



The Dignity Digest

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

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Spotlight

INNOVATION AND OPPORTUNITY:

AARP’s Long-Term Services and Supports State Scorecard 2023 Edition A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers

September 2023

By Susan Reinhard, Ari Houser, Carrie Amero, Paul Lingamfelter

The 2023 LTSS State Scorecard (the Scorecard) is a compilation of state data and analysis based on a new vision of a high-performing state long-term services and supports (LTSS) system. Released every three years, the Scorecard uses data from a wide range of sources to describe how state LTSS systems are performing. Our intention is to identify strengths and weaknesses in state systems to spark and inform the development of actionable solutions at the local, state, and national levels—solutions that respond in meaningful ways to individual preferences and family choices and care needs as well as to new pressures and challenges. The hope is that it will help everyone who is part of these state systems to take action that will transform and modernize them. This fifth edition of the Scorecard relies on indicators that have been tracked since the first Scorecard in 2011 to show trends over time. It also includes 20 new indicators and new ways of analyzing and displaying data to provide a more comprehensive picture of state performance. Revisions were made to the five dimensions of high performance and organized states into performance tiers. All of these improvements are intended to offer states the clearest information we can about their performance as they rebuild and reimagine their LTSS systems going forward.

As with previous Scorecards, states are ranked 1-51 relative to one another for each indicator, each dimension, and overall. While previous editions of the Scorecard have grouped states into equally sized quartiles, this edition groups states into performance tiers, to better reflect the natural distribution of state performance, where historically, most states fall closely together in the middle and very few states perform significantly above or below the national average. Only five states (Colorado, District of Columbia, Minnesota, Washington, Massachusetts) consistently scored high enough across all 50 indicators to reach the top tier of performance.

[Innovation and Opportunity \(full report\)](#) – 184 pages

[Massachusetts Scorecard](#) – Online summary

[Massachusetts Scorecard Summary](#) – PDF 3 pages

The Scorecard scores across five dimensions of LTSS, comprised of 50 indicators. The table below summarizes the 50 indicators into 5 groupings which are ranked. See the [Massachusetts Scorecard](#) for the rankings by individual indicators.

Massachusetts Rankings

Rank Top State

	<table border="1"> <tr> <td>Overall, Across Five Dimensions of LTSS</td> <td>4</td> <td>Minnesota</td> </tr> <tr> <td>Affordability and Access</td> <td>4</td> <td>District of Columbia</td> </tr> <tr> <td>Choice of Setting and Provider</td> <td>2</td> <td>California</td> </tr> <tr> <td>Safety and Quality</td> <td>14</td> <td>Hawaii</td> </tr> <tr> <td>Support for Family Caregivers</td> <td>13</td> <td>Minnesota</td> </tr> <tr> <td>Community Integration</td> <td>9</td> <td>District of Columbia</td> </tr> </table>	Overall, Across Five Dimensions of LTSS	4	Minnesota	Affordability and Access	4	District of Columbia	Choice of Setting and Provider	2	California	Safety and Quality	14	Hawaii	Support for Family Caregivers	13	Minnesota	Community Integration	9	District of Columbia
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Quotes	<p><i>“Covid is not pretty in a nursing home.</i> Deb Wityk, a 70-year-old retired massage therapist who lives in a nursing home and has contracted the disease twice, As Covid Infections Rise, Nursing Homes Are Still Waiting for Vaccines, New York Times (free access), September 27, 2023</p> <p><i>“The United States has been phenomenal in screwing up vaccinations. This idea that some are under Part B and some are under Part D and some can be billed by a pharmacy — who in God’s name came up with this?”</i> David Nace, chief medical officer of UPMC Senior Communities in Pittsburgh, As Covid Infections Rise, Nursing Homes Are Still Waiting for Vaccines, New York Times (free access), September 27, 2023</p> <p><i>"Between the COVID pandemic and other societal changes, including technology, it seems that sometimes the art of conversation, we get out of practice or it gets a little lost. This ConversationsMA project is an example of how we sort of reinvent or remind people of the value of face-to-face conversation."</i> Caitlin Coyle, co-chair of the Massachusetts Task Force to End Loneliness and Build Community and director of the Center for Social and Demographic Research on Aging at UMass Boston's Gerontology Institute, Interpersonal Connections Touted in Fight Against Loneliness, State House News, September 28, 2023</p> <p><i>Older adults and people with disabilities are disproportionately impacted by all types of disasters. Disabled people and older adults may not be able to evacuate, access shelters, and receive information in accessible formats. They may lose critical home and community-based services and be unnecessarily forced into institutional settings (such as nursing homes), or even experience higher fatality rates. Those who are living with dementia-related health conditions, such as Alzheimer’s</i></p>																		

disease, may also experience extra risk. Older adults and people with disabilities also often face greater risks when it comes to the multitude of extreme weather events and emergencies we now face, especially if they are living alone, are low-income, have a disability, or live in rural areas.

[National Preparedness Month Comes to a Close](#), Administration on Community Living, September 2023

The nursing home industry is not merely a healthcare industry. Rather it is primarily a real estate and finance business. With large amounts of write downs for, among other things, depreciation and interest, direct care revenue is greatly enhanced by tax subsidies. . . The industry has become financialized through ancillary subsidiaries providing labor, insurance, therapy, and other goods and services, which has resulted in increasing extraction of cash without a correlative increase in quality of care. . . There appears to be no focus on what facilities are paying related parties for goods and services. . . [T]he nursing home industry has been transformed in a mere two decades. The mom-and-pop nursing home is far gone. A few nonprofit facilities that are not part of a chain still exist, but we are uncovering serious grifting in even some of those places. In the for-profit sector, sophisticated financiers are leveraging a variety of legal and financial innovations such as the limited liability corporation (LLC) Umbrella Partnership Real Estate Investment Trust (UPREIT), private equity, and other legal, financial structures to extract optimal cash flow with minimal expenses for care.

David Kingsley, [The Nursing Home Industry's Accounting Firm is Providing Propaganda for Low Staffing Standards](#), Tallgrass Economics Finance and Politics, September 30, 2023

Loneliness is as deadly as smoking 15 cigarettes a day and

more lethal than consuming six alcoholic drinks a day, according to the surgeon general of the United States, Dr. Vivek Murthy. Loneliness is more dangerous for health than obesity, he says — and, alas, we have been growing more lonely.

[We Know the Cure for Loneliness. So Why Do We Suffer?](#), *New York Times, September 7, 2023

“The fact that a corporation is making it so difficult for somebody to get accommodations for their disability — I consider that discrimination.”

Joanna Lubkin, a Unitarian Universalist minister, who has chronic pain and fatigue and relies on her service dog, a 4-year-old black Labrador named Sully, [Confused, Frustrated and Stranded at the Airport With a Service Animal](#), *New York Times, September 5, 2023

"Something that happens to you, when you have some sort of disability that changes your awareness, which changes your interaction with facts of life. You just see things with a different perspective, and you're surprised by the change. I'm not sure, at this point, that I can say what it is I've learned, but I'm getting new information in a way that is new to me."

Paul Simon reflecting on his hearing loss, [Paul Simon is beginning to accept the hearing loss that makes it difficult for him to perform](#), Hastings Tribune, September 13, 2023

“It shouldn’t be this complicated. The big meta here is everybody in this country should have access [to paid leave for family caregiving]. That is the aspiration and the goal. That is why we need a federal program that covers everyone.”

Vicki Shabo, a senior fellow for paid leave policy and strategy at New America, [The High-Wire Act of Caregiving and Saving for Retirement](#), *New York Times,, September 10, 2023

Despite interest among federal policymakers and states to develop high-performing long-term services and supports (LTSS) systems, the U.S. lacks a national solution to reduce

disparities in care and to address growing demand. LTSS include medical and nonmedical services that help individuals with functional limitations complete daily tasks (e.g., bathing or medication management). Federal policymakers should drive bipartisan reforms for high-value LTSS systems nationally.

*[Transforming LTSS Systems: State Trends & Bipartisan Reform Opportunities](#),
Bipartisan Policy Center, August 2023*

There is no silver bullet solution, and hospitals, nursing homes, insurers, and policy makers all have roles to play in addressing the problem [of bottlenecks in the health care system in Massachusetts].

*[Patients in hallways, long waits for beds: Hospital bottlenecks reach crisis levels](#), ***Boston Globe**, The Editorial Board, October 2, 2023*

With one out of every seven medical-surgical beds currently occupied by patients who no longer require acute hospital care, Massachusetts must continue to work on “unclogging” a system that is currently unable to best meet the needs of patients. . . Improving patient transitions – whether to the home or to post-acute care facilities – can only happen through a sustained, multi-faceted approach that engages stakeholders from across the care continuum, in addition to partners in state government, the federal government, as well as the commercial health insurance industry.

