



# The Dignity Digest

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

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

Spotlight

**[Only 6% of REIT Nursing Home Assets Meet Proposed Federal Staffing Mandate](#)**

**Skilled Nursing News**

October 20, 2023

By Amy Stulick

Only 6% of real estate investment trust (REIT) assets are in compliance with the federal minimum staffing proposal for nursing homes, compared to the industry average of 19%.

This difference is due at least in part to less nonprofit representation in REITs, BMO Capital Markets analysts said in a note on Thursday. The BMO analysts calculated the REITs’ staffing levels utilizing data from the Centers for Medicare & Medicaid Services (CMS).

Nonprofit SNFs tend to have higher average staffing levels, the analysts wrote, which “may be [weighing] on REIT results relative to the overall national average.”

If licensed practical nurses (LPNs) end up being included in the 3.0 hours per day of resident care (HPRD), BMO analysts said 51% of REITs would meet the staffing target – still less than the industry average at 60%.

Industry feedback suggests the proposal will be watered down in some capacity, they noted; it’s unclear if that will involve adding LPNs into the rule. Currently, only certified nursing assistants (CNAs) and registered nurses (RNs) may make up the 3.0 HPRD requirement.

Registered nurse HPRD coverage among REIT assets sits at 0.38, again lower than the national average of 0.42 according to BMO data. Combining RN and CNA HPRD, the REIT average is 2.23 compared to 2.44 as the industry average.

Outside of the fact that the proposal isn’t paid for with higher reimbursement levels, and finding nurses remains a challenge, BMO analysts said they’re hearing two main areas of pushback from those in the industry.

“First, the proposal would require 24-hour RN coverage and second, licensed practical nurses (LPNs) don’t count towards minimums, despite being included in state staffing mandates,” the analysts said. “We note LPNs have higher training than CNAs. So, excluding LPNs seems incongruous with the goal of improving patient care.”

BMO was unable to accurately assess 24-hour RN compliance with the proposal, since CMS data doesn’t indicate if RN hours in a facility are

overlapping, or if there are two RNs on site at the same time. Data doesn't include the number of RN full-time equivalents (FTEs). Anecdotally, compliance levels are relatively low, with most facilities having 8- to 12-hour coverage, according to the BMO note. CMS expects about 75% of nursing homes will need to bolster staffing levels under the proposal.

As of the first financial quarter of this year, BMO said REITs used agency staff for about 10.4% of total CNA and RN hours worked. But, REITs' contract labor declines have outpaced the industry average. BMO analysts expect further moderation in contract labor utilization, helping boost rent coverage further.

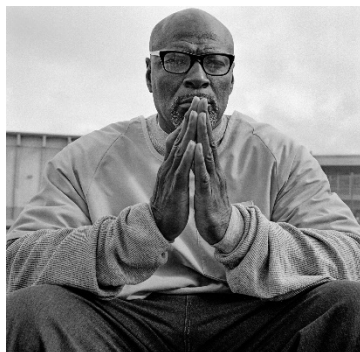
As a side note, analysts mentioned the [minimum wage hikes](#) for health care workers in California to \$25 per hour; the market rate is about \$21 to \$22 per hour in the state, BMO said.

"Stand alone SNFs aren't specifically included, which we view as a negative given there wouldn't be a commensurate reimbursement with market forces likely to drive up pay across healthcare regardless of the lack of SNF inclusion in the mandate," analysts noted.

Spotlight



Adrienne Davidson, 61, top, and her cellmate, Eliana Sotomayor, 78.



Cleveland Lindley, 53, has served 28 years. He was sentenced to 105 years at age 25 for robbing a McDonald's, his third strike.

[Elderly and Imprisoned: 'I Don't Count It as Living, Only Existing.'](#)

**New York Times (free access)**

October 21, 2023

Text by Carmilla Floyd

Photographs by Joseph Rodriguez

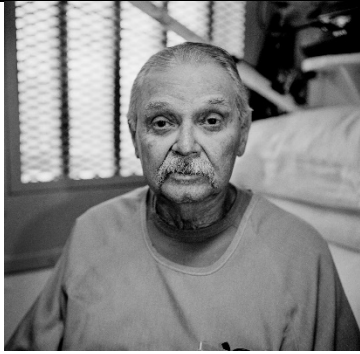
On a clear day in March 2023, the snowy peaks surrounding the California Institution for Men in Chino were visible. Cleveland Lindley stood on a green patch in the prison yard, taking in the view.

