



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

Senate Special Committee on Aging Report: Nursing Home Survey Agencies are Severely Understaffed

[Uninspected and Neglected](#)

As reported by The Consumer Voice

May 19, 2023

Today, the Senate Special Committee on Aging, led by Chairman Bob Casey, released a new report, "[Uninspected and Neglected: Nursing Home Agencies are Severely Understaffed, Putting Residents at Risk.](#)"

The report details a nationwide staffing crisis at state survey agencies that is directly impacting the health and well-being of nursing home residents. In addition, the Senate Special Committee on Aging held a [hearing](#) on the issue today, at which State Long-Term Care Ombudsman Leah McMahon testified regarding how inadequate staffing at state survey agencies is impacting resident care in Colorado.

The importance of state survey agencies cannot be understated. They are charged with enforcing federal and state regulations to ensure the safety of nursing home residents. Inadequate state surveying activity allows facilities to continue to operate in a manner that harms residents or puts them at risk of harm.

Key findings from the report include:

- One-third of the 15,000 nursing homes in the United States are behind on their annual surveys, with 11% of homes not having had a survey in over two years.
- 31 of 52 state survey agencies are experiencing vacancy rates of 20% or higher, with nine survey agencies having vacancy rates over 50%.
- Low salaries and burnout lead to high staff turnover in state agencies, which results in inexperienced surveyors.
- Many states have turned to hiring third-party companies to conduct surveying activities and are paying exorbitant fees for their services. The report also calls for increased oversight of these third-party survey companies.

The Committee's report made several recommendations, including:

- **Increased funding from Congress.** Funding for state survey agencies has been flat for years, despite calls for increases from both Presidents Trump and Biden.
- **Congress and state governments should take action to support state surveyors**, including providing educational opportunities and mental

health support.

- **Congress should increase funding for State Long-Term Care Ombudsman programs.** The report relies heavily on input from Ombudsman program representatives and notes their critical role in advocating on behalf of residents and calls for increased funding for these critical programs.

Consumer Voice has long been concerned about inadequate enforcement activities in nursing homes and delays attributable to staffing shortages and has repeatedly called for increased funding for state survey agencies. Consumer Voice is grateful to the Senate Special Committee on Aging and Chairman Casey for drawing attention to this important issue, and we urge Congress, the Centers for Medicare & Medicaid Services (CMS), and state governments to adopt the report's recommendations.

[Uninspected and Neglected](#)

Elizabeth Warren Raises Concern About 'Horrendous' Nursing Home Conditions Caused by Corporate Greed (video)

Forbes Breaking News (via YouTube)

<https://www.youtube.com/watch?v=9exGHtO3MqQ>

May 19, 2023

During a Senate Aging Committee hearing on Thursday, Sen. Elizabeth Warren (D-MA) questioned witnesses about nursing home conditions.

'System in Crisis': US Senate Hearing Calls for More Funding, Staffing for Nursing Home Inspections

Skilled Nursing News

By Zahida Siddiqi

[System in Crisis](#)

May 18, 2023

The nursing home inspections system is underfunded and understaffed and needs federal assistance for alleviating inspection backlogs, or residents will remain in peril, experts and legislators said at a U.S. Senate hearing on Thursday.

Officials from the long-term care ombudsman program as well as leaders from state inspections and regulatory bodies were among those who testified before the U.S. Senate Special Committee on Aging, following the release of its investigative report.

"The report paints a picture of a system in crisis," said Sen. Bob Casey (D-Penn), who blamed a shortage of inspectors and low funding as factors that are jeopardizing the annual nursing home inspections process. "The result is that nursing home residents are being put at risk because of this problem ... My fear is that the trail is going cold for too many residents before nursing home inspectors can arrive on the scene."

"My investigation reveals unacceptable rates of vacancies at state survey agencies, threatening the safety and health of nursing home residents as their complaints collect dust while inspectors struggle to

meet the demand,” Casey said.

Inspection backlogs

As a result of fewer inspectors, most states have nursing home inspection backlogs.

The report found 31 states and the District of Columbia had inspection staff vacancy rates above 20% on average, and nine were short-staffed by 50% or more. Meanwhile, the highest vacancy rates were in Kentucky at 83%, Alabama at 80% and Idaho at 71%. .

During the hearing, staffing shortages at nursing homes were also cited by experts as being important for better health outcomes, especially as they relate to mental health concerns of residents. . .

In closing, Sen. Casey compared the current findings to work of the Senate committee on nursing home oversight almost four decades ago, and said, “We heard similar warnings today and these warnings must not be ignored.”

Aside from more funding, Casey recommended adding more transparency to the survey process and scrutiny of independent contractors as well as boosting the health care workforce.

“The [Senate] Aging committee’s oversight in the 1980s paved the way for landmark nursing home reforms that President Reagan signed into law. Today’s hearing and the committee’s investigation provide another opportunity to find common ground to make sure nursing home residents are kept safe and receive the care that they and their families deserve and have a right to expect,” Casey said.

[System in Crisis](#)

Nursing home oversight ‘a system in crisis,’ Senate committee finds

McKnight’s Long-Term Care News

By Kimberly Marselas

[Nursing Home Oversight](#)

May 19, 2023

Oversight of the nation’s 15,000-plus nursing homes is “in crisis,” with many facilities more than a year overdue for routine inspections and nine states reporting more than half their surveyor positions are unfilled, senators said Thursday as they released a scathing report on the issue.

“Underfunded and understaffed, state agencies have fallen behind on the basic duties that they’re charged with executing on, for example, conducting annual nursing home inspections and responding to resident complaints in a timely manner,” said Sen. Bob Casey (D-PA), chairman of the Special Committee on Aging. “Nursing home residents are at risk because of this problem.” . .

Casey placed much of the blame on Congress and its willingness to “flatline” funding for oversight, noting that the report should be a wake-up call to increase support for survey and inspection activities around the country. . .

In 2020, Casey [secured a one-time, \\$100 million funding boost for](#)

	<p>nursing home oversight in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. That is set to expire in September, and 32 states and Puerto Rico reported concern that the loss of those funds will have a negative impact on their ability to complete their work.</p> <p>In April, Casey and Sen. Ron Wyden (D-OR) urged the Senate Appropriations Committee to add \$566 million in funding to CMS’s Survey and Certification program, which was supported in President Biden’s FY 2024 budget proposal.</p> <p>But after the hearing, the American Health Care Association pushed back against the idea that more enforcement was the best or only way to improve patient care. While the organization shares concerns about the survey backlog, Holly Harmon, AHCA’s senior vice president of quality, regulatory, and clinical services, pointed out that nursing homes are facing the same issues hiring staff that the survey groups do.</p> <p><i>Where are the inspectors? How a lack of nursing home oversight is endangering residents</i></p> <p>Health Leaders By USA Today Full story May 18, 2023</p> <p>Most states have nursing home inspection backlogs largely because federal oversight funding has stalled. State inspectors are on the frontline of protecting the quality of care for and the rights of more than 1 million Americans who live in nursing homes, either because of aging, illness, or disability, or who have short-term stays for rehabilitation. The report from the U.S. Senate Committee on Aging found 31 states and the District of Columbia had inspection staff vacancy rates above 20% on average; nine were short staffed by half or more. The highest rates were in Kentucky (83%), Alabama (80%) and Idaho (71%).</p> <p>Full story</p>
<p>Quotes</p>	<p><i>“We see [minimum staffing requirements] as probably the most significant increase in protections for residents in decades. It might very well be the most important nursing home reform really since nursing homes were invented.”</i></p> <p>Sam Brooks, director of public policy for the National Consumer Voice for Quality Long-Term Care, <i>Biden's nursing home staff mandates expected soon</i>, *The Washington Post, May 9, 2023, Biden's nursing home staffing mandates</p> <p><i>“While we appreciate CMS taking steps to implement this long overdue rule, which establishes requirements for the disclosure of information about the owners and operators</i></p>

of Medicare skilled nursing facilities and Medicaid nursing facilities, we believe that certain provisions of the proposed rule could be strengthened for the benefit of patients. Specifically, we urge you to clarify ownership definitions, establish strong auditing and enforcement measures, and ensure that comprehensive reporting information is made available to the public in an easily searchable format. Increased transparency will empower older adults, their families, researchers, and health care providers to identify nursing homes that provide excellent care, while at the same time hold bad actors accountable. To prevent nursing homeowners from prioritizing profits over patients, these data will give CMS the tools to identify waste, fraud, and abuse of federal Medicare and Medicaid dollars.”

Sen. Elizabeth Warren (D-MA), Sen. Charles Grassley (R-IA), Sen. Bob Casey (D-PA), Rep. Lloyd Doggett (D-TX), and Katie Porter (D-CA), **Chuck Grassley (newsletter)**, May 19, 2023, Warren, Grassley Lead the Call for Greater Transparency in Nursing Home Ownership, [Warren, Grassley Lead Call](#)

Though new cases have not since reached [the] peak [seen in 2021], the impacts of the pandemic on Massachusetts and its health care system persist today. CHIA will continue to monitor these trends in the coming years.

Annual Report on the Performance of the Massachusetts Health Care System, Center for Health Information and Analysis, March 2023, <https://www.chiamass.gov/annual-report>

So, while many of these nursing homes continue to claim they cannot afford to raise wages to increase staffing, there is plenty of evidence to show they can. . . What’s more, this crisis is rooted in the systemic racism of our care infrastructure. [More than half of CNAs](#) are people of color, and 90 percent are women. Yet despite nursing homes receiving billions of dollars from the Provider Relief Fund and other COVID-19 funding, [real wages for CNAs actually declined](#) from 2020 to 2021.

Rep. Steven Horsford (D-Nev.) and SEIU President Mary Kay Henry, *Why we must care for our caregivers and address the nursing home staffing crisis*, **The Hill**, May 18, 2023, [Nursing Home Staffing Crisis](#)

The United States is experiencing a significant shortage of, and a growing demand for, qualified workers who are capable of managing, supervising, and providing high-quality services and supports for older adults.

National Workforce Crisis facing Long-Term Services and Supports, **LeadingAge**, Undated, [National Workforce Crisis](#)

“Survey agencies have not received a meaningful increase in federal funding to complete these critical oversight responsibilities since 2015, yet the cost to recruit and retain survey staff, the volume of work and additional work expected of survey agencies has significantly increased. These factors have resulted in many survey agencies being unable to complete recertification and complaint surveys timely, leaving nursing home residents at risk of substandard care.”

Shelly Williamson, president of the board of directors for the Association of Health Facility Survey Agencies (AHFSA), *‘System in Crisis’: US Senate Hearing Calls for More Funding, Staffing for Nursing Home Inspections*, **Skilled Nursing News**, May 18, 2023, [System in Crisis](#)

“Underfunded and understaffed, state agencies have fallen behind on the basic duties that they’re charged with executing on, for example, conducting annual nursing home inspections and responding to resident complaints in a timely manner. Nursing home residents are at risk because of this problem.”

