



The Dignity Digest

Issue # 155

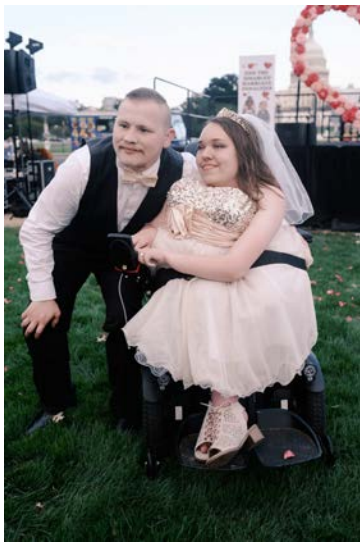
September 26, 2023

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

Photographs by Kyna Uwaeme, **New York Times**



Devin and Amber Weise knew the financial risks but decided to marry anyway.



For many people with disabilities, marrying can have financial repercussions.

[For Disabled Couples, a Plea for Marriage Equality](#) **New York Times (free access)**

By Tammy LaGorce
September 15, 2023

On Wednesday afternoon, 20 couples gathered in front of a stage at the National Mall in Washington to recite their commitment vows. Some brides had on white gowns while grooms wore top hats. Others donned orange T-shirts printed with the words “Disability Rights Are Human Rights.”

“We would like to get married and be able to go to the doctor,” they chanted in unison. “We would like to get married and not end up living in a cardboard box.”

Their combined voices might not have been loud enough for lawmakers at the Capitol, visible in the distance, to hear. But that, too, is something the couples and about 80 supporters who watched [the Disabled Marriage Equality Now rally](#) from lawn chairs would have liked.

“We’re here to send a message,” said Steve Way, 32, a speaker at the event who was born with Ullrich congenital muscular dystrophy. He traveled from Rutherford, N.J., in the back of a minivan with his wheelchair and breathing tubes. “Everyone should have the right to get married without compromising their health and safety.”

For many people with disabilities, marriage can be a financial trap. Those who receive Supplemental Security Income, a Social Security program for disabled people and older adults with few assets and little to no income, are at risk of losing their modest monthly stipend and the Medicaid that comes with it if they marry.

According to [the Disability Rights Education and Defense Fund](#), the nonprofit group that organized the rally, around [7.6 million Americans receive S.S.I.](#) About [a million more](#) are classified as disabled adult children, a designation that qualifies recipients for Medicare and a small monthly Social Security stipend. They are also at risk of losing some or all of their benefits if they become their partners’ legal spouses.

Representative Jimmy Panetta, a Democrat from California, has proposed legislation that would remove the marriage restriction. “The current, but antiquated, law essentially penalizes people for following their hearts,” he said.



Ricardo and Donna Thornton were among the 20 couples at the Disabled Marriage Equality Now rally

[Ayesha Elaine Lewis](#), a staff attorney on the nonprofit's leadership team and the event's M.C., blames bureaucracy and outdated laws — some of which can be traced to the 1950s — for the restrictions that make marriage prohibitively or even dangerously expensive for her clients. (Medicaid covers personal attendant care and other disability-related services; private insurance may not.)

“Paternalism, low expectations and ableist assumptions are baked into these laws,” Ms. Lewis said. “We need an adjustment to reflect a reality where people with disabilities lead big, bright and audacious lives.”

As the commitment ceremony was underway, Patrice Jetter, who led the nonlegal ceremony, demonstrated maximum brightness and audacity from a stage outfitted with a towering pink-and-red heart and “End the Disabled Marriage Penalties” banners. Wearing an ankle-length tiered rainbow gown, a matching tulle headpiece and a “Love Is Love” sash draped Miss America-style across her torso, Ms. Jetter, a Special Olympian and disability rights advocate, reminded those in the audience why they had come.

“We are gathered here today in solidarity, love and togetherness to promote marriage equality,” said Ms. Jetter, who has competed in multiple sports, including bocce and figure skating. Her own wedding ceremony with her fiancé, Gary Wickham, on Aug. 20, in Princeton, N.J., was not the legal kind. It was, instead, a way to celebrate what Mr. Wickham called a “perfect as can be” life together despite government-imposed financial limitations. Both Ms. Jetter and Mr. Wickham have cerebral palsy.

Ms. Jetter, 59, is a school crossing guard in Hamilton, N.J., her hometown. The \$800 a month she earns is “just enough not to mess up my S.S.D.I. payments,” she said, referring to Social Security Disability Insurance, a program similar to S.S.I. If she earned more, her benefits could be slashed. Mr. Wickham, 57, of Princeton, is retired from doing piecemeal work, or as he described it, “different little menial jobs nobody else wants to do, so they give them to disabled people.” Marrying Ms. Jetter could compromise his ability to retain a fund that his parents saved for him to live on before they died.

For Ms. Jetter and Mr. Wickham, who uses a wheelchair, the goal of the rally was to advocate a future less fraught for couples who might otherwise have similar struggles. “We might not actually be able to get married” ever, Mr. Wickham said. “But we’d like to make a difference for other people maybe five or 10 years down the road.” Mr. Way, a stand-up comedian and an actor on the Hulu series “Ramy,” is counting on it. Although he is single, he doesn’t intend to be forever. When he finds a partner, “I want the option, like everyone else, to get married without losing the care I need to survive,” said Mr. Way, who also works as a substitute teacher.

Julia Simko, 33, and Ray Vercruysse, 35, a couple that followed Ms.

