinyurl.com/NYTWhatHappenedToAmerica</i></p> <p><i>"The decision to tolerate preventable deaths in disproportionately vulnerable groups, in exchange for the convenience of more able-bodied, younger, wealthy, and white individuals, is unethical and demonstrates a reckless disregard for the lives of communities disproportionately impacted by COVID."</i></p> <p><i>The People's CDC, a coalition of public health experts, Covid is still a leading cause of death as the virus recedes, *The Washington Post, April 16, 2023, https://tinyurl.com/CovidStillLeadingCause</i></p>

“The non-covid death rate has not returned to pre-pandemic levels. We believe that there’s an invisible or hidden burden of covid that has persisted essentially into the present, and those deaths are going unrecorded.”

Andrew Stokes, a Boston University researcher who is part of a team investigating the rise in excess deaths, *Covid is still a leading cause of death as the virus recedes*, *The Washington Post, April 16, 2023, <https://tinyurl.com/CovidStillLeadingCause>

The same nature that leads us to rock the babies and volunteer for Meals on Wheels leads us to care for the earth. We are empathic in the broadest sense. We care for all who suffer, whether that is a child, an aquifer, a polar bear, or a forest.

Grandmothers of the World, Unite, **New York Times (free access)**, April 16, 2023, <https://tinyurl.com/GrandmothersOfTheWorld>

It has been proven that companies that attract and retain workers with disabilities have more success with their customer-facing interactions, morale, and financial performance. People with disabilities add to the bottom line.

Diversity, equity, and inclusion must include people with disabilities, ***Boston Globe**, April 17, 2023, <https://tinyurl.com/DEIIncludeDisabilities>

“The rapid rise and geographic spread of cases is concerning and emphasizes the need for continued surveillance, expanded lab capacity, quicker diagnostic tests and adherence to proven infection prevention and control.”

CDC epidemiologist Meghan Lyman, MD, *CDC: C. auris spreading at ‘alarming’ rate in U.S. healthcare facilities*, **McKnight’s Long Term Care News**, March 22, 2023, <https://tinyurl.com/CAuriusSpreading>

“One of the real pain points of this job [as a home health aide] is having a felt experiential day-to-day sense of why this work is so important [a]nd then feeling societally that it is invisible and not recognized.”

Emma Tsui, an associate professor at the CUNY School of Public Health, *Demand for home health aides is soaring. So why are they still so*

	<p><i>undervalued?</i>, STAT News, April 14, 2023, https://tinyurl.com/HomeHealthSoaringUndervalued</p> <p><i>“We are at a critical point for the Chelsea Veterans’ Home. [The] home had deteriorated into chaos. With a new Administration, we have an opportunity to set this ship right. Failure is not an option.”</i></p> <p>State Senator John Velis, co-chair of the Legislature’s veterans’ affairs committee, <i>Can Maura Healey fix the Chelsea Veterans’ Home?</i>, *The Boston Globe, April 16, 2023, https://tinyurl.com/FixTheChelseaHome</p> <p><i>“These past few years have been incredibly difficult for our veteran community. They deserve our very best and as a fellow veteran myself, I’m committed to ... ensuring that our office can honorably serve those who served us.”</i></p> <p>Dr. Jon Santiago, new Secretary of Veterans’ Services, <i>Can Maura Healey fix the Chelsea Veterans’ Home?</i>, *The Boston Globe, April 16, 2023, https://tinyurl.com/FixTheChelseaHome</p>
<p>Submitted comments regarding proposed regulations under Section 6101 of the Affordable Care Act</p>	<p>1. Dignity Alliance Massachusetts April 14, 2023 A Proposed Rule by the Centers for Medicare & Medicaid Services (CMS): <i>Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities</i> File code: CMS-6084-P https://www.federalregister.gov/documents/2023/02/15/2023-02993/medicare-and-medicaid-programs-disclosures-of-ownership-and-additional-disclosable-parties</p> <p>Dear Sir/Madam: Dignity Alliance Massachusetts (Dignity Alliance) submits this testimony in response to <i>Disclosures of Ownership and Additional Disclosable Parties Information for Skilled Nursing Facilities and Nursing Facilities</i>, File code: CMS-6084-P. Dignity Alliance is a broad-based group representing a wide range of stakeholders dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and caregivers. We are committed to advancing new ways of providing long-term services, support, living options, and care while respecting choice and self-determination. Dignity Alliance works through education, legislation, regulatory reform, and legal strategies for this mission to become reality throughout the Commonwealth.</p> <p>Dignity Alliance strongly supports consumers (nursing home residents, their families and friends, advocates, and the general public) having access to reliable and relevant ownership information for individual nursing homes, including care quality information for all nursing homes under common ownership. It is currently impossible to easily access care quality information across nursing homes with common owners. Further, until CMS ensures that ownership information for all nursing homes is accurate, the system’s utility, as a whole, is undermined. We applaud the Secretary for taking this necessary step to achieve ownership transparency.</p>

On 2/3/23, the Government Accountability Office (GAO) released this report, "[Nursing Homes: CMS Should Make Ownership Information More Transparent for Consumers](#)," which faulted CMS on how it currently provides information to consumers regarding nursing home ownership. The report noted that ample evidence demonstrated that different ownership types often lead to disparate health outcomes for nursing home residents. For instance, non-profit homes generally perform better on measures of quality than for-profit nursing homes. The GAO report acknowledged these differences in care quality and emphasized the importance of accurate and accessible ownership interests to consumers. The report's primary focus was on how CMS provides ownership information on its [Care Compare](#) website. Echoing concerns of advocates across the country, the GAO report found that CMS:

- **Was not providing information in plain language with clear graphics.** For instance, the GAO noted terms such as "5% owners or greater indirect ownership interest" and "operational/managerial control." These terms are vague and undefined and not easily understandable to consumers.
- **Failed to organize information to highlight patterns.** The GAO report found that "the presentation of ownership information on Care Compare does not allow consumers to easily identify relationships and patterns related to quality across nursing homes under common ownership."
- **Did not explain the purpose and value of ownership information on Care Compare.** Nowhere on Care Compare is there an explanation of how the type of ownership may result in worse care. This absence of an explanation may result in consumers overlooking its importance.
- **Did not disclose the key strengths and limitations of the data.** This failure is significant because, as noted by the GAO, nursing home ownership data is often incomplete and inaccurate. CMS admitted in the report that the ownership structures for some nursing homes are so nebulous that they are sometimes unable to ascertain who owns a nursing home. Despite this fact, CMS does not disclose the unreliability of the data to the public on Care Compare.

The GAO report made two recommendations, and CMS concurred with both recommendations:

- Use plain language to define key terms in the ownership section of Care Compare.
- Organize ownership information by providing consumers easy access to a list of all facilities under common ownership, their respective star ratings, and a distribution of star ratings across nursing homes with common ownership to allow consumers to examine quality patterns across such facilities.

Additionally, the Biden Administration [announced last year](#) that it would address the issue of inaccurate and incomplete ownership information and take steps to make ownership data available to consumers. The GAO report noted that CMS had taken some steps to release more ownership data, but CMS noted that this data was for researchers and not consumers. However, with this proposed rule, CMS is fulfilling its promise of additional action to ensure ownership data access to residents and their families. This is critically important to all seeking nursing homes providing quality care, and we commend CMS for this vital proposal.

We also recommend the following edits to proposed §424.502 definitionsⁱ to ensure all potential owners are vetted. Much pain and suffering can be caused by unscrupulous owners and management, making it necessary to vet all potential owners and decision-makers in order to protect nursing home residents. The additional time it would take to vet all acquiring or managing a nursing home is well worth the benefit of eliminating the pain, fear, and suffering to a nursing home resident from devious or incompetent owners and managers.

Based on the reasons noted below, we recommend expanding the definitions of the following potential nursing homeowners as follows:

- “owner”: delete “ownership interests of 5 percent” and insert “any ownership interest”.
- “organizational structure.” Retain definitions, except for the following edits:
 - ✓ For a corporation—The officers, directors, and shareholders of the corporation who have any ownership interest in the corporation which is equal to or exceeds 5 percent;
 - ✓ For a limited partnership—The general partners and any limited partners of the limited partnership who have an ownership interest in the limited partnership which is equal to or exceeds 10 percent.

Background to recommended changes for “owner” and “organizational structure”:

- The New York Attorney General Investigation of nursing home financial fraud and self-dealing that led to severe understaffing, resident neglect, and harm, revealed fraudulent activity by one (1) percent owners.ⁱⁱ
- In May 2019ⁱⁱⁱ as a safeguard against corrupt applicants, Kansas revised its licensure application requirements to include review of any percentage of ownership the applicant had or has in the operations or the real property of a nursing home. This tightening of application requirements was due to the devastating impact from the bankruptcy closure of 15 Kansas nursing homes owned by Skyline.
- MA residents also suffered from the bankruptcy closure of 5 Skyline nursing homes. And prior to Skyline, to fend off creditors and repeated fines for resident deaths and injuries, Synergy was forced to close 2 MA nursing homes and sell its other 9 properties by a court-ordered receiver. Synergy facilities in MA were licensed to care for about 1,200 residents.^{iv}
- It is also important to consider the negative impact from related party financial transactions that can drain a facility’s precious funds to benefit “hidden” owners, instead of nursing home residents. The recently published [Where do the Billions of Dollars Go? A Look at Nursing Home Related Party Transactions](#), by the National Consumer Voice for Quality Long-Term Care, provides an in-depth review of these issues and also requires further consideration by CMS.

Nursing home residents deserve to live their lives with dignity. We urge you to support the Administration's proposals for requiring staffing standards in nursing homes, and holding owners and operators accountable for the quality of care they provide and how they spend public dollars. This is essential for ensuring that nursing home residents receive the care they need and deserve. For more information contact Arlene Germain, Chair DignityMA Facilities Workgroup. agermain@manhr.org

2. National Consumer Voice for Quality Long-Term Care

	<p>April 14, 2023</p> <p><i>Consumer Voice and Other Advocates Submit Comments on Proposed Nursing Home Ownership Regulations</i></p> <p>Today, Consumer Voice, along with other advocates, submitted comments on nursing home ownership regulations recently proposed by the Centers for Medicare & Medicaid Services (CMS). The proposed regulations seek to implement ownership disclosure requirements passed as part of the Affordable Care Act in 2010 (ACA). Often referred to as Section 6101, the law was designed to increase transparency of who owns, controls, and operates nursing homes. Consumer Voice supports CMS’s efforts to implement regulations that help pull back the veil on nursing home ownership and control. However, we are concerned that the proposed regulations will not realize the transparency envisioned by the original law. Our comments offer suggestions to strengthen the regulations so that they will achieve the transparency goals passed by Congress over thirteen years ago.</p> <p>Transparency in nursing home ownership is critical. As our comments note, different types of nursing home ownership result in different care quality for residents. For instance, non-profit homes generally provide more staffing and perform better on quality ratings. However, different types of for-profit ownership can result in poorer care as well. For instance, a recent study documented that Medicare residents in nursing homes owned by private equity investment firms, had an increased mortality rate of 10%. In other words, it can be a matter of life and death knowing who owns the nursing you home live in. Additionally, as Consumer Voice’s recent report “Where Do the Billions of Dollars Go? A Look at Nursing Home Related Party Transactions” documents, billions of dollars are funneled through a tangled web of related party companies, each year. Section 6101 of the ACA was designed to bring transparency to these various companies, so as to increase accountability for how Medicare and Medicaid dollars are spent. Our comments offer suggestions to CMS on how they may implement regulations to achieve this goal. We are grateful to the Biden Administration for proposing new regulations regarding nursing home ownership. We urge them to consider our recommendations to ensure that nursing home residents, their families, and consumers have access to reliable and thorough ownership information, and that nursing homes are held accountable for how they spend taxpayer dollars.</p> <p>submitted comments</p>
<p>2023 Residents' Rights Month</p>	<p>3. National Consumer Voice for Quality Long-Term Care</p> <p><i>2023 Residents' Rights Month Theme: Amplify Our Voices</i></p> <p>October is Residents’ Rights Month, an annual event designated by Consumer Voice to honor residents living in all long-term care facilities and those receiving care in their home or community. It is an opportunity to focus on and celebrate the dignity and rights of every individual receiving long-term services and supports.</p>



This year’s Residents’ Rights Month theme - **Amplify Our Voices** - emphasizes a community of long-term care residents coming together to make their voices heard. Amplifying your voice means being outspoken about sharing your preferences and choices, and sharing who you are and your experiences. Residents’ voices are the most important at the decision-making table - your story deserves to be told!