Sen. Bob Casey (D-PA), chairman of the Special Committee on Aging, *Nursing home oversight ‘a system in crisis,’ Senate committee finds*, **McKnight’s Long-Term Care News**, May 19, 2023, [Nursing Home Oversight](#)

How do you define disability?

“It is not the presence of the impairment, but it is the social and attitudinal barriers that are hindering our performance. And what we want is for those barriers to be

removed so that a person with any kind of impairment can perform at the same level as anybody else. . . Disability is not an issue. And so, we should stop making it an issue. Rather, we should embrace it as a kind of diversity.”

Gertrude Oforiwa Fefoame of Ghana, the new chair of the United Nations Committee on the Rights of Persons with Disabilities and the first African woman in that post, *She's a U.N. disability advocate who won't see her own blindness as a disability*, **Goats and Soda – NPR**, May 13, 2023, [UN Disability Advocate](#)

In a 2012 [conference call](#), [Sam] Zell, [property mogul who is the largest landlord of mobile homes in the US,] said he liked “the oligopoly nature of our business”, in reference to limited competition in the mobile home industry. Zell self-coined the term “grave dancer”. As a rebuttal, tenants and tenant advocates have labeled him a “[grandma gouger](#)” over rent increases on the tenants, often older, at his parks.

*‘It’s hell’: life under the American mobile home king who calls himself a ‘grave dancer’, **The Guardian**, May 11, 2023, [It’s hell](#)*

“It’s sickening. It’s just misery and people will tell me all the time; I feel like I’m in prison here. What did I do to pay money to these people every month to deserve this? It is by far and large the worst consumer experience I have ever had in my life. They’re slumlords and there’s no way around it.”

Brey Mafi, homeowner in the mobile home community in Lake Elmo, Minnesota, *‘It’s hell’: life under the American mobile home king who calls himself a ‘grave dancer’, **The Guardian**, May 11, 2023, [It’s hell](#)*

“The question becomes, for the older adult, what are the barriers to evolving, to changing your opinions, to forming new relationships?” asks Nina Kohn, a law professor at Syracuse University with a specialty in the civil rights of older people. “When you form these new relationships, does that trigger people trying to remove your rights? The answer is: In some cases, it does.” In particular, “decisions


that seem atypical are going to be treated as suspect.” An older man who spent his life in a heterosexual marriage and now wishes to love another man might, for instance, be restrained from doing so. So might a woman who falls in love with a man decades her junior. Or, say, a wealthy 80-something widow who takes up with a horseshoer. “And all of those social biases are now being used to potentially undo individuals’ decisions while they’re still alive.”

The Mother Who Changed: A Story of Dementia, New York Times Magazine (free access), May 9, 2023, [The Mother Who Changed](#)

Within the legal world, “there has been, in the last several years, a real sea change in thinking about capacity,” Charlie Sabatino, former director of the American Bar Association’s Commission on Law and Aging, said. “The real die-hard view is that you never lose capacity.” In this newer view, a person can occupy an infinite number of spaces on a gradient from legally capable to incapable, with the far end of the spectrum reserved for people stuck in comas or vegetative states. Short of that extreme, a person will almost certainly retain the ability to choose some things for herself, even if she can’t choose everything. A person might, for instance, be legally incapable of carrying out a complex property transaction but capable of managing a small bank account.

The Mother Who Changed: A Story of Dementia, New York Times Magazine (free access), May 9, 2023, [The Mother Who Changed](#)

“Having health care coverage is fundamental to reducing health disparities, but it must go hand-in-hand with timely access to services. Connecting those priorities lies at the heart of these proposed rules. With the provisions we’ve outlined, we’re poised to bring Medicaid or (Children’s Health Insurance Program) coverage and access together in unprecedented ways — a key priority that’s long

	<p><i>overdue for eligible program participants who still face barriers connecting to care.”</i></p> <p>Chiquita Brooks-LaSure, Administrator for the Centers of Medicare and Medicaid Services, <i>Feds Want To Shake Up Rules For Home And Community-Based Services</i>, Disability Scoop, May 5, 2203, Rules for HCBS</p> <p><i>In the real world, it looks as if voters in 2024 will have to weigh Mr. Biden’s advanced age more or less as he proposes — not compared with the alternatives they wish they had but compared with the ones they do.</i></p> <p><i>Opinion: How should Americans think about Biden’s age? Like this. Washington Post (free access), May 19, 2023, https://wapo.st/3pT7lqI</i></p>
	<p>1. Administration on Community Living <i>Older Americans Month 2023</i></p> <p>Every May, the Administration for Community Living leads the nation’s observance of Older Americans Month (OAM). The 2023 theme is <i>Aging Unbound</i>, which offers an opportunity to explore diverse aging experiences and discuss how communities can combat stereotypes. Help promote flexible thinking about aging – and how we all benefit when older adults remain engaged, independent, and included.</p> <p>Available now:</p> <ul style="list-style-type: none"> • Logos* • Posters* • Social media graphics* • Masthead • Activity ideas • Sample article and proclamation template <p>*Available in English and Spanish https://acl.gov/oam/2023/older-americans-month-2023</p>
<p>FY 2024 State Budget Advocacy</p>	<p>2. FY 2024 State Budget</p> <p>Act now! There's still time to contact your state senator and register your support for key budget amendments endorsed by Dignity Alliance Massachusetts (see below).</p> <p>Use our new advocacy software application. It is extremely easy, effective, and literally takes a minute to do. You don't even know the name of your senator! All you need to do is click on this link: https://dignityalliancema.org/take-action/#/ and insert your name and address and the system does the rest.</p> <p>The budget debate in the Senate starts Tuesday this week. The time to act is now. Ask your Senator to support amendments that are vitally important to older adults, people with disabilities, and their caregivers. These amendments include:</p> <p>EHS 400 - Ms. Jehlen - Permissible Use Standards for Home Care Agencies EHS 562 - Mr. Montigny Personal Needs Allowance Increase to \$150 EHS 505 - Ms. Jehlen MassHealth Nursing Home Supplemental Rates to require purchases of goods and services at competitive rates.</p>

	<p>EHS 489 - Ms. Gobi and Mr. Crighton - Dignity Alliance Reporting Requirements to require accountability in reporting nursing home complaints.</p> <p>EHS 374 - Mr. Velis - Geriatric Mental Health increase by one million dollars to \$3.5 million.</p> <p>EHS 378 - Mr. Velis - Nursing Home Administrator Regulatory Compliance to require report on compliance with state closure regulations.</p> <p>EHS 526 - Ms. Kennedy - Independent Living Centers increased funding from \$8 million to \$10 million</p> <p>EHS 399 - Mr. Brady - Assistive Technology Loan Program/Equipment Durable Medical Equipment Reuse program</p> <p>OTH 811 - Ms. Gobi - Special Commission on the Status of Older Adults</p> <p>If you have any questions about the amendments or contacting your Senator, please contact Dick Moore, Chair, DignityMA Legislative Work Group, rmoores8743@charter.net.</p> <p>Please feel free to share this message with family, friends, colleagues, and others in your network.</p>
Call for Presentations	<p>3. National Consumer Voice for Quality Long-Term Care <i>47th Annual Conference : Call for Session Proposals</i> October 31-November 1, 2023; Baltimore, MD Create an engaging, informative conference agenda that provides resources, tools, opportunities for discussion, and strategies our attendees can incorporate in their life and/or advocacy. Proposals should include:</p> <ul style="list-style-type: none"> • Concrete advocacy strategies, • Examples of advocacy and/or educational programs for individuals or systems advocacy, • Issues related to nursing homes, assisted living, and/or home and community-based services, • Opportunities for discussion, questions, and/or sharing of advocacy successes and challenges related to the topic, and • Information attendees can use in their daily life or work to improve the quality of long-term care. <p>Two easy steps to submit a proposal:</p> <ul style="list-style-type: none"> • Review the Call for Proposals and Presenter Requirements. • Submit your proposal via Survey Monkey.. NOTE: You will not be able to save incomplete submissions in SurveyMonkey, so you may want to review and print or save the PDF version of the proposal questions so you can plan your responses prior to starting the submission. <p>Proposals are due by June 2, 2023. Late or incomplete proposals will not be considered.</p> <p>Consumer Voice 47th Annual Conference</p> <p>4. Massachusetts Councils on Aging <i>Call for Presentations</i> The Massachusetts Councils on Aging (MCOA) is seeking workshop presenters for the Fall Conference as well as other training opportunities held throughout the year. Our theme for this year’s Fall Conference is “Taking Charge of Change” and we seek presenters who can share their Best Practices, Cutting Edge Programs, Innovative ideas and more with our members. More than 80+ workshops are showcased over the three-day period. This event will be held October 11-13, 2023 at Doubletree by Hilton located in Danvers, MA. In past years, this conference has brought together hundreds of professionals</p>

	<p>from within and outside of Massachusetts and this year will be no different! Attendees include COA and Senior Center directors, staff and board members, government employees, elected officials, community-based providers, and others. It is a showcase of trainings, workshops and vendors that capture the excitement of the field of Aging!</p> <p>MCOA is accepting proposals within this call for presentations for learning opportunities throughout FY24. As we emerge from the pandemic, we are expecting to offer training both in person and virtually. We are the Membership Association of the 350 Municipal Councils on Aging and Senior Centers and we have many events planned throughout the year. From our Annual Fall Conference to Quarterly Membership Meetings and trainings for Working Groups focusing on COA staff and directors managing Outreach, Volunteer Recruitment, Supportive Day, Activities/Programming, and Wellness, we provide a plethora of opportunities to learn and share. We invite you to share your expertise with our network! Follow the instructions in the full call for presentations and your proposal will be considered for all the training opportunities throughout FY24.</p> <p>Presentation submissions deadline: June 2, 2023 (may be extended)</p> <p>Full Call for Presentations Submit a Proposal</p>
Call for Proposals	<p>5. The Blue Cross Blue Shield of Massachusetts Foundation <i>Special Initiatives</i></p> <p>The Special Initiatives grant program provides organizations with a one-time grant of up to \$50,000 to pilot or launch a new project over a one-year period. Special Initiatives grants are intended to fund projects which empower communities to advance health equity. Projects should positively impact the health or health care related needs of those Massachusetts residents who have been economically, socially, culturally, or racially marginalized.</p> <p>If successful, it is hoped that these projects can be sustained, scaled, and potentially replicated.</p> <p>Special Initiatives grant proposals must align with one or more of the Foundation’s three focus areas: access to health coverage and care, access to behavioral health services, and elimination of structural racism and racial inequities in health. Projects must serve the Foundation’s populations of focus: Massachusetts residents who are economically, racially, culturally, or socially marginalized.</p> <p>Proposals are due on September 11, 2023 Visit the website for details about how to apply</p>
Call for Advocacy	<p>6. Justice in Aging <i>Join Care Advocates to Stop Cuts to Medicaid and Other Programs</i></p> <p>As the June 1 date for when the U.S. could default on its debt approaches, the President and Congressional Leadership are still negotiating an agreement to raise the debt ceiling. Unfortunately, House Speaker McCarthy is asking Congress to cut spending on Medicaid, SNAP, the Social Security Administration, and other programs that millions of older adults and families rely on to meet their basic needs as part of a debt ceiling package. We need advocates for older adults to tell their members of Congress not to cut Medicaid, SNAP and other nutrition programs, housing assistance, Social Security Administration funding, or any other anti-poverty programs in the debt ceiling or federal budget negotiations.</p>