*[A Clogged System: Keeping Patients Moving Through Their Care Journey](#),
Massachusetts Hospital Association, June 2023*

[Laphonza Butler, who has been selected by California Governor Gavin Newsom to be the interim U.S. Senator succeeding Senator Diane Feinstein] served as the president of SEIU Local 2015, a union that represented 325,000 nursing home and home-care workers throughout California. She previously served as an SEIU international

	<p><i>vice president and headed SEIU United Long Term Care Workers.</i></p> <p><u>Newsom taps Emily’s List leader to fill Feinstein’s Senate seat</u>, *Washington Post, October 2, 2023</p> <p><i>Presently, the [nursing home] industry grapples with heightened volatility in three crucial dimensions — economic, operational, and regulatory.</i></p> <p><u>38th SNF Cost Comparison and Industry Trends Report</u>, CliftonLarsonAllen, September 29, 2023</p>
<p>From Our Advocacy Colleagues Around the Country</p>	<p>1. Tallgrass Economics Finance and Politics September 30, 2023 <u>The Nursing Home Industry’s Accounting Firm is Providing Propaganda for Low Staffing Standards</u> By David Kingsley</p> <p>What’s in a Number?</p> <p>The major accounting firm of Clifton, Larson, & Allen (CLA) has concluded that CMS proposed nursing home staffing standards will cost the industry \$6.8 billion in additional labor costs.^[1] Without the proper context, a big number like \$6.8 billion has a big impact on legislators, the media, and the public in general. In the proper context, this is not a big number. It is in fact a de minimus increase in overall costs to the industry – mere noise in the data.</p> <p>By the time the standards are implemented, total spending on Medicaid will have reached \$1 trillion. Approximately 20% or \$200 billion of total Medicaid dollars will be allocated to long-term care. Medicare will expend an additional \$100 billion for skilled nursing care.^[2] These are conservative estimates, but even low-ball statistics reduce the impact of \$6.8 billion to insignificance. Based on CLA’s estimate, nursing home operating expenses will increase by around 2% of revenue derived from taxpayers. Given waste from overpayment, widespread mismanagement, and weak government oversight in the taxpayer funded nursing home system, there will be little to no impact on providers’ bottom line because of CMS weak standards.</p> <p>Furthermore, overall industry revenue from reimbursement for direct care is enhanced by a host of tax subsidies for depreciation, interest, and other write downs on taxable income. Money owed and not paid to the government is cash flow – it is money that can be used to make more money or to pass along to investors and executives.</p> <p>Guns for Hire: How A Major Accounting Firm Serves as a Propaganda Arm of the Nursing Home Industry</p> <p>One would expect ethical, competent accountants to provide an objective report on returns to nursing home investors. But that is not what CLA is doing for the nursing home industry. Typically, they base their claims about industry hardships on facility cost reports – specifically on net operating income. This is laughable for several reasons.</p> <p>The practice of separating facility specific net income from parent corporation financial reports, i.e., income statements, cash flow statements, and balance</p>

sheets, suggests that CLA is intentionally distorting the financial picture of the industry. Expenses at the facility level include related parties and home office allocations. I suggested to a legislative committee a couple of weeks ago that they look at transfer pricing rather than the usually low or negative net operating income reported by facilities, which lease their property from another subsidiary of their parent corporation. Triple net leases are standard in the industry. Hence, facilities pay maintenance, taxes, and insurance on property they don't own. This makes the net operating income for the property subsidiary quite robust.

As corporate finance has evolved with tax policy, net income is not a measure of "profitability" or return on investment. This is especially the case in asset intensive industries. The nursing home industry is not merely a healthcare industry. Rather it is primarily a real estate and finance business. With large amounts of write downs for, among other things, depreciation and interest, direct care revenue is greatly enhanced by tax subsidies.

Real estate alone results in huge federal and state tax expenditures. For instance, in 2014, Amazon's net profit was -\$241 million –note: that is negative \$241 million. It would appear to non-financiers that Amazon was losing a lot of money. Harvard finance professor Mihir Desai pointed out that "Amazon's EBIT, however, was \$178 million, and the difference of \$419 million represents taxes, interest, and currency adjustments." Professor Desai asked, "What about EBITDA?" Amazon had \$4.746 billion in depreciation and amortization. Consequently, their EBITDA of \$4.924 billion was "a far cry from the net loss of \$278 million. So Amazon generated lots of cash, as measured by EBITDA, but had losses according to profitability measures." [3]

Of course, Amazon is not in the nursing home business. But the same principles apply. Perhaps Amazon is more asset intensive than we find in the LTC/SKN industry, but real property is a major factor in providers' cash flow. With the entry a couple of decades ago of limited liability corporations (LLC), real estate investment trusts (REITs) and private equity firms (PE) the ground shifted under the feet of regulators and advocates. The industry has become financialized through ancillary subsidiaries providing labor, insurance, therapy, and other goods and services, which has resulted in increasing extraction of cash without a correlative increase in quality of care. None of this enters the CLA picture of the industry. There appears to be no focus on what facilities are paying related parties for goods and services. Nor do we know how to evaluate the quality of care based on pricing. This is astounding but is nevertheless overlooked by legislatures, government agencies, and many of the largest advocacy organizations such as the AARP, NCOA, NIH, the so-called Moving Forward Coalition.

It is time that advocates step up and demand that we get a thorough, objective, financial analysis of the industry rather than a continued reliance on the AHCA/NCAL and their paid accounting firm. The nursing home lobby has no compunction about putting out ridiculous financial information because they know they can get away with it. That is a shameful, disgraceful situation. It will do us no good to argue about the minutia of reimbursement (think RUGs versus PDPM) and ignore the bigger issue of nonfeasance, misfeasance on the part of CMS, state agencies, and legislatures.

CLA Propaganda Serves as a Barrier to Quality of Care

CLA is paid to support the nursing industry's hardship claims and to help further

	<p>a very effective narrative of low net income, financially struggling owners/investors, and stifling over regulation. Legislative hearings attended by industry lobbyists, government representatives, and advocates often seem like a gathering for singing kumbaya and exuding effusive niceness. Legislators and most other speakers and attendees are willing to sit through hours of mind-numbing rate setting minutia, e.g., complex incentives paid to facilities willing to provide a minimal amount of care. Hours pass without anyone addressing highly questionable financial practices and faulty cost report data.</p> <p>Furthermore, legislators don't understand that the nursing home industry has been transformed in a mere two decades. The mom-and-pop nursing home is far gone. A few nonprofit facilities that are not part of a chain still exist, but we are uncovering serious grifting in even some of those places. In the for-profit sector, sophisticated financiers are leveraging a variety of legal and financial innovations such as the limited liability corporation (LLC) Umbrella Partnership Real Estate Investment Trust (UPREIT), private equity, and other legal, financial structures to extract optimal cash flow with minimal expenses for care.</p> <p>The nursing home system is about money. It has become fully financialized. Real estate and finance override healthcare. The only way that the industry can maintain such a disgusting and pathetic system is to hide the truth from "we the people," and create a propagandistic narrative for protecting the interests of financiers and realtors. The AHCA is very good at deception. But one of their most effective tactics is to hire a large accounting firm to do their dirty work for them.</p> <p>[1] CLA (2023) "CMS Proposed Staffing Mandate: In-Depth Analysis on Minimum Nurse Staffing Standards." [2] https://crsreports.congress.gov/product/pdf/IF/IF10343#:~:text=In%202021%2C%20Medicare%20spent%20%2492.6%20billion%20on%20SNF,payments%20attributable%20to%20SNF%20and%20home%20health%20care. [3] Mihir A. Desai (2019) <i>How Finance Works: The HBR Guide to Thinking Smart about the Numbers.</i></p>
<p>Dignity Alliance Study Sessions <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>2. 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</p> <p>3. 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</p>

