



The Dignity Digest

Issue # 145

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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

Health Affairs

July 5, 2023

[ACIP Leaves Seniors Vulnerable](#)

With the Word 'May', ACIP Leaves Seniors Vulnerable to RSV This Winter

By Richard Hughes IV and Spreeha Choudhury

Respiratory syncytial virus (RSV) is [a dangerous disease for vulnerable and older adults](#). Last winter, RSV spiked significantly and continues to [cause between 60,000-160,000 hospitalizations and 6,000-10,000 deaths each year in older adults](#). And yet, on June 21, 2023, after a 60-year wait for a vaccine to prevent the virus, the Advisory Committee on Immunization Practices (ACIP) declined to make a vaccine recommendation that would have provided broad, equitable, life-saving protection. Instead, it recommended the vaccines for those who “may” benefit.

Despite wide anticipation and a working group recommendation that the ACIP recommend the long-awaited, [recently approved RSV vaccines](#) for routine use in adults over the age of 65, the committee opted instead to recommend the vaccines on the basis of Shared Clinical Decision Making (SCDM). It did the same for the 60-64 population, overriding the suggestion that it at least recommend the vaccines for all African Americans in this age group.

This decision is all but guaranteed to leave many seniors vulnerable to hospitalizations and death, a point made directly by Dr. Jose Romero, the Director of the CDC’s National Center for Immunization and Respiratory Diseases (NCIRD) and former chair of the committee. Moreover, it will result in significant health inequities. . .

[A patient’s decision to be vaccinated is strongly linked to a provider’s recommendation](#) ([See also](#)). If a provider cannot confidently recommend an RSV vaccine to a patient because they are uncertain how to implement the recommendation or as to whether the vaccine will be covered, the risk of patient attrition increases. . .

Patients 65 and older, for whom it was anticipated ACIP would make a routine recommendation, will face their own hurdles because of the vaccine’s Part D only coverage. The Inflation Reduction Act last year [extended first dollar vaccine coverage to seniors under Part D](#).

Thankfully, [CMS clarified in guidance that this requirement extends to SCDM recommendations](#). This is the first year that the coverage requirement goes into effect, making these new SCDM

recommendations a test case to see if payors follow through with sufficient coverage. In the meantime, many seniors may go unvaccinated. . .

Limited access to the RSV vaccines is concerning, and equity concerns are quite serious given that African American seniors will be more significantly impacted by RSV, [just as they were by COVID](#). Therefore, the SCDM recommendation is contrary to ACIP's own EtR framework. When the ACIP recommended COVID-19 vaccines, [it considered feasibility issues \(e.g., the nature of recommending a vaccine with emergency authorization, the number of doses\)](#) prior to undertaking a vote on its recommendations. It should have done the same in this case. . .

If the committee itself is unwilling to revisit its decision, the CDC Director can. While unusual, [the director has exercised this authority as recent as September 2021, when Dr. Rochelle Walensky overturned its decision not to recommend COVID booster doses](#). The committee's discord, the failure of SCDM recommendations to facilitate appropriate vaccine access, the committee's inadequate consideration of its own criteria, and the looming threat of preventable disease that will send many seniors to the hospital or cause death, all deserves the director's attention.

[ACIP Leaves Seniors Vulnerable](#)

The Ins and Outs of the Newly Approved RSV Vaccine for Older Adults **AARP Blog**

June 29, 2023

By Beth Carter and James McSpadden

[Ins and Outs of RSV Vaccine](#)

The Centers for Disease Control and Prevention (CDC) [endorsed](#) the use of new vaccines for respiratory syncytial virus (RSV) for adults 60 and older who have discussed it with their health care provider. The vaccines, which will be available this fall, could save thousands of older-adult lives each year.

Yet, important questions remain. Will older adults be receptive to getting vaccinated against RSV? And what to make of more vaccine recommendations? Lessons learned from the COVID-19 pandemic and the lack of out-of-pocket costs for many older adults may help ensure that the RSV vaccines are accessible by and acceptable to this high-risk population.

About RSV

Like the flu (influenza), RSV is a seasonal virus peaking in the winter months in the US. Both flu and RSV cause mild symptoms in most healthy adults but can be [life-threatening for some older adults](#), especially those with chronic heart or lung disease or those with weakened immune systems.

Annually, between 60,000 and 160,000 older adults are hospitalized and 6,000 to 10,000 die from [RSV infection in the US](#). In comparison,

flu mortality among adults 65 and older over the past decade ranged from a low of [3,800 deaths](#) in 2021-22 to a high of [43,000 deaths](#) in 2017-18. Officials [attributed](#) the low rate in the 2021-22 flu season, in part, to many non-pharmaceutical interventions adopted during the COVID-19 pandemic, such as wearing face masks and frequently washing hands—interventions that are also effective against RSV.

RSV vaccine arrival

In May, the Food & Drug Administration (FDA) approved two RSV vaccines, stating that both GSK's [Arexvy](#) and Pfizer's [Abrysvo](#) were [safe and effective](#) at preventing moderate to severe disease among older adults. On June 21, the CDC's panel of vaccine experts, the Advisory Council on Immunization Practices (ACIP), recommended that adults 60 and older have the opportunity to get the vaccine as protection against RSV after they discuss it with their health care provider.

The RSV vaccines will be available this fall—a busy time for recommended vaccines for older adults. In addition to the annual flu vaccine, older adults who haven't yet received the latest COVID-19 vaccine booster will likely be encouraged to get one, and to be up to date on their shingles and pneumonia vaccinations, [among others](#). It remains to be seen how willing older adults will be to add a new RSV vaccine to their annual regimen. Some may also raise questions about the concurrent administration of vaccines. In addition, several ACIP members expressed concern at the limited evidence around how concurrent administration of RSV and other vaccines could affect efficacy. Consumers will need more information on when and how to receive multiple vaccines to make sound decisions.