	<p>Here are some ways to take action:</p> <ul style="list-style-type: none"> • Join our Save Medicaid Online Rally with care advocates, Senate Aging Committee Chairman Bob Casey, and other Members of Congress to learn how we can protect Medicaid. Wednesday, May 24, 4:30-5:30pm ET/1:30-2:30pm PT on Zoom. ASL and CART provided. RSVP now. Use this toolkit to share with your networks. • Read and share Justice in Aging’s fact sheet, Medicaid Work Requirements: Red Tape That Would Cut Health Coverage for Older Adults. • Use The Arc's tool to call or send a message to your members of Congress. <p>U. S. Senate Aging Committee The Devastating Consequences of U.S. Default on Social Security and State Fact Sheets on The Devastating Consequences of Medicaid Cuts</p>
Call for Nominations	<p>7. AARP Massachusetts <i>2023 Andrus Award Nominations are Open!</i></p> <p>Through the annual Andrus Award for Community Service, AARP Massachusetts shines a light on Bay State residents 50+ who use what they’ve learned in life to make a difference in the lives around them. This is AARP’s most prestigious volunteer tribute and it recognizes outstanding individuals age 50 and older who are sharing their experience, talents, and skills to enrich the lives of others. Nominate before the deadline! AARP Massachusetts will make a \$2500 donation to the charity of the recipient’s choice.</p> <p>Nominees for the AARP Massachusetts Andrus Award for Community Service must meet the following eligibility requirements:</p> <ul style="list-style-type: none"> • Nominees must be 50 or older • The achievements, accomplishments or service on which nominations are based must have been performed on a volunteer basis, without pay. Volunteers receiving small stipends to cover costs associated with the volunteer activity are eligible. • The achievements, accomplishments, or service on which the nominations are based must reflect AARP's vision and purpose (see below) • The achievements, accomplishments, or service on which the nominations are based must be replicable and inspire others to serve • Partisan political achievements, accomplishments or service may not be considered • Elected or appointed officials currently serving in office are not eligible • Candidates currently campaigning for an elected office are not eligible • Married couples or domestic partners who perform service together are eligible; however, teams are not • The recipient does not need to be an AARP volunteer or an AARP member • The recipient must live in the awarding state • Previous Andrus Award recipients are not eligible • Volunteers serving on the Andrus Award selection committee are not eligible • AARP staff members are not eligible • This is not a posthumous award <p>Last year’s recipient was Paul Meoni of Randolph. Paul has been active in town government for years serving as a Town Councilor, School Committee member and on the Randolph Resiliency Committee.</p> <p>The deadline is July 15th.</p> <p>NOMINATE</p>

<p>Reports</p>	<p>8. Center for Health Information and Analysis</p> <p>March 2023</p> <p><i>Annual Report on the Performance of the Massachusetts Health Care System</i></p> <p>The Annual Report on the Performance of the Massachusetts Health Care System includes a final calculation of Total Health Care Expenditures (THCE) for 2021. THCE is a measure of total statewide health care spending in the Commonwealth.</p> <p>The report examines trends in costs, coverage, and quality indicators to inform policymaking. This year, the Annual Report focuses on data through 2021, during which policies to support Massachusetts residents and the health care system continued to evolve in response to the COVID-19 pandemic.</p> <p>This report includes a new chapter on behavioral health pursuant to the recently passed <i>Mental Health ABC Act: Addressing Barriers to Care</i>, as well as new sections on telehealth and COVID-19-related spending and utilization.</p> <p>Given the significant impacts of the pandemic on the health care system in 2020 and 2021, CHIA calculated Total Health Care Expenditures (THCE) and analyzed other relevant metrics on an annualized basis over the three-year period of 2019 to 2021, to provide a more contextualized picture of health care spending and utilization.</p> <p>The Annual Report includes information from public and private sources related to specific health care expenditures for Massachusetts residents and examines adoption of alternative payment methods (APMs); commercial and public insurance enrollment, premium, and cost-sharing trends, quality of care in the Commonwealth compared to national performance; as well as provider and health system financial information.</p> <p>Findings from the report were presented at the Health Policy Commission’s Hearing on the 2024 Health Care Cost Growth Benchmark on March 15, 2023.</p> <p>The annual public hearing solicits data, information, and feedback from market participants, stakeholders, and other interested parties regarding whether modification of the Health Care Cost Growth Benchmark for calendar year 2024 is necessary. Members of the state Legislature’s Joint Committee on Health Care Financing, led by Senate Chair Cindy Friedman and House Chair John Lawn Jr., co-hosted this year’s hearing alongside the HPC’s Board.</p> <p>The hearing was livestreamed and is now posted on the Massachusetts Legislature’s web site.</p> <p>Key Findings from the Annual Report (Released March 2023)</p> <ul style="list-style-type: none"> • Total health care expenditures (THCE) in Massachusetts totaled \$67.9 billion in 2021. From 2019 to 2021, THCE per resident increased at an annualized rate of 3.2%. THCE per capita increased 9.0% in 2021 to \$9,715 per resident, following a 2.3% decline in 2020. • While most service categories experienced fluctuations in spending due to the impacts of the pandemic, pharmacy spending both gross and net of rebates increased consistently in 2020 and 2021, resulting in the fastest three-year service category growth rates. From 2019 to 2021, pharmacy spending increased at an annualized rate of 7.5% net of rebates, and 9.6% gross of rebates. • In 2021, spending on behavioral health (BH) services comprised 6.6% of total health care spending for commercial members, 15.9% for Medicaid MCO/ACO-A members, and 1.9% for Medicare Advantage members. During this time period, payers reported that 18.9% of commercial members had a
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	<p>behavioral health diagnosis, compared to 23.8% of Medicaid MCO/ ACO-A members, and 18.6% of Medicare Advantage members.</p> <ul style="list-style-type: none"> • In 2020, overall acute hospital inpatient discharge volume declined largely by decreases in the number of planned procedures and related hospitalizations; at the same time, the average length of stay continued to increase due to several factors including throughput challenges and shifts in the type and severity of conditions. • The statewide acute hospital median total margin increased by 2.6 percentage points, from 2.6% in HFY 2020 to 5.2% in HFY 2021; this was followed by a decrease to a statewide median total margin of -4.4% in HFY 2022, as of data reported through June 30, 2022. • Private commercial health plan member cost-sharing increased by 16.9% in 2021 to \$58 PMPM. At the same time, enrollment in high deductible health plans grew by 4.1%—now accounting for 42.7% of total enrollments in the private commercial market. • Between 2019 and 2021, premiums as well as claims covered by payers and employers increased at annualized rates of 4.7% and 5.7%, respectively, surpassing wages and salaries (3.6%) and regional inflation (2.2%). • After growing rapidly due to the COVID-19 pandemic and resulting policy directives, telehealth spending declined slightly from \$1.8 billion in 2020 to \$1.7 billion in 2021. In both years, spending for telehealth services provided by non-physician professionals, such as nurse practitioners, physical and occupational therapists, and certain behavioral health providers, accounted for more than half of telehealth spending. <p>https://www.chiamass.gov/annual-report</p>
<p>Webinars and Online Sessions</p>	<p>9. Administration for Strategic Preparedness and Response (ASPR) Thursday, May 25, 2023, 1:00 to 3:00 p.m. <i>National Advisory Committee on Seniors and Disasters Meeting</i> The Administration for Strategic Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS) is hosting the next meeting of the National Advisory Committee on Seniors and Disasters (NACSD). During this meeting, the NACSD will discuss recommendations generated by the Committee for the Secretary of HHS. The first set of recommendations will address actions to be taken to strengthen and improve community readiness, infrastructure, and behavioral health. The NACSD is making its draft recommendations available for review in advance of the upcoming public meeting. The NACSD's findings center on:</p> <ol style="list-style-type: none"> 1. Advancing the dissemination of accessible, available, and usable emergency preparedness, response, recovery, and mitigation information, and communication support services. 2. Expanding trained community disaster partners. 3. Establishing and sustaining Disaster Care Centers of Excellence for Older Adults as a model of care for regional collaboration, virtual support, and specialized guidance. 4. Capitalizing on the opportunity to expand the existing Long-Term Care Ombudsman (LTCO) Program with dedicated resources and additional employees to advocate for disaster preparedness, response, and recovery planning across the long-term care continuum. <p>Learn more about the recommendations. The meeting will have American Sign Language interpretation and live captioning</p>

will be provided.

To apply to speak at the meeting, request accessibility accommodations, or ask other questions, email NACSD@hhs.gov.

[Register for the meeting](#)

10. AARP Massachusetts

Thursday, May 25, 2023, 6:00 p.m.

A Place for Loved Ones to Live: ADUs and Caregiving

Guest Houses and In-Law Suites, also known as Accessory Dwelling Units (ADUs), are an excellent solution to staying in your community. These small houses or apartments exist on the same property as a single-family home. Join us to explore their benefits, tackle common misconceptions and find out how you can advocate for these flexible housing options on your property and in your community. As part of our [Caregiving series](#), we want to paint you a clear picture of what flexible housing can look like. Many people have looked for creative and flexible housing options to allow loved ones to live closer, without necessarily sharing the same four walls.

[A Place for Loved Ones to Live: ADUs and Caregiving](#)

11. Administration on Community Living

Wednesday, June 14, 2023, 3:30 to 5:00 p.m.

Webinar on Addressing Sexual Assault Against People with Disabilities

People with disabilities, especially those with intellectual and developmental disabilities (I/DD), experience sexual assault at much higher rates than nondisabled people. They also encounter challenges receiving care and support services due to pervasive accessibility barriers. It is important to hear directly from individuals with disabilities who are survivors of sexual assault and learn their recommendations for how to improve the support system.