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| | <p>Jetter and Mr. Wickham to the rally from their homes in West Windsor, N.J., are betting on that future, too. They both live with developmental disabilities.</p> <p>“We just want our happily ever after,” said Ms. Simko, her wedding veil blowing in the late-summer breeze.</p> |
| <p>Quotes</p> | <p><i>Inadequate nursing home staffing is not just an issue for today’s residents. Each of us may be one accident away from a nursing home. Whether we are 80 years old with a broken hip or 30 years old with a head injury, we shouldn’t have to worry that we’ll end up neglected in a nursing home too understaffed to keep us safe.</i></p> <p>Biden’s nursing home staffing proposal is dangerously inadequate, The Hill, September 22, 2023</p> <p><i>Transparency in physician and provider ownership is necessary to understand and address the impact of the corporate transformation of the U.S. health care system. Who owns a doctor’s practice, hospital, or nursing home can dramatically affect the cost, accessibility, affordability, and quality of the services. Yet the chain of corporate ownership and web of financial interests are almost totally opaque to patients, purchasers, policymakers, researchers, and regulators.</i></p> <p>The Missing Piece in Health Care Transparency: Ownership Transparency, Health Affairs, September 22, 2023</p> <p><i>Lack of ownership transparency allows health care consolidation to intensify unchecked, with corresponding increases in prices. Opacity in ownership obscures the pattern of stealth consolidation through which a single acquirer may monopolize a local market through add-on acquisitions. . .</i></p> <p><i>To achieve true transparency in health care, it is essential to disclose who owns and controls health care facilities, physicians, and other providers. Ownership transparency can help prevent conflicts of interest, enhance accountability, promote competition, and must be seen as</i></p> |

a complementary measure to price and location transparency to achieve the overarching goal of lowering health care costs

[The Missing Piece in Health Care Transparency: Ownership Transparency](#),
Health Affairs, September 22, 2023

A recent study found that [more cancer patients](#) died of Covid during the Omicron surge than in the first winter wave, in part because people around them had stopped taking precautions.

[In hospitals, viruses are everywhere. Masks are not.](#) *New York Times,
September 23, 2023 (updated)

"Alzheimer's disease has crushed Marti's memory. At this stage, she cannot form a word. But somehow the pathway to musical melodies remains clear and it is along this pathway that she and I are able to communicate."


[Still there: Alzheimer's has ravaged his mother's memory, but music brings her back](#), NPR News, September 21, 2023

By 2034, a little over a decade from now, the United States will have [more seniors than youth](#) for the first time in its history. By just a year later, those of us aged 85 and older will have [nearly doubled](#), in a span of just 25 years, to almost 12 million. And by 2050, the [population of centenarians](#) — those who live to 100 or older — will swell to 3.7 million, more than everyone now living in Connecticut.

[The number of Americans living to 100 is exploding. But there's a glaring problem.](#) *Boston Globe, September 18, 2023 (Updated)

After I reset my iPhone, I noted that it automatically came preloaded with an app for stocks. Pressing on this app shows data on the Dow Jones average and various stocks. If we can have an app for stocks, we certainly should have an app to prevent suicide.

[Every smartphone should have an app to connect to 988, the mental health crisis line](#), STAT News, September 22, 2023

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| | <p><i>“We just want our happily ever after.”</i></p> <p>Julia Simko, 33, who hopes to marry Ray Vercruyssen, 35, who both live with developmental disabilities, For Disabled Couples, a Plea for Marriage Equality, <i>New York Times</i> (free access), September 15, 2023</p> <p><i>“However, in order to make sure the proposed rule has this intended effect, we must also address the severe staffing shortages my investigation uncovered at state nursing home survey agencies across our Nation.”</i></p> <p>Senate Committee on Aging Chair Bob Casey (D-Pa.), Nursing home inspector shortage could undermine staffing proposal, <i>Axios</i>, September 7, 2023</p> |
| <p>CMS's Proposed Minimum Staffing Standard</p> | <p>1. The Consumer Voice</p> <p>Unpacking CMS's Proposed Minimum Staffing Standard Materials Available from Consumer Voice Webinar</p> <p>Through this webinar, we unpacked CMS's Notice of Proposed Rule Making (NPRM) that would implement a minimum staffing standard in nursing homes. We walked through the rule and its provisions. Additionally, the rule relies heavily on a staffing study conducted last year. We covered this study and how CMS used it to come to the proposed standard in the rule. This webinar is the first step in a series of events that will provide you with the information necessary to comment and make this rule stronger.</p> <p>Webinar Materials:</p> <ul style="list-style-type: none"> • Slides - A correction has been made on Slide 29 • CMS Staffing Study Report • Notice of Proposed Rule Making <p>Preparing Your Comments</p> <p>Consumer Voice will be providing template comments and more materials to empower you to comment, so stay tuned.</p> <p>Comments are due on the Federal Register website by November 6, 2023.</p> |
| <p>Dignity Alliance Study Sessions</p> <p><i>Live one-hour sessions with key individuals or specific topics. Open to all via Zoom. Sessions will be recorded and posted on DignityMA website.</i></p>  <p>Patricia Moore</p> | <p>2. The Future of Nursing Homes: Navigator Homes of Martha's Vineyard – A case Study</p> <p>Wednesday, September 27, 2023, 2:00 p.m.</p> <p>Embracing the core values in the disruptive concept for nursing home design, the “Green House” model, Navigator Homes of Martha’s Vineyard, opening this fall, will house 70 people in 5 homes with 14 residents each. Each resident has a private room with bathroom. Residents will share a living room, kitchen, dining rooms, and other enriching and recreational spaces, both inside and outside. The mission of Navigator Homes of Martha’s Vineyard is to enable older adults and persons with disabilities to live a meaningful life with dignity while receiving superior skilled nursing care.</p> <p>Presenters:</p> <p>Patricia Moore is the Founder of Healthy Aging Martha’s Vineyard (formerly the Healthy Aging Task Force), a planning and advocacy coalition of over 70 leaders representing 37 nonprofit and municipal organizations serving Martha’s Vineyard elders and their families. The mission of Healthy Aging Martha’s</p> |



David Roush

Vineyard (HAMV) is to create an aging-friendly Island, meeting the needs of the rapidly growing 65+ population and those who care for them. She has also managed state programs for women and children in New Jersey and Massachusetts.

