



The Dignity Digest

Issue # 142

June 5, 2023

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

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

Spotlight

The Care Economy with Ai-jen Poo [president of the National Domestic Workers Alliance and executive director of Caring Across Generations]

Why Is This Happening? (Podcast and transcript)

May 31, 2023

[The Care Economy](#)

Every day in the United States, 10,000 people turn 65, according to the UN Population Division. We are about to have the largest older population ever. At the same time, nearly 4 million babies are born every year, leaving many Americans juggling caring for young children and aging parents. Caregiving is often cast as nonproductive labor, despite the incredible mental, emotional, and physical toll it can take. It's increasingly clear that more resources are urgently needed to support caregivers. How can we rethink our social and economic policies to ensure that more people can age with dignity? Ai-jen Poo is president of the National Domestic Workers Alliance and executive director of Caring Across Generations. She is also author of the 2015 book "[The Age of Dignity: Preparing for the Elder Boom in a Changing America](#)." She joins WITHpod to discuss her personal experiences that led her to be an activist, the need for more infrastructure to support caring for aging populations, the care economy and more.

[The Care Economy](#)

Call for Advocacy

Rate increase for personal care attendants to \$25 per hour

Dignity Alliance Massachusetts has drafted the following letter to Governor Healey calling for an increase in the hourly wage for personal care attendants (PCAs) to be raised to \$25 from the current \$18.

To add your support to the letter, please go to:

<https://forms.gle/GVTRtZdi2CV6jbpYA>. The link will be open until 4:00 p.m., Tuesday, June 6. If you have any questions, please contact Charlie Carr, CharlesCarr@dpcma.org, or Chris Hoeh, Cdhoeh@gmail.com.

*The Honorable Maura Healey
Office of the Governor
Room 280
24 Beacon Street
Massachusetts State House
Boston, MA 02133*

Re: Wage rate for personal care attendants (PCAs)

Dear Governor Healey,

On behalf of the membership of the Dignity Alliance of Massachusetts, the state's only organization representing the voices of people with disabilities and elders toward the shared goal of community living, independence, and dignity, we share your concern, as you stated during the 2022 campaign, about the importance of stabilizing and growing the Personal Care Assistance program by increasing the rate of payment for PCA's to at least \$25 per hour effective immediately.

As you are well aware, there is a rapidly growing workforce crisis in the human services and medical fields in general. Additionally, the 48,000 people with significant disabilities that rely on the PCA program to live independently in the community are particularly vulnerable and face the very real prospect of going into nursing homes because they can't find PCAs who will work for the current rate of \$18 per hour.

PCAs are the backbone of the program and are primarily women of color with children living in poverty from paycheck to paycheck. Not only is increasing the wage for this workforce an economic issue but also one of social justice. PCAs are living in the margins of the Commonwealth and are facing racial and ethnic disparity every day of their lives.

We implore you to do the right thing and instruct the Secretary of the Executive Office of Health and Human Services to negotiate a rate of \$25 per hour to ensure the viability of the program and address head on the workforce crisis.

This letter has been endorsed by the individual and organizational member of Dignity Alliance Massachusetts listed on the attached page.

We look forward to an opportunity to meet with you or others in the Administration to further discuss this critical survival matter.

Kind regards,

For Dignity Alliance Massachusetts

Copy: Sarah Sabshon, Associate Chief of Staff for Policy & Cabinet

Quotes

The key questions asked in 1990 remain in 2023: How will we serve and support aging [adults] and [persons] with disabilities and give them the respect and quality of care they deserve? Will we serve people where they prefer — in their own homes and communities — or will we serve them in large institutional settings that take away their identities and their dignity? What will be done to ensure the presence of a high-quality and stable workforce? Who will pay, and how much, for the services needed?

*Opinion: The crisis in nursing home care is becoming a catastrophe, *Des Moines Register, June 4, 2023, [Crisis Becoming a Catastrophe](#)*

What has happened in the 33 years since the call for urgent action? Shockingly and frustratingly, not much. Presidents, governors, and legislators have been unwilling to take bold action. Instead, they have chosen to convene more commissions, committees, task forces, and blue-ribbon panels, all of which produced similarly startling reports that ended with the same urgent call to act.

Opinion: The crisis in nursing home care is becoming a catastrophe, Des Moines Register, June 4, 2023, [Crisis Becoming a Catastrophe](#)*

Lack of action has allowed things to only get worse. Results of this study suggest widespread underreporting of major injury falls and pressure ulcers across US nursing homes, and underreporting was associated with the racial and ethnic composition of a facility.

Underreporting of Quality Measures and Associated Facility Characteristics and Racial Disparities in US Nursing Home Ratings, JAMA Network, May 23, 2023, [Underreporting of Quality Measures and Associated Facility Characteristics and Racial Disparities in US Nursing Home Ratings](#)

“Having family members be workers does help cover a gap given the workforce issues, but then who is proving respite

to that family member? ... It definitely covers a gap, but there is a quality of life for that caregiver that may become important and affect the participant.”

Louisiana State Official, *Emerging Respite Care Strategies in Medicaid Home and Community-Based Services Waivers for Older Adults, Adults with Physical Disabilities, and their Family Caregivers*, **National Academy for State Health Policy**, May 26, 2023, [Emerging Respite Care Strategies in Medicaid Home and Community-Based Services Waivers for Older Adults, Adults with Physical Disabilities, and their Family Caregivers](#)

The debt ceiling agreement would put almost 750,000 older adults aged 50-54 at risk of losing food assistance through an expansion of the existing, failed SNAP work-reporting requirement.

Debt Ceiling Agreement’s SNAP Changes Would Increase Hunger and Poverty for Many Older Low-Income People; New Exemptions Would Help Some Others, **Center on Budget and Policy Priorities**, May 31, 2023, [jeopardize SNAP food assistance for 750,000 older adults ages 50-54](#),

Ai-jen Poo [president of the National Domestic Workers Alliance and executive director of Caring Across Generations]: So, every year, 4 million babies born, every year, 4 million people turn 65 and live longer than ever. And who we have in the middle is us, and we're both managing care at a time when we have less of it. And it's that panini effect, some people use the sandwich generation metaphor. I find sandwich to be a little gentler as a metaphor for this dynamic that we're kind of --

Chris Hayes: You mean you want to think about being pressed on a hot grill is why you used panini.

Ai-jen Poo: I mean, that's how it feels like.