As you prepare for Residents' Rights Month in October, visit Consumer Voice’s Residents' Rights Month [webpage](#) for more information and materials. This page will continue to be updated.

Call for Advocacy

4. Tell Congress to Support Standards for Nursing Home Staffing and Transparency

The Biden Administration is on the brink of implementing important [reforms](#) for nursing homes - requiring staffing standards and increasing transparency and accountability for owners and use of public money. We need Members of Congress to show their support for these proposals that will promote meaningful improvements in care for residents. Tell your members to support nursing home staffing and transparency!

[It takes just two minutes - use Consumer Voice’s online tool to easily send messages to your Members of Congress.](#)

Policy Recommendation

5. Dignity Alliance Massachusetts

Recommendations to Achieve a Successful Transition for Nursing Home Residents in Both Voluntary and Involuntary Nursing Home Closures
Summary

Endorsed by the Facilities Work Group – June 14, 2021

Coordinating Committee Review – June 22, 2021

Presentation to Full Dignity Alliance Membership – June 29, 2021

A. Recommendations at State Level.

1. Create a “Closure and Relocation Committee” (C&R Committee) to enhance oversight and provide recommendations on nursing home closure processes. Consists of representatives from applicable Massachusetts Offices/Departments, at least two statewide advocacy groups representing elders and/or persons with disabilities, at least three current or former residents of nursing homes (at least one of whom must be a person with a disability under age 65), and at least two family members of a nursing home resident, and at least two non-management nursing home staff members. The Secretary of EOHHS shall designate the Chair.
 - a. Require assessing each resident’s ability to move to a home and community-based non-congregate setting, using a PASSR evaluation and fully abiding by the provisions contained in Olmstead vs L.C., identify any barriers, and facilitate solutions.
2. Post on DPH website: MA closure requirements, including provider responsibilities, residents’ rights, C&R Committee responsibilities, and a listing of nursing home closures and ownership transfers for the last prior and current calendar years.
3. Develop a complaint process for closure issues and submit analysis to CMS.
4. Pass legislation to fully codify all issues covered in this section.
5. Fund the provision of a new pool of mobile housing vouchers usable for housing in the community for residents of newly closed nursing homes.

B. Communication and discharge planning --- ensure important information about alternative placements, choices, and rights are explained to residents and resident representatives.

1. State Ombudsman and C&R Committee review, comment, and sign-off on the closure plan before state approval.
2. Ombudsmen participate early in the closure process to inform residents/resident representatives about rights/options; meet one-on-one with each; and receive details on resident moves to other locations.
3. The C&R Committee shall designate a “relocation specialist”, appointed or contracted, to oversee closures.
4. Develop a standard framework for a letter to be sent to residents and resident representatives at the same time the provider announces the closure.

C. Nursing home resident placement issues --- home and community-based placement when appropriate; or nearby nursing home placements are not available (no vacancies or providers do not want to take a specific resident).

1. For all residents: Require review of a resident’s ability to move to a home or community- based setting; coordinate with ASAPs/ILCs; ensure informed choice; assist with HCBS waivers and other services; provide transition planning; and identify barriers and facilitate solutions.
2. For residents who are refused admittance to a new facility: Ensure records are up-to-date; require refusing facilities to submit reasons for refusal to C&R Committee; and if necessary, file discrimination complaint to appropriate federal/MA civil rights divisions.
3. Closure notices: give to residents/their representatives more than 90 days prior to closure; put notice rules into statute; and arrange to keep the facility running for at least 90 days to facilitate safe resident transfers.

D. Protect residents from transfer trauma.

1. Ensure resident-centered planning for all resident relocations, prepare residents for relocation, help residents adjust to a new location (i.e., follow-up visits to provide continuity), and require new facility to monitor the medical and emotional status of transferred residents.
2. Develop in-service transfer trauma training (with input from residents) for staff at both transferring and receiving facilities; create and communicate tips for staff and family/resident representatives to alleviate transfer trauma; and offer support sessions for families/resident representatives.

E. Staffing issues such as staff stress, concerns, and resignations.

1. Provide/require training and education on closure issues. Be sensitive to staff who may have concerns, and ensure staff are kept informed of closure issues, including resident transfer updates.
2. Provide assistance and referrals for new job and training opportunities, both before and after facility has closed; and when applicable, advocate with owners of closing facility for staff to be hired at sister facilities with no loss of seniority or benefits. Coordinate with unions as appropriate.
3. Promulgate closure plan rules for staffing plans, ratios, and payment issues.
4. Ensure enforcement, including fines, if resident care and quality of life are compromised due to inadequate staffing levels.

F. Issues concerning special population residents, including residents with behavioral health disorders or substance use concerns and/or complex medical conditions.

	<p>1. Ongoing staff training: case studies and peer-to-peer training involving nurses and CNA’s to share best care approaches on the most complex and challenging residents; and involve staff in creating facility training modules.</p> <p>2. Additional training: begin staff training before arrival of new residents at receiving facility; when several residents are transferred to same new facility, arrange for one or more staff from the closing facility to advise new staff on care issues.</p>
Reports	<p>6. People’s CDC <i>Too Many Deaths, Too Many Left Behind: A People’s External Review of the CDC</i> When the CDC announced it was conducting an internal review in 2022, we launched a People’s Review of the CDC. We surveyed nearly 500 public health experts and community leaders and reviewed over 200 journal articles, government reports, news articles and white papers. We found that the CDC prioritized individual choice and short-term business interest over sharing accurate scientific evidence with the public and protecting population health. What we found: Our Top 10 recommendations for the CDC</p> <ul style="list-style-type: none"> • Treat COVID-19 like the serious threat it is. • Inform the public that Long COVID is disabling millions of people¹⁰ and can affect anyone, including kids. • Emphasize that COVID is airborne. • Promote a comprehensive pandemic plan, using layers of protection to decrease COVID transmission. • Teach people that protecting each other is the most effective and ethical approach to end the pandemic. • Partner with impacted communities to plan pandemic responses. • CDC policies should protect the rights of all people to meet their basic needs without risking COVID infection. • Base recommendations on the best available science. • Gather and use the best data in order to make the best policy. • Build a sustainable public health and social safety net to respond to COVID-19 and future pandemics. <p>https://tinyurl.com/TooManyDeaths</p>
State Budget	<p>7. Dignity Alliance Massachusetts April 11, 2023 <i>DIGNITY ALLIANCE RECOMMENDATIONS FOR FY’ 24 GENERAL APPROPRIATIONS BILL LINE ITEMS</i> Dignity Alliance recommends that the items that support programs for older adults, people with disabilities, and their caregivers, NOT BE DECREASED. In some instances, we have recommended necessary increases in certain items and have suggested new wording in several items to increase transparency and accountability. Dignity Alliance also recommends the establishment and funding of a Commission on the Status of Older Adults – a fast growing segment of our population. Commission on the Status of Older Adults Budgetary Direct Appropriations COMMISSION ON THE STATUS OF OLDER ADULTS 0800-0005 For the operation of the commission on the social status of older adults</p> <p style="text-align: right;">150,00</p>

	<p>Dignity Alliance recommends the establishment of a commission on older adults since the Massachusetts population of older adults will grow by 2030 to twenty percent of the Commonwealth’s population. An important role for the commission would be to identify any deficiencies in current programs and services for older adults, identify what may be needed to serve older adults in 2030 and beyond, and identify what policies and resources will be needed to attain what’s needed. The new line item for the commission, that would be established in a proposed Outside Section, is the same amount as proposed for the commissions on Asian and pacific Islanders, Latino and Latinas, LGBT, Black Men and Boys, Older Black Men, etc./</p> <p>Massachusetts Office on Disability Budgetary Direct Appropriations 1,096,312 MASSACHUSETTS OFFICE ON DISABILITY 1107-2400 For the operation of the office on disability 1,096,312 Trust Spending 46,345 1107-2490 DISABILITY AND BUSINESS TECHNICAL ASSISTANCE 46,345</p> <p>NURSING AND ALLIED HEALTH WORKFORCE DEVELOPMENT 4000-0020 For the nursing and allied health workforce development initiative, to develop and support strategies that increase the number of public higher education faculty members and students who participate in programs that support careers in fields related to nursing and allied health workforce; provided, that the amount appropriated in this item shall be transferred to the Massachusetts Nursing and Allied Health Workforce Development Trust Fund established under section 33 of chapter 305 of the acts of 2008; provided further, that funds shall be transferred to the fund according to an allotment schedule adopted by the executive office for administration and finance; and provided further, that the secretary of the executive office of health and human services shall submit a report to the house and senate chairs of the joint committee on public health, the house and senate chairs of the joint committee on health care finance, the house and senate chairs of the joint committee on higher education, and the chairs of the house and senate committees on ways and means not later than March 1, 2024 detailing the expenditures out of the Massachusetts Nursing and Allied Health Workforce Development Trust Fund and both short and long term strategies to increase the number of public and private higher education faculty and students who participate in programs that support careers in fields related to nursing and allied health, including programs offered in community colleges and vocational/technical high schools, and provided further that funds are available to support certification of certified nurse assistants in languages common to racial and ethnic groups in the Commonwealth. 1,000,000</p> <p>Dignity Alliance recommends language specifically for Certified Nurse Assistants in nursing homes available in multiple languages such as Spanish, Chinese, Haitian, etc.</p> <p>PERSONAL CARE ATTENDANT COUNCIL 4000-0050 For the operation of the personal care attendant quality home care workforce council established under section 71 of chapter 118E of the General Laws, provided further that the council shall implement an outreach effort to attract personal care attendants for underserved populations.</p>
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	<p>Dignity Alliance notes that there is a growing need for personal care attendants to serve clients from underserved populations and to provide employment opportunities for those underserved populations.</p> <p>MASSHEALTH SENIOR CARE 4000-0601 For health care services provided to MassHealth members who are seniors including those provided through the Medicare Savings Program, and for the operation of the MassHealth senior care options program under section 9D of chapter 118E of the General Laws; provided, that funds may be expended from this item for health care services provided to recipients in prior fiscal years; provided further, that notwithstanding any general or special law to the contrary, for the purposes of an individual's eligibility for the Senior Care Options program, an individual is deemed to reach the age of 65 on the first day of the month in which his or her 65th birthday occurs; provided further, that funds shall be expended from this item to maintain a personal needs allowance of \$72.80 per month for individuals residing in nursing and rest homes who are eligible for MassHealth, emergency aid to the elderly, the disabled and children program or supplemental security income; provided further, that notwithstanding any general or special law to the contrary, for any nursing home facility or non-acute chronic disease hospital that provides kosher food to its residents, the executive office of health and human services, in consultation with the center for health information and analysis and in recognition of the special innovative program status granted by the executive office of health and human services, shall continue to make the standard payment rates to reflect the high dietary costs incurred in providing kosher food; provided, further than an audit shall be conducted to ensure that any higher dietary costs are consistent with the higher cost of kosher foods in the community; provided further, that the secretary of health and human services shall report by January 29, 2024 to the house and senate committees on ways and means on the implementation of the Medicare Savings Program (MSP) expanded program eligibility for seniors that was effective January 1, 2020; provided further, that said report shall include: (i) the number of members who are seniors whose household incomes, as determined by the executive office, exceed 138 per cent of the federal poverty level that are enrolled in Medicare Savings Programs during each month of the prior fiscal year; (ii) total enrollment in the Qualified Medicare Beneficiary (QMB) program, Specified Low-Income Medicare Beneficiary (SLMB) Program and Qualifying Individual (QI) Program; (iii) total annual spending on Medicare premiums and cost-sharing for such members; and (iv) total annual transfers from the prescription advantage program in line item 9110-1455 and Health Safety Net Trust Fund to fund the MSP expanded program eligibility; and provided further, that nursing facility rates effective October 1, 2023 under section 13D of chapter 118E of the General Laws may be developed using the costs of calendar year 2019, or any subsequent year that the secretary of health and human services may select in the secretary's discretion</p> <p style="text-align: right;">4,486,764,509</p> <p>Dignity Alliance recommends that given rising prices in nearly every field, there is a need to either raise the personal needs allowance to at least \$125 per month, or to insert language that allows for adjustment of this amount to keep pace with inflation.</p> <p>Dignity Alliance further recommends that since long-term care providers frequently purchase goods and services from related third-party vendors</p>
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without regard to competitive pricing, it is important to ensure that the Commonwealth is paying a fair price for food.