He was wearing dark wraparound glasses and using crutches for support because he had overexerted himself during a recent visit from family. At age 53, he is considered elderly in the prison system. That's because incarceration accelerates aging.

"My body don't work the way it used to, my mind don't work like it used to be, and it's intimidating," Mr. Lindley told us. "People are always looking for that edge, that leg up."

Mr. Lindley has spent much of the past 28 years in and out of solitary confinement. Four years ago, he requested a transfer to this yard, which houses former gang members and other vulnerable residents. Joseph Rodríguez, a photojournalist, and I had gone to Chino to meet residents like him, living out their twilight years behind bars.

On the loop circling the yard, Frankie Morales, 71, was walking laps at a steady pace. He has been incarcerated for most of his life, first in juvenile halls, then in state and federal prisons. He gets special meals on a tray because of a stomach condition, and when his back acts up, he uses a cane to walk. He told us that back in the day, he was sometimes cuffed to a four-metal-post bed in a freezing-cold cell. "That was how we were supposed to get better and instead we got crazy," he said.



Frankie Morales, 71. "I haven't spent a birthday outside since I was 12 years old," he said. "Back then, there were no programs or groups."



Doris Roldan was one of 21 aging prisoners whose sentences Gov. Gavin Newsom of California commuted in 2020.



Cleveland Lindley, right, with 32-year-old Fred Griffin, who after 15 years in prison was released not long after this photograph was made. Mr. Lindley credits Mr. Griffin for guiding him to read, write and earn a high school equivalency diploma.

Older adults struggle to move around in a space designed for younger people. Adrienne Davidson, 61, is a resident at the California Institution for Women in Chino. She ceded the lower bunk to her roommate, Eliana Sotomayor, who is 78 years old and has suffered three strokes in the past year.

To get into her bunk, Ms. Davidson puts one foot on a metal stool and the other on a metal desk. She then holds onto the edge of the bunk bed and heaves herself up. She could request a younger cellmate, but that comes with its own risk. "There is not a lot of respect from the younger people," she said. "There's also a strong anti-snitch culture here, so you can't complain."

The challenges they face are becoming increasingly common. Between 1993 and 2013, the number of people 55 or older in state prisons increased by 400 percent. The American Civil Liberties Union estimates that by 2030, people over 55 will constitute a third of the country's prison population.

Research shows that most people [age out](#) of criminal conduct. Moreover, the Department of Justice asserts that the risk of elderly people reoffending after release is minimal. Yet decades of tough-on-crime sentencing and increasingly rigid release policies have left many to grow old in a system that was not designed to accommodate them. The cost is high, for both the residents and the public at large.

Older residents who are released should be provided with support. And they should be given the opportunity to use their experiences to drive change in their communities. Advocacy groups have already demonstrated the power of restorative justice programs led by the formerly incarcerated, both inside and outside prisons, allowing for healing and growth for all parties affected by violence — victims, offenders, and families.

Reforms have ignited hope among residents who expected to die in prison. In California, the Public Safety and Rehabilitation Act of 2016 provides a process for nonviolent offenders to be considered for parole if their release poses no unreasonable risk to the community. Also in California, the Elderly Parole Program lays out a path for some residents who are over 50 and who have served at least 20 years. The state has also established compassionate release programs for terminally ill or medically incapacitated residents.

Efforts to reduce the aging prison population are driven not solely by compassion but also by the tremendous cost of incarcerating older people. Residents do not qualify for Medicaid, leaving the state responsible for all care expenses. Older residents are more likely to suffer from chronic illnesses like diabetes, dementia, and cancer and to struggle with depression and anxiety.

Yet the rules and policies around parole decisions are often obstacles to releasing elderly residents, especially if they committed violent offenses in their youth. These secretive and subjective policies should



Christine Reynolds, 79, left, and Nancy Larios, 75, at the California Institution for Women in Chino.



Frankie Morales in his makeshift painter's studio next to his cell.

be changed to focus on risk assessment and rehabilitation rather than the initial crime. Punitive sentences like life without parole should be abolished altogether.

For elderly people transitioning out of prison, finding a place to live is often the most immediate challenge. Doris Roldan was released in 2020 at age 80, after spending 40 years behind bars. She lives in a senior housing facility in Los Angeles and is a member of the California Coalition for Women Prisoners, which supports and advocates systemic prison reform, and speaks on forums for restorative justice. "I think you can judge a country by their prisons, and we are in big trouble," she said. "I don't count it as living, only existing."