Public Policy	<p>One tap mobile: +13052241968,,85666698185#,,,,*394342# US Telephone: +1 305 224 1968 US</p> <p>4. *Boston Globe By The Editorial Board October 2, 2023 Patients in hallways, long waits for beds: Hospital bottlenecks reach crisis levels On a recent Tuesday morning, the Brigham and Women’s Hospital emergency department was overflowing with patients. Suffering people lay on stretchers in the hallways and next to nurses’ stations. Staff tried to give rooms to people who had an infectious disease or needed an exam. The emergency department has 59 acute care beds, and there were an additional 74 patients. Many were ready for hospital admission but waiting for an inpatient bed. The problem — an increasingly common one across Massachusetts — was that inpatient beds were also backed up. On the hospital floors the prior Friday night (the most recent data available), Brigham had 42 patients who were medically cleared to leave but could not be discharged, taking up beds that those patients lining the halls at the ED could have used. The 42 patients generally needed more care from a rehabilitation center, skilled nursing facility, or home health service. The hospital might have been waiting for insurance approval or for a bed to open up. On average, about 7 percent of patients in the Mass General Brigham system, approximately 150 patients a week, no longer need to be there. The bottleneck means patients get stuck in the emergency department and the hospital cannot accept transfers of people who need acute inpatient care. Hospitals are paid for each patient stay rather than a daily rate, so hospitals lose money if patients stay longer than expected. Most importantly, patients are stuck in bed, not getting the rehabilitation they need. The problem of delayed discharges has gotten worse since COVID-19-related staffing challenges and closures reduced capacity in rehabilitation facilities. The Massachusetts Health and Hospital Association issued a June 2023 report, which found that between March 2022 and February 2023, 50 hospitals reported an average of 1,057 medical-surgical patients awaiting discharge at any one time, leaving 1 in 7 acute medical beds tied up with someone who did not need to be there. A majority were seeking admission to skilled nursing facilities. The most common reason cited for delays, according to the MHA report, is administrative barriers from private insurance companies. Insurers who need to approve a transfer would delay responding or deny a request. The second most common reason was staffing or capacity constraints. The Massachusetts Senior Care Association estimates there are about 7,400 vacant direct care positions at Massachusetts nursing homes, around 1 in 5 positions. Twenty nursing homes closed since the pandemic started, according to MHA. The third reason was the lack of a guardian or health care proxy for patients incapable of making decisions. Carl Jean’s experience highlights the challenges caused by administrative delays. According to his daughter, Stephanie Guerrier, a medical assistant from Boston, Jean, an 81-year-old Haitian immigrant, was hospitalized at Beth Israel Deaconess Medical Center in November 2022 following his third stroke. He was insured by MassHealth, which would have covered his stay at a rehabilitation facility. But Guerrier did not know her father’s Social Security number, without which several facilities rejected him. Two weeks after Jean was admitted, hospital officials started looking into rehab, but he remained hospitalized for the</p>
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three months it took Guerrier to find a lawyer through Health Law Advocates, which offers free health-related legal services, get power of attorney, and obtain her father’s Social Security number. He was finally released to a Watertown rehabilitation facility, where he died in April.

“The nurses in the hospital were like, when is he leaving? There was nothing more they were going to do for him,” Guerrier recalled.

Brigham and Women’s Hospital improved its patient flow through adjustments like planning for discharge early and having case management staff focused on the most complex patients so referrals are made earlier and issues like guardianship and transportation are resolved. State government has set up a hotline to help hospitals manage hard-to-place patients.

Hospitals have experimented with services to help patients return home — providing physical therapy visits or partnering with elder service agencies to install shower bars or coordinate food deliveries. The federal government should approve MassHealth’s request to cover short-term medically supportive housing for homeless individuals.

State policy makers should also look at proposals to boost staffing at skilled nursing facilities. To its credit, MassHealth has increased reimbursement rates for units that treat medically complex patients — like those on dialysis or with mental health or substance use disorders — and it is seeking industry input on what staffing and rates would be necessary to add beds in specialty fields like bariatric and dementia care. Today, hospitals say few units accept patients who require more intensive services. Nursing homes should consider participating in a state program allowing them to host dialysis centers — so far, two started offering it and 11 are working on it.

State and federal officials could consider continuing pandemic-era flexibilities like letting nursing students start working before completing exams or waiving a rule that requires someone to spend three nights hospitalized before Medicare pays for rehabilitation.

Finding ways to raise salaries, repay student loans, or provide career advancement paths for long-term care workers could enhance retention.

Courts should consider expediting guardianship proceedings for hospitalized patients.

Lawmakers are considering reforms to insurers’ prior authorization policies, in which insurers need to approve medical care — whether a medication or a stay in a rehabilitation facility — before it can be delivered, to ensure the insurance company will be willing to pay. Prior authorization is an important tool to ensure patients are sent to an appropriate level of care, but it causes delays. All parties need to ensure that hospitals give insurers adequate information, insurers expedite approvals of hospitalized patients, including to out-of-network providers, and nursing facilities respond quickly to accept patients.

Entering the respiratory illness season when hospitalizations spike, doing everything possible to move patients out of hospitals quickly will be vital to ensure hospitals have capacity to care for the sickest people.

5. Bipartisan Policy Center

August 2023

[Transforming LTSS Systems: State Trends & Bipartisan Reform Opportunities](#)

As the nation’s population of older adults rapidly grows, the demand for long-term services and supports (LTSS) is on the rise. LTSS is comprised of institutional care and home and community-based services (HCBS). Most older

	<p>adults want to remain in the community. However, the United States lacks a national solution to advance high-performing LTSS systems. To address this, BPC evaluated state LTSS system trends using AARP’s LTSS State Scorecards data, which is the only data source comparing LTSS systems across states since 2009. With that information, an infographic has been created outlining existing gaps in LTSS systems and opportunities for bipartisan federal policy reforms to improve those systems.</p> <p>AARP’s LTSS State Scorecards provide a helpful framework for defining the key dimensions of a high-performing LTSS system. While these dimensions continue to evolve in response to a robust stakeholder engagement process, they include: (1) quality of life and quality of care; (2) affordability and access; (3) choice of setting and provider; (4) support for family caregivers; and (5) effective transitions. AARP’s work to develop the LTSS State Scorecard began in 2009 and has culminated in four editions (2011, 2014, 2016, and 2020), with a new scorecard set for release on September 28, 2023.</p> <p>Download the Infographic</p> <p>6. Massachusetts Hospital Association June 2023 A Clogged System: Keeping Patients Moving Through Their Care Journey</p> <p>Across the nation, hospital wait times are up and access to care is threatened. In Massachusetts, a leading contributor to this problem is the fact that nearly one out of every seven medical-surgical beds (or 15% of those in the state) is currently “tied-up.” That is, they are occupied by patients who no longer need to be in an acute care hospital. These patients – approximately 1,200 in the commonwealth – are “stuck” in hospital beds as they await discharge to a post-acute care facility (such as a nursing home or rehabilitation hospital), a community based-setting (such as an assisted living residence, group home, or home), or a psychiatric unit. At the same time, post-acute providers themselves face backups due to limited community-based resources and support systems that help transition patients home. . .</p> <p>Short-Term Care versus Long-Term Care</p> <p>A patient who requires short-term rehabilitation care after a hospital stay – say, to receive physical therapy after surgery on a limb – is often more likely to find a placement in a post-acute care facility. Insurance covers such short-term stays because they are part of the recovery process and the cut-off point in the rehab facility – the time when the person is able to be discharged – is usually clear. Long-term care is a different story. Patients in need of longer stays at post-acute care facilities often face a series of obstacles that delay their transition from the hospital. This is especially true for patients with dementia diagnoses, for those who require one-on-one supervision, or for those who have significant behavioral healthcare needs. Private long-term care insurance is a rarity; even well-insured, employed people may not have it or have enough resources to support a stay in a nursing facility for a significant period. MassHealth, however, pays for long-term care and at-home care services. Enrolling eligible people in MassHealth before they are unable to do so for themselves because of a medical or cognitive issue is an important step in easing patient flow difficulties.</p>
Funding Opportunity	<p>7. Robert Wood Johnson Foundation Pioneering Ideas: Exploring the Future to Build a Culture of Health</p>