MASSHEALTH NURSING HOME SUPPLEMENTAL RATES

4000-0641 For nursing facility Medicaid rates; provided, that in fiscal year 2024 the executive office of health and human services, in consultation with the center for health information and analysis, shall establish rates that cumulatively total \$342,100,000 more than the annual payment rates established under the rates in effect as of June 30, 2002; and provided further, that the payments made under this item shall be allocated in an amount sufficient to implement section 622 of chapter 151 of the acts of 1996; and provided, further that nursing homes that receive supplemental rates shall submit consolidated financial reports, including reports of related third-party vendors such as rental agreements and the purchase of goods and services including certification that such cost must not exceed the amount a prudent and cost-conscious buyer would pay for comparable services, facilities, or supplies that could be purchased elsewhere.

Dignity Alliance recommends that since long-term care providers frequently purchase goods and services from related third-party vendors without regard to competitive pricing, it is important to ensure any supplemental Medicaid rates are based on the true cost of serving nursing home residents supported, in whole or in part, by Medicaid.

EMERGENCY AID TO THE ELDERLY DISABLED AND CHILDREN

4408-1000 For a program of cash assistance to certain residents of the commonwealth, entitled emergency aid to the elderly, disabled, and children found by the department to be eligible for the aid under the chapter 117A of the General Laws 194,155,514 and regulations promulgated by the department and subject to the limitations of appropriations for such purposes; provided, that the recipient shall not be subject to sponsor income deeming or related restrictions; provided further, that in implementing the program for fiscal year 2024, the department shall include all eligibility categories permitted in this item at or above the payment standard in effect for the former general relief program in fiscal year 1991; provided further, that any person experiencing homelessness, who (a) has no established place of abode, or lives in a temporary emergency shelter, and (b) is otherwise eligible under the provisions of this item and said chapter 117A shall receive the same payment rate as recipients who incur shelter costs including, but not limited to, rent or a mortgage; provided further, that the department may provide benefits to persons age 65 or older who have applied for benefits under chapter 118A of the General Laws, to persons suffering from a medically determinable impairment or combination of impairments which is expected to last for a period as determined by department regulations and which substantially reduces or eliminates such individuals' capacity to support themselves and which has been verified by a competent authority, to certain persons caring for a disabled person, to otherwise eligible participants in the vocational rehabilitation program of the Massachusetts rehabilitation commission and to dependent children who are ineligible for benefits under both chapter 118 of the General Laws and the separate program created by section 210 of chapter 43 of the acts of 1997 and parents or other caretakers of dependent children who are ineligible under said chapter 118 and under said separate program; provided further, that no person incarcerated in a correctional institution shall

be eligible for benefits under the program; provided further, that no funds shall be expended from this item for the payment of expenses associated with any medical review team, other disability screening process or costs associated with verifying disability for this program; provided further, that in promulgating, amending or rescinding its regulations with respect to eligibility or benefits, including the payment standard, medical benefits and any other benefits under this program, the department shall take into account the amounts available to it for expenditure by this item so as not to exceed the amount appropriated in this item; and provided further, that reimbursements collected for the Social Security Administration on behalf of former clients of the emergency aid to the elderly, disabled and children program or unprocessed payments from the program that are returned to the department shall be credited to the General Fund.

Massachusetts Rehabilitation Commission Budgetary Direct Appropriations

88,915,561

INDEPENDENT LIVING CENTERS

4120-0200 For independent living centers 10,000,000

Dignity Alliance recommends that this appropriation be increased from \$8 million to \$10 million to meet the growing needs.

MASSACHUSETTS REHABILITATION COMMISSION

4120-1000 For the operation of the commission 429,907

VOCATIONAL REHABILITATION FOR PEOPLE WITH DISABILITIES

4120-2000 For vocational rehabilitation services operated in cooperation with the federal government; provided, that funds from the federal vocational rehabilitation grant or state appropriations shall not be deducted for pensions, group health or life insurance or any other such indirect costs of federally reimbursed state employees

29,792,086

EMPLOYMENT ASSISTANCE

4120-3000 For employment assistance services 2,480,407

INDEPENDENT LIVING ASSISTANCE

4120-4000 For community-based independent living assistance services for people with multiple disabilities

13,325,279

ACCESSIBLE HOUSING REGISTRY FOR PEOPLE WITH DISABILITIES

4120-4001 For the housing registry for people with disabilities

150,000

TURNING 22 PROGRAM AND SERVICES

4120-4010 For the turning 22 program of the commission

347,454

HOME CARE SERVICES FOR PEOPLE WITH MULTIPLE DISABILITIES

4120-5000 For home care services 5,883,14

DIVISION OF HEALTH CARE QUALITY AND IMPROVEMENT 4510-0710 For the operation of the division of health care quality and improvement

15,345,493

Dignity Alliance recommends that the Division report on oversight of nursing homes by adding language at the end of the line item such as, "provided, however, that the division shall report annually on the number of nursing home complaints received, the number of complaints resolved, the amount of

	<p>penalties imposed, and the reasons for unaddressed complaints, said report to be provided to the Secretary of Health and Human Services, and the joint committee on elder affairs, the joint committee on health care financing, and the house and senate committees on ways and means.</p> <p>Department of Developmental Services Budgetary Direct Appropriations 2,791,833,658</p> <p>DDS SERVICE COORDINATION AND ADMINISTRATION</p> <p>5911-1003 For service coordination and administration of the department of developmental services; provided, that the commissioner of developmental services may transfer funds between items 5920-2025, 5920-2000, and 5911-2000; and provided further, that the commissioner shall notify the house and senate committees on ways and means 15 days in advance of any such transfer 91,022,293</p> <p>TRANSPORTATION SERVICES</p> <p>5911-2000 For transportation costs associated with community-based day and work programs; provided, that the department shall provide transportation on the basis of priority of need as determined by the department 3,535,611</p> <p>COMMUNITY RESIDENTIAL SERVICES</p> <p>5920-2000 For vendor-operated, community-based, residential adult services, including intensive individual supports; provided, that the commissioner of the department of developmental services may transfer funds from this item to item 5920-2010, as necessary, pursuant to an allocation plan, which shall detail, by object class, the distribution of the funds to be transferred and which the commissioner shall file with the house and senate committees on ways and means 15 days before the transfer; and provided further, that not more than \$5,000,000 shall be transferred from this item in fiscal year 2024 1,715,777,146</p> <p>SUPPORTIVE TECHNOLOGY FOR INDIVIDUALS</p> <p>5920-2003 For supportive technology and remote services for individuals served by the department 2,750,000</p> <p>STATE OPERATED RESIDENTIAL SERVICES 5</p> <p>920-2010 For state-operated, community-based, residential services for adults, including community-based health services 317,747,049</p> <p>COMMUNITY DAY AND WORK PROGRAMS</p> <p>5920-2025 For community-based day and work programs and associated transportation costs for adults; provided, that the department shall provide transportation on the basis of priority of need as determined by the department 240,080,258</p> <p>RESPIRE FAMILY SUPPORTS</p> <p>5920-3000 For respite services and intensive family supports 98,053,790</p> <p>AUTISM DIVISION</p> <p>5920-3010 For support services for families of children with autism through the autism division 10,940,691</p> <p>AUTISM OMNIBUS</p> <p>5920-3020 For the implementation of chapter 226 of the acts of 2014, including services and supports for individuals with a developmental disability</p>
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	<p>attributable to autism spectrum disorder, Smith-Magenis syndrome, or Prader-Willi syndrome</p> <p style="text-align: right;">52,540,994</p> <p>AGING WITH DEVELOPMENTAL DISABILITIES</p> <p>5920-3025 For funding to support initiatives to address the needs of individuals with developmental disabilities who are aging including, but not limited to, individuals with Down syndrome and Alzheimer's disease, through the identification of best practices for services for such individuals, including: (i) medical care coordination models that address conditions common to individuals with developmental disabilities who are aging; (ii) training for direct care and other staff in the identification of dementia or other age-related conditions; and (iii) the collection of data regarding the effectiveness of the initiatives included in this item</p> <p style="text-align: right;">100,000</p> <p>TURNING 22 PROGRAM AND SERVICES</p> <p>5920-5000 For services to clients of the department who turn 22 years of age during fiscal years 2023 and 2024</p> <p style="text-align: right;">105,653,241</p> <p>STATE FACILITIES FOR PEOPLE WITH INTELLECTUAL DISABILITIES</p> <p>5930-1000 For the operation of facilities for individuals with intellectual disabilities; provided, that the department may allocate funds from this item to items 5920-2000, 5920- 2010, and 5920-2025, as necessary, under allocation plans submitted to the house and senate committees on ways and means 30 days before any transfer for residential and day services for clients formerly receiving inpatient care at ICF/MRs</p> <p>123,632,585</p> <p>Trust Spending</p> <p style="text-align: right;">13,000,000</p> <p>HOME AND HEALTHY FOR GOOD PROGRAM</p> <p>7004-0104 For the home and healthy for good program operated by Massachusetts Housing and Shelter Alliance, Inc. to reduce the incidence of chronic and long-term homelessness in the commonwealth; provided, that not less than \$250,000 shall be expended to continue a supportive housing initiative for unaccompanied 4,162,300 homeless young adults who identify as lesbian, gay, bisexual, transgender, queer or questioning; provided further, that Massachusetts Housing and Shelter Alliance, Inc. shall be solely responsible for the administration of this program; provided further, that not later than March 1, 2024, the Massachusetts Housing and Shelter Alliance, Inc. shall submit a report to the clerks of the house of representatives and the senate, the executive office of housing and livable communities, the joint committee on housing and the house and senate committees on ways and means detailing: (i) the number of people served, including available demographic information; (ii) the average cost per participant; (iii) whether participants have previously received services from the executive office; and (iv) any projected cost-savings to the commonwealth associated with this program; provided further, that not less than \$500,000 shall be expended for a statewide permanent supportive housing program to serve people experiencing long-term homelessness and who have complex medical and behavioral health needs for the purpose of ending homelessness, promoting housing stability and reducing costly utilization of emergency and acute care; and provided further, that not later than March 1, 2024, the Massachusetts Housing and Shelter Alliance, Inc. shall submit a report to the clerks of the house of representatives and the senate,</p>
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the executive office of housing and livable communities, the joint committee on housing and the house and senate committees on ways and means detailing: (a) the number of people served, including available demographic information; (b) the average cost per participant; (c) whether participants have previously received services from the department; and (d) any projected cost savings associated with this program for the department or in the utilization of emergency and acute care

SPONSOR-BASED PERMANENT SUPPORTIVE HOUSING

7004-0105 For permanent supportive housing units to house individuals experiencing homelessness and mitigate overcrowding in homeless shelters; provided, that not less than \$2,100,000 may be expended to sustain low-threshold sponsor-based leasing that had been previously linked to the pay-for-success projects funded through the Social Innovation Financing Trust Fund; provided further, that the executive office of housing and livable communities shall prioritize geographic equity when expending funds from this item; provided further, the executive office of housing and livable communities may contract directly with the organizations that received Social Innovation Financing vouchers funded under 7004-9024 in fiscal year 2022; and provided further, that not later than March 1, 2024, the executive office shall submit a report to the house and senate committees on ways and means detailing the distribution methodology and locations of units supported by this item.