Access to RSV vaccines

When the COVID-19 vaccines became available, older adults overwhelmingly welcomed them. [As of May 2023](#), 94 percent of adults 65 and older were fully vaccinated against COVID. However, only 43 percent of that same group received the updated, bivalent COVID booster to fully protect them against evolving strains of the virus. This vaccination rate drop off is significant and may be due to a host of factors including [vaccine hesitancy](#), confusion over evolving recommendations, intolerance of side effects, and vaccine fatigue. Two recent developments could help encourage uptake of the RSV vaccine. First, the recently enacted Inflation Reduction Act made ACIP-recommended vaccines free for most older adults. As of 2023, Medicare beneficiaries [no longer pay](#) cost sharing (e.g., copays) for recommended vaccines covered by their prescription drug plans. The elimination of cost sharing may help improve access for those who may have otherwise avoided getting the vaccine because of cost. Second, the health care system has shown a willingness to approach vaccine access in new ways. [Innovations](#) in vaccine delivery that emerged during the COVID-19 pandemic could help with uptake of

	<p>other CDC-recommended vaccines such as the one for RSV. For example, mobile clinics that started crisscrossing states during the pandemic can continue to improve vaccine access in rural areas, while new authorities for pharmacists to administer a broader range of vaccines can expand the number and types of locations where older adults can get RSV vaccines.</p> <p>The need for a well-planned rollout</p> <p>With the approval of RSV vaccines, officials must now work to create a smooth rollout. At a time when older adults may not be particularly enthusiastic about a new vaccine recommendation, improved community-based outreach efforts around the RSV vaccines can help increase vaccine confidence and reduce potential barriers to access. Further, detailed guidance on when and in what combination multiple recommended vaccines can be safely given can help older adults manage, and possibly reduce, their interactions with the health care system.</p> <p>Ins and Outs of RSV Vaccine</p>
<p>Quotes</p>	<p><i>“When I think about something like Alzheimer's disease, I think of it as a disease of autonomy. It affects people's ability to make decisions about what's important to them. One of my big concerns is that when we look at tools like guardianship, we're stripping people of decision-making authority prematurely. . . I think we should really keep people empowered as long as possible — and [supportive decision-making] is a way of doing that.”</i></p> <p>Emily Largent, a professor of medical ethics and health policy at the University of Pennsylvania and proponent of supported decision-making, <i>How can seniors with cognitive impairment keep their independence?</i> Pittsburgh Post-Gazette, July 8, 2023, Cognitive Impairment Independence</p> <p><i>Created “Out of Thin Air”: The Shared Clinical Decision Making (SCDM) Recommendation Hinders Vaccine Access With the Word ‘May’, ACIP Leaves Seniors Vulnerable To RSV This Winter,</i> Health Affairs, July 5, 2023, ACIP Leaves Seniors Vulnerable</p> <p><i>“This confirmatory study verified that [Leqembi] is a safe and effective treatment for patients with Alzheimer’s disease.”</i></p> <p>Dr. Teresa Buracchio, the Food and Drug Administration’s neurology drug director, <i>First Alzheimer’s drug to slow disease progression gets full FDA approval, triggering broader Medicare coverage,</i> CNN Health, July 6, 2023. First Alzheimer's Drug to Slow Disease</p>

“Getting that insurance coverage is incredibly significant ... because having a treatment is awesome, but I can’t afford to pay the \$26,000 cost [for Leqembi].”

Joe Montminy, 59, who was diagnosed with younger-onset Alzheimer’s in his early 50s, *First Alzheimer’s drug to slow disease progression gets full FDA approval, triggering broader Medicare coverage*, **CNN Health**, July 6, 2023, [First Alzheimer's Drug to Slow Disease](#)

“You’ve got small benefits and a certain risk for serious adverse events, and that has to be balanced. If its efficacy were greater, we would not be talking about adverse events as much because we would see a clear benefit. I think many people will see this and say it’s not worth the effort, it’s not worth twice-a-month infusions.”

Dr. Lon Schneider, director of the California Alzheimer’s Disease Center at the University of Southern California, who said he will prescribe Leqembi to carefully evaluated patients, *New Federal Decisions Make Alzheimer’s Drug Leqembi Widely Accessible*, ***New York Times**, July 6, 2023, [Leqembi Widely Accessible](#)

“It’s really the first time that you have domestic workers, home care, child care, early educators, nursing home workers all together to say, ‘Our jobs are the jobs of the future. Our work is here to stay.’”

Ai-jen Poo envisioned the National Domestic Workers Alliance (NDWA), *Domestic workers are organizing for better working conditions nationwide*, **The Hill**, July 9, 2023, [Domestic Workers Organizing](#)

“It is incredibly sad to be in this situation and have so little capacity to absorb the need.”

Libby Bennett of Groundworks Collaborative, which runs two shelters in Brattleboro, a city in southern Vermont, *Last days at the Cortina: Homeless left adrift as covid-era housing ends*, ***Washington Post**, July 7, 2023, [Last Days at the Cortina](#)

“A joke about dropping acid at Woodstock ‘makes me colorful’. Crushing OxyContin and snorting it is not colorful.”

Dr. Keith Humphreys, a psychologist and addiction researcher at the Stanford University School of Medicine, commenting on the rise of substance use issues regarding older adults, *Substance Abuse Is Climbing*