	<p>This funding opportunity seeks proposals primed to impact health equity moving forward. We are interested in ideas that address any of these four areas of focus: Future of Evidence; Future of Social Interaction; Future of Food; Future of Work. Additionally, we welcome ideas that might fall outside of these four focus areas, but which offer unique approaches to advancing health equity and our progress toward a Culture of Health.</p> <p>We want to hear from scientists, anthropologists, artists, urban planners, community leaders—anyone, anywhere who has a new or unconventional idea that could alter the trajectory of health and improve health equity and wellbeing for generations to come. The changes we seek require diverse perspectives and cannot be accomplished by any one person, organization, or sector.</p> <p>Total to be Awarded</p> <ul style="list-style-type: none"> • The average <i>Pioneering Ideas for an Equitable Future</i> grant in 2019 was \$315,031. • However, there is not an explicit range for budget requests. • Grant periods are flexible, though generally range from 1 to 3 years. <p>Eligibility & Selection Criteria</p> <p>Preference will be given to applicants that are tax exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or Type III-supporting organizations. Applicant organizations must be based in the United States or its territories. Submissions from teams that include both U.S. and international members are eligible, but the lead applicant must be based in the United States.</p> <p>Applications will be evaluated based on, but not limited to, the following criteria:</p> <ul style="list-style-type: none"> • Strength of health equity focus: How will this project increase opportunities for everyone to live their healthiest life possible, no matter who they are, where they live, or how much money they make? • Strength of insight: How will this project help us anticipate, adapt to, and influence the future in 5 to 15 years? • Strength of idea: Is this project pioneering in one or more of these ways? <ul style="list-style-type: none"> o Offers a new take or perspective on a long-running, perplexing problem; o Challenges assumptions or cultural practices; o Takes an existing idea and gives it a new spin—or a novel application; o Applies ideas from other fields; o Explores how an emerging trend will shape the future; and/or o Describe in which other way you see your project as pioneering <p>Key Dates & Deadline</p> <p>Proposals will be accepted throughout the year on a rolling admission.</p> <p>View the full call for proposals</p>
<p>Opportunity to Submit Scientific Information</p>	<p>8. Agency for Healthcare Research and Quality (AHRQ) Evidence Map on Home and Community Based Services Available for submission until October 30, 2023</p> <p>This Technical Brief will provide an evidence map that summarizes service categories of Home and Community Based Services (HCBS), effectiveness of these interventions for specific conditions, and quality measures relevant to HCBS. This Technical Brief will also identify gaps in the evidence base. This work will help inform policy development by the Administration for Community Living and the Centers for Medicare & Medicaid Services.</p> <p>Background and Objectives</p>

	<p>One in four adults in the United States live with some form of disability that impacts their cognitive function, physical function, and independence. As a result, over 2.5 million of these individuals with disabilities receive Home and Community Based Services (HCBS) to support their individual needs. HCBS are an array of person-centered services delivered in the home and community and are considered as a means to improve the lives of people with functional limitations to keep them living independently and safely in the community. A variety of services and interventions are available to prioritize individual needs, preferences, goals, aiming to enhance well-being, quality of life, and independence. The aging population has diverse and unique complexities that pose a challenge to evaluating HCBS care plans. These complexities arise from numerous factors including variations in medical needs, functional limitations, and social and environmental influences. Furthermore, the health conditions and care needs of older adults can change over time: most experience progressive conditions or multiple comorbidities that require dynamic and flexible care approaches. Identifying critical elements of HCBS is a challenging task when there is no one-size-fits-all model for each situation, which is due to the heterogeneity of patient needs, variability in intervention approaches, lack of consensus in outcome measures, and the sustainability of resource allocation for these high-risk populations requiring longitudinal support. While person-centered home-based interventions, a type of integrated intervention that are driven by individual's needs and desires and support shared decision-making between individuals and providers, are critical to improving the lives of people with functional disabilities, it is unclear which services are the most impactful for individual considerations.</p> <p>The diversity of interventions creates a matrix of complexity when it comes to identifying effective interventions. Services provided in long-term dementia care is different than one that is provided for acute rehabilitation following joint surgery.^{3, 4} Therefore, there is no specific standardization of care, and it is largely crafted by a primary care or subspecialty team. Although many quality and outcome measures that have been studied, there is a general lack of consensus on which ones are the most impactful and meaningful. Potential outcome measures include quality of life, functional independence, general satisfaction of care, mortality risk, time to nursing home placement, hospitalization, general clinical outcomes (falls, disease related), caregiver burden, and cost effectiveness/resource utilization.</p>
Survey	<p>9. Massachusetts Department of Public Health <i>Community Health Equity Survey</i> The Department of Public Health created the Community Health Equity Survey (CHES) survey to collect information directly from key stakeholders and community members that will be used to help communities improve conditions that impact health, particularly those most impacted by health inequities. The survey was developed in collaboration with DPH partners, community members and organizations across Massachusetts, and it reflects what residents want to know about how their communities experience housing, mental health, safety, and other drivers of health. DPH will use survey data to allocate funding, improve programming, and develop policies that address health inequities. Survey</p>
Reports	<p>10. CliftonLarsonAllen</p>

	<p>September 29, 2023 38th SNF Cost Comparison and Industry Trends Report Executive Summary The skilled nursing facility (SNF) industry is experiencing considerable volatility across national and state-level economic, operational, and regulatory environments. The predominant trend this year is state-specific instability and disparity. Challenges include fluctuations in workforce availability, sustainability, and costs, as well as shifts in payer mix, reimbursements, patient/resident preferences, and payers. . . Presently, the industry grapples with heightened volatility in three crucial dimensions — economic, operational, and regulatory.</p>
Ageism Awareness Day	<p>11. Ageism Awareness Day Saturday, October 7, 2023 Ageism Awareness Day will take place on Saturday, October 7. The American Society on Aging put together helpful tools and events to spread awareness on ageism throughout the entire month of October. Learn More</p>
October Is Residents' Rights Month	<p>12. The Consumer Voice Resident's Rights Month! October 1st marked the beginning of a month-long celebration of residents' rights. Spend time this month honoring residents living in all long-term care facilities, including nursing homes, sub-acute units, assisted living, board and care, and retirement communities. Plus, take time to focus on individuals receiving care in their homes or communities. This year's Residents' Rights Month theme - Amplify Our Voices - emphasizes a community of long-term care residents coming together to make their voices heard. Amplifying your voice means being outspoken about your preferences and choices, and sharing who you are and your experiences. Residents' voices are the most important at the decision-making table - your story deserves to be told! For promotional material and other resources see: Resident's Rights Month!</p>
Webinars and Other Online Sessions	<p>13. Massachusetts Aging Services Network DEI Steering Committee Wednesday, October 4, 2023, 12:00 to 1:00 p.m. <i>The Case for Health Equity Reform</i> EOEA, in partnership with the Massachusetts Aging Services Network DEI Steering Committee, invites you to hear from Kaitlyn Kenney Walsh from the Blue Cross Blue Shield Foundation on the report, The Time is Now: The \$5.9 Billion Case for Massachusetts Health Equity Reform. Join to discuss health equity and racism and racial inequities in health, as well as the economic cost of health inequities in Massachusetts. Members of the aging services network will learn about the \$5.9 Billion impact, the need for reform, and how our agencies can work together to reduce inequities. Learn More & Register</p> <p>14. Stanford Center for Longevity - The Longevity Book Club Wednesday, October 4, 2023, 1:00 p.m. <i>A Conversation with Noreena Hertz</i> Author of "The Lonely Century: A Call to Reconnect" Named by The Observer as "one of the world's leading thinkers" and by Vogue as "one of the world's most inspiring women," Noreena Hertz is a senior adviser, board member and bestselling author. As a global economist whose work</p>

intersects the nexus of economics, technology, politics, and society, and as a renowned thinker on the post-millennial generation, decision-making and community building Noreena advises some of the largest organizations and most senior leaders in the world on strategy and transformation.

Her latest book is the international bestseller *The Lonely Century – A Call to Reconnect*, which was chosen by *The Daily Telegraph*, *Wired*, and *El Mundo*, amongst other publications, as a Book of the Year. Learn more about Noreena's work here: <https://noreena.com/about/>.

[Register now!](#)

15. Harvard Joint Center for Housing Studies

Friday, October 6, 2023, 1:00 p.m.

Older Adults' Pathways Into – and Out of – Housing Insecurity and Homelessness

Adults 65 and older are the fastest-growing age group of people who experience homelessness. In this talk, [Samara Scheckler](#), a research associate at the Center, will discuss new research on housing insecurity and homelessness for older adults in Boston, followed by a panel with [Emily Cooper](#) (MA Executive Office of Elder Affairs) and [LaTanya Wright](#) (Hearth), moderated by [Professor Howard Koh](#) (Harvard T.H. Chan School of Public Health).

[Register to watch online](#)

16. Harvard Joint Center for Housing Studies

Friday, October 13, 2023, 12:15 p.m.

Accessory Dwelling Units: Lessons from Around the Country

Places like Portland, Oregon have removed restrictions on accessory dwelling units (ADUs) and states including California, Maine, and Connecticut have new laws requiring local approval of ADUs that meet basic standards. [Ellie Sheild](#), a student research assistant at the Center, will discuss how these efforts might inform policymaking in Massachusetts, in conversation with [Jesse Kanson-Benanav](#) of Abundant Housing Massachusetts.