Rehabilitative programs were rare when Mr. Morales and Mr. Lindley entered the system. Javier Stauring, the executive director of Healing Dialogue and Action, a California group that advocates restorative justice, explained that in the past few years, California, among other states, has made strides toward a more financially responsible and compassionate criminal justice system. "Men like Frankie and Cleveland have an opportunity to grow, face the consequences of their actions and ultimately forgive themselves," he said. Yet much work remains.

Mr. Lindley will be eligible for a parole hearing in 2030. Until then, he is taking college classes and has joined self-help groups. He learned about compassion and the consequences of his actions later in the game. He now teaches residents how to be self-aware and to have more compassion. It's time for policymakers, politicians, and other stakeholders to follow his lead.

Mr. Morales was denied parole in July and will have to wait 18 months to reapply. He spends most of his time painting in a small makeshift studio that corrections officers have helped set up adjacent to his cell. He still rolls up his mattress and places it at the foot of his bed for protection, a habit from the old days. Back then, people would make spears and use them to try to stab others through the bars. "You never came out of your cell without boots, to protect yourself," he said. "Nowadays, I can go out in shower sandals. Beautiful!"

Quotes

*Only 6% of real estate investment trust (REIT) assets are in compliance with the federal minimum staffing proposal for nursing homes, compared to the industry average of 19%.*

[Only 6% of REIT Nursing Home Assets Meet Proposed Federal Staffing Mandate](#), Skilled Nursing News, October 20, 2023

*"The Affordable Homes Act delivers on this promise by unlocking \$4 billion to support the production, preservation and rehabilitation of more than 65,000 homes statewide. It's the largest housing investment in Massachusetts*

*history. Together, we're going to make our state a place where people can afford to move to and stay to build their future."*

Governor Maura Healey, [Healey Backs Transfer Taxes, Accessory Dwellings In \\$4.1 Bil Housing Bill](#), **State House News**, October 18, 2023

*"Nursing home workers have been warning for years that dangerously inadequate staffing levels put them in harm's way and compromise patient care. On behalf of AFSCME nursing home workers and all AFSCME members, I am grateful for this proposed rule, which takes important steps toward addressing the problem."*

AFSCME President Lee Saunders, [AFSCME supports new federal rule that seeks to improve nursing home staffing](#), **AFSCME**, October 20, 2023

*An estimated 80 percent of veterans will have some need for long-term services and supports in their lifetime. In VA, demand is growing rapidly, driven by an aging veteran population and a growing number of veterans with service-connected disabilities. Vietnam-era veterans are increasingly driving this demand, with most reaching age 75 or older by 2026.*

[Home and Community-Based Services Veterans' Issues in Focus](#), RAND Corporation, 2023

*MassHealth pays for 70 percent of the nursing home bills in our state. But before MassHealth agrees to pay your nursing home bill, it wants to know you're impoverished because Medicaid is a program to help poor people. MassHealth won't pay a nickel of your nursing home bill unless you can prove that you own nothing more than \$2000.00.*

[Does \\$2000 matter more than \\$2 million? Yes, if a nursing home is in your future](#), **The Pilot**, October 20, 2023

*The challenges [older prisoners] face are becoming increasingly common. Between 1993 and 2013, the number of people 55 or older in state prisons increased by 400*

percent. *The American Civil Liberties Union estimates that by 2030, people over 55 will constitute a third of the country's prison population.*

[Elderly and Imprisoned: 'I Don't Count It as Living, Only Existing.'](#), New York Times (free access), October 21, 2023

*Efforts to reduce the aging prison population are driven not solely by compassion but also by the tremendous cost of incarcerating older people. Residents do not qualify for Medicaid, leaving the state responsible for all care expenses. Older residents are more likely to suffer from chronic illnesses like diabetes, dementia, and cancer and to struggle with depression and anxiety.*

[Elderly and Imprisoned: 'I Don't Count It as Living, Only Existing.'](#), New York Times (free access), October 21, 2023

*"Where people who use wheelchairs have little to no bargaining or market power right now, we're providing a really basic level of consumer protection."*

Senator John Cronin (D – Worcester), sponsor of S. 152, a bill to address slow repairs, [Wheelchair repairs can drag out for months. In Mass., people with disabilities seek a solution.](#) \*Boston Globe, October 22, 2023 (updated)

*"I don't think that any able-bodied person today would stand for this kind of bungling and red tape."*

Pamela Daly, wheelchair user from Charlestown, [Wheelchair repairs can drag out for months. In Mass., people with disabilities seek a solution.](#) \*Boston Globe, October 22, 2023 (updated)