	<p><i>Among Senior</i>, New York Times (free access), July 9, 2023, Substance Use Climbing Among Older Adults</p> <p><i>Americans need a collective change in mindset about energy access. That should start with a principle that all people should have access to critical energy services and that utilities should only shut off service to customers as a last resort, especially during health-compromising weather events.</i></p> <p><i>America faces a power disconnection crisis amid rising heat: In 31 states, utilities can shut off electricity for nonpayment in a heat wave</i>, The Conversation, July 5, 2023, America Faces Power Disconnect</p>
<p>Input to Disability Policy Research Sought</p>	<p>1. Brandeis University <i>Community Living Policy Center (CLPC)</i> The Community Living Policy Center (CLPC) would like your input on identifying specific HCBS topics to do further research on. They want the research of the CLPC to support your policy objectives and enhance consumer access to HCBS. If you would like to contribute, please answer the questions on this survey form: CLPC Survey</p>
<p>Massachusetts Patient and Community Review Board</p>	<p>2. Massachusetts Coalition for Serious Illness Care <i>Massachusetts Patient and Community Review Board Seeking Participants</i> In partnership with the Patient Advocate Foundation's Patient Insight Institute, the Massachusetts Coalition for Serious Illness Care is launching the Massachusetts Patient and Community Review Board! The Board will bring together 12-15 people from around the Commonwealth with diverse perspectives - as patients, caregivers, community leaders, advocates, and more. It will be a thoughtful space where healthcare researchers and program developers who are focused on caring for people with complex and chronic conditions can come for guidance and insight as they begin to design new projects. With this input, we hope the Board will help to ensure that our healthcare systems are investing in research and programs that best serve the needs of communities across Massachusetts.</p> <p>Why would you want to join the Board? Serving on this Board is a unique opportunity to help improve health care in Massachusetts for everyone, especially people with complex and chronic conditions. You'll be reviewing potential studies and programs, asking yourself: are these the questions that need answering? Is this program getting to the heart of the issues and challenges my community is facing? Board members will be paid an honorarium of \$150 for each meeting and will be given training and support to participate in the discussions.</p> <p>How can you join? Interested people currently living in Massachusetts should submit an online application form outlining their interest, experience, and the perspectives they hope to bring to discussions. Board members will be selected with an eye toward diversity of thought and experience, with a goal of over-representing people from underinvested communities.</p>

	<p>Applications are due by August 4, 2023.</p> <p>Learn More</p> <p>Apply Now</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Home Health Care	<p>3. *Stat+ News July 7, 2023 <i>Home health providers sue Medicare over payment cuts, despite near record profits</i></p> <p>The National Association of Home Care and Hospice sued the Biden administration late last week to halt the government’s recent proposed rule that would cut Medicare payments to home health agencies by 2.2% in 2024. It’s a classic example of a lobbying group turning the dial to 11 when government cuts are on the table.</p> <p>NAHC, the home health industry’s lobbying group, said Medicare is threatening to put home health operators out of business. But one thing NAHC failed to mention: Profits in the home health industry remain near all-time highs. Home health profit margins averaged 16.4% between 2001 and 2019, according to the Medicare Payment Advisory Commission. In 2021, profit margins hovered above 26%. I’ve got more on that, here.</p> <p>Home Health Providers Sue</p> <p>4. Justice in Aging June 30, 2023 <i>Justice in Aging Responds to CMS Proposals to Ensure Equal Access to Medicaid HCBS</i></p> <p>In late April, the Centers for Medicare and Medicaid Services (CMS) proposed two new Medicaid rules that are aimed at the agency’s strategy to advance person-centered access to care and services: the Ensuring Access to Medicaid Services proposed rule (Access Rule) and the Medicaid Managed Care Access, Finance, and Quality proposed rule (Managed Care Rule). The Access Rule implements some of the directives in President Biden’s April 18 Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers.</p> <p>Last week, Justice in Aging submitted comments in support of the Access Rule’s proposals to improve access to home and community-based services (HCBS) by strengthening meaningful engagement of people with lived experience to advise state Medicaid agencies, increasing transparency, establishing new access and quality measures, creating a grievance process for people receiving HCBS in fee-for-service systems, and ensuring an adequate direct care workforce that is paid a living wage. We also recommended CMS take additional actions to reduce the institutional bias, promote prompt access to HCBS, strengthen culturally-tailored person-centered service planning, protect HCBS participants from harm and address issues in a timely manner, and reduce the impact of Medicaid estate recovery.</p> <p>Read Justice in Aging’s comments on the Access Rule and comments on the Managed Care Rule.</p>
Substance Use	<p>5. New York Times (free access) July 9, 2023 <i>Substance Abuse Is Climbing Among Seniors</i></p> <p>When Dr. Benjamin Han, a geriatrician and addiction medicine specialist, meets new patients at the School of Medicine at the University of California, San Diego,</p>

	<p>he talks with them about the usual health issues that older adults face: chronic conditions, functional ability, medications and how they're working. He asks, too, about their use of tobacco, alcohol, cannabis, and other nonprescription drugs. "Patients tend to not want to disclose this, but I put it in a health context," Dr. Han said. . .</p> <p>Until a few years ago, even as the opioid epidemic raged, health providers and researchers paid limited attention to drug use by older adults; concerns focused on the younger, working-age victims who were hardest hit. But as baby boomers have turned 65, the age at which they typically qualify for Medicare, substance use disorders among the older population have climbed steeply. "Cohorts have habits around drug and alcohol use that they carry through life," said Keith Humphreys, a psychologist and addiction researcher at the Stanford University School of Medicine.</p> <p>Aging boomers "still use drugs far more than their parents did, and the field wasn't ready for that."</p> <p>Evidence of a growing problem has been stacking up. A study of opioid use disorder in people over 65 enrolled in traditional Medicare, for instance, showed a threefold increase in just five years — to 15.7 cases per 1,000 in 2018 from 4.6 cases per 1,000 in 2013. . .</p> <p>Fatal overdoses have also soared among seniors. From 2002 to 2021, the rate of overdose deaths quadrupled to 12 from 3 per 100,000, Dr. Humphreys and Chelsea Shover, a co-author, reported in JAMA Psychiatry in March, using data from the Centers for Disease Control and Prevention. Those deaths were both intentional, like suicides, and accidental, reflecting drug interactions and errors. Most substance use disorders among older people involve prescribed medications, not illegal drugs. And since most Medicare beneficiaries take multiple drugs, "it's easy to get confused," Dr. Humphreys said. "The more complicated the regimen, the easier to make mistakes. And then you have an overdose."</p> <p>The numbers so far remain comparatively low — 6,700 drug overdose deaths in 2021 among people 65 and older — but the rate of increase is alarming. . .</p> <p>Although most people with substance use problems don't die from overdoses, the health consequences can be severe: injuries from falls and accidents, accelerated cognitive decline, cancers, heart and liver disease and kidney failure. Substance Use Climbing Among Older Adults</p>
Alzheimer's Disease and Dementia	<p>6. AP News July 6, 2023 Alzheimer's drug Leqembi has full FDA approval now and that means Medicare will pay for it By Matthew Perrone U.S. officials granted full approval to a closely watched Alzheimer's drug on Thursday, clearing the way for Medicare and other insurance plans to begin covering the treatment for people with the brain-robbing disease. The Food and Drug Administration endorsed the IV drug, Leqembi, for patients with mild dementia and other symptoms caused by early Alzheimer's disease. It's the first medicine that's been convincingly shown to modestly slow the cognitive decline caused by Alzheimer's. The FDA confirmed those results by reviewing data from a larger, 1,800-patient study in which the drug slowed memory and thinking decline by about five months in those who got the treatment, compared to those who got a dummy</p>