[Register to watch online](#)

17. Harvard Joint Center for Housing Studies

Friday, November 3, 2023, 12:00 p.m.

While homelessness is a consistent and growing problem throughout the US, rates of homelessness vary around the country. What explains these variations? Why, for example, are rates so much higher in Seattle than in Chicago? In this talk, [Gregg Colburn](#), an Associate Professor of Real Estate in the University of Washington's College of Built Environments, will discuss findings from [Homelessness Is a Housing Problem](#), a book he co-authored that tests a range of conventional beliefs about what drives the prevalence of homelessness in a city, and what types of policies could address the problem. [Lyndia Downie](#), President and Executive Director of Pine Street Inn, the largest homeless service provider in New England, will join Colburn in a conversation moderated by [Chris Herbert](#), the Center's Managing Director.

Speaker(s): [Gregg Colburn](#), [Lyndia Downie](#), [Chris Herbert](#)

[Zoom registration is required.](#)

18. Stanford Center for Longevity - The Longevity Book Club

Thursday, November 30, 2023, 2:00 p.m.

A Conversation with M.T. Connolly

In *The Measure of Our Age*, elder justice expert and MacArthur "genius" grant recipient, M.T. Connolly investigates the systems we count on to protect us as we age. Weaving first-person accounts, her own experience, and investigative

	<p>reporting, she exposes a reality that has long been hidden and sometimes actively covered up. But her investigation also reveals reasons for hope within everyone’s grasp. Tune in on November 30th to hear an expert on elder justice map the challenges of aging and present powerful tools we can use to forge better long lives for ourselves, our families, and our communities.</p> <p>REGISTER HERE!</p> <p>19. Massachusetts ME/CFS and FM Association Saturday, October 28, 2023, 1:00 to 3:00 p.m. via Zoom ME CFS: Changing the Narrative Presenter: Ed Yong</p> <p>Ed Yong is a celebrated science journalist who cares deeply about accurate, nuanced, and empathetic reporting; clear and vivid storytelling; and social equality. His coverage of ME/CFS and Long COVID for The Atlantic has been groundbreaking and has contributed to a changing public perception of these illnesses, moving us toward a public health agenda that recognizes the serious nature and commonalities of infection-associated chronic conditions, and supports advances in research and clinical care.</p> <p>Mr. Yong will share with us how he came to the subject of ME/CFS and long COVID and what has motivated him to dig so deeply and tenaciously into them. He will explain how he chooses sources to interview and how he prepares for those interviews. We will hear his thoughts on what is yet to be explored about ME/CFS from a journalistic perspective, and how science journalism contributes to changing perceptions. Mr. Yong’s presentation will be followed by an audience question and answer period.</p> <p>Mr. Yong is a Pulitzer Prize-winning science journalist on staff at <i>The Atlantic</i>. In addition to his work for <i>The Atlantic</i>, Yong’s writing has been featured in <i>National Geographic</i>, <i>The New Yorker</i>, <i>Wired</i>, <i>The New York Times</i>, <i>Nature</i>, <i>New Scientist</i> and <i>Scientific American</i>. He is the author of two <i>New York Times</i> bestsellers—<i>An Immense World</i>, about the extraordinary sensory worlds of other animals; and <i>I Contain Multitudes</i>, about the amazing partnerships between animals and microbes.</p> <p>The fee for this event is \$10 for Non-Members. Visit Ed Yong’s website to learn more and sign up for his newsletter.</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>20. McKnights Senior Living October 2, 2023 Instability, disparity trend across SNF industry By Kathleen Steele Gaivin</p> <p>“State-specific instability and disparity” is “the predominant trend this year” for skilled nursing providers, according to the “38th SNF Cost Comparison and Industry Trends Report” delivered Friday by accounting firm CliftonLarsonAllen. “There are divergent margin trajectories across states, with some states facing erosion while others pivot and respond proactively,” the authors wrote. “Concurrently, national bed availability diminishes but reductions vary by state. Notable wage rate, occupancy, revenue, and expense disparities further underscore the diverse landscape.”</p> <p>Operating margins continue to shrink. According to the report SNF operating margins nationally have decreased to a negative 0.6%. When public health emergency funding isn’t factored in, operating margins declined to negative</p>

	<p>3.6% last year.</p> <p>By comparison, excluding the effects of PHE funding, the median operating margin of SNFs in 2021 decreased to minus 2.7%. The 2021 median operating margin, both including and excluding recognized PHE funding, decreased substantially from 2020 medians.</p> <p>“Now that the PHE has sunsetted along with PHE-related funding, the question of SNF sustainability is being raised due to these large negative operating margins,” the authors said. . .</p> <p>“Total nursing average hourly wages increased 14.7% in 2022, compared to increasing 8.8% in 2021 and 7.4% in 2020,” the authors said. “Nursing contract labor hours as a percentage of total nursing hours increased to 10.2% in 2022, compared to 5.3% in 2021, and only 2.9% in 2020.”. . .</p> <p>“SNFs operate as capital-intensive enterprises, currently in an economic environment with the highest interest rate levels since 2001,” the authors wrote. “Ownership and management of SNFs require significant upfront investments for facility acquisition, ongoing expenditures for infrastructure, equipment, and technology maintenance, and substantial allocations for recruiting and retaining qualified personnel.”</p>
Housing	<p>21. Brookings September 28, 2023</p> <p>Passing Pro-Housing Is Only the First Step in Making Housing More Affordable</p> <p>Media headlines from the past several years tell a clear story: State governments across the U.S. are taking actions to boost housing production and improve affordability. State legislators from Oregon to Montana to Massachusetts have passed laws aimed at legalizing “missing middle” housing and encouraging development of apartments near transit stations. Other states, including Arizona, Colorado, and New York, have debated ambitious bills that failed to cross the finish line. While the political battles make for great storytelling, passing state laws is just the beginning of the next, usually lower-profile process: how local governments incorporate these laws and put them into effect.</p> <p>To better understand how states are implementing their new policies, in April 2023, the Lincoln Institute of Land Policy and Brookings Metro convened state policymakers and researchers for a series of conversations. This piece summarizes three key lessons from those conversations; a longer report provides more details and state-by-state examples.</p> <ul style="list-style-type: none"> • Lesson 1: The pathway to implementation is long, and may include snags or detours • Lesson 2: Successful policy implementation depends on the capacity of state and local governments • Lesson 3: Be clear about the goals new policies are intended to achieve, and how relevant outcomes will be measured.
On Beacon Hill	<p>22. State House News Service September 21, 2023</p> <p>Physician Assistants Push to Remove Supervisory Requirement</p> <p>Physician assistants are pressing legislators to remove administrative hurdles to caring for patients after initial legislation filed last session was sent to a dead-end study.</p> <p>The care providers had an ally in Sen. Julian Cyr, co-chair of the Joint Committee</p>

	<p>on Public Health and the sponsor of revised legislation being discussed, during a hearing Thursday as they asked for a pandemic-era flexibility to be made permanent. The bills from Cyr and Rep. Christine Barber (S 1354 / H 2135) would allow PAs -- who practice in a variety of fields, including primary care -- to do their jobs without having a supervising physician. . .</p> <p>Cyr said Massachusetts needs more primary care providers, such as PAs and nurse practitioners, as he cited a specific need in gerontology.</p> <p>About one in four physicians plan to leave medicine in the next two years, according to a survey released in March by the Massachusetts Medical Society.</p>
On Capitol Hill	<p>23. *Washington Post October 2, 2023 Newsom taps Emily's List leader to fill Feinstein's Senate seat By Maeve Reston and Tyler Pager</p> <p>California Gov. Gavin Newsom said late Sunday that he plans to appoint Emily's List President Laphonza Butler to fill the Senate seat held by Dianne Feinstein, who died last week at the age of 90.</p> <p>The interim appointment will extend until at least November 2024. Feinstein had planned to step down at the end of her term, in January 2025. . .</p> <p>Butler has deep ties in the labor movement after decades working in a variety of roles. Before heading Emily's List, the fundraising powerhouse group that has worked to support Democratic women up and down the ballot, she served as the president of SEIU Local 2015, a union that represented 325,000 nursing home and home-care workers throughout California. She previously served as an SEIU international vice president and headed SEIU United Long Term Care Workers.</p>
Loneliness	<p>24. State House News September 28, 2023 Interpersonal Connections Touted in Fight Against Loneliness By Alison Kuznitz</p> <p>Aiming to foster more connected communities across Massachusetts and staunch the negative health outcomes that can result from social isolation, dozens of service providers and advocacy groups gathered virtually Thursday as part of their ongoing work to combat loneliness.</p> <p>A range of vulnerable Bay Staters are considered to be lonely, including older adults who are living alone, immigrants, young adults ages 18 to 25, caregivers, young mothers, and people of color, according to Sandra Harris, president of AARP Massachusetts and co-leader of the Massachusetts Task Force to End Loneliness and Build Community. . .</p> <p>National health data show that about half of adults' experience loneliness. U.S. Surgeon General Dr. Vivek Murthy released an advisory in May on what he described as a "public health crisis" of loneliness and isolation.</p> <p>25. *New York Times September 7, 2023 We Know the Cure for Loneliness. So Why Do We Suffer? By Nicholas Kristof</p> <p>Loneliness crushes the soul, but researchers are finding it does far more damage than that. It is linked to strokes, heart disease, dementia, inflammation, and suicide; it breaks the heart literally as well as figuratively.</p> <p>Loneliness is as deadly as smoking 15 cigarettes a day and more lethal than consuming six alcoholic drinks a day, according to the surgeon general of the</p>