David Roush has worked in health care as an attorney, regulator, consultant, operator-owner, investor, and public policy advisor. Currently, he is a Principal with Strategic Care Solutions. Previously, he was a co-founder of Radius Executive Solutions and Radius Health Care Companies as well as a Managing Partner of ADS Consulting. He was a health care regulator for the Massachusetts Department of Public Health.

The study session will cover how Navigator Homes will look and function as well as the steps involved with the planning and approval process and how issues and obstacles were addressed.

There will also be a dialogue with participants during which questions can be asked and comments made.

The Study Session is open to all. Pre-registration is not required.

Zoom link:

<https://us02web.zoom.us/j/88482595765?pwd=S0pWLOwzSFdzaJl0aTRzZmZPMytTdz09>

Meeting ID: 884 8259 5765

Passcode: 128306

One tap mobile: +19294362866,,88482595765#,,,,*128306# US

Telephone: +1 305 224 1968 US

3. PACE Program 101 and More

Presenter: Candace Kuebel, LCSW, MSW, MBA, Executive Director, MassPACE Association

Wednesday, October 18, 2023, 10:00 a.m.

Zoom link:

<https://us02web.zoom.us/j/81798483893?pwd=cWZXdlZvWG12WGMva2VUSUUrBDQxUT09>

Meeting ID: 817 9848 3893

Passcode: 334338

One tap mobile: +13052241968,,81798483893#,,,,*334338# US

Telephone: +1 305 224 1968 US

4. ReFraming Aging

Presenter: Melissa Donegan, LSW, Director, Healthy Living Center of Excellence, AgeSpan

Wednesday, November 8, 2023, 10:00 a.m.

Join Zoom Meeting

<https://us02web.zoom.us/j/85666698185?pwd=QUp0RHR3OENJQTZNS1RSeVlxa01mZz09>

Meeting ID: 856 6669 8185

Passcode: 394342

One tap mobile: +13052241968,,85666698185#,,,,*394342# US

Telephone: +1 305 224 1968 US

Webinars and Other Online Sessions

5. National Center on Law & Elder Rights

Tuesday, September 26, 2023, 2:00 to 3:15 p.m.

[Preventing Tax Foreclosures for Older Adults: Accessing Tax Relief Options](#)

[This training](#) will focus on one of the most important ways to prevent tax foreclosure: ensuring that low-income and older homeowners have access to all available exemptions and discounts. Many older adults who are at risk of tax foreclosure have not taken advantage of all the existing tax relief options available to them. Heirs who have inherited a family home are even less likely to have obtained these benefits. This webinar will provide an overview of the available options, including abatements and exemptions, and strategies to ensure your client is maximizing all available benefits to avoid the risk of losing their home.

After the [Supreme Court's recent decision in Tyler v. Hennepin County](#), some states will need to revise their property tax foreclosure process. In this webinar, presenters will also briefly describe the impact of this decision and what may come next.

Presenters:

- Odette Williamson, National Consumer Law Center
- Andrea Bopp Stark, National Consumer Law Center
- Kristopher Smith, Local Initiatives Support Corporation (LISC) Jacksonville
- Sarah Mancini, National Consumer Law Center

6. Health Affairs

Wednesday, September 27, 2023, 2:00 to 3:30 p.m.

[Briefing: How The Ownership and Structure of Health Care Entities Affect Clinicians & Patients](#)

Researchers and policymakers have begun to look at what the data tell us, from the impact of private equity on the workforce to what hospital-physician integration means for patient outcomes and physician compensation.

On **Wednesday, September 27**, please join *Health Affairs* Editor-in-Chief **Alan Weil** for an online forum, “How the Ownership and Structure of Health Care Entities Affect Clinicians & Patients,” focusing on recent work featured in the Practice of Medicine series and broader issues confronting medical professionals.

Presenters will include:

- **Erin Fuse Brown**, Catherine C. Henson Professor of Law, and Director, Center for Law, Health & Society, Georgia State University College of Law
- **Joseph Dov Bruch**, Assistant Professor of Public Health Sciences, University of Chicago, on “Workforce Composition in Private Equity-Acquired Versus Non-Private Equity-Acquired Physician Practices” (January 2023)
- **Brady Post**, Assistant Professor, Department of Health Sciences, Northeastern University, on “Hospital-Physician Integration is Associated with Greater Use of Cardiac Catheterization and Angioplasty” (May 2023)
- **Gary Price**, President and CEO, Physicians Foundation
- **Christopher Whaley**, Associate Professor of Health Services, Policy, and Practice, Brown University School of Public Health, on “Physician Compensation in Physician-Owned and Hospital-Owned Practices” (December 2021)
- **Others TBA**

[Registration](#)

7. Boston University School of Social Work

Center for Innovation in Social Work and Health

Monday, October 23, 2023, 4:00 to 5:00 p.m.