drug. . .

The drug's prescribing information will carry the most serious type of warning, indicating that Leqembi can cause brain swelling and bleeding, side effects that can be dangerous in rare cases. The label notes that those problems are seen with other plaque-targeting Alzheimer's drugs. . .

[The drug maker] studied the drug in people with early or mild disease who were evaluated using a scale measuring memory, thinking and other basic skills. After 18 months, those who got Leqembi declined more slowly — a difference of less than half a point on the scale — than participants who received a dummy infusion. Some Alzheimer's experts say that delay is likely too subtle for patients or their families to notice.

But [federal health advisers](#) said the difference could still be meaningful and recommended that FDA fully approve the drug at a public meeting in June.

[Leqembi Full FDA Approval](#)

7. *New York Times

July 6, 2023

New Federal Decisions Make Alzheimer's Drug Leqembi Widely Accessible

By Pam Belluck

The Food and Drug Administration on Thursday [gave full approval to the Alzheimer's drug Leqembi](#), and Medicare said it would cover much of its high cost, laying the foundation for widespread use of a medication that can modestly slow cognitive decline in the early stages of the disease but also carries significant safety risks.

The F.D.A.'s decision marks the first time in two decades that a drug for Alzheimer's has received full approval, meaning that the agency concluded there is solid evidence of potential benefit. But the agency also added a so-called black-box warning — the most urgent level — on [the drug's label](#), stating that in rare cases the drug can cause "serious and life-threatening events" and that there have been cases of brain bleeding, "some of which have been fatal." Leqembi cannot repair cognitive damage, reverse the course of the disease, or stop it from getting worse. But data from a large clinical trial suggests that the drug — administered every two weeks as an intravenous infusion — may slow decline by about five months over about 18 months for people with mild symptoms. . .

About 1.5 million people in the United States are estimated to be in the beginning phases of Alzheimer's. Many more — about five million — have progressed too far to be eligible for Leqembi. Alex Scott, Eisai's executive vice president of integrity, said the company recommends patients stop using Leqembi once they develop moderate Alzheimer's disease. . .

The F.D.A. greenlighted Aduhelm under a program called "accelerated approval," which can be given to drugs with uncertain benefit under specific criteria, including that the company conduct another clinical trial. Leqembi received accelerated approval in January, but that status meant Medicare would only cover the drug in limited circumstances.

The F.D.A. decision granting full approval to Leqembi means that Medicare will cover it for eligible patients.

Still, some patients will be unable to afford the 20 percent Medicare does not cover, possibly about \$6,600 a year. Including costs of medical visits and required regular brain scans, some of which will receive Medicare reimbursement, the treatment could run to about [\\$90,000 a year](#), some experts

estimate. . .

Some advocacy groups, like the Alzheimer’s Association, have [criticized the registry requirement](#), calling it an unnecessary barrier to access. But medical experts say registry programs are common and easy to comply with. Their concern is that the registry won’t be comparing Leqembi patients with others, so it won’t be able to say if Leqembi slows cognitive decline. . .

In the trial, nearly 13 percent of patients receiving Leqembi experienced brain swelling, which was mostly mild or moderate, while less than 2 percent of patients receiving the placebo experienced such swelling. Most brain swelling did not cause any symptoms, generally emerged soon after use began and resolved within a few months. About 17 percent of Leqembi patients experienced brain bleeding, compared with 9 percent of patients receiving a placebo. The most common symptom from brain bleeds was dizziness. . .

Dr. Jerry Avorn, a professor of medicine at Harvard Medical School who studies medication regulation and use, said doctors will feel pressure to prescribe Leqembi from patients, families, and advocacy organizations. Medical institutions will also have an “enormous financial incentive” because of the Medicare reimbursement that “they could then spend on social workers and all the other things that Medicare will not reimburse,” he said, adding “any economically self-respecting memory center is going to see this as an economic windfall.”

[Leqembi Widely Accessible](#)

8. CNN Health

July 6, 2023

First Alzheimer’s drug to slow disease progression gets full FDA approval, triggering broader Medicare coverage

By Meg Tirrell, Nadia Kounang and Tami Luhby

The US Food and Drug Administration on Thursday granted traditional full approval to the Alzheimer’s drug Leqembi, the first medicine proven to slow the course of the memory-robbing disease.

The Centers for Medicare and Medicaid Services said Thursday that it will now expand coverage of the drug, broadening access for up to an estimated million people with early forms of the disease. . .

The Alzheimer’s Association said in a statement Thursday that it welcomes the FDA’s full approval.

“This treatment, while not a cure, can give people in the early stages of Alzheimer’s more time to maintain their independence and do the things they love,” said Dr. Joanne Pike, the group’s president and CEO. “This gives people more months of recognizing their spouse, children, and grandchildren. This also means more time for a person to drive safely, accurately, and promptly take care of family finances, and participate fully in hobbies and interests.”