To raise awareness of these issues, ACL and the Office of the Assistant Secretary for Health (OASH) will host an equity-focused webinar on sexual violence against people with I/DD: "Survivors' Circle: A Conversation with People with Disabilities About Sexual Violence and How to Address It." The webinar is a collaborative effort between:

- ACL
- OASH
- Administration for Children and Families (ACF)
- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Activating Change — a nonprofit dedicated to increasing the visibility of the justice issues people with disabilities face

The webinar will highlight the prevalence of sexual assault in the disability community. It will focus on the perspectives of sexual assault survivors with I/DD who will discuss their experiences, the barriers they encountered when seeking support, and the recommendations to improve access to care and justice. The target audience is broad and includes organizations serving people with I/DD, organizations serving survivors of sexual violence, and victim advocates and prevention specialists, plus partners and grantees from the U.S. Department of Health and Human Services (HHS) and other government agencies.

This webinar is approved for approved for 1.5 continuing education hours through the National Advocate Credentialing Program (NACP) and DoD Sexual

	<p>Assault Advocate Certification Program (D-SAAP). For more information on this subject, see the April 2023 ACL blog post, "Preventing and Addressing Sexual Assault of People with I/DD." Registrants will receive a confirmation email with information about joining the webinar. The webinar will include real-time captioning and ASL interpreting. If you need any additional accommodations or have questions, please email Elizabeth Leef. Register for the webinar</p>
	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>12. Massachusetts Lawyers' Weekly May 18, 2023 <i>Nursing home resident on Coumadin suffers heart attack</i> The plaintiff suffered injuries and subsequently died while under the care of a skilled nursing facility and the attending physician, who was also the medical director of the facility. While at the nursing home, the resident was diagnosed with a blood clot in her leg and prescribed the blood thinner Coumadin for treatment of the clot. The defendants allegedly failed appropriately to monitor the plaintiff's INR levels, and she began experiencing back pain and bruising. The defendants' failure to monitor the plaintiff's INR levels while continuing to administer the Coumadin allegedly resulted in the plaintiff suffering internal bleeding so severe that it led to a fatal heart attack. Action: Medical malpractice/nursing home negligence Injuries alleged: Internal bleeding, wrongful death Case name: Withheld Court/case no.: Withheld Jury and/or judge: N/A (settled) Amount: \$1.15 million Date: Dec. 1, 2022 Attorney: David J. Hoey of Law Offices of David J. Hoey, North Reading (for the plaintiff) Coumadin Suffers Heart Attack</p> <p>13. House Committee on Oversight and Accountability May 18, 2023 <i>Hearing Wrap Up: "Must-Admit" COVID-19 Nursing Home Mandates were Deadly for Elderly Americans, State Officials Responsible</i> The Select Subcommittee on the Coronavirus Pandemic held a hearing titled "Like Fire Through Dry Grass': Nursing Home Mortality & COVID-19 Policies" to gather facts about pandemic-era, nursing home policy decisions — specifically in New York, New Jersey, and Pennsylvania — that led to the deaths of tens of thousands of Americans. Select Subcommittee members from affected states detailed the effect of disastrous COVID-19 nursing home policies on their elderly populations and detailed how state officials prioritized personal political gain over the health of elderly Americans. Witnesses testified that it was known from the early data and science that COVID-19 would be lethal in elderly care facilities. Witnesses also shared their personal stories of loss, grief, and neglect due to former Governor Andrew Cuomo's mandates. Members on the Select Subcommittee also discussed the blatant disregard for CDC and CMS guidance by state officials, demanded accountability for those involved in the intentional</p>

	<p>cover-up of nursing home deaths and recognized the voices of families affected by this tragedy. The Select Subcommittee is committed to furthering its investigation into these deadly policy decisions as it continues its after-action review of the COVID-19 pandemic.</p> <p>Key Takeaways</p> <ul style="list-style-type: none"> • Forcing nursing homes and long-term care facilities to admit positive COVID-19 patients was a catastrophic decision that had deadly consequences. • Former Governor Cuomo, along with his counterparts in New Jersey and Pennsylvania, engaged in a cover-up to hide the true nursing-home mortality rates from the public and shift political blame. • Affected families and victims deserve answers and accountability. The Select Subcommittee will continue to investigate the failures of state officials and work to bring transparency to all Americans. <p>Hearing Wrap Up</p>
<p>Home and Community Based Services</p>	<p>14. Disability Scoop May 5, 2203 <i>Feds Want to Shake Up Rules for Home and Community-Based Services</i> By Michelle Diament</p> <p>Federal Medicaid officials are proposing major changes aimed at improving access to home and community-based services for people with disabilities and bolstering the direct support professional workforce.</p> <p>The Centers for Medicare & Medicaid Services issued two proposed rules in the Federal Register this week that the agency said would “establish historic national standards for access to care regardless of whether that care is provided through managed care plans or directly by states through fee-for-service.”</p> <p>The effort includes key changes to the rules governing home and community-based services through what’s being called the Ensuring Access to Medicaid Services regulation, or the Access Rule.</p> <p>ma Press/TNS) Facebook Twitter LinkedIn Email</p> <p>Federal Medicaid officials are proposing major changes aimed at improving access to home and community-based services for people with disabilities and bolstering the direct support professional workforce.</p> <p>The Centers for Medicare & Medicaid Services issued two proposed rules in the Federal Register this week that the agency said would “establish historic national standards for access to care regardless of whether that care is provided through managed care plans or directly by states through fee-for-service.”</p> <p>The effort includes key changes to the rules governing home and community-based services through what’s being called the Ensuring Access to Medicaid Services regulation, or the Access Rule.</p> <p>Advertisement - Continue Reading Below</p> <p>Under the proposal, states would be required to reassess the needs of each individual receiving home and community-based services annually and revise service plans accordingly. In addition, the rule would require that at least 80% of what Medicaid pays for personal care, homemaker and home health aide services goes directly toward compensation for the person providing the service rather than for administrative purposes or profit. And, states would need to publish the average hourly rate paid to direct care workers. . .</p> <p>In addition to the Access Rule, CMS is also issuing the Managed Care Access, Finance and Quality proposed rule. That regulation would require states to</p>

	<p>regularly survey managed care enrollees about their experiences, institute maximum appointment wait time standards and require states to conduct secret shopper surveys annually to ensure that managed care plans are complying with appointment wait time standards and that their provider directories are accurate, among other changes.</p> <p>Rules for HCBS</p>
Behavioral Health	<p>15. *Boston Business Journal Match 14, 2023 <i>CHIA adds behavioral health data to annual report on state healthcare performance</i> By Cassie McGrath</p> <p>In 2021, spending on behavioral health services was 6.6% of total health care spending for commercial members, 15.9% for Medicaid MCO/ACO-A members, and 1.9% for Medicare Advantage members, CHIA found.</p> <p>Member cost-sharing for behavioral health spending was also higher compared to other services, like primary care, meaning Massachusetts residents are paying more out of pocket for mental health services.</p> <p>The data also points to potential inequities among income levels for behavioral healthcare. . .</p> <p>The biggest takeaway from the behavioral health section, according to Lauren Peters, executive director of CHIA, is that MCO/ACO-A's have the largest portion of total spend on behavioral health as compared to Medicare and commercial.</p> <p>CHIA Behavioral Health</p>
Housing	<p>16. The Guardian May 11, 2023 <i>'It's hell': life under the American mobile home king who calls himself a 'grave dancer'</i> By Michael Sainato</p> <p>Residents like [Colleen] Gartner complain their dreams have been dashed by the park's billionaire owner. They say they face hikes in rent and fees, while amenities like the pool and clubhouse are intermittently closed, there are few ramps or other accommodations for the elderly, and property maintenance has been neglected.</p> <p>The man they blame is Sam Zell, the property mogul who is the largest landlord of mobile homes in the US. He styles himself as a "grave dancer" for his business habit of buying up distressed assets and serves as chairman of the board of Equity Lifestyle Properties (ELS), which owns Down Yonder and more than 400 other mobile home parks across the US. Residents at other ELS properties across the country tell the Guardian that they have raised similar complaints. . .</p> <p>For the 10.5 million Americans who live in mobile home parks, properties like Down Yonder promise affordability, especially in high-rent areas such as Tampa, and a greater sense of permanence than renting.</p> <p>The average sale price of a new mobile home as of January 2023 was \$128,300, compared with the average sale price of a house of \$400,600 in February 2022. On top of this, mobile homeowners typically pay to lease the land – typically for under \$1,000 a month – on which their property sits.</p> <p>This is especially appealing to one demographic: about a third of mobile home residents are seniors, and they tend to be lower-income than other older Americans.</p> <p>It's hell</p>

17. Chuck Grassley

May 19, 2023

Warren, Grassley Lead the Call for Greater Transparency in Nursing Home Ownership

Sen. Chuck Grassley (R-Iowa) joined Sens. Elizabeth Warren (D-Mass.) and Bob Casey (D-Pa.), along with U.S. Reps. Lloyd Doggett (D-Texas) and Katie Porter (D-Calif.), in calling on Health and Human Services (HHS) Secretary Xavier Becerra and Centers for Medicare and Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure to strengthen and finalize CMS's proposed rule to make nursing home ownership more transparent.

For decades, Grassley has pushed for enhanced disclosure and accountability of private equity, real estate investment trust and related party ownership in nursing homes. His leadership resulted in a law requiring facilities to disclose all people and entities with control, offering administrative services or holding property leases. The law required CMS finalize a rule within two years of passage. Although CMS published a proposed rule in May 2011, it was never implemented.

Earlier this year, Grassley [sent a letter](#) outlining this history and urging CMS to complete the rule. This week's letter adds increased, bipartisan pressure on CMS to finalize the rule and protect our nation's loved ones.

"While we appreciate CMS taking steps to implement this long overdue rule, which establishes requirements for the disclosure of information about the owners and operators of Medicare skilled nursing facilities and Medicaid nursing facilities, we believe that certain provisions of the proposed rule could be strengthened for the benefit of patients," the lawmakers wrote. "Specifically, we urge you to clarify ownership definitions, establish strong auditing and enforcement measures, and ensure that comprehensive reporting information is made available to the public in an easily searchable format."

"Increased transparency will empower older adults, their families, researchers, and health care providers to identify nursing homes that provide excellent care, while at the same time hold bad actors accountable," the lawmakers continued. "To prevent nursing homeowners from prioritizing profits over patients, these data will give CMS the tools to identify waste, fraud, and abuse of federal Medicare and Medicaid dollars."