Virtual and In-Person Event

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| | <p>Zoom and Kilachand Center Room 101, 610 Commonwealth Ave, Boston, Shaping the Future of Social Work in Public Health</p> <p>Join the Center for Innovation in Social Work & Health (CISWH), Director Dr. Tami Gouveia, and Boston University School of Social (BUSSW) Dean Barbara Jones for an important conversation on how social workers can strengthen public health and the ways CISWH and BUSSW are forging a path for social work leadership in health equity.</p> <p>Program:</p> <p>4:00 pm: Opening remarks by Robyn Golden, Associate Vice President of Social Work and Community Health</p> <p>4:05 pm: Conversation with Dr. Tami Gouveia and Dean Barbara Jones moderated by Dr. Linda Sprague Martinez, Director of University of Connecticut Health Disparities Center</p> <p>4:35 pm: Audience Q&A</p> <p>4:55 pm: Closing remarks by Prof. Luz López, BUSSW clinical professor and CISWH Global Health Core director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> • Describe how CISWH and BUSSW are lifting up the role of social workers in health and public health. • Describe how social workers in health and public health can leverage rapid change to strengthen the field for the future. • Identify how CISWH is leading and enhancing social work’s role in fostering equitable health and well-being for all. <p>Register Here</p> |
| <p>Previously posted webinars and online sessions</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>8. The Hill</p> <p>September 22, 2023</p> <p>Biden’s nursing home staffing proposal is dangerously inadequate</p> <p>By Nina A. Kohn, Charlene Harrington, and Lori Smetanka</p> <p>As nursing home residents and staff died by the thousands in the first months of the COVID-19 pandemic, one thing became clear: Understaffing in America’s nursing homes is lethal. Most facilities lacked the staff needed to prevent neglect and avoidable harm to residents.</p> <p>President Biden responded to the nation’s nursing home crisis by declaring that his administration would create a minimum staffing standard for nursing homes, to help ensure basic care and services for the nation’s more than 1 million nursing home residents.</p> <p>This announcement was heralded by long-term care residents and their supporters. For years, nurses, physicians, researchers, consumer advocates and government reports had been sounding the alarm that understaffing in nursing homes jeopardized residents’ health and safety.</p> <p>Consider the result of understaffing in four New York nursing homes recently sued for abuse.</p> <p>One resident was so neglected his son couldn’t recognize him. Another resident was dying from an infected pressure sore that grew “cavernous” and ended up “eating away most of his buttocks.” Staff had so little time to provide basic care that they left windows open to reduce the stench of unclean residents, leaving residents “freezing” and swarmed by flies.</p> <p>Unfortunately, the federal agency responsible for drafting Biden’s new staffing</p> |

standard has just dropped a bombshell. On Sept. 6, it published a [proposed staffing standard](#) so minimal and with such huge exceptions that many nursing home residents will see no benefit at all.

To be sure, the proposal has some good news for residents. It requires a registered nurse to be present in a nursing home 24 hours a day, replacing the current federal requirement of only 8 hours. That's a major step forward. RN levels [predict](#) nursing home quality, and RNs play a critical role in assessing, diagnosing, planning, and overseeing care.

But when it comes to total staffing levels, the federal agency in charge, the Centers for Medicare and Medicaid Services (CMS), has proposed that nursing homes only be required to provide three hours of staff time per resident per day. That's far less than what many states with [state-specific minimum staffing standards](#) require. It's only 73 percent of the [4.1 hours per day](#) that a rigorous CMS study found is necessary to avoid neglect.

A lower standard might be understandable if the federal government planned to make all nursing homes comply with it. It doesn't.

CMS proposes granting waivers to both rural facilities and facilities in communities with below-average numbers of health care providers. Facilities must make a "good faith effort" to recruit and retain staff to get a waiver, but this effort doesn't have to include offering the higher wages or benefits needed to attract workers.

So long as a facility offers the "prevailing wage" — which is [notoriously low](#) — it can avoid the minimum staffing requirement. The Economic Policy Institute [found](#) that long-term care workers (over 80 percent of whom are women and who are disproportionately Black and immigrant women) are substantially underpaid and most lack any employer-provided retirement or health benefits.

The nursing home [industry argues](#) that it can't afford higher staffing requirements. Yet even nursing homes that are dependent on Medicaid (which the industry claims doesn't pay enough) are being [bought up](#) by private equity firms because of their profit potential. And [stories](#) abound of nursing homes claiming poverty while their owners pocket millions.

It's time for the federal government to stop allowing nursing homes to operate with unsafe staffing levels. After all, the federal government foots the bill for [three-quarters](#) of nursing home residents. And the federal government shouldn't continue to expect taxpayers to pay for nursing homes that lack the minimum staff needed to provide adequate care.

Nursing home residents, their families and their supporters need to demand minimum staffing standards that are higher and that apply to all nursing homes (rural residents deserve good care too). They may not have the resources of the nursing home industry, which routinely spends [over \\$100 million](#) a year on lobbyists. But they can make themselves heard. One way to do so: commenting directly on CMS's proposed standard on the federal government's dedicated [website](#). CMS is legally required to read these comments and consider them in developing the final rule.

Inadequate nursing home staffing is not just an issue for today's residents. Each of us may be one accident away from a nursing home. Whether we are 80 years old with a broken hip or 30 years old with a head injury, we shouldn't have to worry that we'll end up neglected in a nursing home too understaffed to keep us safe.

As one longtime nursing home resident [explained](#), understaffing means “you don’t get cleaned or changed which leaves you susceptible to all kinds of sicknesses” and that’s “counterintuitive to how you’re supposed to live in a nursing home. You’re not supposed to get sicker here because of low staffing.” He’s right.