However, the drug also comes with side effects and requires monitoring through regular brain imaging. About 13% of participants in the trial experienced brain swelling or bleeding, and those risks could be higher for certain groups based on their genetics or if they take blood-thinning medications. The FDA says a boxed warning is included in the prescribing information to alert patients and caregivers to the potential risks associated with these side effects. . .

Medicare recipients will probably face out-of-pocket costs for Leqembi. Those in traditional Medicare will be responsible for the 20% coinsurance of the Medicare-approved amount after they meet their Part B deductible.

	<p>How much those enrolled in Medicare Advantage or supplemental plans will have to pay will vary based on their policy.</p> <p>The coverage also comes with some qualifications. Medicare will cover the approved drugs when a physician and clinical team participate in the collection of evidence about how these drugs work in the real world, also known as a registry, CMS said. This information will help gauge the usefulness of the medications for people with Medicare. . .</p> <p>CMS released more details of its plan to cover new Alzheimer’s drugs in late June. It said it is working with a number of organizations that are preparing to open their own registries. Clinicians will be able to choose which registry to participate in.</p> <p>The agency is looking for data to help answer several questions outlined in its national coverage determination, released in April. They include: Does the drug meaningfully improve health outcomes – such as slowing the decline of cognition and function – for patients in broad community practice? Do benefits and harms, such as brain hemorrhage and edema, of using the drug depend on the characteristics of patients, providers, and the setting? And how do benefits and harms change over time?</p> <p>Patient groups and the pharmaceutical industry, however, have voiced concerns about the use of a registry, saying it will create a barrier to treatment.</p> <p>Broad Medicare coverage of Leqembi and similar types of medications to slow the progression of Alzheimer’s disease will probably have a big impact on the program’s spending.</p> <p>If 10% of the estimated 6.7 million older adults take Leqembi, at an annual list price of \$26,500, it would boost spending by \$17.8 billion, according to an analysis by KFF, formerly the Kaiser Family Foundation. That would exceed the total spending on the top 10 Part B drugs administered in doctors’ offices in 2021.</p> <p>First Alzheimer's Drug to Slow Disease</p>
<p>News from Around the Country</p>	<p>9. McKnight’s Long Term Care News July 10, 2023 AG alleges another for-profit nursing home ‘pockets’ state Medicaid funds By Kimberly Marselas Attorney General Letitia James wants a state court to force the owners of a Syracuse nursing home to answer questions about “pocketing” \$37.6 million in government funding.</p> <p>Uri Koenig and Efraim Steif, owners of Van Duyn Center for Rehabilitation and Nursing, face numerous allegations of diverting Medicaid funds for their own financial gain, inadequate staffing, and neglect. In a June filing, James’ office asked the New York Supreme Court to compel the owners to talk.</p> <p>The case is the latest in the AG’s quest to spotlight what she considers predatory and illegal financial practices that have in some cases led to reduced staffing and serious patient care concerns. This is at least the fourth case James has pursued against for-profit owners since November of 2022, typically targeting related-party transactions and policies that suppress staffing levels.</p> <p>David R. Ross, an attorney with O’Connell and Aronowitz, said the owners intend to respond to the AG’s office showing that related party transactions “are the norm” and “fully transparent.”</p> <p>For Profit Nursing Home Pockets Funds</p> <p>10. McKnight’s Long Term Care News</p>

July 10, 2023

Staffing mandate remains unenforced amid state's labor squeeze
State officials in June said they were not enforcing a new minimum staffing mandate, which would have triggered at least \$11 million in fines at 55 nursing homes.

"At this time, the Governor's team is working with the General Assembly and other stakeholders to assess Rhode Island's existing minimum staffing requirements and evaluate legislative solutions that support residents, workers, and the long-term health of facilities," Rhode Island Department of Health spokesman Joseph Wendelken told local media. "We have not issued any fines." Advocates behind the mandate, once billed as one of the nation's toughest, predicted it would prevent care delays. But amid a huge labor shortage, providers said it would more likely lead to service limitations and closures and threaten access to care.

The law would have mandated a 2023 minimum of 3.81 hours of direct care per resident, per day from registered nurses, nursing assistants, physical therapists, and medication aides among others.

The state was set to begin assessing quarterly penalties in April.

[Staffing Minimums Remain Unenforced](#)

11. ^Washington Post

July 7, 2023

Last days at the Cortina: Homeless left adrift as covid-era housing ends

By Joanna Slater

Across the country, an expansion of federal aid during the pandemic allowed cities and states to make unprecedented use of hotels and motels to shelter unhoused people, part of a temporary sea change in how the nation treats some of its most vulnerable citizens.

In dozens of states, people experiencing homelessness were placed in rented hotel rooms, sometimes for months, but sometimes for far longer. A handful of states, notably [California](#), began buying hotels and converting them into permanent shelters. Nearly all the programs to rent hotel rooms have ended or are winding down.

Perhaps no state went further than Vermont in making hotels the cornerstone of a bold bid to end homelessness there, putting about 80 percent of its [unsheltered](#) population into rented rooms that are designed for shorter stays.

Now the state has said it cannot afford to continue the program, which used more than \$190 million in federal [funding](#) through April. But three years in, many at the Cortina Inn still have no permanent place to go. The hotel became home. . .

Vermont's experiment in providing hotels for the homeless offers a sobering lens into the difficult choices states are making as pandemic-era benefits end. Most other forms of housing aid through eviction moratoriums and rental assistance have already sunset. ; ;

While hotels have been used as short-term shelters in the past, what unfolded during the pandemic was on a different scale. Nearly \$4 billion in coronavirus relief funds was [allocated](#) to aid the unhoused, including moving them out of crowded shelters and into hotels. The Federal Emergency Management Agency also began reimbursing states and localities for the cost of such stays during the [coronavirus](#) public health emergency. . .

[Vermont](#) has the second-highest rate of homelessness per capita of any state,

behind California. Thanks to the motel program, however, it has the lowest rate of [unsheltered](#) homelessness in the country at just 2 percent, according to the latest national data. The program also allowed the state to get an accurate count of its homeless [population](#). . .