HOMEBASE

7004-0108 For a program of short-term housing assistance to help families or older adults eligible for temporary emergency shelter under item 7004-0101 in addressing obstacles to maintaining or securing housing; provided, that the assistance shall include not less than 12 months of housing stabilization and economic self-sufficiency case management services for each family or older adult receiving benefits under this item; provided further, that except as specified in this item, a family or older adult shall not receive more than \$20,000 in a 24-month period from this item; provided further, that \$10,000,000 will be made available to administering agencies for circumstances where the administering agency believes an award greater than \$20,000 in a 24-month period is essential to resolve a housing crisis, in accordance with guidance from 42,070,445 the executive office; provided further, that so long as they meet the requirements of their housing stabilization plan, a family or older adult that received household assistance under this item whose income increases shall not become ineligible for assistance due to exceeding the income limit during the 24-month HomeBASE period; provided further, that a family or older adult shall not be deemed ineligible as a result of any single violation of a self-sufficiency plan; provided further, that the executive office of housing and livable communities shall take all steps necessary to enforce regulations to prevent abuse in the short-term housing transition program, including a wage match agreement with the department of revenue; provided further, that a family or older adult that was terminated from the program or did not make a good faith effort to follow its housing stabilization plan during the term of its assistance shall be ineligible for benefits under said item 7004-0101 and this item for 12 months from the last date the family or older adult received financial assistance under said item 7004-0101 and this item; provided further, that a family's or older adult's housing stabilization plan shall adequately accommodate the ages and disabilities of the family members or

	<p>older adult; provided further, that families or older adults receiving benefits under this program who are found ineligible for continuing benefits shall be eligible for aid pending a timely appeal under chapter 23B of the General Laws; provided further, that families who are denied assistance under this item may appeal that denial under said chapter 23B, including subsection (F) of section 30 of said chapter 23B and regulations adopted to implement said chapter 23B; provided further, that benefits under this item shall only be provided to residents of the commonwealth who are citizens of the United States or persons lawfully admitted for permanent residence or otherwise permanently residing under the color of law in the United States; provided further, that the executive office, as a condition of continued eligibility for assistance under this program, may require disclosure of social security numbers by all members of a family or older adult receiving assistance under this item for use in verification of income with other agencies, departments and executive offices; provided further, that if a family member or older adult fails to provide a social security number for use in verifying the family's or older adult's income and eligibility, then the family or older adult shall no longer be eligible to receive benefits from this program; provided further, that the executive office shall administer this program through the following agencies, unless administering agencies are otherwise procured by the executive office: the Berkshire Housing Development Corporation; Central Massachusetts Housing Alliance, Inc.; Community Teamwork Inc.; the Housing Assistance Corporation; the Franklin County regional housing and redevelopment authority; Way Finders, Inc.; Metro Housing Boston; the Lynn housing authority and neighborhood development; the South Middlesex Opportunity Council, Inc.; NeighborWorks Housing Solutions; and RCAP Solutions, Inc.; provided further, that the executive office shall reallocate funding based on performance-based statistics from underperforming service providers to above average service providers in order to move as many families or older adults from hotels, motels or shelters, or nursing homes into more sustainable housing; provided further, that the executive office shall use funds provided under this program for stabilization workers to focus efforts on housing retention and to link households to supports, including job training, education, job search and child care opportunities available, and may enter into agreements with other public and private agencies for the provision of such services; provided further, that a stabilization worker shall be assigned to each household; provided further, that funds shall be used to more rapidly transition families served by the program into temporary or permanent sustainable housing; provided further, that the executive office shall expend funds under item 7004-0108 on families or older adult residing in temporary emergency shelters and family residential treatment or sober living programs under items 4512-0200 and 4513-1130 if said families or older adults otherwise meet all eligibility requirements applicable to emergency shelter under item 7004-0101, except that, solely for the purposes of this item, the fact that a family or older adult is residing in a temporary emergency domestic violence shelter under item 4513-1130 or in a family residential treatment or sober living program under item 4512-0200 shall not preclude said family from receiving assistance; provided further, that this item shall be subject to appropriation and, in the event of a deficiency, nothing in this item shall give rise to, or shall be construed as giving rise to, any enforceable right Page 194 or entitlement to services in excess of the amounts</p>
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appropriated in this item; and provided further, that household assistance funds shall be advanced to the administering agencies at the end of each month and before the next month's disbursement, the amount of which shall be estimated based on the prior month's expenditure with a reconciliation not less than annually.

Dignity Alliance recommends that the purpose of including older adults in this program is to assist older adults who are at risk of nursing home placement or who are able to leave a nursing home, but need temporary housing until they can find more permanent housing.

MASSACHUSETTS RENTAL VOUCHER PROGRAM

7004-9024 For the Massachusetts rental voucher program to provide rental assistance for low-income families and elderly persons through mobile and project-based vouchers; provided, that the income of eligible households shall not exceed 80 per cent of the area median income; provided further, that the executive office of housing and livable communities may require that up to 75 per cent of newly issued vouchers be targeted to households whose income at initial eligibility does not exceed 30 per cent of the area median income; provided further, that the department may award mobile vouchers to eligible households currently occupying project-based units that shall expire due to the non-renewal of project based rental assistance contracts; provided further, that the department, as a condition of continued eligibility for vouchers and voucher payments, may require disclosure of social security numbers by participants and members of a participant's household in the Massachusetts rental voucher program for use in verification of income with other agencies, departments and executive offices; provided further, that if a participant or member of a participant's household fails to provide a social security number for use in verifying the household's income and eligibility, then that household shall no longer be eligible for a voucher or to receive benefits from the voucher program; provided further, that until the implementation of a payment standard by the executive office for all voucher holders, each household not yet covered by the payment standard shall pay not less than 30 per cent of its monthly adjusted income but not more than 40 per cent of its monthly adjusted income for rent except that the household payment in any project-based unit that is subsidized under another federal or state subsidy or public housing program shall be subject to applicable limits on tenant paid rent under such federal or state program; provided further, that until the implementation of such payment standard for all voucher holders, the monthly dollar amount of each voucher not yet covered by the payment standard shall be the executive office-approved monthly rent of the unit less the monthly amount paid for rent by the household; provided further, that any household that is proven to have caused intentional damage to its rental unit in an amount exceeding 2 months of rent during any 1-year period shall be terminated from the program; provided further, that if the use of a mobile voucher is or has been discontinued, then the mobile voucher shall be reassigned; provided further, that the executive office shall pay regional administering agencies not less than \$50 per voucher per month for the costs of administering the program; provided further, that subsidies shall not be reduced due to the cost of inspections; provided further, that beginning on January 1, 2023, for newly issued vouchers and at the time of income recertification, relocation, rent increase, and otherwise required interim recalculation for households with

	<p>existing vouchers, the executive office shall 168,247,567 provide assistance using a payment standard so that the required household payment for a household choosing a unit with gross rent less than or equal to the payment standard will be not more than 30 per cent of the household's monthly adjusted income, with gross rent defined as the contract rent plus an amount allowed by the executive office for tenant-paid utilities; provided further, that effective January 1, 2024, the payment standard shall be set, at the discretion of the executive office, at either 100 per cent of the current area-wide fair market rent or 100 per cent of the current small area fair market rent, both as established by the United States Department of Housing and Urban Development for the same size of dwelling unit in the same region, except as necessary as a reasonable accommodation for a household member with a disability or otherwise directed by the executive office, except that a reduction by the United States Department of Housing and Urban Development in such fair market rental shall not reduce the payment standard applied to a household continuing to reside in a unit without a change in voucher size for which the household was receiving assistance at the time the fair market rent or small area fair market rent was reduced; provided further, that if the gross rent for the unit does not exceed the applicable payment standard, the monthly assistance payment for the household for both project-based and tenant-based assistance shall be equal to the gross rent less the required household payment, except that the required household payment in any project-based unit that is subsidized under another federal or state subsidy or public housing program shall be subject to applicable limits on tenant-paid rent under such federal or state program; provided further, that for a household receiving tenant-based assistance under this section, if the household chooses a unit with a gross rent that exceeds the applicable payment standard, the monthly assistance payment for the household shall be limited to the amount by which the applicable payment standard exceeds 30 per cent of the monthly adjusted income of the household; provided further, that even if a household with tenant-based assistance chooses a unit with gross rent exceeding the payment standard, at the time the household initially receives tenant-based assistance with respect to any dwelling the total amount that the household may be required to pay for gross rent, including the amount by which the gross rent exceeds the payment standard, may not exceed 40 per cent of the monthly adjusted income of the household at the time a household initially receives tenant-based assistance with respect to any dwelling; provided further, that households receiving tenant based assistance under this section may pay more than 40 per cent of the monthly adjusted income of the household, at their option; provided further, that the executive office shall establish the amounts of the mobile and project-based vouchers so that the appropriation in this item shall not be exceeded by payments for rental assistance and administration; provided further, that the executive office shall not enter into commitments that shall cause it to exceed the appropriation set forth in this item; provided further, that participating local housing authorities may take all steps necessary to enable them to transfer mobile voucher program participants from the Massachusetts rental voucher program into another housing subsidy program; provided further, that the executive office may assist housing authorities at their written request in the immediate implementation of a homeless prevention program utilizing alternative housing resources available to them for low-income families and the</p>
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elderly by designating participants in the Massachusetts rental voucher program as at risk of displacement by public action through no fault of their own; provided further, that not later than December 1, 2023, the executive office of housing and livable communities shall submit a report to the house and senate committees on ways and means and the joint committee on housing on the utilization of rental vouchers during the last 3 fiscal years under this item and item 7004-9030; provided further, that the report shall include, but not be limited to, the: (i) number and average value of rental vouchers currently distributed in the commonwealth in each county and in each municipality; (ii) average number of days that it takes for a household to utilize a voucher after receiving it from the administering agency; (iii) number of households that reach the date by which they must lease up their voucher without having found an available unit; (iv) number of households that apply for an Page 197 extension by the deadline to lease up their voucher and the number of extensions granted; (v) actions taken by the executive office to reduce the wait time for households to lease up their voucher; (vi) number of distributed vouchers available to be utilized; (vii) number and type of new vouchers issued after July 1, 2023; (viii) number of families on a waitlist for an available rental voucher; (ix) average number of days that it takes for project based vouchers awarded by the executive office to be utilized after the award is made; and (x) obstacles faced by the executive office in its efforts to provide the information detailed in the preceding provisos, if applicable; and provided further, that the report shall comply with state and federal privacy standards