*The Care Economy with Ai-jen Poo [president of the National Domestic Workers Alliance and executive director of Caring Across Generations], **Why Is This Happening?** (Podcast and transcript), May 31, 2023, [The Care Economy](#)*

Ask yourself, what ought to be the primary goal of American health care? To my mind it is this: to maintain and improve individual and population health most effectively and efficiently. And if that is correct, there are

two critical questions we all need to ask: (1) Why are we failing so miserably to achieve this goal? and (2) Why are doctors and other health care professionals willing to go along with this dysfunctional system?

America's Broken Health Care: Diagnosis and Prescription, Imprimis (A publication of Hillsdale College), February 2, 2023, [America's Broken Health Care](#)

Oliver Wendell Holmes said in 1869, "The state of medicine is an index of the civilization of an age and country—one of the best, perhaps, by which it can be judged." Medical science is a wonderful gift, but we have to use that gift wisely so that it serves the American people by providing the best and most efficient care. We can't allow it to be held hostage by the medical-industrial complex.

America's Broken Health Care: Diagnosis and Prescription, Imprimis (A publication of Hillsdale College), February 2, 2023, [America's Broken Health Care](#)

[Holland Kaplan, a physician and bioethicist] has [written](#) about performing chest compressions on a frail, elderly patient and feeling his ribs crack like twigs. She found herself wishing she were "holding his hand in his last dying moments, instead of crushing his sternum." She told me that she's had nightmares about it. She described noticing his eyes, which were open, while she was performing CPR. Blood spurted out of his endotracheal tube with each compression.

"I felt like I was doing harm to him," she told me. "I felt like he deserved a more dignified death." It's no wonder that many doctors are not fond of CPR, and [choose](#) not to receive it themselves.

For many, a 'natural death' may be preferable to enduring CPR, NPR Shots, May 29. 2023, [A Natural Death](#)

"Give people something they can say yes to." Physicians have the knowledge and experience to guide patients in

	<p><i>choosing measures they may benefit from, declining those that may harm, and aligning interventions with their wishes and values. The most important thing, instead of always taking action, is to ask.</i></p> <p>Holland Kaplan, a physician and bioethicist, <i>For many, a 'natural death' may be preferable to enduring CPR, NPR Shots</i>, May 29. 2023, A Natural Death</p>
<p>Webinars and Online Sessions</p>	<ol style="list-style-type: none"> <p>1. Administration on Community Living Thursday, June 15, 2023, 1:00 to 2:00 p.m. Commit to Connect Webinar: State-Level Leadership in Promoting Social Connection Join Commit to Connect for a webinar that will highlight findings from a recent ADvancing States poll on state initiatives promoting social connection. Georgia and Wisconsin will share their state-level initiatives, highlight engagement efforts, and share tips and best practices This event will include American Sign Language interpretation and captioning services. For questions, contact info@committtoconnect.org. Commit to Connect is a cross-sector initiative, launched by ACL, to fight social isolation and loneliness by helping people connect and engage to build the social connections they need to thrive. Register for the webinar</p> <p>2. LGBTQ+ Elders in an Ever-Changing World Conference Thursday, June 15, 2023, 9:00 a.m. to 3:00 p.m. <i>Forward is a Fluid Motion: Aging with Hope, Positivity, and Resilience</i> Register now Conference Fee: \$95 - with CEUs / \$75 - No-CEUs / \$25 - Seniors and Students A virtual one-day conference focusing on interdisciplinary practice and community engagement for people working with lesbian, gay, bisexual, transgender, queer/questioning + older adults and caregivers. LGBTQ+ people interested in their own aging or caregiving needs are invited to attend. Keynote speaker: Dr. Imani Woody (Keynote Speaker Bio and Presentation)</p> <p>Workshops</p> <p>SESSION 1</p> <p>10:15 - 11:30 a.m.</p> <p>LGBTQIA+ Aging 101: What You Need to Know About Lesbian, Gay, Bisexual Transgender, Queer, Questioning, Intersex and Asexual Older Adults This presentation addresses unique issues facing LGBTQIA+ older adults and provides individual and organizational best practices to effectively serve LGBTQIA+ older adults and caregivers. Presenter: Lisa Krinsky, MSW, LICSW - Aging Project at the Fenway Institute at Fenway Health</p> <p>Exploring Needs of LGBTQ+ Caregivers/Persons with Alzheimer's and Parkinson's Disease In the U.S. approximately 350,000 LGBTQ+ older adults are living with Alzheimer's disease and related dementias (ADRD), and more than 40,000 are living with Parkinson's disease (PD). There are unique challenges experienced by</p>

LGBTQ+ caregivers of persons living with ADRD and PD. We will describe current research efforts aimed at understanding the health needs and challenges of LGBTQ+ caregivers and LGBTQ+ persons living with ADRD and PD.

Presenters: Brittany Klenczar / Jacq Tate - University of Nevada, Las Vegas

To Be Heard, To Be Seen: Leading with LGBTQ+ Elders

One of the biggest challenges facing LGBTQ+ older adults today, especially LGBTQ+ older adults of color, is visibility and representation. Participants will learn about Pride Action Tank's collaborative approach to LGBTQ+ older adult-centered programming and initiatives.

Presenters: Kim Hunt, MMP, MUPP / Iana Amiscaray, M.Ed. - Pride Action Tank

SESSION 2

11:45 a.m. - 1:00 p.m.

The Caregiver Advise, Record, Enable (CARE) Act and LGBTQ+ Caregivers

Many LGBTQ+ older adults are likely to be caregivers or care recipients within a family of choice and have no biological relation or legally recognized relationship. The stress of caregiving without recognition in medical settings adds to the LGBTQ+ caregiver burden and impacts the caregiver's health. This presentation will discuss health disparities faced by LGBTQ+ older adults and their caregivers, their unique challenges, specifics of the CARE Act and how the CARE Act supports LGBTQ+ patients, their chosen care partners, and safer care transitions.

Presenter: Laura Vanderhill, LSW, MHA - Healthcentric Advisors

Suicide Risk at the Intersection of LGBTQ+ and Aging

Suicide risk for both older adults and members of the LGBTQ+ community is at epidemic levels. Conversations about suicide, while difficult, can save lives. The combination of stigma directed at the LGBTQ+ and the elder communities, along with the challenges we all face in discussing the topic of suicide, often prevents us from having meaningful and direct communications with people we fear may be suicidal. This workshop will provide information on suicide risk specific to these groups, tools to use to open conversations on suicidality, and resources to assist those who are experiencing suicidal thoughts, plans, or actions.