Homelessness experts said the use of hotels and motels to house people has staved off scenarios like the one Hepburn was facing, giving vulnerable people a sense of stability and a way to avoid life-threatening risks. That view is supported by research conducted during the expansion of hotel shelters during the pandemic, initially viewed as a public health measure to reduce infections. Studies found that people in hotel shelters in San Francisco made far fewer visits to hospital emergency rooms. People in a similar program in Washington state showed [improved](#) health and well-being. Several cities and states began [exploring](#) ways to buy hotels and convert them into long-term shelters. . .

On June 1, a group of several hundred people, mainly adults with no children, began to exit the hotels. For those unable to stay with a friend or relative, there was nowhere to go. Most traditional shelters were full already. “It is incredibly sad to be in this situation and have so little capacity to absorb the need,” said Libby Bennett of Groundworks Collaborative, which runs two shelters in Brattleboro, a city in southern Vermont. . .

Around 2,000 people, mostly families, older adults, and persons with disabilities, remain in hotels across Vermont. They, too, were scheduled to leave starting in July.

But in late June, the Democratic-controlled Vermont [legislature](#) reached a deal, backed by its Republican governor, to extend their stays potentially until next April, provided certain conditions were met. They included accepting alternate forms of housing, if offered, and contributing 30 percent of a person’s income to the cost of their stay.

[Last Days at the Cortina](#)

12. Skilled Nursing News

July 7, 2023

Assessments to Begin for Unfunded Nursing Home Staffing Mandate in NY, \$2,000 Daily Fines in Play

By Amy Stulick

Nursing home operators in New York can expect to see assessments tied to the state minimum staffing standard as early as July 10, the state Department of Health said in a memo.

Facilities that are out of compliance with the new staffing standards could receive civil monetary penalties of up to \$2,000 per day, the agency said. But, operators that believe an initial determination was made in error will have the opportunity to request redetermination.

SNF operators can also apply for a penalty reduction if they can demonstrate “mitigating or aggravating factors” that led to noncompliance. State DOH Division of Legal Affairs will determine the final penalty amount and instructions from there. . .

Post-acute operators in the Empire State have been forced to limit new admissions to comply with staffing ratios, creating bottlenecks, providers [told](#) Skilled Nursing News in January. At the beginning of this year, PBJ data found that 75% of the state’s 614 nursing homes could not meet the state’s 3.5-hour staffing mandate, and from 2019 to 2022, the number of empty nursing home beds in the state increased to 6,700, LeadingAge NY President and CEO Jim Clyne

	<p>said at the time. . .</p> <p>The law requires nursing homes as of April 1, 2022, have minimum daily staffing hours equal to 3.5 hours per resident per day. Broken down further, the state requires facilities to have certified nursing assistant (CNA) care make up no less than 2.2 of these hours, and no less than 1.1 hours must be provided by either a licensed practical nurse (LPN) or registered nurse (RN).</p> <p>Nursing Home Staffing Mandate</p> <p>13. Skilled Nursing News</p> <p>July 7, 2023</p> <p>26 Nursing Homes Close in the Past Year Across Iowa</p> <p>By Shelby Grebbin</p> <p>Countryside Health Care Center, one of the largest nursing homes in Iowa, with a maximum occupancy of 101 residents, announced that it will close within 60 days.</p> <p>This brings the total number of nursing homes closing in Iowa since June 2022 to 26.</p> <p>Countryside Health Care Center is owned by a real estate company based in New York, and during the previous three years, the facility had received \$98,405 in fines and penalties related to survey violations and resident complaints, according to the Capital Dispatch. . .</p> <p>Previously, SNN reported that Texas and Nebraska led the nation for most nursing home closures in 2022, with industry advocates citing inadequate Medicaid rates that have not kept pace with a tough economic and operating environment.</p> <p>The Centers for Medicare & Medicaid Services (CMS) recently shared that 135 nursing homes have closed their doors in the past year as the industry grapples with massive staffing shortages and rising operating costs complicated by high inflation and rising fuel prices.</p> <p>26 Nursing Homes Close in Iowa</p>
<p><i>Workforce</i></p>	<p>14. The Hill</p> <p>July 9, 2023</p> <p>Domestic workers are organizing for better working conditions nationwide</p> <p>By Rafael Bernal</p> <p>Domestic workers throughout the country are pushing for better working conditions, staging rallies and protests, and lobbying for labor protections. The workers, including nannies, house cleaners and home care workers, have launched campaigns in places including Miami, where two organizations led a mid-June march calling for a “Domestic Workers’ Bill of Rights.” . . .</p> <p>The idea of the Domestic Workers Bill of Rights has been a centerpiece of the push for better working conditions for nearly two decades, ever since activist Aijen Poo envisioned the National Domestic Workers Alliance (NDWA) around the concept. . .</p> <p>Though specific legislative proposals vary from state to state and city to city, the main thrust of the Domestic Workers Bill of Rights is to remove labor law exclusions implemented for domestic workers starting in the New Deal era. . .</p> <p>According to a 2022 study by the Economic Policy Institute (EPI), domestic workers face a 25 percent pay gap: “The average domestic worker is paid 75 cents for every dollar that a similar worker would make in another occupation.”</p> <p>The study identified 2.2 million domestic workers in 2021, though researchers wrote it is “highly likely” that figure is a significant undercount, since many</p>