ALTERNATIVE HOUSING VOUCHER PROGRAM

7004-9030 For the rental assistance program established in section 16 of chapter 179 of the acts of 1995; provided, that notwithstanding any general or special law to the contrary, assistance may be provided in the form of either mobile vouchers or project-based vouchers; provided further, that the vouchers shall be in varying dollar amounts set by the executive office of housing and livable communities based on considerations including, but not limited to, household size, composition, household income and geographic location; provided further, that the department's approved monthly rent limits for vouchers newly issued or leased after a date set by the department, but no later than June 30, 2024, shall be set, at the discretion of the executive office, at either up to 110 per cent of the current area-wide fair market rent or up to 110 per cent of the current small area fair market rent, both based on unit size as established annually by the United States Department of Housing and Urban Development for the same size of dwelling unit in the same region; provided further, that the requested rent level for vouchers shall be determined reasonable by the administering agency; provided further, that any household that is proven to have caused intentional damage to its rental unit in an amount exceeding 2 months of rent during any 1-year period shall be terminated from the program; provided further, that notwithstanding any general or special law to the contrary, there shall be no maximum percentage applicable to the amount of income paid for rent by each household holding a mobile voucher; provided further, that unless the executive office implements a payment standard and/or utility allowance for the rental assistance program, that each household may be required to pay not less than 25 per cent of its net income as defined under regulations promulgated by the executive office for units if payment of utilities is not provided by the unit owner or not less than 30 per

	<p>cent of its income for units if payment of utilities is provided by the unit owner; provided further, that payments for the rental assistance program may be provided in advance; provided further, that the executive office shall establish the amounts of the vouchers so that the appropriation in this item is not exceeded by payments for rental assistance and administration; provided further, that the executive office shall not enter into commitments which shall cause it to exceed the appropriation set forth in this item; provided further, that the amount of a rental assistance voucher payment for an eligible household shall not exceed the rent less the household's minimum rent obligation; and provided further, that not later than December 15, 2023, the executive office shall submit a report to the house and senate committees on ways and means detailing: (i) expenditures from this item; (ii) the number of outstanding rental vouchers; and (iii) the number and types of units leased.</p> <p>CAREER TECHNICAL INSTITUTES 7002-1091 For the development and operation of Career Technical Institutes in Vocational Technical schools in partnership with industry and community stakeholders; provided, that Career Technical Institutes build out industry recognized credentialing pathways for adult learners in technical and trade fields to retrain and grow the workforce; and provided further, that at the direction of the secretary of labor and workforce development funds may be transferred to the Workforce Competitiveness Trust Fund established in section 2WWW of chapter 29 of the General Laws to issue competitive, performance-based contracting models to support the start-up and educational costs of Career Technical Institutes</p> <p style="text-align: right;">15,379,600</p> <p>OFFICE OF THE SECRETARY 7003-0100 For the operation of the office of the secretary of labor and workforce development</p> <p>1,656,126</p> <p>LABOR AND WORKFORCE DEVELOPMENT SHARED SERVICES 7003-0101 For the costs of core administrative functions performed within the executive office of labor and workforce development; provided, that common functions that may be designated core administrative functions include, without limitation, human resources, financial management, information technology, legal, procurement, and asset management; and provided further, that the General Fund shall be reimbursed the amount appropriated in this item attributed to the department of industrial accidents based on rates approved by the office of the comptroller and for associated indirect and direct fringe benefits costs from assessments levied under section 65 of chapter 152 of the General Laws 18,576,380</p> <p>DEPARTMENT OF ECONOMIC RESEARCH 7003-0105 For the operations of the department of economic research, provided, further that research conducted by this department shall include an analysis of the needs of older adults or people with disabilities to allow them to remain or re-enter the workforce</p> <p>850,889</p> <p>Dignity Alliance recommends that given the shortage of workers, it is important to understand what policies and work conditions may be needed to help older workers continue in the workforce or re-enter the workforce and what education or training or other accommodations may be appropriate.</p>
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	<p>EMPLOYMENT PROGRAM FOR YOUNG ADULTS WITH DISABILITIES 7003-0607 For the Commonwealth Corporation for an employment training program for unemployed young adults with disabilities; provided, that funds shall be awarded competitively by the Commonwealth Corporation to community-based organizations with recognized success in creating strong collaborations with employers to consider young adults with disabilities; and provided further, that a community-based organization that receives funding under this item shall provide extensive training, internship programming, and ongoing post-placement support for participants and employers 1,000,000</p> <p>HEALTH CARE WORKER TRAINING 7003-0608 For the 1199SEIU Training and Upgrading Fund to deliver innovative worker training for eligible health care workers that will better the lives of health care workers, reduce costs and improve the quality of health care provided by MassHealth personal care attendants and provided at nursing homes, community health centers, hospitals, and health systems 1,000,000</p> <p>DEPARTMENT OF HIGHER EDUCATION 7066-0000 For the operation of the department of higher education; provided, that the department shall recommend savings proposals that permit institutions of public higher education to achieve administrative and program cost reductions, reallocate resources and re-assess programs and utilize resources otherwise available to such institutions; provided further, that in order to meet the estimated costs of employee fringe benefits provided by the commonwealth on account of employees of the Massachusetts State College Building Authority and the University of Massachusetts Building Authority and in order to meet the estimated cost of heat, light, power and other services to be furnished by the commonwealth to projects of these authorities, the boards of trustees of the state colleges, the state universities and the University of Massachusetts shall transfer to the General Fund from the funds received from the operations of the projects such costs, if any, as shall be incurred by the commonwealth for these purposes in the current fiscal year, as determined by the appropriate building authority, verified by the commissioner of higher education, and approved by the secretary of administration and finance; provided further, that not less than \$2,000,000 shall be expended for a strategic review of existing higher education financial aid programs and to consolidate and streamline financial aid programs; provided further, that such funds may be expended on establishing a more user-friendly interface for students applying for financial assistance, in coordination with the executive office of education; and provided further, that funds shall be expended to meet existing statutory requirements and establish trustee recruitment, training and accountability initiatives 4,672,123</p> <p>Dignity Alliance recommends that this line item include a provision at the end, including, but not limited to the development of age-friendly university standards in each state university. (NOTE: UMass currently administers such a program.)</p> <p>RE-ENTRY PROGRAMS 8900-1100 For re-entry programs at the department of correction intended to reduce recidivism rates 1,420,984</p>
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Dignity Alliance recommends that language be included in this line item to ease the transition of individuals receiving compassionate release such as “and to assist individuals granted compassionate release to gain access to home health services, if needed.”

ELDER AFFAIRS ADMINISTRATION

9110-0100 For the operation of the department of elder affairs and the regulation of assisted living facilities, provided, however, that the department shall submit a report on complaints received from residents of assisted living residences, the number of complaints resolved, and the number of complaints not satisfactorily addressed; and provided, further, that the department shall develop recommendations to assist lower income individuals who otherwise would be eligible for assisted living, to afford the benefits of assisted living residences.

5,001,799

Dignity Alliance wants to improve protections for consumers who reside in assisted living residences and to determine how to expand the benefits of assisted living to lower income individuals.

COMMUNITY CHOICES

9110-0600 For health care services provided to MassHealth members who are older adults eligible for community-based waiver services; provided, that funds may be expended from this item for health care services provided to recipients in prior fiscal years; provided further, that subject to the assessed needs of consumers or the terms of the waiver, the funding for benefits of community-based waiver services shall not be reduced below the level of services provided in fiscal year 2023; provided further, that the eligibility requirements for this program shall not be more restrictive than those established in fiscal year 2023; provided further, that funds shall be expended from this item to implement the pre-admission counseling and assessment program under the fourth paragraph of section 9 of chapter 118E of the General Laws, which shall be implemented on a statewide basis through the Aging and Disability Resource Consortia; and provided further, that funds from this item may be expended for the Clinical Assessment and Eligibility Program and the Comprehensive Service and Screening Model Program 303,085,276

PRESCRIPTION ADVANTAGE

9110-1455 For the costs of the drug insurance program under section 39 of chapter 19A of the General Laws and for the operations of the consolidated MassOptions, prescription advantage and 800-age-info customer service centers; provided, that amounts received by the department of elder affairs' vendor as premium revenue for this program may be retained and expended by the vendor for the program; provided further, that funds shall be expended for the operation of the pharmacy outreach program under section 4C of chapter 19A of the General Laws; provided further, that notwithstanding any general or special law to the contrary, unless otherwise prohibited by federal law, prescription drug coverage or benefits payable by the department of elder affairs and the entities with which it has contracted for administration of the subsidized catastrophic drug insurance program under said section 39 of said chapter 19A, shall be the payer of last resort for this program for eligible persons with regard to any other third-party prescription coverage or benefits available to the eligible persons; provided further, that the department shall seek to obtain maximum federal funding for discounts on prescription drugs