Presenters: Kirk Woodring, LCSW - AgeSpan / Stacey Jackson-Roberts, LCSW - Encircle

Advance Directives to Manage Anxieties of Transgender People about Dementia

Transgender people and especially those of color bear heightened risk of dementia and may fear healthcare discrimination. Little is known about the impact of dementia on a transgender person's gender identity. Advance directives may help avoid losing control over their gender expression.

Presenter: Ames Simmons - Duke University School of Law

SESSION 3

1:30 - 2:45 p.m.

What LGBTQ+ Older Adults and Caregivers Need to Know: Legal Rights, Protective Policies, and the Future Landscape

This presentation discusses current laws and federal policies affecting LGBTQ+ Older Adults, practical ways for taking advantage of them, and likely developments in the future.

Presenters: Shelly Skeen - Lambda Legal / Aaron Tax - SAGE

Loving our Aging Queer Bodies: Challenging Ageism One Sexual Pleasure at a Time

We will discuss the challenges and joys as sexual beings as we age in a frank, research-based, and humorous way.

Presenter: Jane Fleishman, Ph.D., M.Ed., M.S. - Speaking Of, LLC

Out Loud: Healthcare Advocacy for Transgender and Gender Diverse Elders

This interactive workshop explores healthcare advocacy by patients and providers in response to challenges that transgender and gender diverse elders may experience in healthcare settings.

Presenter: Lauren Catlett, MSN, RN, CNL - University of Virginia School of Nursing

[Register now](#) (Registration closes June 14)

3. NASW – Massachusetts Chapter

Thursday, June 22, 2023, 8:30 a.m. to 4:40 p.m.

NASW-MA Nursing Home and Elder Issues Conference 2023

Theme: Value of the Social Worker: Frustration, Benefit, Hope

6 CEUs available for social workers.

This year's conference will explore how social workers can work effectively with older adults, families, and staff in their workplace; the program will focus on individuals from different ethnicities, languages, and gender identities. Join us on June 22 and learn about how to support social workers to better advocate on behalf of older adults, and how to engage in improving the quality of life and services within the communities we serve.

Participants will:

1. Learn how state and national organizations advocate on behalf of older adults (especially in nursing homes).
2. Learn about community organizations that provide older adult services, the potential impact on their clients, and how to refer and work with them.
3. Learn about the strengths and challenges for nursing home social workers and how to engage in an effort to improve and regulate their presence.

Keynote speaker: Lori Smetanka, JD, Executive Director, National Consumer Voice for Quality Long-Term Care: "Advocating for Action: Promoting the Essential Role of Social Services in Nursing Home Residents' Well-Being"

CONFERENCE AGENDA:

8:30 - 8:45am: Welcome remarks by Rebekah Gewirtz, Chapter Executive Director, and Frank Baskin, Nursing Home Committee Chair

8:45 - 10:15am: Keynote Address: Advocating for Action: Promoting the Essential Role of Social Services in Nursing Home Residents' Well-Being

10:15 - 10:30am: Morning break

10:30 - 11:30am: Workshop: Public Policy

11:30 - 12:00pm: Workshop: Why We Need Social Workers, Accomplishments, and Strengths

12:00 - 1:00pm: Lunch break

1:15 - 2:45pm: Afternoon workshops (select one)

Workshop 1: The Long-Term Care Ombudsman Program: Challenges & Opportunities in Nursing Home Practice

Workshop 2: Councils on Aging/Senior Centers: The Community's Best Kept Secret

Workshop 3: Elder Mental Health Outreach Teams and Emerging Community-Based Models to Support Older Adults with Behavioral Health Conditions

2:50 - 3:20pm: Workshop: Challenges by Social Workers

3:20 - 4:20pm: Workshop: What Changes Must Be Made: Why & Action Steps to

	<p>Bring Social Workers Into the 21st Century 4:20 - 4:35pm: Participant Q&A 4:40pm: Conference ends REGISTRATION FEES: NASW Member: \$60 Retired/Student NASW Member: \$45 Not yet members: \$80 This year’s Nursing Home and Elder Issues Conference will be fully virtual in a Zoom Meeting room on Thursday, June 22 @ 8:30am - 4:40pm EST. Two days prior to the event, participants will receive an email with information on how to join the conference, Zoom link, evaluation form, and more. Online registrations are closing on Tuesday, June 20. Please note, no refunds will be made for cancellations received after this date. For questions, email our Program Manager at cmolinaadames.naswma@socialworkers.org https://www.naswma.org/events/EventDetails.aspx?id=1752318</p> <p>4. Justice in Aging Thursday, June 22, 2023, 2:00 to 2:45 p.m. <i>Access to SSI – Improving Language Access for SSI and Social Security Beneficiaries</i> The complex and paperwork-intensive process of applying for Supplemental Security Income (SSI) and Social Security disability benefits can be daunting for everyone. For individuals with limited English proficiency (LEP), language access is an additional barrier that can make this process even more daunting. Efforts to improve language access should happen at multiple levels, such as by providing more forms and notices in non-English languages, extending SSI eligibility to more LEP individuals, and reviewing the Social Security Administration’s current language access systems and data in order to make improvements. This webinar, Access to SSI – Improving Language Access for SSI and Social Security Beneficiaries, will provide a brief outline of how language access works for SSI and Social Security applicants and beneficiaries, and offer specific proposals to reduce barriers to access in this area. The webinar expands on our issue brief released this past fall, Improving Language Access for SSI and Social Security Beneficiaries. Who Should Participate: Advocates working with older adults and people with disabilities who are eligible for SSI or Social Security, and individuals who work in communities with, or on behalf of, LEP older adults. Presenters: Tracey Gronniger, Managing Director, Economic Security, Justice in Aging Trinh Phan, Director, State Income Security, Justice in Aging Register now</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>5. *Des Moines Register June 4, 2023 <i>Opinion: The crisis in nursing home care is becoming a catastrophe</i> By John Hale and Terri Hale, advocates in Iowa A crisis ignored eventually leads to catastrophe, and that’s what we’re</p>

witnessing.

The word crisis was first used in 1990 — 33 years ago — by the [Bipartisan Commission of the United States Congress](#) to describe the challenges the nation faced in providing long-term care services to people with disabilities and older citizens.

The commission also used phrases like an “urgent need for action” and “current conditions that are unconscionable” to alert Congress to act on recommendations that would ensure all Americans have access to high-quality, affordable long-term care services in the setting they prefer.