The lawmakers recommend that CMS consider strengthening its proposed rule in the following ways:

- Require more robust ownership reporting requirements for Medicare-certified nursing homes;
- Require standardized reporting requirements for Medicaid-certified nursing homes;
- Require reporting of all related parties in which nursing homeowners have a direct or indirect stake;
- Require a complete listing of each facility in a nursing home chain owned by the same parent company;
- Provide clear reporting timelines and establish penalties for failure to report accurate information;
- Establish a requirement for annual auditing to verify data accuracy;
- Make these data available in a publicly searchable database.

The full text of the letter can be found [HERE](#).

[Warren, Grassley Lead Call](#)

**18. U.S. Senate Committee on Homeland Security & Governmental Affairs
Permanent Subcommittee on Investigations**

May 17, 2023

Public hearing: *"Examining Health Care Denials and Delays in Medicare Advantage."*

Recording and witness testimony are available at: "[Examining Health Care Denials and Delays in Medicare Advantage.](#)"

19. National Health Law Project

May 16, 2023

Helping Those on HCBS Waiting Lists: Positive Impacts of the ACA

Executive Summary

Expanded services and coverage under the Affordable Care Act (ACA) and its Medicaid expansion provide states opportunities to decrease waiting lists for Medicaid home and community-based services (HCBS) and generally increase access to services for people with disabilities. HCBS programs offer states a great degree of flexibility to design a Medicaid-funded program that targets a special set of Medicaid services only to a limited population, both in size and type of service needs. The ACA responded to the increasing demand for HCBS by increasing opportunities and incentives for states to expand and innovate their HCBS programs. Those HCBS opportunities provide states with more flexibility in designing programs and create broader availability of HCBS, thus putting less pressure on traditional HCBS programs with waitlists. The ACA also created Medicaid expansion, which covers many adults with disabilities, including some on HCBS waiting lists, who previously fell into coverage gaps and could not access non-HCBS Medicaid services. The ACA has had a positive impact on those needing HCBS.

[Download Publication](#)

20. National Health Law Project

May 15, 2023

"Unfit" to work? How Medicaid Work Requirements Hurt People with Disabilities

Executive Summary

New proposals to impose harsh work requirements in the Medicaid program will cause people with disabilities to lose Medicaid coverage. This brief shows how Medicaid already supports employment opportunities for people with disabilities seeking to work — supports that work requirements may undermine. It provides evidence showing that exemption processes for people with disabilities often fail and create additional red tape that leads to coverage loss. Many people with disabilities who want to work may seek an exemption due to the existential risk of losing access to vital Medicaid benefits.

A two-page highlights version of this brief can be accessed [here](#).

[Download Publication](#)

21. *The Washington Post

May 9, 2023

Biden's nursing home staff mandates expected soon

Analysis by Rachel Roubein with research by McKenzie Beard

The administration is expected to propose minimum staffing levels for nursing homes, raising industry ire.

The Biden administration is poised to propose minimum staffing levels for the nation's some 15,500 nursing homes, setting up a showdown with powerful industry lobbies.

There's been much anticipation from advocates — and angst from the industry — over what exactly these requirements will look like.

We don't have those answers yet, but there's one thing we do know. **Chiquita Brooks-LaSure**, President Biden's Medicare and Medicaid chief, is pledging to meet the timeline [she outlined months ago](#). "We have promised that we will have nursing home staffing guidance out in the spring, and I like to meet my deadlines," she said in an interview last month.

For over two decades, nursing home advocates say they've fought for federal minimum staffing requirements to no avail. But the coronavirus's massive toll on nursing home residents and staff put a spotlight on the facilities, and is [spurring the Biden administration](#) to take action. **The industry — which says it's had conversations with the Centers for Medicare and Medicaid Services — isn't being shy about its opposition, [contending such a plan](#) amounts to an unfunded mandate and is unfeasible due to a shortage of workers.**

The details

Ahead of his State of the Union last year, Biden vowed that his administration [would craft federal staffing standards](#) for nursing homes.

To help develop the looming mandate, CMS — which is the agency overseeing nursing homes — is conducting a [staffing study](#) that was launched in August 2022. The effort includes visiting 75 nursing homes, reviewing existing research and assessing how much the requirement would cost facilities.

CMS has also been meeting with advocates, experts, nursing home workers, residents, and their family members. Brooks-LaSure says those insights will be key to the staffing standards her agency sets.

- "We see [minimum staffing requirements] as probably the most significant increase in protections for residents in decades," said **Sam Brooks**, the director of public policy for the **National Consumer Voice for Quality Long-Term Care**. "It might very well be the most important nursing home reform really since nursing homes were invented."

Such regulations haven't [changed since 1987](#) despite health experts arguing adequate staffing is linked to the quality of care residents receive. The current rules require facilities to have licensed nursing services 24 hours a day that are "sufficient" to meet the needs of their residents. They must have a registered nurse available at least eight consecutive hours per day.

Back in 2001, a report produced for CMS found that nursing homes should deliver at least [4.1 hours of nursing care](#) to each resident every day. However, no such regulations were put in place, and most nursing homes [fall short of that](#), as our colleague **Christopher Rowland** noted in a story last year. It's unclear what exactly the new staffing study will recommend.

A brewing battle

The looming proposals from the Biden administration are expected to run into fierce resistance from the industry.

The main nursing home lobbies have long argued that facilities don't receive enough funding and contend such requirements would come at a time when the workforce has struggled amid the pandemic. Critics argue operators should offer higher pay to make the jobs more attractive.

- "We are eager to grow the nursing home workforce, but do not believe an enforcement approach is the answer, especially if the federal staffing mandate does not come with any supporting resources or workforce development programs," **Beth Martino**, a spokesperson for the **American**

	<p>Health Care Association, a major trade group, said in a statement. LeadingAge doesn't oppose the idea of mandates, at least in theory. But the group representing nonprofit providers of aging services contends now is not the time. Instead, a list of strict criteria — such as an assurance there's no workforce shortage and reimbursements from Medicaid covering 95 percent of the cost of care — must be met before nursing homes should be subject to such requirements, according to Katie Smith Sloan, the president and CEO of LeadingAge.</p> <p>David Grabowski, an expert in long-term care at Harvard Medical School, said such workforce concerns are “not just industry speak.” He noted one possible workaround: CMS could include a policy to waive certain staff requirements in specific areas experiencing a labor shortage.</p> <p>Biden's nursing home staffing mandates</p>
Incarceration	<p>22. HUD Exchange <i>Homecoming: Life After Incarceration</i> The United States has 5 percent of the world's population but 25 percent of the world's prison population. The majority of the people in America's jails and prisons will eventually be released, and they face a myriad of challenges once they do so.</p> <p><i>Homecoming</i> is a multimedia project that is designed to highlight the challenges and struggles people experience as they try to re-enter society. <i>Homecoming</i> showcases examples of organizations and people who are leading the way in supporting the reentry population as well as listening to the often-marginalized voices of the population themselves. <i>Homecoming</i> has a secondary focus on the connection between HIV and incarceration and highlights the challenges and opportunities that exist in addressing the housing and health needs of people with HIV exiting jails and prisons.</p> <ul style="list-style-type: none"> • Watch the documentary style video episodes which use the unique capabilities of film to humanize this topic. Each video is 20 - 40 minutes in length and includes interviews with post-release housing and services clients and providers, as well as researchers and policy makers in the field. • Explore the toolkit which includes a book with chapters that dive deeply into key topics, as well as related resources. <p>Questions about this initiative? Contact: info@homecomingproject.us. Homecoming Life After Incarceration Toolkit</p>
Covid	<p>23. KFF Health News May 18, 2023 <i>A Covid Test Medicare Scam May Be a Trial Run for Further Fraud</i> Medicare coverage for at-home covid-19 tests ended last week, but the scams spawned by the temporary pandemic benefit could have lingering consequences for seniors.</p> <p>Medicare advocates around the country who track fraud noticed an eleventh-hour rise in complaints from beneficiaries who received tests — sometimes by the dozen — that they never requested. It's a signal that someone may have been using, and could continue to use, seniors' Medicare information to improperly bill the federal government.</p> <p>Covid Test Medicare Scam</p> <p>24. Centers for Medicare and Medicaid Services Center for Clinical Standards and Quality/Survey & Certification Group May 8, 2023</p>

	<p>Revision to policy: <i>Nursing Home Visitation - COVID-19</i> See text highlighted in red. Nursing Home Visitation - COVID-19</p> <p>25. The Consumer Voice <i>New Podcast Episode on Long-Term Care Facilities Weathered the Storm of COVID-19 and the Staffing Crises</i> A new episode of the <i>Pursuing Quality Long-Term Care</i> podcast is available on Sharing Lessons from Successes: Long-Term Care Facilities that Weathered the Storm of COVID-19 and the Staffing Crises. In this episode of the podcast, Consumer Voice Executive Director, Lori Smetanka, talks with David Farrell, a licensed nursing home administrator who has spent his entire career in the long-term care profession, about the long-term care facilities that had better outcomes than their peers, or as David notes, facilities that “weathered the storm of COVID-19 and staffing crises.” David and his colleagues did a deep dive into those facilities that were outliers or stood out from their peers with regard to COVID-19 infections and staffing shortages, to try to determine what was happening that we could learn from, and hopefully replicate. Listen to the episode on Apple Podcasts, SoundCloud, Facebook or our website.</p>
Alzheimer’s and Other Dementia	<p>26. New York Times Magazine (free access) May 9, 2023 <i>The Mother Who Changed: A Story of Dementia</i> By Katie Engelhart Many adult children are surprised to learn that a diagnosis of dementia, on its own, does not disqualify a parent from making big decisions. The adult child assumes that the first pronouncement from a doctor — that an older parent is cognitively impaired — immediately flips some kind of decisional switch, rendering the parent incompetent to choose. Within medicine, there is no such switch. To an informed clinician, patients are never “capable” or “incapable” in a global sense. Instead, they are capable or incapable of making a specific decision, in a specific context, at a specific moment. In practice, this means that a person with dementia might retain what doctors call “decision-making capacity” for years and then lose it in stages: the complex choices first, the simple ones later. She might, for instance, lose the capacity to choose among treatment options but retain the capacity to decide which family member should make the decision for her. In each case, the firm bioethical consensus is that we should err on the side of assuming capacity. A person is capable until proved otherwise, even if she has dementia. . . Until the early 20th century, things were less equivocal; a diagnosis of dementia, in and of itself, rendered a person medically “incapable” — as did other, now-antiquated diagnoses, like “lunatic” or “idiot.” It was only in the 1970s that capacity and medical diagnosis were delinked — in large part in response to the disability rights movement. Physicians now rely on a framework for assessing capacity that was published in 1988 by the researchers Paul Appelbaum, a psychiatrist, and Thomas Grisso, a psychologist. Under their terms, patients are capable of making medical choices if they can understand the relevant information; appreciate the nature of their condition as well as the risks and benefits of treatment; reason their way to a conclusion; and communicate their choice. Medical students across the United States now learn this in shorthand: <i>understand, appreciate, reason, express a</i></p>