9. Skilled Nursing News

September 22, 2023

[These 10 Largest Nonprofit Nursing Home Providers Own 30% of Facilities Nationwide](#)

Over the past decade, the nonprofit nursing home sector has experienced steady growth, with an average annual growth rate of 2.2%, while mergers and acquisitions activity has resulted in the ten largest providers representing nearly 30% of all facilities in the industry. . .

And while independent living and assisted living have shown consistent growth as well, there has been a decline in the number of nursing care beds. Notably, specialized memory care units are on the rise, with 69% of LeadingAge Ziegler 200 (LZ 200) providers offering such services. . .

These were the top nonprofit nursing home providers, ranked by the number of nursing home beds:

1. The Evangelical Lutheran Good Samaritan Society – 8,423
2. Ascension Living – 3,689
3. The Carmelite System, Inc. – 2,349
4. Benedictine – 2,093
5. Trinity Health Senior Communities – 2,029
6. ArchCare – 1,723
7. Acts Retirement-Life Communities – 1,523
8. Presbyterian Homes & Services – 1,472
9. Cassia – 1,386
10. Covenant Health – 1,332

The LZ 200 report found that providers have primarily expanded through unit expansions within existing campuses, while simultaneously disposing of outdated nursing homes or financially stressed communities. There has also been an increase in organizations growing through affiliation, acquisition, or merger.

The report highlights the growth of home-based services, including home health, home care, adult-day care, continuing care at home (CCaH) programs, and Program for All-Inclusive Care for the Elderly (PACE).

10. Axios

September 7, 2023

[Nursing home inspector shortage could undermine staffing proposal](#)

By Maya Goldman

State inspectors who likely will help enforce the Biden administration's new nursing home [staffing requirements](#) are facing their own workforce shortages.

Why it matters: The Biden administration says its newly proposed staffing ratios could improve patient care, but the program's success may depend on a nursing home oversight apparatus that's already struggling to keep up with inspections.

Catch up quick: Minimum staffing standards Medicare proposed last week would be enforced through on-site visits from state survey agencies as well as payroll data.

- Nursing homes that fail to meet the new requirements, which won't kick in

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| | <p>for at least three years, can face fines, may be forced to transfer patients, or may be barred from Medicare and Medicaid.</p> <ul style="list-style-type: none"> The Centers for Medicare and Medicaid Services' proposal said it's working toward more data-driven enforcement, but it said there's still value in assessing staffing levels through in-person visits. <p>Yes, but: More than 30 state survey agencies, which examine nursing homes' compliance with federal standards, have vacancy rates of at least 20%, according to a report released this spring by Senate Committee on Aging Chair Bob Casey (D-Pa.)</p> <ul style="list-style-type: none"> Kentucky (83%), Alabama (80%) and Idaho (71%) had the highest surveyor vacancies in the country. The shortages have real implications for nursing home oversight, the report said. As of early May, 28% of the country's nursing homes hadn't received an annual inspection in 16 months or longer. 1 in 9 facilities hadn't been fully inspected in two years. Most states attributed the staffing struggles to uncompetitive salaries. <p>The proposed staffing standards are a step in the right direction, Casey said in a statement to Axios.</p> <ul style="list-style-type: none"> "However, in order to make sure the proposed rule has this intended effect, we must also address the severe staffing shortages my investigation uncovered at state nursing home survey agencies across our Nation," he added. <p>Where it stands: President Biden requested \$566 million for the CMS nursing home survey program for fiscal year 2024, but the Democratic-controlled Senate's proposed spending plan provides about \$397 million — less than what was enacted in 2023.</p> <p>What they're saying: CMS is working with states to ease staffing issues and enable them to conduct surveys, a spokesperson told Axios.</p> <ul style="list-style-type: none"> CMS doesn't believe the proposed policies will affect a state's ability to carry out surveys, said the spokesperson, who also suggested that having a national workforce standard will make it easier for surveyors to check if nursing homes are adequately staffed. Agency officials also said they hope a new \$75 million investment in improving the nursing home staffing pipeline will increase the number of nurses who become inspectors. <p>The bottom line: It's not clear if state survey agencies are adequately prepared to enforce the federal staffing requirements, said Harvard health policy professor David Grabowski.</p> <ul style="list-style-type: none"> "In this context, many nursing homes may decide it is better to ignore the new requirement with the idea the state might not have the capacity to enforce the rule rather than staff up to the requirement," he said in an email. That may depend on how strongly CMS decides to penalize nursing homes for not staffing up. |
| Behavioral Health | <p>11. STAT News September 22, 2023 Every smartphone should have an app to connect to 988, the mental health crisis line By Mark Goldstein I thought about him recently when my iPhone went into shutdown</p> |