The commission said that while the problems were major, they would worsen in the future because of a rapidly aging society that would live longer lives enabled by breakthroughs in medicine and technology.

The commission challenged Congress and the president with its final words: “We must act now.”

ANOTHER VIEW: Biden

What has happened in the 33 years since the call for urgent action? Shockingly and frustratingly, not much. Presidents, governors, and legislators have been unwilling to take bold action. Instead, they have chosen to convene more commissions, committees, task forces, and blue-ribbon panels, all of which produced similarly startling reports that ended with the same urgent call to act.

Lack of action has allowed things to only get worse. A recent report, "[The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff.](#)" refers to nursing home care as “ineffective, inefficient, fragmented and unsustainable.” Pulling no punches, the report says that nursing home operators, owners, regulators, and federal and state government payers are failing residents.

Further evidence abounds in the reporting of Clark Kauffman at the Iowa Capital Dispatch. On a regular basis, Mr. Kauffman reviews reports of nursing home and home care agency inspections. The inspections in the past two years have found disturbing and, in some cases, horrendous deficiencies in care resulting in neglect, abuse and even death of Iowans.

Des Moines Register reporter Michaela Ramm provided more evidence in her April 23 story "[Why Iowa nursing homes are closing — and why more closures are coming.](#)" which detailed the closing of 21 Iowa nursing homes since January of 2022.

The key questions asked in 1990 remain in 2023: How will we serve and support aging Iowans and Iowans with disabilities and give them the respect and quality of care they deserve? Will we serve people where they prefer — in their own homes and communities — or will we serve them in large institutional settings that take away their identities and their dignity? What will be done to ensure the presence of a high-quality and stable workforce? Who will pay, and how much, for the services needed?

We’ve been in the long-term care policy arena for over 15 years. We’ve seen the perpetual paralysis of elected officials, and the power of trade associations and lobbyists who fight tooth and nail to preserve the status quo.

The time for business as usual is over.

Small but significant rays of hope are on the horizon. President Joe Biden has proposed a number of actions to improve nursing home and home care services. His proposals, if implemented, will be a big first step.

At the state level, top leaders are in place at the Department of Health and

	<p>Human Services and the Office of the Long-Term Care Ombudsman who are smart, passionate and understand the need for change. And a new leader of the Division of Aging and Disability, who can also be a difference-maker, will be named soon.</p> <p>It's time to take bold actions that provide all lowans — all, not some — with access to high-quality, affordable services they deserve. Thirty-three years of dilly-dallying have caused unnecessary suffering far too long for way too many. The crisis is becoming a catastrophe. Lawmakers serving lowans need to step up and do what we elect them to do — lead.</p> <p>If they won't, they are complicit in the unfolding tragedy. And the message will be clear: The lives of vulnerable older lowans and lowans with disabilities just don't matter.</p> <p>Crisis Becoming a Catastrophe</p> <p>6. JAMA Network May 23, 2023 <i>Underreporting of Quality Measures and Associated Facility Characteristics and Racial Disparities in US Nursing Home Ratings</i> Key Points</p> <p>Question To what extent are nursing home characteristics associated with reporting rates of major injury falls and pressure ulcers on the Nursing Home Care Compare (NHCC) website?</p> <p>Findings In this quality improvement study involving 13 179 nursing homes, underreporting of major injury falls and pressure ulcers to the NHCC website was widespread across nursing homes and was associated with few facility characteristics other than racial and ethnic composition. Nursing homes with more White residents had high reporting rates for major injury falls, whereas facilities with more Black residents had higher reporting rates for pressure ulcers.</p> <p>Meaning The findings of this study suggest that given the widespread underreporting on the NHCC website of 2 patient safety indicators across nursing homes, alternative approaches to measuring nursing home quality need to be considered.</p> <p>Conclusions and Relevance Results of this study suggest widespread underreporting of major injury falls and pressure ulcers across US nursing homes, and underreporting was associated with the racial and ethnic composition of a facility. Alternative approaches to measuring quality need to be considered.</p> <p>Underreporting of Quality Measures and Associated Facility Characteristics and Racial Disparities in US Nursing Home Ratings</p>
Home and Care Based Services	<p>7. National Academy for State Health Policy May 26, 2023 <i>Emerging Respite Care Strategies in Medicaid Home and Community-Based Services Waivers for Older Adults, Adults with Physical Disabilities, and their Family Caregivers</i></p> <p>Introduction</p> <p>Abundant research — and often our own lived experience — points to the physical, mental, and emotional toll of caregiving. With caregivers increasingly asked to perform more intense and complex care, respite care is integral to giving caregivers a much-needed break. Respite care is a service typically delivered in the home or a facility-based setting that provides short-term relief</p>

for caregivers. It is one of the [most desired caregiver services](#), and Medicaid is one policy lever to fund it. Through Medicaid’s federal-state partnership and under a variety of [home and community-based services \(HCBS\) coverage authorities](#), states have the flexibility to design HCBS to meet the long-term care needs of their populations. While states utilize a number of federal programs to provide respite, Medicaid is the [largest payer](#) of long-term care services, including respite.

In 2022, NASHP found that [47 states and DC](#) cover respite through Medicaid HCBS waivers serving older adults and adults with physical disabilities. For the 23 states that offer managed care for these populations, [all 23 Managed Long-Term Services and Supports \(MLTSS\) states](#) include respite services in their managed care contracts. No two states’ respite policies are identical, and many states have not created new or updated old respite policies in years or decades. Despite Medicaid’s role as a [major payer](#) of long-term services and supports (LTSS), the amount that states estimated they will spend on respite care is a [small portion](#) compared to other waiver services. Although most states offer respite through Medicaid, varied program policies and payment rates among states greatly affect caregivers’ access to high-quality respite services. Trials have found that when older adults’ caregivers receive supports that include respite, [caregiver outcomes improve, older adults’ nursing home placement is delayed, and there is a decrease in hospital readmissions and emergency room expenditures](#).

Respite is a key component of the [2022 National Strategy to Support Family Caregivers](#). To inform this national strategy, our partners, the University of Massachusetts at Boston and Community Catalyst, conducted [listening sessions with family caregivers](#) to identify their challenges and service improvement recommendations. One of the highest priorities that family caregivers identified was respite care and the need for a “break.” However, family caregivers expressed concerns and identified desired improvements in delivering the service. For example, many found it difficult to trust unknown providers to provide care (especially in their homes) or, alternatively, to procure and pay for quality providers. They also wished for more flexibility in program policies, such as expanding the types of providers that could provide respite. The interest in respite care from family caregivers inspired our deep dive into this service and our search for innovative policy approaches among states.