	<p>workers are paid “under the table,” and a significant number are undocumented immigrants, who are generally underrepresented in surveys.</p> <p>In that population, the EPI identified 304,557 house cleaners, 211,675 nannies, 239,942 childcare workers who tend to children in their own home, 148,897 nonagency home care aides, and 1,253,899 agency-based home care aides.</p> <p>Domestic Workers Organizing</p>
<p>Supportive Decision-Making</p>	<p>15. Pittsburgh Post-Gazette July 8, 2023 How can seniors with cognitive impairment keep their independence? By Marilyn Perkins Supported decision-making is an alternative to more drastic legal actions such as a guardianship.</p> <p>America’s population is aging. The U.S. Census Bureau predicts that, by 2034, there will be more adults over 65 than children, and The Administration for Community Living projects the number of seniors over 85 will double between 2020 and 2040.</p> <p>With that shift will come more people than ever being diagnosed with dementia and cognitive impairment-causing conditions such as Alzheimer’s disease. Nearly one out of every three seniors over the age of 85 has Alzheimer’s dementia, and the annual incidence of Alzheimer’s is projected to double by 2050.</p> <p>America’s population is aging. The U.S. Census Bureau predicts that, by 2034, there will be more adults over 65 than children, and The Administration for Community Living projects the number of seniors over 85 will double between 2020 and 2040.</p> <p>With that shift will come more people than ever being diagnosed with dementia and cognitive impairment-causing conditions such as Alzheimer’s disease. Nearly one out of every three seniors over the age of 85 has Alzheimer’s dementia, and the annual incidence of Alzheimer’s is projected to double by 2050.</p> <p>She explains that, in supported decision-making, an adult with cognitive impairment relies on a trusted person or group to assist them through choices around finances, health care, housing or any other complex issues in their lives. It can include assistance in understanding information, communicating preferences, exploring alternatives, and considering potential consequences. Supporters may include family members, friends, advocates, or professionals who work collaboratively with the person to enable them to exercise their decision-making autonomy. The process emphasizes that, at the end of the day, it’s the individuals’ decision, rather than a guardian’s. . .</p> <p>Supported decision-making was first introduced as a way for young adults with developmental disorders such as Down Syndrome to avoid lifelong guardianships. Researchers like Largent are still working to adapt the approach for seniors living with cognitive impairment and dementia, as most studies conducted so far have focused only on younger adults.</p> <p>“The studies that have been done with these younger adults, generally speaking, have found that they feel happier, more independent, they have greater self confidence, and they have a greater sense of control over what happens to them,” says Largent.</p> <p>The pilot projects also show a much lower potential for abuse and exploitation compared to guardianship.</p> <p>However, supported decision-making for seniors still faces a number of challenges. Compared to younger adults with developmental disabilities,</p>

	<p>cognitive abilities in older adults are less stable. A person who has Alzheimer’s disease may experience poor memory one day, clarity the next; and ultimately, their memory will likely deteriorate over time.</p> <p>That means supported decision-making strategies for older adults need to be flexible day-by-day, and perhaps transition into guardianships over time.</p> <p>Cognitive Impairment Independence</p>
Disability Topics	<p>16. Centers for Medicare and Medicaid Services</p> <p><i>CMS OMH Celebrates Disability Pride Month and the 33rd Anniversary of the Americans with Disabilities Act</i></p> <p>Throughout July, the Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) celebrates Disability Pride Month and the anniversary of the Americans with Disability Act (ADA). Enacted on July 26, 1990, the ADA prohibits discrimination on the basis of disability in employment, transportation, public accommodations, telecommunications, communications, and access to state and local government programs and services. During this observance CMS OMH highlights the unique health care challenges and barriers faced by those living with a disability.</p> <p>61 million adults in the United States have some type of disability, with the most prominent disabilities being mobility (serious difficulty walking or climbing stairs) and cognition (serious difficulty concentrating, remembering, or making decisions). Individuals living with disabilities face poorer overall health outcomes, including increased likelihood of obesity (41.6%), diabetes (15.9%), and depression (43%).</p> <p>Additionally, individuals living with disabilities face barriers to care, with 1 in 4 adults with disabilities not having access to a usual health care provider and 1 in 5 adults with disabilities not having access to a routine check-up in the past year. This puts those individuals living with disabilities at increased risk for poor health outcomes.</p> <p>During Disability Pride Month, CMS OMH is highlighting how you can help address these barriers and disparities impacting individuals living with disabilities. The anniversary of the ADA offers us an opportunity to reaffirm our commitment to ensuring people with disabilities have access to quality health care services and share resources providers can use to help empower individuals living with disabilities.</p> <p>Resources</p> <ul style="list-style-type: none"> • Visit CMS OMH’s Improving Access to Care for People with Disabilities webpage to find tools and resources that can help you improve services and help patients understand their rights. This webpage is also available in Spanish. • Download CMS OMH’s Getting the Care You Need: Guide for People with Disabilities, now available in eight languages and in Braille. • Review the Autism Spectrum Disorder (ASD) Disparities in Medicare Fee-For-Service Beneficiaries data snapshot to learn more about racial and geographic ASD disparities among those enrolled in Medicare fee-for-service. • Download the How to Improve Physical Accessibility at Your Health Care Facility resource, which helps health care providers, staff, and administrators in a variety of outpatient settings improve the accessibility of their health care facility. • Review the How Does Disability Affect Access to Health Care for Non-Dual