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| | <p>unexplainably for two consecutive Sundays at the same times and had to be erased each time. The good news was that I could still have used this bricked phone to call 911 in the event of an emergency. Any phone in the U.S. can be used to dial 911, regardless of whether it is currently registered with a cellular carrier.</p> <p>The bad news is there was no similar option for me to call 988, the relatively new mental health emergency hotline. . .</p> <p>Suicide is the second leading cause of mortality in youth ages 15 to 19 years in the United States. After the start of the Covid-19 pandemic, emergency room visits for possible suicide attempts began to increase in adolescents between the ages of 12 and 17 years, especially in girls. Additionally, data documented that suicide rates among people ages 10-24 rose significantly during 2018-2021, especially among Black people. A recent Trevor Project survey demonstrated upward trends of suicidal thoughts among LGBTQ+ adolescents.</p> <p>The 988 hotline was developed not only for individuals with suicidal concerns, but also for those who are facing a mental health or substance use crisis. The 988 number should be a mandatory app on every smartphone used in America. And this app should be accessible regardless of whether the phone has minutes or is connected to a cellular network.</p> <p>12. Scientific American September 20, 2023 A Newly Discovered Brain Signal Marks Recovery from Depression By Ingrid Wickelgren</p> <p>Since the first trials in the early 2000s, deep-brain stimulation (DBS), in the hands of expert teams such as the one at Emory, has led to lasting relief in dozens of people with treatment-resistant depression. The technique, which remains experimental for depression—it did not meet the threshold for success in two large randomized controlled clinical trials—involves effectively rebooting the brain using implanted electrodes that stimulate it with pulses of electricity. .</p> <p>The results, reported on September 20 in <i>Nature</i>, reveal a neural code that represents the first known signal of the presence or absence of depression in the brain. “This is to me, studying depression for more than 30 years, the closest clue to know, fundamentally, ‘What is depression, and how do we think about how the brain can be repaired?’” says Helen Mayberg, a neurologist at the Icahn School of Medicine at Mount Sinai, who was co-senior author of the study.</p> <p>The new biomarker could improve the efficacy of the technology because it tells doctors when a person’s symptoms call for an adjustment in the stimulation and when they don’t—and, if tested further, it might even serve as a predictor of depression relapse. With such guidance, a larger number of doctors could capably care for people who have undergone DBS.</p> |
| Federal Shutdown | <p>13. Politico September 6, 2023 How a looming shutdown impacts public health By Ben Leonard and Chelsea Cirruzzo</p> <p>Congress is trickling back into town with an important item on its agenda: Pass a spending deal by Sept. 30 to avert a government shutdown. . .</p> <p>Shutdown impact: During a government shutdown, essential services remain running, so Medicare and Social Security checks would still go out the door. The exchanges would also remain open.</p> <p>But, as the U.S. heads into respiratory infection season and the administration</p> |

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| | <p>prepares for a fall vaccination campaign, a shutdown would hamper efforts to tamp down outbreaks.</p> <p>In 2018, for example, health experts and the public raised concerns that the CDC’s flu surveillance system would shut down until officials promised to preserve it.</p> <p>Emergency funds: According to HHS’ contingency plan, certain Covid-19 activities, like vaccine development and authorization and clinical trials, would continue using emergency funding appropriations from 2020 and 2021. Monitoring for disease outbreaks — though the plan doesn’t specifically mention flu or Covid — would continue. The CDC’s contingency plan also promises to keep the Vaccines for Children program going while continuing to monitor public health threats.</p> <p>HHS expects to furlough about 40 percent of its workforce if the government shuts down. Staff that work on Medicare, Medicaid and other mandatory health programs would be retained.</p> |
| <p>Transparency and Accountability</p> | <p>14. Health Affairs September 22, 2023 The Missing Piece in Health Care Transparency: Ownership Transparency By Yashaswini Singh and Erin C. Fuse Brown</p> <p>Health care transparency is one of those rare policies with bipartisan support. On September 7, GOP House leaders released a bill, the Lower Costs, More Transparency Act, to improve the transparency of health care prices, bills, and the practices of pharmacy benefit managers (PBMs). The bill reconciles a series of health care transparency proposals put forward by the three committees with jurisdiction on health care, House Energy & Commerce, Ways & Means, and Education & Workforce. Although all the proposals purport to increase transparency in health care, they do so in different ways and to different extents. Notably, the Lower Costs, More Transparency Act is missing a key form of transparency: transparency in the ownership of health care providers. Ownership transparency is an essential tool to achieving the overarching goal of lowering health care costs. Unlike in many other countries where prices are largely determined by the government, the prices of health care services in the United States are determined by market forces. Differences in providers’ and insurers’ bargaining power are a key driver of variation in commercial health care prices and underscore the concerns of regulators and policymakers about the effects of ongoing provider consolidation on health care costs.</p> <p>Ownership transparency is also critical to understanding the changing corporate landscape of health care. For example, patients struggle to figure out who owns their physician’s practice, whether it’s a private equity firm, an insurance company, a health system, Amazon, or a giant conglomerate, such as CVS-Aetna-Express Scripts or UnitedHealth-Optum-OptumRx. Patients need to know whether their physicians are employed by corporate entities with vested financial interests, as these relationships may influence the accessibility, affordability, and quality of health care services.</p> <p>Different Forms of Transparency</p> <p>There are three distinct forms of transparency related to health care services (as opposed to pharmaceuticals): (1) price transparency; (2) billing location transparency; and (3) ownership transparency. Though the Lower Costs, More Transparency Act contains provisions on the first two types, it excludes ownership transparency, except for providers owned by Medicare Advantage</p> |