In late 2022, NASHP interviewed Medicaid HCBS waiver administrators from seven states: Iowa, Kentucky, Louisiana, Missouri, Texas, Virginia, and Washington. After a [comprehensive 50-state review](#) of respite services within Medicaid waivers and managed care programs serving older adults and adults with physical disabilities, we chose these seven states due to their innovative approaches to administering respite care. This paper identifies emerging respite policy strategies and key themes from these interviews. Many of these strategies can be implemented as small policy changes (e.g., waiver amendments and renewals) but can make a large impact and difference for older adults and their caregivers. As Medicaid state officials look toward both small and large-scale waiver redesign — especially as the COVID-19 public health emergency (PHE) unwinds — these findings can be used as a resource to strengthen respite care policies.

Emerging Strategies

Key themes and emerging strategies drawn from our seven state interviews

	<p>include the following, with each examined in more detail below:</p> <ol style="list-style-type: none"> 1. Education: Recognizing that awareness and outreach are the first steps to access, study states developed strategies to ensure that caregivers and caseworkers understand respite’s availability and importance. 2. Types of Respite: Study states created multiple types of respite care based on the complexity of a member’s needs. 3. Flexibility: To minimize disruptions in caregiving, study states’ policies provided flexibility to meet month-to-month changes in individual participant’s and family caregiver’s respite service needs. 4. Self-Direction: Study states used self-direction programs to integrate family members and friends into the direct care workforce as respite care providers. 5. Managed Care: Study states leveraged the flexibilities offered by managed care to streamline and increase access to respite services. 6. Payment: Respite reimbursement rates can influence providers’ willingness to provide respite, which in turn can affect respite access and utilization. <p>Emerging Respite Care Strategies in Medicaid Home and Community-Based Services Waivers for Older Adults, Adults with Physical Disabilities, and their Family Caregivers</p>
Housing	<p>8. National Women’s Law Center May 2023 <i>Cutting Rental Assistance Is Harmful for Women, LGBTQ+ People, and Families</i> Fact sheet State Dashboards to Monitor the Unwinding of the Medicaid Continuous Coverage Requirement</p>
Medicaid	<p>9. McKnight’s Long Term Care News June 4, 2023 <i>As Medicaid disenrollments surge, concerns about nursing home residents persist</i> By Jessica R. Towhey Although hundreds of thousands have been knocked off state Medicaid rolls this spring, worries about dropped coverage for Medicaid-dependent nursing home residents have so far not proven reality in large numbers. <i>McKnight’s Long-Term Care News</i> surveyed a dozen sector associations about the impact the end of the COVID-19 public health emergency and a Medicaid continuous coverage requirement have had on facilities. Several were unable to provide detailed insight, noting that they had not heard from members that they were experiencing widespread disenrollment issues. . . A report from KFF last week found that more than 600,000 beneficiaries have lost coverage in 14 states since the end of April. Leading the pack is Oklahoma, where some 70% of disenrollments have been due to procedural issues, rather than proven ineligibility. Medicaid Disenrollments Surge</p> <p>10. State Health & Values Strategies June 2, 2023 <i>Communications Recommendations for Medicaid Agencies to Help Identify and Report Scams</i> Background As states continue to undertake the unwinding of the Medicaid continuous coverage requirement and redetermining their enrollees, states across the country have reported scams asking consumers for financial or personal</p>

information are prevalent.

Conclusion

Medicaid scams are an unfortunate reality in some states and will likely continue throughout the unwinding and renewal process in the coming months. To combat scams, states can take steps to optimize websites in search results and remain vigilant to report fraudulent websites and, ensure that official information sources are prioritized. For more information on optimizing websites in search results, see State Health and Value Strategies' expert perspective, [Google Announces Medicaid Renewal Feature: What State Agencies Need to Know](#).

[Communication Recommendations](#)

11. State Health & Values Strategies

May 24, 2023

State Dashboards to Monitor the Unwinding of the Medicaid Continuous Coverage Requirement

The unwinding of the Medicaid continuous coverage requirement represents the largest nationwide coverage transition since the Affordable Care Act, with significant [health equity implications](#). As states restart eligibility redeterminations, millions of Medicaid enrollees will be at risk of losing their coverage with some portion exiting because they are no longer eligible, some losing coverage due to administrative challenges despite continued eligibility, and some transitioning to another source of coverage. As part of this process, the Centers for Medicare & Medicaid Services (CMS) will [require](#) states to closely track and monitor the impacts of the resumption of eligibility redeterminations and disenrollments, and plans to make some of those data public. CMS' commitment to transparency is mirrored by calls from advocates and researchers eager to see how progress is being made as people enrolled in Medicaid have their eligibility redetermined.

Given the intense focus on coverage transitions during the unwinding, some states have initiated plans to publish a data dashboard to monitor progress. [Data dashboards](#) are useful for publishing dynamic data that is in high demand. They allow states to make proactive decisions about what data to release and on what schedule and then organize that data in an easy-to-digest visual format that facilitates the interpretation of key trends and patterns at a glance.

[State Dashboards to Monitor the Unwinding of the Medicaid Continuous Coverage Requirement](#)

12. Kaiser Family Foundation

May 24, 2023

The Unwinding of Medicaid Continuous Enrollment: Knowledge and Experiences of Enrollees

Key Findings

- Most Medicaid enrollees were not aware that states are now permitted to resume disenrolling people from the Medicaid program.
- Nearly half of Medicaid enrollees say they have not previously been through the Medicaid renewal process.
- One-third of Medicaid enrollees say they have not provided updated contact information to their state Medicaid agency in the past year.
- About half of Medicaid enrollees prefer to receive renewal information through modes other than the U.S. mail, such as email or via an online