	<p>available to the department and to prescription advantage enrollees; provided further, that the department shall take steps for the coordination of benefits with the Medicare prescription drug benefit created under the federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to ensure that Massachusetts residents take advantage of this benefit; 17,552,870 provided further, that a person shall be eligible to enroll in the program at any time within a year after reaching age 65; and provided further, that the department shall allow those who meet the program eligibility criteria to enroll in the program at any time during the year</p> <p>SUPPORTIVE SENIOR HOUSING PROGRAM</p> <p>9110-1604 For the operation of the supportive senior housing program at state- or federally assisted housing sites 6,378,780</p> <p>HOME CARE SERVICES</p> <p>9110-1630 For the operation of the elder home care program, including contracts with aging service access points or other qualified entities for the home care program, in-home care, homemaker, personal care, supportive home care aides, home health and respite services, geriatric behavioral health services, and other services provided to older people; provided, that sliding-scale fees shall be charged to qualified older people; provided further, that the secretary of elder affairs may waive collection of sliding-scale fees in cases of extreme financial hardship; provided further, that not more than \$16,000,000 in revenues accrued from sliding-scale fees shall be retained by the individual home care organizations without reallocation by the department of elder affairs and shall be expended for the home care program, consistent with guidelines to be issued by the department; and provided further, that the secretary of elder affairs may transfer not more than 3 per cent of the funds appropriated in this item to line item 9110- 1633 for case management services and the administration of the home care program 213,760,443</p> <p>Dignity Alliance is pleased that this line item has been increased by approximately \$2,400,000</p> <p>HOME CARE CASE MANAGEMENT AND ADMIN</p> <p>9110-1633 For the operation of the elder home care case management program, including contracts with aging service access points or other qualified entities for home care case management services and the administration of the home care organizations funded through item 9110-1630; provided, that the contracts shall include the costs of administrative personnel, home care case managers, travel, rent, and other costs deemed appropriate by the department of elder affairs; and provided further, that the secretary of elder affairs may transfer not more than 3 per cent of the funds appropriated in this item to line item 9110-1630 78,556,327</p> <p>Dignity Alliance is pleased that there has been a modest increase in this line item.</p> <p>PROTECTIVE SERVICES</p> <p>9110-1636 For the elder protective services program, including, but not limited to, protective services case management, guardianship services, the statewide elder abuse hotline, money management services, supported decision- making, and anti-bullying programs 43,198,936</p> <p>Dignity Alliance recommends that elder protective services include support for anti-bullying and supported decision-making programs. It should be further</p>
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	<p>noted that supported decision-making is, increasingly, seen as an alternative to guardianship. Dignity Alliance is pleased that there has been a slight increase in this line item.</p> <p>HOME CARE AIDE TRAINING GRANT PROGRAM 9110-1637 For a grant program administered by the secretary of elder affairs focused on advanced skill training for the home care aide workforce that serves consumers of the elder home care program administered by the department of elder affairs 1,206,947</p> <p>GERIATRIC MENTAL HEALTH SERVICES PROGRAM 9110-1640 For the geriatric behavioral health program, including outreach, counseling, resource management, and system navigation for community-dwelling older people with behavioral health needs 2,500,000 Dignity Alliance recommends that the appropriation for this item be increased by \$1,000,000 from \$2,500,000 to \$3,500,000</p> <p>CONGREGATE HOUSING 9110-1660 For congregate and shared housing services for older people and to fund the long-term care ombudsman program to include assisted living residences 3,025,491</p> <p>ELDER HOMELESS PLACEMENT 9110-1700 For residential assessment and placement programs for older adults at-risk or experiencing homelessness, and provided, further, that older adults at risk of entering a nursing home, or currently in a nursing home shall be assessed and placed through this program. 286,000</p> <p>NUTRITION SERVICES PROGRAMS 9110-1900 For the nutrition program for older people 11,047,709</p> <p>GRANTS TO COUNCILS ON AGING 9110-9002 For grants to the councils on aging and for grants to or contracts with non-public entities which are consortia or associations of councils on aging 25,789,30 Dignity Alliance understands that this line item has been increased by nearly \$1 million, and that this amount will support an increase in the formula grants from \$12 to \$14 per older adult. Dignity Alliance, therefore, supports this increase of funding for Councils on Aging.</p> <p>OUTSIDE SECTIONS Section 13 –Medicare Savings Program Asset Test Elimination 1 SECTION 13. Subsection (a) of section 25A of said chapter 118E of the General Laws, as amended by section 55 of chapter 126 of the acts of 2022, is hereby further amended by striking out, in lines 1 to 4, inclusive, the following words:- (a) For individuals 65 years of age or older, the division shall not consider income in an amount equivalent to 90 per cent of the federal poverty level or assets in an amount equivalent to the federal resource limit for the Medicare Saving programs, each" and inserting in place thereof the following words:- (a)(1) For individuals 65 years of age or older, the division shall not consider income in an amount equivalent to 90 per cent of the federal poverty level. Summary: This section, along with one other, requires MassHealth to disregard all assets or resources when determining eligibility for the Medicare Savings Program.</p>
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Section 14 - Medicare Savings Program Asset Test Elimination 2
SECTION 14. Said subsection (a) of said section 25A of said chapter 118E, as so amended, is hereby further amended by adding the following paragraph:- (2) In determining eligibility for Medicare Saving or Medicare Buy-in programs described in paragraph (1) for individuals 65 years of age or older, the division shall disregard all assets or resources. Implementation of this paragraph is contingent upon receiving federal approvals described in subsection (b).
Summary: This section, along with one other, requires MassHealth to disregard all assets or resources when determining eligibility for the Medicare Savings Program.

Dignity Alliance supports the elimination of this asset test.

Section 26 - Nursing Facility Base Year

SECTION 26. Notwithstanding any general or special law to the contrary, nursing facility rates to be effective on October 1, 2023, under section 13D of chapter 118E of the General Laws may be developed using the costs of calendar year 2019. Summary: This section allows the Executive Office of Health and Human Services to continue using 2019 costs to develop nursing facility rates, provided, further that, in order to be eligible for such funding, a nursing home shall provide consolidated financial reports reflecting the true cost of care, and including reports from related third-party vendors, including an evaluation of charges from said vendors certifying that such cost does not exceed the amount a prudent and cost-conscious buyer would pay for comparable services, facilities, or supplies that could be purchased elsewhere

Dignity Alliance is concerned with the lack of transparency and accountability for the costs of long-term care and the lack of competitive bidding for rent, and other goods and services, that, therefore, fail to represent to policy makers and the public, the true cost of long-term care.

SECTION XX. Commission on the Status of Older Adults

SECTION XX. Chapter 3 of the General Laws as appearing in the 2020 Official Editions is hereby amended by inserting at the end therefore the following new section:

Section 76 (a) There shall be a permanent commission on the status of Older Adults which shall consist of 21 persons as follows: 3 persons to be appointed by the governor; 3 persons to be appointed by the speaker of the house of representatives; 3 persons to be appointed by the president of the senate; 3 persons to be appointed by the state treasurer; 3 persons to be appointed by the state secretary; 3 persons to be appointed by the attorney general; and 3 persons to be appointed by the state auditor. Members of the commission shall be residents of the commonwealth who have demonstrated a commitment to the concerns of older adults in both institutional settings and the larger community. Members shall be subject to chapter 268A as it applies to special state employees.

(b) Members shall serve for terms of 3 years until their successors are appointed. Vacancies in the membership of the commission shall be filled by the original appointing authority for the balance of the unexpired term. All appointments shall be made in consultation with organizations advocating for older adults, especially consumers of long-term services, supports and care. No appointee shall be an owner, operator, officer, or employee of a provider of long-term care. Nominations for members shall be solicited by the appointing authorities between August 1 and September 16 of each year through an open

	<p>application process using a uniform application that is widely distributed throughout the commonwealth.</p> <p>(c) The commission shall elect from among its members a chair, a vice chair, a treasurer, and any other officers it considers necessary. The members of the commission shall receive no compensation for their services, but shall be reimbursed for any usual and customary expenses incurred in the performance of their duties.</p> <p>(d) The commission shall be a resource to the commonwealth on issues affecting older adults at present and in the future, including, but not limited to, quality of life, health, housing, transportation, and long-term care in both institutional settings and their community of residence. In furtherance of that responsibility, the commission shall:</p> <ol style="list-style-type: none">(1) promote research and be a clearinghouse and source of information on issues pertaining to older adults in the commonwealth;(2) inform the public and leaders of business, education, human services, health care, state and local governments and the communications media of the unique cultural, social, ethnic, economic, and educational issues affecting older adults in the commonwealth;(3) foster unity among older adults and organizations in the commonwealth by promoting cooperation and sharing of information and encouraging collaboration and joint activities;(4) serve as a liaison between government and private interest groups with regard to matters of unique interest and concern to older adults in the commonwealth;(5) identify opportunities to expand and improve commercial and cultural ties with older adults of other states of the United States and other nations including, but not limited to policies and programs for better serving the growing population of older adults;(6) identify and recommend qualified older adults for appointive positions at all levels of government, including boards and commissions, as the commission considers necessary and appropriate;(7) assess the effect on older adults of programs and practices in all state agencies, as the commission considers necessary and appropriate;(8) advise executive and legislative bodies on the potential effect on older adults of proposed legislation, as the commission considers necessary and appropriate; and(9) generally, undertake activities designed to enable the commonwealth to realize the full benefit of the skills, talents, and cultural heritage of older adults in the commonwealth. <p>(e) The commission shall annually, not later than June 2, report the results of its findings and activities of the preceding year and its recommendations to the governor and to the clerks of the senate and house of representatives.</p> <p>(f) The powers of the commission shall include, but not be limited, to:</p> <ol style="list-style-type: none">(1) using voluntary and uncompensated services of private individuals, agencies and organizations that may from time to time be offered and needed, including provision of meeting places and refreshments;(2) holding regular, public meetings and fact-finding hearings and other public forums as it considers necessary;(3) directing a staff to perform its duties;
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	<p>(4) establishing and maintaining offices that it considers necessary, subject to appropriation;</p> <p>(5) enacting by-laws for its own governance that are not inconsistent with any general or special law; and</p> <p>(6) making policy recommendations to agencies and officers of the state and local subdivisions of government to effectuate the purposes of subsection (d).</p> <p>(g) The commission may request from all state agencies such information and assistance as the commission requires.</p> <p>(h) The commission may accept and solicit funds, including any gifts, donations, grants, or bequests, or any federal funds for any of the purposes of this section. These funds shall be deposited in a separate account with the state treasurer, be received by the treasurer on behalf of the commonwealth and be expended by the commission in accordance with law.</p> <p>(i) The commission staff shall, subject to appropriation, consist of an executive director, employees and volunteers who assist the commission in effecting its statutory duties. The commission shall, subject to appropriation, appoint the executive director for a term of 3 years.</p> <p><i>Amendment #635- Representative Stanley Line item 9100-9002, Councils on Aging Restoring Service Incentive Grant Funding:</i> This amendment increases the 9110-9002 line-item by \$541,000 over the House Ways and Means budget to fully fund the SIG and restore the 90/10 proportional split between the Formula grant program and the Service Incentive Grant program in this line-item.</p> <p><i>Amendment #641- Representative Stanley Line item 9110-1640, Elder Behavioral Health:</i> This amendment increases the 9110-1640 line item by \$1,000,000 over the House Ways and Means budget to support additional Geriatric Mental Health Services.</p> <p>For questions or more information, contact former Senator Richard Moore, Chair, DignityMA Legislative Workgroup rmoore8743@charter.net</p>
<p>Webinars and Online Sessions</p>	<p>8. Administration on Community Living Friday, Apr 21, 2023, 1:00 to 2:30 p.m. <i>Supporting Independence and Inclusion through a Community Participation Measure: A University and CIL Collaboration</i> Join Commit to Connect for a webinar on April 21 from 1:00 pm – 2:30 pm ET to learn about the Temple University Community Participation Measure, a tool that assesses self-directed community participation interests of adults with psychiatric disabilities and autistic adults to guide community inclusion supports planning. The webinar will discuss the origins of the measure, what it assesses, and findings. Key staff from the Alliance of Disability Advocates—North Carolina, a center for independent living, will also present on their partnership with Temple and use of the tool. The Alliance of Disability Advocates will share how they use the tool to identify client needs and develop plans to support community participation. The speakers will be available for discussion with webinar participants to explore how agencies can implement similar strategies to increase community participation. The webinar will include closed captioning and ASL interpreting. If you have any questions, please reach out to info@committtoconnect.org. Register for the webinar</p> <p>9. AARP Wednesday, April 26, 2023, 12:00 p.m. to 12:30 p.m. <i>Connections in Community</i></p>

	<p>Learn how communities are creating opportunities for us to connect and the ways residents can play a part in creating an inclusive environment. Register here for this event.</p> <p>10. AARP Wednesday, June 28, 2023, 12:00 p.m. to 12:30 p.m. <i>Fostering Dementia Friendly Communities</i> Learn more about the Dementia Friendly initiative, and the many ways individuals and families can make their communities more inclusive and aware of residents with cognitive decline. Register Here for this free event.</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. National Consumer Voice for Quality Long-Term Care <i>New Podcast Episodes on Staffing in Nursing Homes</i> New episodes of the <i>Pursuing Quality Long-Term Care</i> podcast are now available. In these episodes, audio from two of Consumer Voice’s webinars that were part of the Dignity for All: Staffing Standards Now! Campaign are shared. Through this campaign, Consumer Voice is advocating for a minimum staffing standard in nursing homes.</p> <ul style="list-style-type: none"> • Episode 30: Quality Jobs, Quality Care - Consumer Voice speaks with direct care workers about what it’s like to work in an understaffed long-term care facility and what a minimum staffing standard would mean to direct care staff in nursing homes. • Episode 31: Resident Voices on How Staffing Impacts Their Lives - Residents of long-term care facilities 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. <p>Listen on Apple Podcasts, SoundCloud, Facebook, or Consumer Voice website.</p> <p>12. National Consumer Voice for Quality Long-Term Care <i>CMS Revises Guidance for Enforcement of Infection Control Deficiencies</i> On April 4, 2021, the Centers for Medicare & Medicaid Services (CMS) issued revised guidance, QSO-23-10-NH, “Strengthened Enhanced Enforcement for Infection Control Deficiencies and Quality Improvement Activities in Nursing homes,” which strengthens enforcement efforts for noncompliance with infection control deficiencies (F880) and vaccine immunization requirements for staff and residents (F887). Consumer Voice has long been advocating with CMS and the Administration for stronger enforcement measures. Prior to the COVID-19 pandemic, noncompliance with Infection Prevention and Control was the top deficiency cited. Despite the devastation nursing home residents faced throughout the pandemic, most violations inspectors found were labelled as causing “no actual harm,” which means facilities rarely faced any meaningful financial penalties. The revised guidance directly responds to Consumer Voice’s concerns over lack of enforcement, targeting “facilities with, or at risk for, the most significant negative resident health outcomes.” Among other things, facilities that are now cited with Actual Harm for non-compliance for Infection Prevention and Control (F880) will face a 10% increase in Civil Money Penalties with a ten percent increase adjustment; and facilities cited with Immediate Jeopardy will face a 20% increase in Civil Money Penalties.</p>