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| | <p>plans. This exclusion undermines the effectiveness of price and billing transparency provisions and misses a key opportunity to improve transparency in ownership—a subject of intense interest to patients and purchasers, and it should be for policymakers. . .</p> <p>Despite its importance, data on ownership of health care providers is severely lacking. While the American Hospital Association and Centers for Medicare and Medicaid Services (CMS) collect some information on hospital ownership characteristics (e.g., government, for-profit, or non-profit ownership), this information is insufficient to provide a comprehensive overview of the changing landscape of hospital ownership. Moreover, no systematic source tracks and reports ownership changes of physician practices, ambulatory surgery centers, nursing and assisted living facilities, and other health care entities that can be readily linked to other data sources on the affordability, quality, and accessibility of health care.</p> <p>CMS does not collect information about health care providers’ parent company, complex organizational structures, or affiliations. Private equity companies are exempt from Securities and Exchange Commission disclosure requirements, and even publicly traded companies do not disclose information granular enough to identify specific physician practice acquisitions. Consequently, researchers must piece together information from various proprietary data sources to characterize ownership attributes.</p> |
| Covid / Long Covid | <p>15. *New York Times September 23, 2023 (updated) In hospitals, viruses are everywhere. Masks are not. By Apoorva Mandavilli</p> <p>Facing a potential wave of coronavirus infections this fall and winter, relatively few hospitals — mostly in New York, Massachusetts and California — have restored mask mandates for patients and staff members. The vast majority have not, and almost none require them for visitors. . .</p> <p>Among patients, health care workers and public health experts, opinions are sharply divided over whether and when to institute masking mandates in hospitals.</p> <p>Brigham and Women’s Hospital, which is part of the Mass General Brigham system, currently requires masks only in inpatient settings. Yet some of its own experts disagree with the policy.</p> <p>Hospitals have an ethical obligation to prevent patients from becoming infected on site, regardless of what they might choose to do elsewhere, said Dr. Michael Klompas, a hospital epidemiologist at Brigham and Women’s</p> <p>In August, Dr. Klompas and his colleagues published a paper showing that masking and screening for Covid at Brigham and Women’s also decreased flu and R.S.V. infections by about 50 percent.</p> <p>The Centers for Disease Control and Prevention recommends that hospitals consider putting masking in place when levels of respiratory infections rise, especially in urgent care and emergency rooms, or when treating high-risk patients.</p> <p>But the guidelines do not specify what the benchmarks should be, leaving each hospital to choose its own criteria. . .</p> <p>In July, National Nurses United delivered a petition to Dr. Mandy Cohen, the C.D.C. director, that was signed by hundreds of experts in health care, virology and infection control, and dozens of unions and public health organizations.</p> |

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| | <p>The petition criticized the infection-control committee as lacking in diversity of expertise and its decision-making as opaque. The committee did not seem to recognize how the coronavirus spreads indoors, and the need for N95 or similar respirators that block virus particles effectively, the petition said.</p> <p>16. MassLive.com By Ryan Trowbridge <u>'Cluster' of COVID-positive residents identified at Holyoke Veterans' Home</u> September 20, 2023 State officials have identified what they are calling a "cluster" of COVID-19 cases at the Holyoke Veterans' Home. The state's Executive Office of Veterans Services said that there are currently 10 COVID-positive residents at the facility who are experiencing mild symptoms and those that have tested positive reside in an isolation unit within the home. No veterans have been hospitalized.</p> |
| Alzheimer's Disease and Other Dementia | <p>17. NPR News September 21, 2023 <u>Still there: Alzheimer's has ravaged his mother's memory, but music brings her back</u> Adam [Kaye] had suspected something was wrong. So, when Marti told him she had Alzheimer's disease, the diagnosis didn't come as a surprise. "But that didn't mean that it wasn't very difficult to hear," he says. "It was something upsetting for my young daughter, who had never seen her grandma cry at the time." . . . As a lifelong musician, Adam has always enjoyed playing for his mother. Before the onset of Alzheimer's, Marti would sing along, and the pair would perform as a duet for family and friends. So, every Sunday for the past eight years, Adam has packed his guitar and made the short drive to visit with his mother. Once there, he plays some of her favorite songs: tunes from the metaphorical pages of the Great American Songbook, like 20th-century rock standards and folk and jazz tracks. When he plays for her, he sees a glimpse of the woman he has known his entire life. Back in February 2019, Adam <u>posted a video</u> to his band's Instagram account of him playing "Blue Bossa," by Kenny Dorham, for Marti. . . The disease is a heartbreaker for everyone involved, she says. That begins with the patient, who has to come to terms with the fact that their memory and cognitive abilities are in decline. "But after a while, they don't suffer anymore. They have no pain, and they just don't know what's going on. They don't recognize their family members, their loved ones, so they really don't suffer," Abraham says. "They can live like this [for] 10 to 15 years. And the suffering, which is both emotional and then financial, is on the family."</p> |
| Medicaid | <p>18. Office of Attorney General Andrea Campbell September 21, 2023 <u>Chelmsford Couple Pleads Guilty in Connection with Medicaid Fraud Scheme to Exploit the Unhoused</u> Defendants Sentenced to Ten Months of Home Confinement and Ordered to Pay \$100,000 for Illegal Kickbacks and Billing MassHealth for Services They Did Not Provide. . . John Wachira, age 56, and Joanne Wachira, age 64, both of Chelmsford, along with their home health company, Petra Health Care, pleaded guilty on September 21, 2023, to three counts of Medicaid false claims, two counts of</p> |