	<p>portal.</p> <ul style="list-style-type: none"> • About one-third of Medicaid enrollees (35%) say they have had a change in income or other change that could now make them ineligible for Medicaid or are unsure if they have had such a change, but most enrollees say their circumstances have not changed, suggesting they are still eligible. • While about six in ten of those with Medicaid as their only source of coverage would look for coverage from other sources if they were told they were no longer eligible, over four in ten say they wouldn't know where to look for other coverage or would be uninsured. • The large majority of Medicaid enrollees say having an expert help with the renewal process would be useful. <p>Implications</p> <p>As states resume disenrollments following the end of the Medicaid continuous enrollment provision, many Medicaid enrollees have been unaware of and may not be prepared for the coming changes, particularly older enrollees and enrollees ages 18-29. About half of enrollees say they have not completed a renewal process previously, so may not be on the lookout for renewal notices and may not be familiar with the steps they need to take to complete the process and maintain coverage if they remain eligible. While about half of Medicaid enrollees prefer to receive communications through modes other than the U.S. mail, some states continue to use the U.S. mail as the only method for sending notices. And, while only one in ten Medicaid enrollees say they have had a change that would likely make them ineligible for Medicaid, some are unsure, and many people are expected to fall through the cracks and lose coverage during the unwinding period even though they are still eligible. Engaging key stakeholders, including Medicaid managed care organizations (MCOs), Medicaid providers, and community-based organizations, in providing outreach to Medicaid enrollees, including targeted outreach to older adults, can raise awareness about the need to complete the renewal process. In addition, connecting people on Medicaid with Navigators and other organizations who can assist them with the renewal process can help increase the number of people who complete their renewals and retain coverage if they remain eligible or know where to look for and enroll in other coverage if they are determined to no longer be eligible.</p> <p>The Unwinding of Medicaid Continuous Enrollment: Knowledge and Experiences of Enrollees</p>
LGBTQ+	<p>13. SAGE Undated <i>About the Long-Term Care Equality Index (LEI)</i></p> <p>The LEI is an assessment tool that will encourage and help residential long-term care communities to adopt policies and best practices that provide culturally competent and responsive care to LGBTQ+ older people. More than just an assessment, the LEI will provide resources and technical assistance to bring these policies and practices to life.</p> <p>The Long-Term Care Equality Index 2023 represents the first validated survey on LGBTQ+ inclusion in long-term care and senior housing communities. SAGE and The Human Rights Campaign Foundation are excited to present this report on the 200 communities from 34 states (including D.C.) that actively participated in the LEI 2023 survey.</p> <p>Read the full Long-Term Care Equality Index 2023 here>></p>

	<p>Download the Long-Term Care Equality Index 2023 Executive Summary here>> Interested in learning more? Download this quick fact sheet on Why the LEI? Residential Long-Term Care Facilities that would like to participate in the LEI are encouraged to sign the Commitment to Caring Pledge. Long-Term Care Equality Index</p>
Covid	<p>14. National Center on Law and Elder Rights <i>Public Health Emergency Ending May 11th: Resources for Advocates</i> The COVID-19 Public Health Emergency (PHE), which has been in effect since early 2020, ended on May 11, 2023. The PHE allowed state and federal governments to implement several emergency waivers to provide flexibility and improve access to services during the pandemic. The PHE unwinding is separate from the Medicaid continuous eligibility unwinding, which began in April. While several Medicare and Medicaid flexibilities have been temporarily extended beyond the PHE, others are set to expire including:</p> <ol style="list-style-type: none"> 1. Medicare coverage for at-home COVID-19 tests. Medicare enrollees could get up to eight over-the-counter at-home COVID-19 tests per month for free but will now have to pay out-of-pocket for those tests. People enrolled in Medicare Advantage should check with their plan about continued coverage of at-home tests. See this Fact Sheet from CMS on Coverage for COVID-19 Tests through Medicare, Medicaid, and private insurance. 2. Waiver of 3-day inpatient hospitalization prior to Medicare coverage for skilled nursing facilities. Individuals in Original Medicare will again require a 3-day inpatient stay before receiving Medicare coverage for nursing facility care. 3. Medicaid Home and Community-Based Services (HCBS) Appendix K Flexibilities. Appendix K allowed states to provide additional flexibilities to their 1915(c) waiver programs. Appendix K will not expire until <u>6 months</u> after the PHE ends on May 11th. <p>Additional Resources for Advocates</p> <ul style="list-style-type: none"> • Centers for Medicare and Medicaid Services (CMS): Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency • Kaiser Family Foundation: Implications for Ending the COVID-19 Public Health Emergency (PHE) • Advancing States, National Association of Medicaid Directors (NAMD), National Association of State Directors of Developmental Disabilities (NASDDDS): The End of Pandemic-Era Flexibilities in Medicaid Home- and Community- Based Services • Justice in Aging’s COVID-19 and Public Health Emergency (PHE) Unwinding Resources • NCLER 4 Things to Know as Medicaid Redeterminations Resume <p>Public Health Emergency Ending May 11: Resources for Advocates</p>
Federal Policies	<p>15. Center on Budget and Policy Priorities May 31, 2023 <i>Debt Ceiling Agreement’s SNAP Changes Would Increase Hunger and Poverty for Many Older Low-Income People; New Exemptions Would Help Some Others</i> The debt ceiling agreement, which includes almost all of the Supplemental Nutrition Assistance Program (SNAP) changes from the House-passed debt-ceiling-and-cuts bill, would put almost 750,000 older adults aged 50-54 at risk of losing food assistance through an expansion of the existing, failed SNAP work-</p>

	<p>reporting requirement. The expansion of this requirement would take food assistance away from large numbers of people, including many who have serious barriers to employment as well as others who are working or should be exempt but are caught up in red tape. . .</p> <p>It is important to note that the overwhelming majority of people aged 50-54 who would be newly subject to the requirement are not veterans or people experiencing homelessness.</p> <p>jeopardize SNAP food assistance for 750,000 older adults ages 50-54,</p>
Public Policies	<p>16. Imprimis (A publication of Hillsdale College) February 2, 2023 <i>America’s Broken Health Care: Diagnosis and Prescription</i> By John Abramson, MD Author, <i>Sickening: How Big Pharma Broke American Health Care and How We Can Repair It</i></p> <p>An easy way to gauge the health of a country, and to compare the health of a country with that of other countries, is to look at average life expectancy. And if you look at a chart comparing average life expectancy in the U.S. with the average life expectancy of eleven other wealthy countries from 1980 to 2021, you will find that in 1980, the U.S. was just about equal with those other countries. But as the years have progressed since then, life expectancy in the U.S. has fallen further and further behind. Until 2014, our life expectancy was going up, but we were losing ground to the populations of other advanced countries.</p> <p>By 2019, prior to COVID, life expectancy in the U.S. had fallen relative to that in the other countries so much that 500,000 Americans were dying each year in excess of the death rates of the citizens of those other countries. To exclude poverty as a factor in these numbers, a study looked at the health of privileged Americans—specifically, white citizens living in counties that are in the top one percent and the top five percent in terms of income. This high-income population had better health outcomes than other U.S. citizens, but it still had <i>worse</i> outcomes than <i>average</i> citizens of the other developed countries in such areas as infant and maternal mortality, colon cancer, childhood acute lymphocytic leukemia, and acute myocardial infarction.</p> <p>Now combine this with the fact that we in the U.S. are paying an enormous excess over those other countries on health care. In the U.S., we spend on average \$12,914 per person per year on health care, whereas that figure in the other comparable countries is \$6,125. That comes to \$6,800 more per person—and if you multiply that by 334 million Americans, we are spending an excess \$2.3 trillion a year on health care—and getting poorer results.</p> <p>Which means that our health care system is broken and needs fixing. . .</p> <p>Ask yourself, what ought to be the primary goal of American health care? To my mind it is this: to maintain and improve individual and population health most effectively and efficiently. And if that is correct, there are two critical questions we all need to ask: (1) Why are we failing so miserably to achieve this goal? and (2) Why are doctors and other health care professionals willing to go along with this dysfunctional system? . . .</p> <p>What is needed is very clear. First, we need to ensure that the evidence base of medicine is accurate and complete, which requires independent, transparent peer review. Second, we need to implement health technology assessment, so that we and our doctors know which drugs and devices are the most effective.</p>