	<p>United States, Dr. Vivek Murthy. Loneliness is more dangerous for health than obesity, he says — and, alas, we have been growing more lonely. A majority of Americans now report experiencing loneliness, based on a widely used scale that asks questions such as whether people lack companionship or feel left out. Yet there are solutions as well, approaches that build connections and bind us together. Britain is the pioneer of these efforts, having established the post of minister for loneliness in 2018. Britain oversees public-private partnerships that collectively knit millions of people together with programs like nature walks, songwriting workshops and community litter pickups.</p> <p>A minister for loneliness is a less obvious need than a defense minister or a foreign minister. But other countries are paying attention: Japan has also appointed a minister for loneliness, Sweden has a minister for social affairs who has tackled the issue aggressively, and there have been calls in Australia and other countries for such a post. . .</p> <p>The British ministry has parceled out some \$100 million to address loneliness since 2018, often to support local initiatives. . .</p> <p>One of the paradoxes of humanity is that while we (along with other primates) evolved to be social creatures, wealth drives us toward solitude. When we have the resources, we stop sleeping eight to a hut and build a big house with high walls, and each family member has a private bedroom and bathroom — and then to afford the mortgage we work so hard that we never manage to have meals together. . .</p> <p>One milestone in addressing America’s loneliness challenge came this spring with an 81-page report by the surgeon general, Dr. Murthy, “Our Epidemic of Loneliness and Isolation.” . . .</p> <p>As for physical infrastructure to address loneliness, one example is the “chatty bench,” adopted in the United Kingdom, Sweden and Australia. This is a park bench with a sign encouraging strangers sitting there to chat with each other; in a Northern Ireland town, the sign says: “Sit here if you are happy to chat with passers-by.”</p>
Workforce / Caregiving	<p>26. AARP August 17, 2023 High Performance Revisited: Examining the Direct Care Workforce Supporting Older Adults and Individuals with Physical Disabilities By Carrie Blakeway Amero, Erika Robbins, and Lisa Alecxih</p> <p>With more than 80 percent of adults reporting they would like to live in their homes and communities as they age, rather than in a nursing facility, direct care workers play an important role in helping individuals live where they choose. A high-quality and competent workforce ensures the independence, well-being, and safety of these individuals. Despite their critical role, direct care workers face multiple challenges including low wages, few employee benefits, and minimal training opportunities. The current workforce supply is not nearly enough to meet an increased demand for supports as individuals live longer and turnover rates are high.</p>
Family Caregiving	<p>27. *New York Times September 10, 2023 The High-Wire Act of Caregiving and Saving for Retirement By Constance Sommer</p> <p>More states are establishing paid leave programs that could help caregivers protect their nest eggs.</p>

	<p>Under a federal law enacted 30 years ago, the Family and Medical Leave Act, the majority of American workers can take up to 12 weeks off work each year to care for a family member without fear of losing their job. But that leave isn't paid. So, some states are taking on the issue.</p> <p>This year, Minnesota and Maine became the latest of 13 states, along with the District of Columbia, to offer paid caregiving leave. The programs cover all eligible workers and are financed either by workers alone, or workers and employers. Lawmakers have also recently introduced bills in Illinois, Michigan and Pennsylvania, among others. . .</p> <p>A 2018 report by the World Policy Analysis Center found that replacing at least 80 percent of a person's wages was necessary to keep families out of poverty, and to help middle-class families continue to meet essential needs, like paying their rent or mortgage. New York and Rhode Island offer less than 70 percent wage replacement, while other states reduce reimbursements for people with higher incomes. In Colorado, for example, where paid leave begins next January, reimbursement for those earning at or below \$710.58 a week is 90 percent. Reimbursement is 50 percent for those earning more than that wage, up to a weekly maximum of \$1,100. . .</p> <p>Caregivers of adults tend to be older themselves — more than half are at least 50 — and six out of 10 are women, according to a 2020 AARP survey. They are more likely than non-caregivers to have less than \$1,000 in savings and investments, and, when they retire early, are more likely to cite caregiving as a reason (rather than being able to afford to leave work), according to a 2023 report from the Employee Benefit Research Institute. . .</p> <p>Eligibility, though, varies widely, state to state. For example: In Massachusetts, the state's benefit of 12 weeks' paid leave with job protection is available only to workers who earned at least \$6,000 total over the past four calendar quarters. In Rhode Island, that same worker would have to make at least \$15,600 (though there are alternative formulas) to be eligible for six weeks of job-protected paid leave. In Ohio, as in 36 other states, there is no paid caregiving leave.</p>
Covid / Long Covid	<p>28. Reuters September 29, 2023 Around 1.8 Million Americans Received COVID Shots Last Week, IQVIA Says By Michael Erman Around 1.8 million people in the U.S. received a COVID-19 vaccine during the week ended Sept. 22, according to data compiled by health care data and analytics firm IQVIA Holdings Inc (IQV.N). Around 1 million people received the Pfizer (PFE.N)/BioNTech (22UAY.DE) shot and just under 800,000 got the Moderna (MRNA.O) vaccine, Michael Kleinrock, senior research director at the IQVIA institute told Reuters on Friday. He said the data might be missing some shots given at community vaccination sites and doctors' offices.</p> <p>29. CIDRAP - Center for Infectious Disease Research & Policy COVID Markers Show More Declines By Lisa Schnirring September 29, 2023 Most of the measures the Centers for Disease Control and Prevention (CDC) uses to track COVID-19 activity declined last week, except for deaths, which are often a lagging indicator, according to the group's latest data updates. The levels reflect a recent drop in COVID activity, following several weeks of a slow</p>

	<p>summer rise from very low levels.</p> <p>30. New York Times (free access) September 27, 2023 As Covid Infections Rise, Nursing Homes Are Still Waiting for Vaccines Now that the U.S. government has stepped back from issuing vaccines, long-term care operators have yet to start administering shots to protect one of the most vulnerable populations. . . The Centers for Disease Control and Prevention approved the latest vaccine two weeks ago, and the new shots became available to the general public within the last week or so. But many nursing homes will not begin inoculations until well into October or even November, though infections among this vulnerable population are rising, to nearly 1 percent, or 9.7 per 1,000 residents, as of mid-September, from a low of 2.2 per 1,000 residents in mid-June. “The distribution of the new Covid-19 vaccine is not going well,” said Chad Worz, the chief executive of the American Society of Consultant Pharmacists. “Older adults in those settings are certainly the most vulnerable and should have been prioritized.” Only 62 percent of nursing home residents are up-to-date on their vaccines, meaning they have received the last booster available before this month’s new shot, according to federal data from mid-September. That’s an improvement over the 38 percent rate at the start of October 2022. But only 25 percent of nursing home employees are up-to-date, which is close to last October’s rate.</p> <p>31. Covid.gov <i>Get four free at-home COVID-19 tests this fall on COVIDTests.gov</i> Every U.S. household may place an order to receive four free COVID-19 rapid tests delivered directly to your home. Need help placing an order for your at-home tests? Call 1-800-232-0233 (TTY 1-888-720-7489). The U.S. government will continue to make COVID-19 tests available to uninsured individuals and underserved communities through existing outreach programs. Please contact a HRSA health center, Test to Treat site, or ICATT location near you to learn how to access low- or no-cost COVID-19 tests provided by the federal government. Order Free At-Home Tests</p>
Health Care	<p>32. STAT News September 29, 2023 Women spend 20% more per year on out-of-pocket health costs, says report By Theresa Gaffney Women of all ages pay a total of \$15.4 billion more than men on annual out-of-pocket medical expenses, according to a new report from Deloitte. In 2021, that meant that women paid about 20% more than men — only 2% of which could be accounted for by maternity care. . . They found that women spend more money on services far beyond maternity and childbirth care. Radiology, laboratory, mental health, emergency care, office visits, and physical or occupational therapy were key areas where women paid more than men.</p> <p>33. Worcester Business Journal September 27, 2023</p>

[UMass Memorial Health exploring merger with Milford Regional hospital](#)

By Timothy Doyle

UMass Memorial Health, the largest healthcare provider in Central Massachusetts, has signed a non-binding letter of intent to explore a potential affiliation with one of the region’s few remaining independent hospitals, Milford Regional Medical Center and its Milford Regional Physician Group. . .