	<table border="1"> <thead> <tr> <th data-bbox="553 100 1024 153">Noncompliance Cited with Infection Prevention and Control (F880)</th> <th data-bbox="1024 100 1495 153">Strengthened Enhanced Enforcement Remedies</th> </tr> </thead> <tbody> <tr> <td data-bbox="553 153 1024 390">Scope/Severity Level 2 – D, E, F (No actual harm with potential for more than minimal harm)</td> <td data-bbox="1024 153 1495 390"> <ul style="list-style-type: none"> • Directed Plan of Correction • Discretionary Denial of Payment for New Admissions with a 30-day notice period to achieve substantial compliance • Enhanced enforcement, including potential additional remedies, may apply if F887 (Immunization Requirements for Residents/Staff) is also cited </td> </tr> <tr> <td data-bbox="553 390 1024 573">Scope/Severity Level 3 – G, H, I (Actual harm)</td> <td data-bbox="1024 390 1495 573"> <ul style="list-style-type: none"> • Directed Plan of Correction • Discretionary Denial of Payment for New Admissions with a 15-day notice period to achieve substantial compliance • Civil Money Penalty with 10% increase adjustment </td> </tr> <tr> <td data-bbox="553 573 1024 735">Scope/Severity Level 4 – J, K, L (Immediate Jeopardy)</td> <td data-bbox="1024 573 1495 735"> <ul style="list-style-type: none"> • Directed Plan of Correction • Discretionary Denial of Payment for New Admissions with a 15-day notice period to achieve substantial compliance • Civil Money Penalty with 20% increase adjustment </td> </tr> </tbody> </table>	Noncompliance Cited with Infection Prevention and Control (F880)	Strengthened Enhanced Enforcement Remedies	Scope/Severity Level 2 – D, E, F (No actual harm with potential for more than minimal harm)	<ul style="list-style-type: none"> • Directed Plan of Correction • Discretionary Denial of Payment for New Admissions with a 30-day notice period to achieve substantial compliance • Enhanced enforcement, including potential additional remedies, may apply if F887 (Immunization Requirements for Residents/Staff) is also cited 	Scope/Severity Level 3 – G, H, I (Actual harm)	<ul style="list-style-type: none"> • Directed Plan of Correction • Discretionary Denial of Payment for New Admissions with a 15-day notice period to achieve substantial compliance • Civil Money Penalty with 10% increase adjustment 	Scope/Severity Level 4 – J, K, L (Immediate Jeopardy)	<ul style="list-style-type: none"> • Directed Plan of Correction • Discretionary Denial of Payment for New Admissions with a 15-day notice period to achieve substantial compliance • Civil Money Penalty with 20% increase adjustment
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Home Health	<p>13. STAT News April 14, 2023 <i>Demand for home health aides is soaring. So why are they still so undervalued?</i> By Gina Ryder</p> <p>On most days around 2 p.m., home health aide Duane Crichlow can be found in an apartment in Sunset Park, Brooklyn, playing catch with his client — a man in his 30s with a developmental disability who is quick to give Crichlow hugs and kisses. If it’s nice outside, Crichlow will walk his client, who is nonverbal and in a wheelchair half the time, down three flights of stairs, hauling the wheelchair back and forth separately.</p> <p>A 49-year-old Trinidadian who lives in Bed-Stuy, Brooklyn, Crichlow works for St. Nicholas Alliance Home Care, where he earns between \$17-\$18 per hour. . . . At a time where 75% of adults want to age in place, home health aides are likely to play a key role in the future of U.S. health care. The number of home health aide jobs is expected to increase 25% between 2021 and 2031 — much faster than average, according to the U.S. Bureau of Labor Statistics.</p> <p>But it’s a job that can take a toll on workers. Roughly 21% of home health care workers report poor mental health, according to a survey of close to 3,000 workers published in the American Journal of Public Health in 2021. Low household income, a history of depression, and trouble accessing health care because of costs all contribute to their health issues, according to the survey by lead author Madeline Sterling, an internist and assistant professor at Weill Cornell Medicine, and her team. The survey also found that home health care workers had worse general, physical, and mental health compared with low-wage workers in other industries.</p> <p>A 2019 paper, meanwhile, found that most home health aides reported feeling isolated and alone on the job. And a 2019 study found that verbal abuse, which has been linked to negative health outcomes ranging from sleep problems to depression and heightened stress, is commonly experienced by home health aides.</p>								

	<p>Experts say that improving the mental health and working conditions of home health aides isn't just important for the workers themselves — it will also go a long way toward ensuring that patients get the best possible care. . .</p> <p>The work of professional caregiving, Higgins explained, involved prioritizing another person's needs and, often, burying her own — all while working 10- to 12-hour shifts for \$10 per hour. . .</p> <p>Improving the working conditions of home health aides is paramount in a system that's decided that "allowing for care to be done in the comfort of someone's home is the more effective, better way to go," said Ariel Avgar, a professor at the School of Industrial and Labor Relations at Cornell University who frequently collaborates with Sterling. "That's a great approach. The only thing is it relies on an entire workforce [that's] ignored and invisible."</p> <p>"Many of my studies have demonstrated where workers are treated better, where workers have better working conditions, where the practices that guide their work are more progressive, the outcomes for patients are better," said Avgar. "Investments in workers and investments in working conditions are tools to drive better care."</p> <p>https://tinyurl.com/HomeHealthSoaringUndervalued</p>
<p>Housing</p>	<p>14. *The Washington Post April 14, 2023 <i>The age at which people give up on homeownership, and more!</i> more people in Northern states give up on winter and move? Brilliant question! We've often looked at when homeownership begins, but rarely when it ends.</p> <p>In America, most people don't become homeowners until age 35. By the time we hit our 70s, about 80 percent of households own their own home, according to our analysis of the Census Bureau's American Community Survey. Homeownership remains steady throughout most of our 70s, dropping only as we near 80. (We're focusing on households and the demographics of householders to avoid counting as homeowners people such as adult children living at home or retired parents who live with a family member.)</p> <p>more people in Northern states give up on winter and move? Brilliant question! We've often looked at when homeownership begins, but rarely when it ends.</p> <p>In America, most people don't become homeowners until age 35. By the time we hit our 70s, about 80 percent of households own their own home, according to our analysis of the Census Bureau's American Community Survey. Homeownership remains steady throughout most of our 70s, dropping only as we near 80. (We're focusing on households and the demographics of householders to avoid counting as homeowners people such as adult children living at home or retired parents who live with a family member.)</p> <p>"When homeownership begins to fall is when retirees start seeing disabilities that will prevent them from living on their own," economist Angie Chen at the Center for Retirement Research at Boston College told us. . .</p> <p>"So, they may be moving in with family or into an assisted-care facility." . .</p> <p>Education and race determine how likely you are to own your home through much of your life, but age is the great equalizer. If we survive to age 90, we're all about equally likely to have left our homes for rentals at all education levels, from high school dropouts to those with advanced degrees.</p> <p>https://tinyurl.com/AgeGiveUpHomeOwnership</p>

Disability Topics	<p>15. *Boston Globe April 17, 2023 <i>Diversity, equity, and inclusion must include people with disabilities</i> By Jo Ann Simons and Steven P. Rosenthal There is a gap between what businesses and the public sector perceive they’re doing to be inclusive and what they are actually doing. Diversity, equity, and inclusion are now part of our language, and for good reason. To have a truly inclusive and equal society, all voices need to be heard. But as inclusion has become a national conversation across identities, people with physical or intellectual disabilities are often forgotten. While much has improved through the efforts of self advocates, their families, allies, legislation, and funding, there is not enough recognition that people with disabilities need to be part of every DEI conversation — from boardrooms to back rooms and everywhere in between. People with disabilities make up 20 percent of the US population and should be included in the workforce. There is a gap between what businesses and the public sector perceive they’re doing to be inclusive and what they are actually doing. Many companies think they’re being intentional about hiring people with disabilities. In some places, the DEI acronym has been extended to DEIA — the A standing for accessibility — in an attempt to include disability. Yet studies show that people with disabilities are often overlooked. While 90 percent of companies said they have diversity initiatives, only 4 percent included disability in their diversity programs. This culture must change. It takes more than simply adding an initial to an acronym to make sure the disabled community is included. To be truly successful, companies need to implement strategies, and they can get insight from the National Organization on Disability’s Tracker. <i>Jo Ann Simons is president and CEO of Northeast Arc, a disability services and support organization. Steven P. Rosenthal is chairman of West Shore and a member of North Shore Arc’s Advisory Board.</i> https://tinyurl.com/DEIIncludeDisabilities</p>
Infectious Disease	<p>16. McKnight’s Long Term Care News March 22, 2023 <i>CDC: C. auris spreading at ‘alarming’ rate in U.S. healthcare facilities</i> By Alicia Lasek Drug-resistant <i>Candida auris</i>, a known threat to nursing homes, is spreading at “an alarming rate” across United States healthcare facilities, according to a new analysis of data from the Center of Disease Control and Prevention. Adding to the concern, a growing number of these cases are resistant to echinocandins, a first-line treatment, investigators reported in the study, published Tuesday in the <i>Annals of Internal Medicine</i>. <i>C. auris</i> is highly contagious, with 5% to 10% of patients colonized with the fungus likely to develop invasive infections. Infection accounts for up to 60% of the deaths in these cases, according to the CDC. It poses the greatest risk to people who are very ill, use invasive medical devices such as ventilators, or have long or frequent stays in healthcare facilities. . . The percentage increase in clinical cases grew from 44% in 2019 to 95% in 2021, they found. Also in 2021, colonization screening volume and screening cases rose by more than 80% and more than 200%, respectively.</p>

Covid	<p style="text-align: right;">https://tinyurl.com/CAuriusSpreading</p> <p>17. *The Washington Post April 16, 2023 <i>Covid is still a leading cause of death as the virus recedes</i> By Dan Diamond But many Americans dispute the data and the risks — much as they have throughout the pandemic. Millions of Americans gathered maskless in homes and houses of worship this month for Passover, Easter and Ramadan — the latest evidence that coronavirus has retreated from public view as the pandemic winds down. But retreat is not the same thing as eradication: Federal health officials say that covid remains one of the leading causes of death in the United States, tied to about 250 deaths daily, on average, mostly among the old and immunocompromised. Few Americans are treating it as a leading killer, however — in part because they are not hearing about those numbers, don't trust them or don't see them as relevant to their own lives. . . Front-line physicians said that severe cases of covid have plummeted from the virus's peak in 2021, when the CDC said more than 3,000 people daily died of covid, but that infections remain a threat to vulnerable populations — and occasionally to otherwise healthy people... . Outside researchers also have pointed to a nationwide pattern of excess deaths, or the number of deaths exceeding what would have been predicted for that time period, which has surpassed the number of deaths attributed to covid. "The non-covid death rate has not returned to pre-pandemic levels," said Andrew Stokes, a Boston University researcher who is part of a team investigating the rise in excess deaths. "We believe that there's an invisible or hidden burden of covid that has persisted essentially into the present, and those deaths are going unrecorded." . . About 3,850 people died in traffic accidents in August 2022, according to federal data — about one-quarter of those estimated to have died of covid that month. The CDC says that 3,918 people died from covid in the last week of August alone. . . Others note that the CDC has revised its death data over time, often a function of state recalculations, and health officials have acknowledged other problems in local and national covid data. For instance, Doron played a role last year in changing how Massachusetts tracks covid hospitalizations, effectively halving the number of reported patients, by counting only severe cases. https://tinyurl.com/CovidStillLeadingCause</p> <p>18. STAT News April 14, 2023 <i>The Biden administration will hang on to some Covid pandemic emergency powers</i> By Rachel Cohrs Even though the Biden administration is ending its highest-profile Covid-19 emergency declaration next month, it's still going to hold on to some pandemic-era powers.</p>
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The Department of Health and Human Services gave governors a heads-up on Friday that it is planning to keep pharmacists' ability to administer Covid-19 and flu vaccines past the end of the public health emergency.