	<p>Third, we need to control the price of brand name drugs. This is not rocket science—so why doesn't it happen? Largely because the greatest bipartisan agreement among our political leaders is that it is fine for them to accept large contributions from drug companies. Huge amounts of money flow about equally to Democrats and Republicans. This is why any meaningful reform will require the formation of a coalition of Americans to demand action. And a plea I would make is that people on the conservative side who have an aversion to government and people on the progressive side who have an aversion to free markets come together with open minds to find a middle way to solve the problem of declining health and spiraling costs. We need to transcend our ideologies—to think of the good for our country and its people on this issue. Neither the people who tend to the Republican side alone nor the people who tend to the Democratic side alone will be able to break up the medical-industrial complex that has a stranglehold on American health care. Instead of focusing on our disagreements, we need to focus on what we agree about—namely, that it would be better if Americans were healthier and didn't spend over twice as much money (much of it to little or no benefit) on health care as citizens of other wealthy countries. Oliver Wendell Holmes said in 1869, "The state of medicine is an index of the civilization of an age and country—one of the best, perhaps, by which it can be judged." Medical science is a wonderful gift, but we have to use that gift wisely so that it serves the American people by providing the best and most efficient care. We can't allow it to be held hostage by the medical-industrial complex.</p> <p>America's Broken Health Care</p>
Centenarians	<p>17. CBS News June 4, 2023 <i>"The Book of Charlie": Wisdom from a centenarian neighbor</i> By Luke Burbank Charlie, at that time, was 102 years old. Charles White III had already lived a couple of lifetimes, and still had a lot of road in front of him. . . Burbank asked, "What are some of those kind of historical and otherwise amazing things about somebody who lives to be 109?" "He was born before radio; by the end of his life, he had an iPhone," said [author David] Von Drehle. "He lived from the days of horse-drawn carriages to see people on the International Space Station." . . . Burbank asked, "What do you think he would have made of the fact that there is now this book, 'The Book of Charlie'?" "I think he'd be surprised that I learned as much about living from him," Von Drehle replied. "You'd ask him for his philosophy of life, and he would say, 'Well, my mother always just said to us, do the right thing.' If you do the right thing, it takes in a whole raft of things, see? It's so simple that it's so good!"</p> <p>The Book of Charlie</p>
End of Life	<p>18. NPR Shots May 29, 2023 <i>For many, a 'natural death' may be preferable to enduring CPR</i> By Clayton Dalton <i>For many, a 'natural death' may be preferable to enduring CPR</i> "Nurse refuses to perform CPR," read the caption on an ABC newscast in California. "911 dispatcher's pleas ignored." Several days earlier, an elderly</p>

woman at a senior living facility had gone into cardiac arrest. The dispatcher instructed an employee to perform CPR, or cardiopulmonary resuscitation. But the employee refused.

"Is there anybody there that's willing to help this lady and not let her die?" the dispatcher said. It made the local news, which elicited a national outcry and prompted a police investigation. But the woman was already dead — her heart had stopped. And according to family, the woman had wished to "die naturally and without any kind of life-prolonging intervention."

So why the controversy? It comes down to a widespread misconception of what CPR can, and can't, do. CPR can sometimes save lives, but it also has a dark side.

...

But this is life or death — even if the odds are grim, what's the harm in trying if some will live? The harm, as it turns out, can be considerable. Chest compressions are often physically, literally harmful. "Fractured or cracked ribs are the most common complication," [wrote](#) the original Hopkins researchers, but the procedure can also cause pulmonary hemorrhage, liver lacerations, and broken sternums. If your heart is resuscitated, you must contend with the potential injuries.

It's not just a matter of life or death, if you survive, but *quality* of life. The injuries sustained from the resuscitation can sometimes mean a patient will never return to their previous selves. Two studies [found](#) that only 20-40% of older patients who survive CPR were able to function independently; others found somewhat better rates of recovery.

An even bigger quality of life problem is brain injury. When cardiac activity stops, the brain begins to die within minutes, while the rest of the body takes longer. Doctors are often able to restart a heart only to find that the brain has died. About [30% of survivors](#) of in-hospital cardiac arrest will have significant neurologic disability.

Again, older patients fare worse. Only [2% of those over 85](#) who suffer cardiac arrest survive without significant brain damage.

The true purpose of CPR is to "bridge the person to an intervention," Jason Tanguay, an emergency physician, told me. "If they can't get it, or there isn't one, then what is it accomplishing?" This is the crucial insight that doctors have and most others don't. CPR is a bridge, nothing more. Sometimes it spans the distance between life and death, if the cause can be quickly reversed, and if the patient is fairly young and relatively healthy. But for many that distance is too great. "The act of resuscitation itself cannot be expected to cure the inciting disease," the Hopkins researchers wrote in 1961.

It's not just a matter of life or death, if you survive, but *quality* of life. The injuries sustained from the resuscitation can sometimes mean a patient will never return to their previous selves. Two studies [found](#) that only 20-40% of older patients who survive CPR were able to function independently; others found somewhat better rates of recovery.