Milford Regional is the sixth-largest hospital in Central Massachusetts with 148 beds and 2,411 employees, according to the WBJ Research Department. The hospital reported revenues of \$255 million in 2022. Milford Regional Physician Group is the fifth-largest physician group locally with 130 physicians. . .

UMass Memorial Health is the largest employer in Central Mass. with 15,500 employees and 2,100 physicians. It operates locations in Worcester, Marlborough, Leominster, Clinton, and Southbridge. The system just closed on Saturday the maternity ward at HealthAlliance-Clinton Hospital in Leominster, [over the loud objections of local and state officials.](#)

34. Beth Israel Lahey Health

September 27, 2023

[Three Vital Vaccines for Fall](#)

Vaccines To Keep Yourself Healthy This Fall

Vaccines have always been crucial to keeping us healthy by preventing diseases. Recently, we've faced new threats, like COVID-19 and increasing cases of respiratory syncytial virus (RSV), but the good news is you can get vaccinated to minimize your chances of getting sick. Consider these vaccines to keep yourself happy and healthy this fall:

Flu Vaccine

According to the U.S. Centers for Disease Control and Prevention, the flu vaccine “prevented an estimated 7.52 million illnesses, 3.69 million medical visits, 105,000 hospitalizations and 6,300 deaths” nationally over the course of the 2019 – 2020 season. Getting your flu vaccine reduces your chance of contracting influenza and minimizes severity should you get sick. The best time to get your flu shot is late September through October. If you are 65 years old or older, you may also elect to receive a “high-dose” flu vaccine. The flu vaccine is available at all BILH primary care offices as well as at local retail pharmacies. There is no significant difference between flu vaccines, no matter where you get it.

COVID-19 Vaccine

COVID-19 hasn’t gone away. With recent spikes of COVID-19 and winter fast approaching, it’s a good decision to stay up to date on your COVID-19 vaccine. Like the flu shot, getting your COVID-19 booster will reduce your chances of becoming sick while minimizing symptoms should it happen.

There is now a new monovalent COVID vaccine available, (also referred to as “updated COVID vaccine”) geared towards more recent COVID strains and several other variants. You may receive the new COVID vaccine and your flu vaccine at the same time. If you recently had a COVID infection, it is generally recommended to wait 2-3 months before getting the new COVID vaccine. This new monovalent COVID vaccine is available at most local retail pharmacies, and **might** also become available at select primary care offices pending supply.

	<p>RSV Vaccine</p> <p>RSV is a common respiratory virus that causes cold-like symptoms. While most people experience mild illness and recover within a week or two, RSV can pose a serious risk to certain seniors and infants. The RSV vaccine is recommended for patients over 60 years old who are at high risk for complications due to RSV. If you are 60+ and are generally healthy, you are unlikely to have complications from RSV and therefore may not benefit much from the vaccine. If you are uncertain about your risk, please visit the CDC website. The RSV vaccine is now also being recommended for patients who are pregnant between 32-36 weeks of gestation.</p> <p>If you still have questions, please contact your primary care team for further guidance. Those who opt to receive the RSV vaccine should space out the vaccine from their flu vaccine and COVID-19 booster by at least a couple weeks. At this time, the RSV vaccine is available at most local retail pharmacy, and might become available at select primary care offices pending supply.</p> <p>There is also a RSV monoclonal antibody, which is recommended for infants 0-8 months entering their first RSV season as well as infants 8-19 months entering their second RSV season with an increased risk of complications due to RSV. The state plans to share more information on the supply and availability of this RSV monoclonal antibody in the coming weeks. It might become available at select primary care offices pending supply. We will stay close to any updates on this front and will keep you apprised. For more information on any of these vaccines, please visit the CDC website for seasonal flu vaccinations, and vaccinations for COVID-19.</p>
Medicaid	<p>35. Executive Office of Elder Affairs</p> <p>MassHealth Redetermination Update</p> <p>EOEA recently launched the Support for People 65+ on MassHealth Renewals webpage that provides a list of local organizations that can assist MassHealth members age 65+ with their renewal and applications. In addition to this webpage there is now a full list of organizations in English or Spanish that can be downloaded below.</p> <p>English Spanish</p>
Medicare	<p>36. The Hill</p> <p>September 29, 2023</p> <p>Federal Judge Denies Request to Block Medicare Negotiation</p> <p>By Joseph Choi</p> <p>Along with denying the Chamber’s request for an injunction, Newman also denied a request from the federal government to dismiss the case entirely. The government is arguing the Chamber has no standing to sue over Medicare negotiation since it’s not a pharmaceutical company itself.</p> <p>37. The Hill</p> <p>September 29, 2023</p> <p>Drugmakers Face Down Deadline on Medicare Price Negotiations</p> <p>By Joseph Choi</p> <p>“While we disagree on both legal and policy grounds with the IRA’s new program, withdrawing all of the company’s products from Medicare and Medicaid would have devastating consequences for the millions of Americans who rely on our innovative medicines, and it is not tenable for any manufacturer to abandon</p>

	<p>nearly half of the U.S. prescription drug market," Merck said in a statement. A spokesperson for Bristol Myers Squibb (BMS), which has a hand in two products on the Medicare list, similarly said it had "no choice other than to sign the 'agreement.'"</p>
<p>Disability Topics</p>	<p>38. Hastings Tribune September 13, 2023 <u>Paul Simon is beginning to accept the hearing loss that makes it difficult for him to perform</u> By Jonah Valdez - Los Angeles Times Months after Paul Simon announced that he had lost hearing in his left ear, the singer-songwriter says he is still coming to terms with his new disability. "I haven't fully digested it," Simon told an audience during a Saturday Q&A at the Toronto International Film Festival. "I haven't accepted it completely, but I'm beginning to." . . . Simon revealed his deafness in a May interview with the <u>Times of London</u>, sharing that his hearing went while he was writing "Seven Psalms."</p> <p>39. *New York Times September 5, 2023 <u>Confused, Frustrated and Stranded at the Airport with a Service Animal</u> By Debra Kamin Joanna Lubkin, a Unitarian Universalist minister, has chronic pain and fatigue and relies on her service dog, a 4-year-old black Labrador named Sully, to pick up items she drops, press elevator buttons, and brace her when her body weakens. She never travels without him. In June, when she and Sully arrived at the Pittsburgh International Airport to fly home to Boston after a conference, the agent at the JetBlue Airlines gate told her that there were no forms on file certifying Sully as a service dog, and refused to let her board. Since 2021, the Department of Transportation has required travelers with disabilities to fill out a standard form before boarding an aircraft with their trained service animal, attesting to the dog's health, behavior, and training. Before her flight to Pittsburgh on Delta Air Lines, Ms. Lubkin, 37, had completed the D.O.T. form for both Delta and JetBlue and uploaded it to their websites. With Delta, she experienced no issues. But a week later she found herself stranded in Pittsburgh, confused and frustrated. She did not know she was only one of many travelers with disabilities encountering hurdles with the verification process, and finding themselves stuck at the airport even after they had correctly verified their service dogs for air travel. . . Among the changes: Airlines can require users of service animals, which are defined as dogs trained to perform a task directly related to an owner's disability, to submit a D.O.T. form attesting to the animal's health, behavior, and training. . . Some dog trainers and disability advocates say the new rules may be illegal.</p>
<p>Heat Emergency / Disaster Preparation</p>	<p>40. Administration on Community Living September 2023 <u>National Preparedness Month Comes to a Close</u> Older adults and people with disabilities are disproportionately impacted by all types of disasters. Disabled people and older adults may not be able to evacuate, access shelters, and receive information in accessible formats. They</p>

may lose critical home and community-based services and be unnecessarily forced into institutional settings (such as nursing homes), or even experience higher fatality rates. Those who are living with dementia-related health conditions, such as Alzheimer’s disease, may also experience extra risk. Older adults and people with disabilities also often face greater risks when it comes to the multitude of extreme weather events and emergencies we now face, especially if they are living alone, are low-income, have a disability, or live in rural areas.