The legal definition of the Covid-19 emergency is a complex web of different laws that control different areas of the pandemic response. The White House and HHS are in the process of [winding those powers down](#), but they all operate separately from another. . .

While the Covid-19 public health emergency will end on May 11, HHS is choosing to extend some powers related to a separate law called the Public Readiness and Emergency Preparedness Act, which offers extra protections to companies and providers making, distributing, and administering medicines and vaccines in times of emergency. . .

However, HHS is also letting some emergency flexibilities expire, since vaccines and treatments will soon be available through the normal health care system instead of being bought by the government directly.

Providers that are retired and medical students will no longer be able to administer vaccines, and pharmacists will have to be licensed in the states that they are administering the shots. There was a time that these providers may have been needed to staff mass vaccination sites during the height of the Biden administration's vaccination push, but that time has largely passed, an administration official said.

<https://tinyurl.com/CovidPandemicPowers>

19. People's CDC

Too Many Deaths, Too Many Left Behind: A People's External Review of the CDC

When the CDC announced it was conducting an internal review in 2022, we launched a People's Review of the CDC. We surveyed nearly 500 public health experts and community leaders and reviewed over 200 journal articles, government reports, news articles and white papers. We found that the CDC prioritized individual choice and short-term business interest over sharing accurate scientific evidence with the public and protecting population health. What we found: Our Top 10 recommendations for the CDC

- Treat COVID-19 like the serious threat it is.
- Inform the public that Long COVID is disabling millions of people¹⁰ and can affect anyone, including kids.
- Emphasize that COVID is airborne.
- Promote a comprehensive pandemic plan, using layers of protection to decrease COVID transmission.
- Teach people that protecting each other is the most effective and ethical approach to end the pandemic.
- Partner with impacted communities to plan pandemic responses.
- CDC policies should protect the rights of all people to meet their basic needs without risking COVID infection.
- Base recommendations on the best available science.
- Gather and use the best data in order to make the best policy.
- Build a sustainable public health and social safety net to respond to COVID-19 and future pandemics.

<https://tinyurl.com/TooManyDeaths>

<p>Advocacy</p>	<p>20. New York Times (free access) April 16, 2023 <i>Grandmothers of the World, Unite</i> By Mary Pipher [This] is the typical way we grandmothers act to protect our ecosystem, with joy, pizzazz, and kindness. By grandmothers, I mean all those older women who care about others. . . Action can come from love or anger. Older women know that leading with love is the most effective approach. . . We are joyful but serious, and by our 60s, we have accumulated decades of life skills. We are patient, persistent, connected, and fierce in our defense of the vulnerable. Like grandmothers for hundreds of thousands of years, we know our job is to love and protect all children now and for generations to come. Old women are not threatening, but we are powerful. Female leaders multitask and make connections to other groups and causes. Indigenous people’s rights, social justice, local control of food and energy, and democracy are all part of one great cause — the respect for and preservation of all life. We are the mother trees in the forest, nurturing all our surroundings. https://tinyurl.com/GrandmothersOfTheWorld</p>
<p>Veteran Services</p>	<p>21. *The Boston Globe April 16, 2023 <i>Can Maura Healey fix the Chelsea Veterans’ Home?</i> By Mike Damiano Record of disorder, mismanagement presents stark challenge On the hilltop campus of the Chelsea Veterans’ Home — overlooking industrial yards and the Mystic River — sits a gleaming \$200 million building of glass and stone. The structure was scheduled to open by the fall of 2022 as the new home for the most medically vulnerable veterans who are currently living in a decrepit, decades-old hospital next door. Instead, the building, to be called the Community Living Center, sits empty. An official from Governor Maura Healey’s Executive Office of Veterans’ Services said veterans will not begin moving in until the summer, at the earliest. The transition to the new facility may not be completed until the fall of 2024, according to timetables released by the state. It is “still a construction site,” one state official said. It is also, in its incomplete state, a symbol of how far the state still needs to go in caring for needy veterans, here and at the other homes the state runs in Holyoke. Policing their care was one of the more conspicuous failures of the Baker administration and is now a complex puzzle that falls to Governor Maura Healey to solve. The troubles in Holyoke are well known — 76 veterans died of COVID there in the early months of the pandemic. That tragedy led to criminal charges (since dropped) against the home’s former superintendent and scathing investigations by state agencies and the press. The Chelsea home drew much less notice, although there were 31 COVID deaths there, along with allegations of mistreatment of veterans and complaints of negligent management. https://tinyurl.com/FixTheChelseaHome</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: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores8473@charter.net.</p>
<p>Websites</p>	<p>Centers on Medicare and Medicaid Services Data Sets https://data.cms.gov/search This site gives you direct access to public data released by the Centers for Medicare & Medicaid Services (CMS). The goal is to make data readily available in open, accessible, and machine-readable formats. For most available data, you can:</p> <ul style="list-style-type: none"> • Download data in a variety of formats. • View and analyze data using interactive tools. • Access data through an Application Programming Interface, or API. An API lets developers connect other applications to data in real time. <p>Selected data sets:</p> <ul style="list-style-type: none"> • <i>Skilled Nursing Facility All Owners</i> Information on All Skilled Nursing Facilities Owners for currently enrolled Skilled Nursing Facilities in Medicare. https://tinyurl.com/C-MSDataSetSNFOwnership • <i>COVID-19 Nursing Home Data</i> Information on COVID-19 reported by nursing homes to the CDC’s National Healthcare Safety Network (NHSN) COVID-19 Long Term Care Facility Module. https://tinyurl.com/CMSDataSetCovid19NH • <i>Skilled Nursing Facility Change of Ownership</i> Information on skilled nursing facility's change of ownership. https://tinyurl.com/CMSDataSetSNFChangeOwnership <p>National Organization on Disability https://www.nod.org/ When the National Organization on Disability was founded in 1982, it was the first organization in the United States to represent every person with a disability, regardless of particular needs or circumstances. To have a disability is to belong to a large extended community — one out of every four Americans fits the description — that includes immense diversity, but also common threads of shared experience. Our mission has always been to break down the barriers that fence people off from the wider community. Today, they focus the whole of our energy on eliminating the most wasteful and isolating of all those barriers: the artificial gulf that keeps tens of millions of people out of the productive workforce. They envision a world where all people with disabilities enjoy full opportunity for employment, enterprise and earnings, and employers know how to make the most of the talents of persons with disabilities.</p> <p>People’s CDC https://peoplescdc.org/about/ The People’s CDC is a coalition of public health practitioners, scientists, healthcare workers, educators, advocates, and people from all walks of life working to reduce the harmful impacts of COVID-19. They provide guidance and policy recommendations to governments and the public on COVID-19, disseminating evidence-based updates that are</p>

	<p>grounded in equity, public health principles, and the latest scientific literature.</p> <p>The People’s CDC is volunteer-run and independent of partisan political and corporate interests and includes anonymous local health department and other government employees. The People’s CDC is completely volunteer run with infrastructure support being provided by The University of Orange.</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"> • Chapin Center, Springfield 160 beds; current census: 91 Owner: The Northeast Health Group, Inc. Star rating: 3 stars Closed: April 6, 2023 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 Closed: April 6, 2023 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 Closed: March 2023 • Willimansett Center West, Chicopee 103 beds; current census: 71 Owner: The Northeast Health Group, Inc. Star rating: 5 stars Closed: April 6, 2023 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	<p>Massachusetts Department of Public Health</p> <p><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.</p>

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 representatives 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 April 11, 2023. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating
Alliance Health at Rosewood	Peabody	4/6/2023	Cases	4
Sancta Maria Nursing Facility	Cambridge	3/29/2023	Cases	3

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:

	<p>https://projects.propublica.org/nursing-homes/homes/h-225488</p> <ul style="list-style-type: none"> • 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/SpecialFocusFacilityProgram 																								
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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<p><i>Nursing Home Compare</i></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 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. 																								

	<ul style="list-style-type: none"> • 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.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>		
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to 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> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></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>		
Participation opportunities with Dignity Alliance Massachusetts	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

<p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	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
	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
The Dignity Digest	<p>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</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Chris Hoeh • Meg Coffin • Arlene Germain • Dick Moore • The Consumer Voice <p>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 The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			

ⁱ "...Third, we propose to define "organizational structure." It would mirror the definition of the same term in section 1124(c)(5)(D) of the Act. With respect to a SNF, it would mean—

- For a corporation—The officers, directors, and shareholders of the corporation who have an ownership interest in the corporation which is equal to or exceeds 5 percent;
- For a limited liability company—The members and managers of the limited liability company including, as applicable, what percentage each member and manager has of the ownership interest in the limited liability company;

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- For a general partnership—The partners of the general partnership;
 - For a limited partnership—The general partners and any limited partners of the limited partnership who have an ownership interest in the limited partnership which is equal to or exceeds 10 percent;
 - For a trust—The trustees of the trust;
 - For an individual—Contact information for the individual...”

ii [Attorney General James Sues Long Island Nursing Home for Years of Fraud and Resident Neglect | New York State Attorney General \(ny.gov\)](#).

iii http://www.kslegislature.org/li_2020/b2019_20/measures/documents/sb15_enrolled.pdf

Page 19, Sec. 27. K.S.A. 2018 Supp. 39-927 is hereby amended to read as follows: 39-927. (a) An application for a license to operate an adult care home shall be made in writing to the licensing agency upon forms provided by it the licensing agency and shall be in such form and shall contain such information as the licensing agency shall require, which may include if applicable: “...(1) A detailed projected budget for the first 12 months of operation, prepared in accordance with generally accepted accounting principles and certified by the principal officer of the applicant, accompanied by evidence of access to a sufficient amount of working capital required to operate the adult care home in accordance with the budget, in the form of cash on deposit, a line of credit, applicant's equity, or any combination thereof; (2) a list of each current or previously licensed facility in Kansas or any other state, territory or country or the District of Columbia in which the applicant has or previously had any percentage of ownership in the operations or the real property of the facility; and...”

iv <https://www.bostonglobe.com/business/2018/11/02/synergy-health-centers-closing-nursing-homes-amid-mounting-bills-patient-injuries-and-deaths/m5PQV4d5WV4bLZ47902rNN/story.html>.