A patient with terminal cancer who is resuscitated will still have terminal cancer. In those cases, the most humane approach may be to ease the pain of the dying process, rather than build a bridge to nowhere.

"Give people something they can say yes to," she told me. Physicians have the knowledge and experience to guide patients in choosing measures they may benefit from, declining those that may harm, and aligning interventions with

	<p>their wishes and values. The most important thing, instead of always taking action, is to ask.</p> <p>A Natural Death</p>
Loneliness	<p>19. Administration on Community Living <i>Loneliness Awareness Week Campaign and Commit to Connect Webinar</i> Social isolation and loneliness can have devastating impacts on our well-being. During Loneliness Awareness Week (June 12-18) and beyond, join ACL and its aging and disability networks in promoting meaningful social connection as an essential part of maintaining good mental and physical health.</p> <p>engAGED Fill-in-the-Blank Campaign Taking place June 12-18, engAGED's Fill-in-the-Blank campaign is open to anyone who would like to participate. Their Loneliness Awareness Week toolkit has information on how to participate and sample social media posts. Use #LonelinessAwarenessWeek when posting on social media to join the conversation.</p> <p>Funded by ACL and administered by USAging, engAGED: The National Resource Center for Engaging Older Adults aims to expand and enhance the aging network's capacity by identifying and disseminating resources and strategies that increase social engagement for older adults, people with disabilities, and caregivers.</p> <p>Commit to Connect Webinar: State-Level Leadership in Promoting Social Connection Thursday, June 15, 2023, 1:00 to 2:00 p.m. Join Commit to Connect for a webinar that will highlight findings from a recent ADvancing States poll on state initiatives promoting social connection. Georgia and Wisconsin will share their state-level initiatives, highlight engagement efforts, and share tips and best practices. This event will include American Sign Language interpretation and captioning services. For questions, contact info@committtoconnect.org. Commit to Connect is a cross-sector initiative, launched by ACL, to fight social isolation and loneliness by helping people connect and engage to build the social connections they need to thrive.</p> <p>Register for the webinar</p>
Aging Topics	<p>20. *National Geographic June 2, 2023 <i>Diane Nyad Shows What an Aging Body Can Conquer</i> For decades, Diana Nyad tried and failed to become the first known person to swim from Cuba to Florida without a shark cage. She never gave up. A decade ago—at age 64—she triumphed, inspiring millions of people and sparking a new look at what aging bodies can do. Her quest has prompted an upcoming film by Nat Geo Explorer Jimmy Chin and Elizabeth Chai Vasarhelyi, with Annette Bening as the tenacious swimmer and Jodie Foster her longtime friend and organizer. And Nyad is still pushing herself! Diana Nyad</p> <p>21. *The Washington Post May 29, 2023 <i>In Harlem, senior swimmers embrace their 'fountain of youth</i> By Laure Andrillon Today, [Monica] Hale, [age 69,] is the proud captain of the Harlem Honeys and Bears, a synchronized swimming team for seniors 55 and older, whose current</p>

	<p>members are between 62 and 101 and almost exclusively Black. Like Williams, the Honeys and Bears create and perform what used to be called “water ballet” — synchronized choreographed routines accompanied by music — in addition to competing in traditional swim races. . .</p> <p>The Honeys and Bears perform at local pools, in other boroughs of New York and even out of state. Since the early 2000s, they have also traveled as a team to race individually during the state and national Senior Games, always sporting matching red sweatsuits. Some use a cane or a walker to access the pool deck, and sometimes employ a lift to slip into the water. But once they float in what they nickname their “fountain of youth,” they feel more capable than when on land.</p> <p>Harlem Senior Swimmers</p> <p>22. ABC News (video) May 18, 2023 <i>93-year-old reaches goal of visiting every US national park</i> Joy Ryan is the oldest person in history to visit every national park, according to her grandson and travel companion. 93-year visits national parks</p>
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 Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
Websites	
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> On November 6, 2021 the state announced that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety.</p> <ul style="list-style-type: none"> • There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include: • Number of new COVID-19 cases within the facility

	<ul style="list-style-type: none"> • Staffing levels • Failure to report a lack of adequate PPE, supplies, or staff • Infection control survey results • Surveillance testing non-compliance <p>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.</p> <p>Updated on May 10 , 2023. Red font – newly added</p> <table border="1" data-bbox="488 495 1502 590"> <thead> <tr> <th data-bbox="488 495 857 552">Name of Facility</th> <th data-bbox="857 495 1068 552">City/Town</th> <th data-bbox="1068 495 1227 552">Date of Freeze</th> <th data-bbox="1227 495 1362 552">Qualifying Factor</th> <th data-bbox="1362 495 1502 552">Star Rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="488 552 857 590">Hillside Rest Home</td> <td data-bbox="857 552 1068 590">Amesbury</td> <td data-bbox="1068 552 1227 590">5/2/2023</td> <td data-bbox="1227 552 1362 590">Cases</td> <td data-bbox="1362 552 1502 590">N/A</td> </tr> </tbody> </table>	Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating	Hillside Rest Home	Amesbury	5/2/2023	Cases	N/A
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Hillside Rest Home	Amesbury	5/2/2023	Cases	N/A							
<p>Massachusetts Department of Public Health Determination of Need Projects</p>	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care</i> 2023 Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</p> <p>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 Wellman Healthcare Group, Inc</p> <p>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 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>										

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

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

What can advocates do with this information?

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

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

- 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>

	<p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • 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 Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p>

	<p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <tr> <td># reported</td> <td>Deficiency Tag</td> </tr> <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> </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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546	F																								
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1	I																								
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Nursing Home Compare	<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. https://tinyurl.com/NursingHomeCompareWebsite</p>																								
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																								
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 																								

DignityMA Call Action	<ul style="list-style-type: none"> The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. Support relevant bills in Washington – Federal Legislative Endorsements. Join our Work Groups. Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																															
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org																																															
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Pricilla O'Reilly Lachlan Forrow</td> <td>prisoreilly@gmail.com lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Assisted Living and Rest Homes</td> <td>In formation</td> <td></td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jiplomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td>baskinfrank19@gmail.com cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jiplomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Pricilla O'Reilly Lachlan Forrow	prisoreilly@gmail.com lforrow@bidmc.harvard.edu	Facilities (Nursing homes)	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 Homes	In formation		Housing	Bill Henning	bhenning@bostoncil.org	Veteran Services	James Lomastro	jiplomastro@comcast.net	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jiplomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org		
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The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke																																															
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> Frank Baskin Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</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.