	<p><i>choice.</i></p> <p>Still, the precise work of measuring self-sovereignty remains inexact. Decades after decision-making science took hold in American medicine, there is still no universally agreed-upon test of capacity — and no flawless gold standard by which to measure it. Different doctors can come to different conclusions about the same patients, and they often do. A 2011 study published in <i>Psychosomatics</i> asked five psychiatrists to review 555 videotaped interviews with 188 people with Alzheimer’s disease; it found “considerable variability in capacity judgments.”</p> <p>This variability is consequential, in part, because of the way it affects the course of lawsuits. Once, the law was as rigid as medicine; a diagnosis of dementia was itself enough for a judge to swiftly strip a person of her civil liberties and place her under the legal guardianship of another. But in recent decades, the justice system has slowly moved in the direction of medicine, to recognize a more fluid notion of legal competency — sometimes with the help of doctors, who are brought into courtrooms to serve as expert witnesses, testifying to the particularities of their patients’ mental landscapes.</p> <p>The Mother Who Changed</p>
Workforce	<p>27. The Hill</p> <p>May 18, 2023</p> <p><i>Why we must care for our caregivers and address the nursing home staffing crisis</i></p> <p>by Rep. Steven Horsford (D-Nev.) and Mary Kay Henry [Steven Horsford represents Nevada’s 4th District and is chair of the Congressional Black Caucus. Mary Kay Henry International President of SEIU.]</p> <p>As the country tries to put COVID-19 in the rearview mirror, the 1.4 million nursing home workers who cared for our loved ones through the depth of the pandemic are seeing things get worse, not better, both for them and for the residents they love. Profit-driven nursing home ownership and decades of regulatory neglect, coupled with the pandemic’s fallout, have left skilled nursing facilities in dire crisis.</p> <p>Certified Nursing Assistants (CNAs) do the bulk of the hands-on caregiving. Over the last three years, it’s been common for the number of residents they have to care for on a single shift to go from 15 to 20 to sometimes 50. Burnout, low wages, and lack of training and support has led to a nearly 100 percent median turnover rate among CNAs in nursing homes, worsening an already-dire low staffing crisis.</p> <p>Nursing home workers with SEIU, united in their unions, have sounded the alarm on the crisis for years, and they are being heard. Last year, President Biden announced that the Center for Medicare and Medicaid Services (CMS) would begin a year-long study and propose new mandatory minimum staffing standards to keep residents safe, improve care, and ensure workers are not overburdened. The announcement inspired hope for those who live in, have loved ones in, and work in nursing homes. It’s especially important for facilities with higher numbers of Medicaid beds, which tend to have both lower staffing levels and higher numbers of Black residents.</p> <p>Yet some in the nursing home industry are trying to stop safe staffing standards, claiming falsely that minimum standards would worsen racial equity for those in need of nursing home care — the exact opposite of what would really happen. The problem is also growing. Evidence shows how disparities in CNA staffing</p>

levels have widened in the past few decades, wherein staffing levels have improved in homes with fewer minority residents and plummeted in homes with more Black and brown residents.

Notably, facilities with low staffing and high Medicaid beds are also more likely to be for-profit (84 percent compared to 74 percent for all homes), and most for-profit nursing home corporations [remained profitable](#) throughout the pandemic, even when faced with high rates of COVID-19. Many private equity and for-profit nursing homes frequently use [“convoluted corporate structures”](#) to obscure their wealth.

So, while many of these nursing homes continue to claim they cannot afford to raise wages to increase staffing, there is plenty of evidence to show they can. As caregivers watched their beloved residents die, feared for their own safety, worked overtime, and experienced trauma and grief that has endured, many were offered just pennies in wage increases. Low wages, insufficient staffing, and a lack of respect create [unsafe jobs](#) that no one wants to keep. It’s even worse in nursing homes where workers do not have their union to demand better standards. It is no wonder we are in a crisis.

What’s more, this crisis is rooted in the systemic racism of our care infrastructure. [More than half of CNAs](#) are people of color, and 90 percent are women. Yet despite nursing homes receiving billions of dollars from the Provider Relief Fund and other COVID-19 funding, [real wages for CNAs actually declined](#) from 2020 to 2021, a blatant example of how employers have long dismissed this workforce.

With our nation’s senior population [expected to nearly double](#) in the coming decades, we must take action to solve this crisis and create a sustainable, quality long-term care system for all people in our country. A robust staffing standard will begin to address the current disparities in care, improve the quality of jobs, and help resolve current workforce shortages that harm workers and residents alike.

[Nursing Home Staffing Crisis](#)

28. LeadingAge

Undated

National Workforce Crisis facing Long-Term Services and Supports

The United States is experiencing a significant shortage of, and a growing demand for, qualified workers who are capable of managing, supervising, and providing high-quality services and supports for older adults. Several trends are fueling this national workforce crisis:

- **A Rapidly Growing Older Population:** The population of adults age 65 and older will increase from 52 million in 2018 to 95 million in 2060.
- **A Growing Need for Assistance:** Among those currently reaching retirement age, more than half (52%) will require LTSS at some point, and for an average of two years. By 2050, the number of individuals using paid LTSS in any setting will likely double from the 13 million who used services in 2000, to 27 million people. By 2035, the number of older households with a disability will increase by 76% to reach 31.2 M.
- **A Growing Need for Workers:** The nation will need an additional 2.5 million LTSS workers by 2030 to keep up with the growth of America’s aging population.
- **What does an unstable workforce mean for providers?** 1. High provider costs.; 2. Concerns about quality and access;3) Poor working conditions.

	National Workforce Crisis
<p>Caregiving</p>	<p>29. AARP <i>U.S. Voters’ Views on Support for Family Caregivers</i> May 2023 Key insights</p> <ul style="list-style-type: none"> • As the famous quote from Rosalynn Carter notes, “there are only four kinds of people in the world. Those who have been caregivers. Those who are currently caregivers. Those who will be caregivers, and those who will need a caregiver.” The results of our survey of U.S. registered voters underscores the truth behind this quotation as one-third of the voters in this study were caregivers in the past, one-fifth are currently caregivers, and half expect to be a caregiver in the future. • For many caregivers, caregiving takes a big chunk out of their yearly finances and several hours from their week. Four in ten family caregivers report spending over 20 hours a week on their caregiving responsibilities, while roughly six in ten incur \$1,000 or more in yearly out-of-pocket expenses on items such as medical supplies and equipment, transportation, or home modification. • Emotional stress, having to miss important events, and needing to balance their work, family, and caregiving responsibilities are common among a majority of family caregivers. Being unable to take vacations, needing to reduce their work hours or quit jobs altogether, and failing to advance in their careers are also noted by caregivers, albeit at lower percentages. • When asked what they would like Congress or their state government to do, family caregivers say they would like increased access to healthcare and financial support. And when given the choice between financial support and caregiving support that would give them time to do other things, by a margin of 2:1, most caregivers would prefer financial support from Congress • Voters believe Congress should support family caregivers. Over two-thirds of registered voters ages 18 and older believe that it is extremely or very important for Congress to help seniors to continue to live independently in their own homes, and more than half believe it is extremely or very important to provide support to unpaid family caregivers. Among voters ages 50 and older, the figures are even higher with three-quarters and six in ten noting the importance of addressing these issues. • Legislative proposals—whether to support family caregivers or to improve nursing homes and long-term care services—would motivate voters. More than seven in ten voters ages 18 and older say they would be more likely to support a candidate who backed proposals to support family caregivers, such as paid family leave; a tax credit of up to \$5,000; and expanded access to support and respite services. • Most voters ages 18 and older express concern about whether or not they will be able to get the care they need when they grow older. Roughly two-thirds are concerned they won’t have enough money to afford the care they need, or they won’t be able to live independently, while six in ten are concerned that they will need to live in a nursing home with poor conditions. <p>Voters Views Family Caregiving</p> <p>30. KKF Health News May 19, 2023</p>

	<p><i>Remote Work: An Underestimated Benefit for Family Caregivers</i> By Joanne Kenen</p> <p>In theory, the national debate about remote or hybrid work is one great big teachable moment about the demands on the 53 million Americans taking care of an elderly or disabled relative.</p> <p>But the “return to office” debate has centered on commuting, convenience, and childcare. That fourth C, caregiving, is seldom mentioned.</p> <p>That’s a missed opportunity, caregivers and their advocates say. . .</p> <p>About one-fifth of U.S. workers are family caregivers, and nearly a third have quit a job because of their caregiving responsibilities, according to a report from the Rosalynn Carter Institute. Others cut back their hours. The Rand Corp. has estimated that caregivers lose half a trillion dollars in family income each year — an amount that’s almost certainly gone up since the report was released nearly a decade ago. . .</p> <p>Economic stress is not unusual. Caregivers are disproportionately women. If caregivers quit or go part time, they lose pay, benefits, Social Security, and retirement savings. . .</p> <p>But given the high cost of home care, the sparse insurance coverage for it, and the persistent workforce shortages in home health and adult day programs, caregivers often feel they have no choice but to leave their jobs.</p> <p>Remote Work</p>
Economic Topics	<p>31. Kiplinger May 14, 2023 <i>To Afford Retirement, Take Inspiration from ‘The Golden Girls’</i> By Erin Wood</p> <p>Roommates, a part-time job and renting out your vacation home could be ways to save early in retirement to cover more expensive years later.</p> <p>Retirement is expensive, and sometimes no matter how well you've prepared, you just can't make the numbers work. Who factored a global pandemic into their retirement planning five years ago? How many people imagined they might lose a spouse to it or that they would be laid off from their jobs in the economic uncertainty? And yet, that's not an uncommon scenario.</p> <p>Leverage your home</p> <p>For many retirees, their home is among their biggest financial assets in retirement. Why not use this asset strategically to improve your retirement? Or you could be like The Golden Girls and get a roommate or two to help you with the mortgage — and to split up other bills like utilities, cable and Internet connection.</p> <p>Power in numbers</p> <p>Houses aren't the only thing that are more affordable with more people. Consider going in on large purchases with other people.</p> <p>Consider a car-sharing club of neighbors who take turns using the vehicle (and paying for gas, upkeep, and car insurance).</p> <p>Another idea is a Costco or a Sam's Club membership. These stores are a great way to save money, but you have to buy in bulk.</p> <p>Get a part-time job</p> <p>Gone are the days when retirees shut down their computers, said goodbye to their colleagues and walked away from work forever. With longer lifespans, including some type of work in your retirement plan makes good sense.</p> <p>Make adjustments to your plan</p>