	<p>Eligible Beneficiaries? data highlight, which examines access and utilization among adults with Medicaid who are not dually eligible for Medicare and who reported difficulty accessing needed health care.</p> <ul style="list-style-type: none"> • Take the Modernizing Health Care to Improve Physical Accessibility training to learn about solutions for increasing the physical accessibility of health care settings and services for individuals with disabilities. • Visit ADA.gov to learn more about the rights available to individuals with disabilities under the ADA.
Prevention	<p>17. National Geographic (free access with email registration) July 6, 2023 <i>Heat waves are getting worse. Here's how to prepare.</i> By Christina Nunez While heat waves may worsen, public health crises are preventable. That's why many cities and states are developing early warning systems, more public education, and community resources such as cooling centers where people can escape oppressive temperatures. For individuals, the heat safety advice may sound familiar: limit outdoor activity, especially at peak midday temperatures; stay hydrated; and cool off at a public place like a library or heat-relief shelter if you don't have air conditioning at home. . . In the longer term, measures such as planting trees for shade and installing reflective cool roofs in certain places can help build resilience against hot weather in homes and communities. For the here and now, here's how to keep cool. . . Hess recently released a report highlighting how serious, direct reactions such as heat stroke are only one health hazard from heat. Heat can exacerbate chronic conditions such as heart disease, which accounted for a quarter of heat-related deaths in the U.S. between 1999 and 2018. "In some studies, the number of people who have chronic disease exacerbations related to heat actually outnumber the acute heat illness cases," Hess said. Drowning accidents, too, go up during heat waves, as people head to pools and bodies of water to cool off. . . How to protect yourself Monitor forecasts including the heat index for your area so that you know when intense weather is coming and can plan accordingly. If you can, limit time outdoors and avoid strenuous activity during the hottest parts of the day. Those heat index ratings? They pertain to shady areas. In direct sunlight, the value can increase up to 15°F, according to the National Weather Service. Avoid sugar, caffeine, and alcohol in drinks, all of which will make you lose fluids. Drink plenty of water, and don't wait until you're thirsty to do it. Hess said electrolyte drinks can be helpful in rehydrating, especially during sustained activity, but you don't need to seek out a certain brand: lightly salted water is good. Either way, drink the water you have, and carry plenty with you if you're going out in nature. For hikers in the Phoenix area, the city recommends carrying 16 to 32 ounces per hour per person. Wear light-colored, lightweight clothes. When outside, seek shade where possible; wear sunblock; and bring a hat or parasol.</p>

[Heat Waves Are Getting Worse](#)

18. The Conversation

July 5, 2023

America faces a power disconnection crisis amid rising heat: In 31 states, utilities can shut off electricity for nonpayment in a heat wave

Millions of Americans have been sweltering through heat waves in recent weeks, and U.S. forecasters warn of a hot summer ahead.

Globally, 2023 saw the warmest June on record, according to the European Union’s climate change service. That heat continued into July, with some of the hottest global daily temperatures on satellite record, and possibly the hottest. For people who struggle to afford air conditioning, the rising need for cooling is a growing crisis.

An alarming number of Americans risk losing access to utility services because they can’t pay their bills. Energy utility providers shut off electricity to at least 3 million customers in 2022 who had missed a bill payment. Over 30% of these disconnections happened in the three summer months, during a year that was the fifth hottest on record. . .

For many low-income households, the risk of a power shut-off reoccurs month after month. In a recent study, we found that over the course of a single year, half of all households whose power was disconnected dealt with disconnections multiple times as they struggled to pay their bills. . .

The loss of critical energy services may mean that affected people cannot keep their [homes cool](#) – or warm during the winter months – or food refrigerated during any season. Shut-offs may mean that people with illnesses or disabilities cannot keep medicines refrigerated or [medical devices charged](#). And during times of extreme cold or heat, the loss of energy utility services can have [deadly consequences](#). . .

State public utility commissions place certain restrictions on the circumstances when utilities can disconnect customers, but summer heat is often overlooked. All but a handful of states limit utilities from shutting off customers [during winter months](#) or on extremely cold days. Most have at least some medical exemptions.

Yet, the majority of states [do not place any limits](#) on utility disconnections during summer months or on very hot days. Only 19 states have such summer protections, which typically take the form of designating time periods or temperatures when customers cannot be disconnected from their service. We believe this is untenable in an era of climate change, as more parts of the country will [increasingly experience excessive-heat days](#). .

As we see it, the U.S. needs more robust customer protections, with states, if not the federal government, mandating better disclosure of when and where disconnections occur to identify any systemic biases.

Most of all, we believe Americans need a collective change in mindset about energy access. That should start with a principle that all people should have access to critical energy services and that utilities should only shut off service to customers as a last resort, especially during health-compromising weather events.

The country cannot wait for deadly heat waves to prove how important it is to protect American households.

[America Faces Power Disconnect](#)

Dignity Alliance

Information about the legislative bills which have been endorsed by Dignity Alliance

Massachusetts Legislative Endorsements	Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net .
Websites	National Domestic Workers Alliance (NDWA) https://www.domesticworkers.org/ Founded in 2007, NDWA is a national advocacy organization focused on the needs and issues of home care workers and others employed in domestic settings.
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in The Dignity Digest.
Previously posted funding opportunities	For open funding opportunities previously posted in The Tuesday Digest please see https://dignityalliancema.org/funding-opportunities/ .
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/orgnizations/
Nursing Home Closures	Massachusetts Department of Public Health Arnold House Nursing Home 490 William St, Stoneham, MA 02180 Closure date: September 22, 2023 <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX)
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. <ul style="list-style-type: none"> • There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include: <ul style="list-style-type: none"> • Number of new COVID-19 cases within the facility • Staffing levels • Failure to report a lack of adequate PPE, supplies, or staff • Infection control survey results • Surveillance testing non-compliance Facilities are required to notify residents' designated family members and/or 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	<p>Massachusetts Department of Public Health Determination of Need Projects: Long Term Care 2023 <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboag</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u> <u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>					
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services List of Special Focus Facilities and Candidates <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated March 29, 2023 CMS has published a new list of <u>Special Focus Facilities (SFF)</u>. SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. What can advocates do with this information?</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.

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://somersestridgerehab.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)

	<p>https://hathawaymanor.org/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366</p> <ul style="list-style-type: none"> • 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 																
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</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> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS)</p> <p>Nursing Home Compare Website</p> <p>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> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services</p> <p>Data on Ownership of Nursing Homes</p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health</p> <p>Long-Term Care Facilities Specific COVID-19 Data</p> <p>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	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		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Workgroup General Membership	Workgroup lead Bill Henning Paul Lanzikos	Email 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 Assisted Living and Rest Homes	Group lead In formation	
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
	The Dignity Digest	For a free weekly subscription to The Dignity Digest: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke	
Note of thanks	Thanks to the contributors to this issue of The Dignity Digest <ul style="list-style-type: none"> • Dick Moore • Brianna Zimmerman Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of The Dignity Digest. If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org .		
<p>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.</p> <p>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</p> <p>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</p>			