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| | <p>larceny over \$1,200, and one count of Medicaid kickbacks. The Wachiras were each sentenced to ten months of home confinement and three years of probation. As their conditions of probation, they were ordered to pay \$100,000 to MassHealth, to refrain from owning, operating, or working in billing for any medical provider that does business with federal or state healthcare programs, and to have no contact with the witnesses in this case. . .</p> <p>The defendants pleaded guilty to the charges set forth in December 2019 indictments of Petra Health Care and the Wachiras. In those indictments, the AG’s Office alleged that, from July 2015 through December 2017, the Wachiras recruited at least ten unhoused individuals to live in their house rent-free, but required them, as a condition of and in exchange for free housing, to be MassHealth members and sign up to receive Petra Health Care’s purported home health care services.</p> |
| Aging Topics | <p>19. *Boston Globe September 18, 2023 (Updated) The number of Americans living to 100 is exploding. But there’s a glaring problem. By William J. Kole The rise in centenarians in the US is a good thing for many. But the realm of super-aging isn’t open to all. Brace for a tectonic demographic shift: the imminent and unprecedented aging of the United States of Graymerica. By 2034, a little over a decade from now, the United States will have more seniors than youth for the first time in its history. By just a year later, those of us aged 85 and older will have nearly doubled, in a span of just 25 years, to almost 12 million. And by 2050, the population of centenarians — those who live to 100 or older — will swell to 3.7 million, more than everyone now living in Connecticut. Half of today’s 5-year-olds can expect to join their ranks, the Stanford Center on Longevity projects, pointing to continuing medical advances against killers such as cancer and cardiovascular disease. . . In the United States, only 2 in 10 centenarians are people of color. If that doesn’t bother you, it should. Black, brown, and Indigenous Americans are at a distinct disadvantage when it comes to longevity. . . Experts in demography and racial injustice say it’s a consequence of what’s known as “weathering theory” — the idea that the health of Black Americans begins to deteriorate in early adulthood as a physical consequence of socioeconomic disadvantages that add up and take a toll. It’s already evident at the beginning of life, when Black mothers — even wealthy ones — are twice as likely as their richest white counterparts to die of complications from childbirth. And scientists believe weathering is a factor that keeps a disproportionate number of Black and brown elders from reaching or exceeding 100.. . The Census Bureau projects that in 2045, just a little over two decades from now, the United States will become a “minority white” nation. White people will constitute 49.7 percent of the population; Hispanics, 24.6 percent; Black people, 13.1 percent; and Asians, 7.9 percent. People identifying as multiracial will make up the remaining 3.8 percent. Translation: More people of color with diminished life spans watching their white neighbors live appreciably longer. If we truly believe Black lives matter, we face a moral imperative to make sure they’re as long as possible.</p> |
| Heat Emergency / Disaster | 20. Federal Trade Commission |

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| Preparation | <p>September 20, 2023 September is National Preparedness Month: Make a plan now By Colleen Tressler Extreme weather and natural disasters can occur with little warning. Communities spared in the past have suffered devastating losses this year, and many are still recovering. National Preparedness Month is a great time to get ready for whatever may come your way. Making a plan is the best way to protect you and your household. The FTC can help: Dealing with Weather Emergencies (in Spanish: Emergencias Climáticas) has practical information to help you prepare for, deal with, and recover from a weather emergency. It also has advice on how to spot, avoid, and report post-disaster frauds and scams. Like all the FTC’s free resources, the site is mobile-friendly, so you have ready access to information when and where you need it. You’ll find information on:</p> <ul style="list-style-type: none"> • Preparing for a Weather Emergency • Staying Alert to Disaster-related Scams • Getting Back on Your Feet Financially You’ll also find Picking Up the Pieces After a Disaster , which is a customizable handout. |
| 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 | <p>Tern Center for Housing Innovation (University of California at Berkley) https://turnercenter.berkeley.edu/</p> <p>The mission of the Turner Center for Housing Innovation at the University of California at Berkeley is to formulate bold strategies to house families from all walks of life in vibrant, sustainable, and affordable homes and communities. Core focus areas are:</p> <ul style="list-style-type: none"> • Increasing the supply and lowering the cost of housing in ways that align with equity and environmental goals • Expanding access to quality homes and communities to support racial, social, and economic inclusion • Driving innovation in housing policy and practice |
| 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> There have been no new postings on the DPH website since May 10, 2023.</p> |
| Massachusetts Department of Public Health | <p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care</i> 2023</p> |

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| <p>Determination of Need Projects</p> | <p>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</p> <p>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022</p> <p>Ascentria Care Alliance – Laurel Ridge</p> <p>Ascentria Care Alliance – Lutheran Housing</p> <p>Ascentria Care Alliance – Quaboag</p> <p>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</p> <p>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</p> <p>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</p> <p>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</p> <p>Next Step Healthcare LLC-Conservation Long Term Care Project</p> <p>Royal Falmouth – Conservation Long Term Care</p> <p>Royal Norwell – Long Term Care Conservation</p> <p>Wellman Healthcare Group, Inc</p> <p>2020</p> <p>Advocate Healthcare, LLC Amendment</p> <p>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</p> <p>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</p> <p>Notre Dame Health Care Center, Inc. – LTC Conservation</p> <p>2020</p> <p>Advocate Healthcare of East Boston, LLC.</p> <p>Belmont Manor Nursing Home, Inc.</p> |
| <p>List of Special Focus Facilities</p> | <p>Centers for Medicare and Medicaid Services</p> <p><i>List of Special Focus Facilities and Candidates</i></p> <p>https://tinyurl.com/SpecialFocusFacilityProgram</p> <p>Updated March 29, 2023</p> <p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator |

what is being done to improve care.

- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

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>

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

- Charwell House Health and Rehabilitation, Norwood (15)
<https://tinyurl.com/Charwell>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225208>
- Glen Ridge Nursing Care Center (1)
<https://www.genesishcc.com/glenridge>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225523>
- Hathaway Manor Extended Care (1)
<https://hathawaymanor.org/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225366>
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)
<https://www.medwaymanor.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225412>

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

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| | <p>(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 <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 | <p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p> | | |
| Participation | Workgroup | Workgroup lead | Email |
| | General Membership | Bill Henning | bhenning@bostoncil.org |

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