	<p>doable in the future, and you'll need to make adjustments as you go. That said, use your healthy, active years as opportunities for cost savings or income generation and shore up your savings for later.</p> <p>Afford Retirement</p>
Health Topics	<p>32. NBC News May 18, 2023 <i>1 in 5 older adults skipped or delayed medications last year because of cost</i> By Berkeley Lovelace Jr. Rising inflation and high prescription drug costs are thought to be responsible. A growing number of older adults say they can't afford their prescription medications, a study published Thursday in JAMA Network Open found. About 1 in 5 adults ages 65 and up either skipped, delayed, took less medication than was prescribed, or took someone else's medication last year because of concerns about cost, according to the study. . . The Inflation Reduction Act — signed into law shortly before the study survey concluded — aims to lower the high cost of prescription drugs for older adults, On Jan. 1, a provision in the law imposed a \$35 monthly out-of-pocket cap on the cost of insulin for older adults on Medicare, causing insulin-makers to quickly follow suit for people on private insurance. But some of the law's other provisions — like a \$2,000 out-of-pocket cap on drug spending and negotiated drug pricing — won't go into effect for several more years. . . Billionaire Mark Cuban last year launched the Mark Cuban Cost Plus Drug Co., which offers some generic drugs at discounted prices. A study published last June found that Medicare could have saved nearly \$4 billion by purchasing generic drugs at the same prices offered by Cost Plus Drug Co. Skipped or Delayed Medications</p> <p>33. HealthDay May 12, 2023 <i>Rate of Fatal Falls Among U.S. Seniors Doubled in 20 Years</i> By Amy Norton Key Takeaways</p> <ul style="list-style-type: none"> • Falls are the No. 1 cause of death among older Americans, and the problem is growing • More than 36,500 people age 65 and older died of fall-related injuries in 2020, up from 10,100 in 1999 • While white seniors had the highest death rate from falls, no racial group has been spared <p>Rate of Fatal Falls</p>
Aging and Politics	<p>34. Washington Post (free access) May 19, 2023 <i>Opinion: America's gerontocracy is getting too old</i> By Kathleen Parker Forget about aging gracefully. We've reached a moment when the old refuse to resign, when pouty octogenarians hawk sex appeal from magazine covers (okay, just one), and when officials teetering on the brink of non-compos mentis insist upon leading the country. The notion of a generational changing of the guard has become a relic. But the past days and weeks have brought several reminders that age won't be denied no matter how many live in denial. Dianne Feinstein (D-Calif.) recently returned to the Senate after a 2½-month</p>

medical leave [necessitated by a shingles infection](#). The oldest current-serving member of Congress, Feinstein, 89, entered the chamber looking weak and diminished, presumably from the painful effects of the virus. She was in town to resume work, she said, [while also saying](#) she'd been at work all along, as though she'd never left.

When a reporter asked whether she meant she had been working from home, Feinstein said, "No, I've been here. I've been voting. Please — You either know or don't know."

True enough. Feinstein already announced she won't run for reelection in 2024, when she will be 91. This followed [reports of her mental decline](#) by several colleagues, including three Democratic senators, three former staffers and a Democratic House member from California. They agreed that her memory deterioration meant she couldn't do her job even with help from her staff. In fact, Feinstein voted this week and attended a Judiciary Committee hearing to approve nominations which had been stalled by her absence. Otherwise, she's keeping a light schedule on doctor's orders and getting around in a wheelchair. Unsurprisingly, 83-year-old Rep. Nancy Pelosi (D-Calif.) [has called](#) reports about Feinstein's mental diminishment "ridiculous attacks that are beneath the dignity in which she has led and the esteem in which she is held."

Commentary about someone's age and related issues is painful to write and painful to read. At best, it seems disrespectful. But public life carries a duty to be honest with oneself while self-awareness is still possible.

Which brings us, inevitably, to President Biden. At times I think, *oh, whew, he got through that speech pretty well*. I'm always pulling for him because he's our president. I want him to be strong; I wish him good health and strong knees. But at other times, his speech is so muddled, I have no idea what he's saying, and it seems he doesn't either.

I hate saying this, but Biden is too old to serve another four years, not least because, should he become debilitated by illness or injury, we'll be saddled with one of the least-popular Democratic candidates from the 2020 primary campaign: Vice President Harris. Her [word salads](#) make Biden seem like Demosthenes. Ninety percent of the time, I have no idea what she's talking about. Or why she's laughing.

Here is Harris [addressing climate change](#): "We will work together, and continue to work together, to address these issues ... and to work together as we continue to work, operating from the new norms, rules, and agreements, that we will convene to work together ... we will work on this together."

And she's only 58.

Lest my observations seem partisan, Sen. Charles E. Grassley, 89, has served as one of Iowa's senators since 1981. That's eight terms for Grassley, who, by the way, is [fit as a fiddle](#). Just ask him. He described his daily routine to a group of Iowa radio reporters last fall: "I go to bed at 9. Get up at 4. [Run] two miles in morning. Get to the office before 6. Usually in the office until 6:30, quarter 'til 7. I have a full schedule when I'm in the office — you know, committee meetings, caucuses, interviews like this that I do 52 times a year."

Grassley forgot to mention that he'll drop to the floor and do push-ups for no reason whatsoever, and has the best Senate attendance record, according to one of his ads.

No one has challenged Grassley's mental acuity, though the Iowan will be 95 at the end of his term. I suppose he, like many men, worries that retirement means

imminent death. But can't a case be made for going home as a gesture of good manners and fair play — to give someone else a turn at the wheel? Surely, some younger version of Grassley can vote for what lowans want.

I'm guessing not many women are busting their bustles to challenge another older woman, who, the same week Feinstein rolled back into the Capitol, was flashing leg on the cover of the 2023 Sports Illustrated swimsuit issue. Martha Stewart just can't quit herself. For just \$15.99 plus \$4 shipping, you can view the 81-year-old vixen [posing in a variety of bathing suits](#), including a white bikini. In one photo, she's lying on a beach, leaning on one arm, and looking a little sleepy, as a young dude in jeans-no-shirt rides a stallion through the shallows, dragging two more horses behind him.

To each her own — and heaven forbid anyone should judge any woman's decision about her body — but note to self: To all things there is a season. Martha looks fine from what I've seen online, but I'd buy the magazine only for her beauty Rolodex — names, numbers, and none of this nonsense about drugstore body glow.

She has no plans to retire, but you knew that. The woman who is about to publish her 100th book is in an important way different from the rest: No one can replace Martha.

<https://wapo.st/3MpWsUY>

35. Washington Post (free access)

May 19, 2023

Opinion: How should Americans think about Biden's age? Like this.

By The Editorial Board

If a reminder was necessary as to the potential stakes in 2024's election, former president Donald Trump's performance at a CNN town hall with New Hampshire voters on May 10 provided it. The Republican front-runner remains as committed to his lies about the 2020 election, as extreme in his approach to major issues — for example, encouraging GOP members of Congress to hold the [debt limit](#) hostage for "massive cuts" — and as belligerent as ever. Mr. Trump's nomination is not yet ensured, but his words foreshadowed the chaos that a second Trump administration might bring.

Therefore, the event provided a fresh reason to focus on President Biden's bid for reelection, which appears to be unopposed except by two long shots within the Democratic Party. The strong likelihood of Mr. Biden's nomination, in turn, raises his greatest vulnerability in a general election: his age. In seeking another four-year term so late in life, Mr. Biden, who would be 82 on Nov. 20, 2024, is asking voters to do something unprecedented. And they seem to have reservations about it. Seventy percent of U.S. adults do not believe Mr. Biden should run again, and 69 percent cite his age as either a "major" or "minor" reason, according to [a recent NBC News survey](#).

What is the right way to think about this unique situation? First, voters need to maintain a sense of perspective. "Don't [compare me to the Almighty. Compare me to the alternative,](#)" the president likes to say. He has a point, particularly if the alternative to four more years of Mr. Biden is four more years of Mr. Trump — who would himself be 78 on Election Day next year.

Nevertheless, there is a rational basis to concerns about Mr. Biden's age. His frequent verbal lapses do not help assuage them. There is no public evidence these moments reflect anything other than the forgetfulness and difficulty at multitasking that often occurs among generally healthy seniors, [according to the](#)

[National Institute on Aging](#). In a way, though, that's just the point. They're normal. Voters can expect more of the same in a second term.

Mr. Biden's [physicians have declared](#) him, credibly, in good physical and mental shape relative to his years. Yet Social Security Administration actuarial data indicates the average person his age [can expect to live an additional 8.5 years](#). This points to another reality: the risk, in a second term, of serious health challenges or even invocation of the 25th Amendment, which deals with presidential disability.

History provides at least one counterexample: Konrad Adenauer was 87 when he stepped down after [14 years as chancellor](#) of West Germany, having started in 1949 at the age of 73. Still, the median age of world leaders is 62, according to the [Pew Research Center](#). And the U.S. presidency, with its enormous international responsibilities, is an especially demanding office. Nor is the presidency comparable with service in Congress (median age: 57.9 years for the House; 65.3 years for the Senate), where an aged member's death or disability could force a single state or district into a possibly disruptive transition — but not a whole branch of government.

In short, Mr. Biden's age is not inevitably the decisive issue, but it is a real one, and he will have to address it, forthrightly, whether the choice in 2024 is between him and Mr. Trump or another Republican. The public has a right to know details about his health, physical and mental, and about what he is doing to maintain it. The president also has an obligation to interact with the public, especially with reporters, regularly, and in settings that are not tightly controlled by the White House staff.

The good news is that, after a long period of shunning the media, Mr. Biden has fielded questions on several occasions, including an April 26 joint news conference with the South Korean president. In that encounter, he acknowledged that voters are evaluating this historically unparalleled aspect of his candidacy: "I respect them taking a hard look at it. I'd take a hard look at it as well," he said. That was the right attitude. By acting on it, Mr. Biden could reassure voters and shift the campaign to the contrast between his record and the GOP brand: Trump-style right-wing populism.

To be sure, Mr. Trump and Mr. Biden are well-known figures about whom voters have already formed strong opinions. In a rematch between them, the age issue might change the votes of only a relative handful of people. Indeed, advanced age is a question mark for Mr. Trump, too, though one that's overshadowed by his defects of character, temperament, and extremism.

In an ideal world, the U.S. political system would enable a generational update among our [presidential candidates](#). In the real world, it looks as if voters in 2024 will have to weigh Mr. Biden's advanced age more or less as he proposes — not compared with the alternatives they wish they had but compared with the ones they do.

<https://wapo.st/3pT7lql>

36. Washington Post (free access)

May 19, 2023

Opinion: The U.S. Senate, it's senior living made permanent. Join today!