Extreme weather-related events appear to be increasing in scope and duration. In June of 2023 alone, the National Oceanic and Atmospheric Administration reported record breaking temperatures in excess of 100 degrees across the U.S., severe thunderstorms and flooding events, and air quality alerts from wildfire smoke that impacted more than 100 million people across 16 states. The recent wildfire in Maui and hurricane in southern California are recent examples. This makes emergency preparedness even more important for older adults and people with disabilities and makes it critical for the needs of disabled people and older adults to be included in emergency planning.

Factors that may impact emergency preparedness and response for older adults and people with disabilities include:

- A greater prevalence of chronic conditions, cognitive impairment, and medication concerns during disasters.
- Needing additional supports (from caregivers or others) and use of assistive devices (such as oxygen, CPAP, cane, glasses, hearing aids, walker, and/or wheelchair).
- Potential for social isolation.
- Gaps in preparedness of caregivers.

Disaster planning, response, and recovery is a top priority for ACL and we are working with FEMA and other partners across federal government, as well as with our networks, to make it more responsive to the needs of older adults, disabled people, and caregivers.

ACL subject matter experts on the [National Advisory Committee on Seniors and Disasters \(NACSD\)](#) and the [National Advisory Committee on Individuals with Disabilities and Disasters \(NACIDD\)](#), provide expertise to non-federal members who help evaluate issues and programs, and provide advice and recommendations to the Secretary of HHS to enhance preparedness.

Planning Tools

ACL.gov has [useful preparedness resources](#) including preparedness checklists and important hotline numbers for older adults, people with disabilities, caregivers, and the organizations that work with them. [Ready.gov](#) provides guidance specifically for these populations as well. FEMA and AARP have also released a [Disaster Resilience Toolkit](#) that provides guidance for local leaders on how to reduce risk and better prepare older adults for natural disasters.

Ready.gov also provides resources to prepare for specific types of emergencies, such as extreme heat, wildfires, hurricanes, and winter weather. These can include:

- [Extreme Heat](#): Avoid staying home alone during summer power outages or, if air conditioning is not available in your home, during an extreme heat event. The [Eldercare Locator](#) website or hotline can help you identify your local area agency on aging, which can provide you with more information about local cooling centers and community resources near you.

	<ul style="list-style-type: none"> • Wildfires: Create a fire-resistant zone that is free of leaves, debris, or flammable materials for at least 30 feet from your home. • Hurricanes: Know your evacuation zone, practice your route, and identify where you will go if necessary; make sure your cell phone is fully charged when a hurricane is forecasted, and consider purchasing backup charging devices. • Winter Weather: Keep out the cold by using insulation, caulking, and weather stripping. • General Emergency Preparedness Tips: <ul style="list-style-type: none"> ○ Create an emergency communications plan. ○ Make sure your important documents (insurance, personal documents, ID) are up to date. ○ Build your emergency supply kit. <p>For people living with dementia and their caregivers, the National Alzheimer’s and Dementia Resource Center is a great resource and has an Emergency Preparedness Toolkit for People Living with Dementia to help people living with dementia, their family members, and their caregivers understand what to expect in the event of an emergency and how to prepare for one. The toolkit is made up of seven tip sheets and checklists for persons living with dementia, their families, and others who interact with them.</p> <p>It is important that older adults, disabled people, and caregivers prepare for disasters and emergencies by knowing their risks, making a plan, and taking action to mitigate those risks.</p>
News from Other States	<p>41. *Wall Street Journal September 8, 2023 New Jersey Veterans’ Nursing Homes Gave Subpar Care During Covid Outbreak By Christopher Weaver</p> <p>Justice Department report says state didn’t do enough to investigate what went wrong; governor says more work is needed.</p> <p>New Jersey’s state-run nursing homes for veterans violated residents’ constitutional rights by failing to provide them with reasonable care and safety in response to the Covid-19 pandemic, a U.S. Department of Justice investigation found.</p> <p>The nursing homes understated the death toll from Covid, failed to implement competent infection-control practices and ultimately suffered among the highest death rates in the region during the pandemic’s early days, according to a Justice Department report of the inquiry released to the public Thursday. One of the facilities targeted in the investigation, the Menlo Park Veterans Memorial Home, in Edison, N.J., was the subject of a Wall Street Journal investigation in October 2020. The Journal investigation found managers hid the number of Covid victims, at times threatened to discipline employees for wearing masks and ignored basic infection-control principles.</p> <p>Days after the Journal’s article was published, New Jersey Gov. Phil Murphy replaced the veterans’ facilities’ leadership, and soon after, officials in the Justice Department’s civil rights division began their investigation.</p>
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores473@charter.net.</p>

Websites	<p>AARP: Long Term Services and Supports https://ltsschoices.aarp.org/</p> <p>LTSS consists of a broad range of day-to-day help needed by people with long-term conditions, disabilities, or frailty. This can include personal care (bathing, dressing, toileting); complex care (medications, wound care); help with housekeeping, transportation, paying bills, and meals; and other ongoing social services. LTSS may be provided in the home, in assisted living and other supportive housing settings, in nursing facilities, and in integrated settings such as those that provide both health care and supportive services. LTSS also include supportive services provided to family members and other unpaid caregivers.</p> <p>Center for Social and Demographic Research on Aging at UMass Boston's Gerontology Institute https://www.umb.edu/demographyofaging/</p> <p>The Center for Social and Demographic Research on Aging is part of the Gerontology Institute at UMass Boston. Their mission is to conduct applied research that informs communities as their populations become older demographically, including research on topics that impact older adults seeking to age in their communities.</p> <ul style="list-style-type: none"> • The Elder Index A national county-by-county measure of income needed by older adults to maintain independence and meet their daily living costs. • Evaluating Service Needs in Massachusetts Communities Needs assessments to support municipalities in meeting their planning goals and educate community members on aging issues. • Demography of Aging Demographic resources produced for those interested in the wellbeing of Massachusetts' and New England's older adult population. <p>Massachusetts Task Force to End Loneliness and Build Community https://www.endlonelinessma.com</p> <p>Mission: To ensure all residents of the Commonwealth feel connected to their community and enjoy a strong sense of social well-being. We do this by mobilizing local organizations, thought leaders, and other partners to join forces and use our collective resources and ingenuity for maximum impact.</p> <p>Subcommittees:</p> <ul style="list-style-type: none"> • Intergenerational Connection • Valued Voices • Public Awareness • Technology Learning Collaborative
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
Nursing homes with admission freezes	Massachusetts Department of Public Health <i>Temporary admissions freeze</i>

	<p>There have been no new postings on the DPH website since May 10, 2023.</p>
<p>Nursing home closures</p>	<p>Massachusetts Department of Public Health <i>Nursing home closures</i> Arnold House Nursing Home 490 William St, Stoneham 22 bed private pay facility Announced closure date: September 22, 2023 Mill Pond Rest Home 84 Myrtle Street, Ashland 27 bed rest home Public hearing: September 24, 2023 Announced closure date: January 1, 2024</p>
<p>Massachusetts Department of Public Health Determination of Need Projects</p>	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care</i> 2023 Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022 Ascentria Care Alliance – Laurel Ridge Ascentria Care Alliance – Lutheran Housing Ascentria Care Alliance – Quaboag Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation Next Step Healthcare LLC-Conservation Long Term Care Project Royal Falmouth – Conservation Long Term Care Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020 Advocate Healthcare of East Boston, LLC. Belmont Manor Nursing Home, Inc.</p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated March 29, 2023 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p>

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

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

What can advocates do with this information?

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

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://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>

	<p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • Charwell House Health and Rehabilitation, Norwood (15) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Glen Ridge Nursing Care Center (1) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • Hathaway Manor Extended Care (1) https://hathawaymanor.org/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366 • Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p>

	<p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <tr> <td># reported</td> <td>Deficiency Tag</td> </tr> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>																								
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																								
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 																								

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

Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.

Previous issues of The Tuesday Digest and The Dignity Digest are available at: <https://dignityalliancema.org/dignity-digest/>

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