By Alexandra Petri

Worried about finding a reliable senior community for your loved ones — or even yourself? A place where you can focus on things you love, discover new hobbies, make friends, and keep leading a vibrant life in your golden years? Do

you long for a beautiful facility where trusted staff will take you from activity to activity yet you can retain your independence — even sporting a little “I” after your name to let everyone know just how independent you are?
Consider ... retiring to the United States Senate.
The world’s greatest deliberative body might seem a counterintuitive place to retire, but consider all the things that make it an appealing place to grow old. Here at the Senate, there’s no shame in being senior! Indeed, our senior members are the most important. We make a point of it: We have a minimum age but no maximum. Our members’ average age is 64.3 — [more than 25 years older than the U.S. median age!](#)
Worried that you will slow things down or that your absence could grind things to a halt? Don’t be. Go as fast or as slow as you’d like — the Senate will be there, waiting. That is how the system is designed.
There’s so much to do here for members of all ages! We have a gym, a library and groups called committees for members who share a common interest — Appropriations, Budget, Judiciary, Foreign Relations and more. We also have a floor for votes! You can pass real, binding legislation! Laws that people have to live by — even decades into the future!
Want to learn more about technology? Hold a hearing! Worried you don’t understand the latest technology? Simply ban it!
Our historic facility boasts marble hallways and manicured grounds. We don’t offer golf on-site, but it is very easy to have a lobbyist take you!
There’s a constant stream of visitors, so you’ll never be bored. Tourists. Activists. Student groups. They’ll ask questions about the past, about their future. Feel free to answer as brusquely as you’d like — or not at all. This isn’t about them. It’s about *you*. Remember, the less you think about the consequences your presence here has for other people, the more worry-free your tenure can be!
Here, activities include running (only every six years), voting, fundraising (this can be as onerous as you make it), making phone calls and dodging (reporter questions, calls to resign).
To enter, you’ll have to pick a team, but don’t worry: The longer you stay, the less it will matter. You’ll start to feel a bond with your fellow members that transcends any so-called party allegiance.
And in the Senate, there is no such thing as too old! Strom Thurmond [stayed nearly](#) until he died, [at age 100](#). You, too, can stay that long — or even longer.
No worries, either, about overstaying your welcome. Jane Mayer of the New Yorker [wrote that](#), “Strom Thurmond, of South Carolina, and Robert Byrd, of West Virginia, were widely known by the end of their careers to be non-compositis.” Your constituents might mind, but the Senate will gladly accommodate you.
What if you reach a point when it becomes difficult to function? Simply assume that will not be a problem!
In the Senate, we believe that you’re never too seasoned to participate! What’s more, we insist on it — from approving judicial nominees (some for life!) to shaping legislation that will determine how much carbon dioxide our nation releases for the next few decades! Don’t worry if you’re not knowledgeable about some issues; just mess around. The next generation will sort things out! Don’t wait! Save your seat in the Senate today!
Some fine print: Yes, you are technically representing a state full of people and making policy decisions for the country as a whole. The ramifications of these

	<p>policy decisions will last for years, maybe generations. If you enter with strong principles and a clear sense of mission, it is still possible that simply by remaining in the Senate you can jeopardize everything you've worked so hard to build. But don't let these details stand in the way of a wonderful Senate retirement. Be like Strom Thurmond! That's a sentence everybody loves to hear. And, if the Senate's not for you, consider ... retiring to the White House! https://wapo.st/3MLXU5A</p>
Disability Topics	<p>37. President's Committee for People with Intellectual Disabilities <i>PCPID Meeting Materials and Video Replay Available</i> The President's Committee for People with Intellectual Disabilities (PCPID) held a virtual meeting on May 1, 2023, to discuss issues related to home and community-based services (HCBS). The discussion helped develop a general framework for the preparation of the Committee's Report to the President. Key emerging issues identified related to HCBS include direct support professionals, competitive integrated employment, community living, and federal support programs. All meeting materials — agenda, minutes, presentation slides, and video replay with captions — can now be accessed on the PCPID webpage in the PCPID Meeting Materials section.</p> <p>38. Centers for Medicare & Medicaid Services May 16, 2023 <i>Seat Elevation Systems as an Accessory to Power Wheelchairs</i> Decision Summary The Centers for Medicare & Medicaid Services (CMS) finds that power seat elevation equipment on Medicare-covered power wheelchairs (PWCs) falls within the benefit category for durable medical equipment (DME). This Benefit Category Determination (BCD) expands the scope of the proposed benefit category decision based on consideration of public comments on the proposed decision memorandum. Section 1861(n) of the Social Security Act (the Act) defines what items are considered to be DME and 42 CFR 414.202 provides additional details on the definition of DME. After considering the public comments on the proposed decision memorandum, CMS is also expanding coverage beyond the proposed decision. CMS finds in this national coverage analysis that the evidence is sufficient to determine that power seat elevation equipment is reasonable and necessary for individuals using complex rehabilitative power-driven wheelchairs[1] when certain conditions are met. WC Seat Elevation Coverage</p> <p>39. Goats and Soda – NPR May 13, 2023 <i>She's a U.N. disability advocate who won't see her own blindness as a disability</i> By Ari Daniel Years ago, when some family and community members learned that young Gertrude Oforiwa Fefoame was losing her vision, they lamented, "How will you be anything in the future? Oh, my Lord, is this the end for you?" It was not. This year, Fefoame, now age 65, became the chair of the United Nations</p>

	<p>Committee on the Rights of Persons with Disabilities (CRPD), a group that protects and advocates for the rights of people with disabilities. A citizen of Ghana, she's the first African woman to hold the position and has spent her career serving this community. Earlier, as a member of the CRPD, she helped get more women elected to the committee and revived a working group on women and girls with disabilities.</p> <p>Alongside her work for the U.N., Fefoame's main role is global advocacy manager at Sightsavers, an international organization that strives to eliminate avoidable blindness and promote the rights of those with disabilities. She also serves as the Africa president of the International Council of People with Visual Impairment, is an adviser to the World Council of Churches Commission on World Mission and Evangelism, and has been involved with the World Blind Union.</p> <p>UN Disability Advocate</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmooore8473@charter.net.</p>
Websites	<p>Massachusetts Hospital Profiles Center for Health Information and Analysis https://www.chiamass.gov/hospital-profiles/</p> <p>CHIA has published the Massachusetts Hospital Profiles for HFY 2021. Hospital Profiles provide descriptive and comparative information on acute and non-acute hospitals based on hospital characteristics, services, payer mix, utilization trends, cost trends, and financial performance over a five-year period through HFY 2021.</p> <p>Hospital Profiles also includes an interactive dashboard below that contains data visualizations that provide insight into the acute hospital industry for HFY 2021. Users can obtain more detailed information by hovering their cursor over data points.</p> <p>Please Note: The data used for these profiles is a compilation of payer and provider-submitted data sources, including hospital audited financial statements, hospital cost reports, hospital discharge data, and relative price data. For comparative purposes, acute hospitals are assigned to a cohort of similar hospitals:</p> <ul style="list-style-type: none"> • Academic Medical Centers (AMCs) • Teaching Hospitals • Community Hospitals • Community-High Public Payer Hospitals <p>For non-acute hospitals, the cohorts are defined by services provided, and include behavioral health, rehabilitation, and chronic care. Specialty acute and non-acute hospitals are not identified with a distinct cohort.</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 homes with admission freezes

Massachusetts Department of Public Health
Temporary admissions freeze
 On November 6, 2021 the state [announced](#) that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety.

- There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:
- Number of new COVID-19 cases within the facility
- Staffing levels
- Failure to report a lack of adequate PPE, supplies, or staff
- Infection control survey results
- Surveillance testing non-compliance

Facilities are required to notify residents’ designated family members and/or 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 May 10, 2023. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating
Hillside Rest Home	Amesbury	5/2/2023	Cases	N/A

Massachusetts Department of Public Health
 Determination of Need Projects

Massachusetts Department of Public Health
Determination of Need Projects: Long Term Care
2023
[Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure](#)
[Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project](#)
2022
[Ascentria Care Alliance – Laurel Ridge](#)
[Ascentria Care Alliance – Lutheran Housing](#)
[Ascentria Care Alliance – Quaboag](#)
[Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation](#)
[Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure](#)
[Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation](#)
[Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation](#)
[Next Step Healthcare LLC-Conservation Long Term Care Project](#)
[Royal Falmouth – Conservation Long Term Care](#)
[Royal Norwell – Long Term Care Conservation](#)

	<p>Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation</p> <p>2020 Advocate Healthcare of East Boston, LLC. Belmont Manor Nursing Home, Inc.</p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated March 29, 2023</p> <p>CMS has published a new list of <u>Special Focus Facilities</u> (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.</p> <p>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.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p> <ul style="list-style-type: none"> • 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. <p>Massachusetts facilities listed (updated March 29, 2023)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • Somerset Ridge Center, Somerset https://somersetridgerehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225747 • South Dennis Healthcare

<https://www.nextstephc.com/southdennis>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225320>

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough

<https://tinyurl.com/MarlboroughHills>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225063>

Massachusetts facilities which have graduated from the program

- The Oxford Rehabilitation & Health Care Center, Haverhill

<https://theoxfordrehabhealth.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225218>

- Worcester Rehabilitation and Health Care Center, Worcester

<https://worcesterrehabcare.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225199>

Massachusetts facilities that are candidates for listing (months on list)

- Charwell House Health and Rehabilitation, Norwood (15)

<https://tinyurl.com/Charwell>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225208>

- Glen Ridge Nursing Care Center (1)

<https://www.genesishcc.com/glenridge>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225523>

- Hathaway Manor Extended Care (1)

<https://hathawaymanor.org/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225366>

- Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)

<https://www.medwaymanor.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225412>

- Mill Town Health and Rehabilitation, Amesbury (14)

No website

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225318>

- Plymouth Rehabilitation and Health Care Center (10)

<https://plymouthrehab.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225207>

- Tremont Health Care Center, Wareham (10)

<https://thetremontrehabcare.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225488>

- Vantage at Wilbraham (5)

No website

	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295</p> <ul style="list-style-type: none"> Vantage at South Hadley (12) No website <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram</p>																								
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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<p>Nursing Home Compare</p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting 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>																								

	https://tinyurl.com/NursingHomeCompareWebsite		
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>		
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 		
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p>	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Pricilla O'Reilly Lachlan Forrow	prisoreilly@gmail.com lforrow@bidmc.harvard.edu
	Facilities (Nursing homes)	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
Assisted Living and Rest	In formation		

Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Homes		
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jiimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jiimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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"> • Scott Harshbarger • Chris Hoeh • Dick Moore • Brian O’Grady <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 <u>The Dignity Digest</u> 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. Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/ For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			