*If corporate wealth and power are determining factors in who has access to healthcare data and/or who is recognized as legitimate analysts and interpreters of government information, the American people will be sitting ducks for manipulation, and exploitation.*

[The Nursing Home Industry-Brown University Collaboration: Science or a Sign of Growing Corporate Abuse of Power?](#), Tallgrass Economics, October 20, 2023

*A February 2022 report from the State Comptroller (OSC) found that 15 nursing homes in New Jersey's Medicaid*

	<p><i>program performed poorly with no consequences. A March report from this year reveals little has changed.</i></p> <p><a href="#"><u>New Jersey's Nursing Homes Are a Scandal. Politics is Getting in the Way of Change.</u></a> <i>The Trentonian</i>, October 22, 2023</p> <p><i>The first advocacy step in response [to an eviction notice from an assisted living residence] is simple but vital: the resident must stay strong and not leave.</i></p> <p><a href="#"><u>Federal Medicaid Law and Assisted Living Advocacy: What to Do When a Facility Refuses to Accept Medicaid, or Attempts to Evict Without Offering Appeal Rights</u></a> (<i>Justice in Aging</i>, October 11, 2023)</p>
<p><b>Action Alert</b> Responses due by October 31, 2023</p>	<p><b>1. Massachusetts Department of Public Health</b> <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. <a href="#"><u>Survey</u></a></p>
<p>Transitions</p>	<p><b>2. MassPACE</b> <i>Jennifer L. Maynard, BS, RN, MPA</i>, has been named new Executive Director of MassPACE, the statewide association of PACE providers (Program of All-Inclusive Care for the Elderly). Previously, she was a clinical site director at Summit ElderCare, a program of Fallon Health. (<a href="https://masspace.net/"><u>https://masspace.net/</u></a>)</p> <p><b>3. Mass Home Care</b> <i>Ellen Taintor</i> has been appointed Assistant Director of Mass Home Care, the non-profit trade association representing the Commonwealth's network of 27 Aging Services Access Points (ASAPs) and Area Agencies Aging (AAAs). Ellen has a master's degree in Management of Aging Services, and has over 17 years of experience working with older adults and their families. (<a href="http://www.masshomecare.info"><u>www.masshomecare.info</u></a>.)</p>
<p>Opportunities to Comment</p>	<p><b>4. Staffing standards in long-term care facilities:</b> September 1, the Department of Health and Human Services (HHS) through the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule to <a href="#"><u>establish minimum staffing standards for long-term care facilities</u></a>. Under the proposal, nursing homes that participate in Medicare and Medicaid would have to provide residents with a minimum of 0.55 hours of care from a registered nurse per resident per day, and 2.45 hours of care from a nurse aid per resident per day. In addition, nursing homes would be required to ensure a registered nurse is on site 24 hours per day and 7 days a week. This proposal was informed by the <a href="#"><u>2022 Nursing Home Staffing Study</u></a>. EJC released a statement on the proposed rule that can be read <a href="#"><u>here</u></a>.</p>

	<p>There will be a 60-day comment period for the notice of proposed rulemaking, and comments must be submitted to the Federal Register no later than November 6, 2023. For more information on how to submit comments or to review the entire rule, visit the <a href="#">Federal Register</a>.</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><b>5. ReFraming Aging</b>  Presenter: Melissa Donegan, LSW, Director, Healthy Living Center of Excellence, AgeSpan  Wednesday, November 8, 2023, 10:00 a.m.  Join Zoom Meeting  <a href="https://us02web.zoom.us/j/85666698185?pwd=QUp0RHR3OENJQTZNS1RSeVlx a01mZz09">https://us02web.zoom.us/j/85666698185?pwd=QUp0RHR3OENJQTZNS1RSeVlx a01mZz09</a>  Meeting ID: 856 6669 8185  Passcode: 394342  One tap mobile: +13052241968,,85666698185#,,,,*394342# US  Telephone: +1 305 224 1968 US</p> <p><b>6. Conversation with Dr. Lisa Iezzoni, Mass Dept of Transportation Board Member</b>  Wednesday, January 10, 2024, 2:00 p.m.</p>
<p>Guide to news items in this week's Dignity Digest</p>	<p><b>CMS's Proposed Minimum Staffing Standard</b>  <a href="#">AFSCME supports new federal rule that seeks to improve nursing home staffing</a> (AFSCME, October 20, 2023)  <a href="#">Nearly 100 House Members Ratchet Up Pressure on CMS to Scrap Nursing Home Staffing Mandate</a> (Skilled Nursing News, October 20, 2023)  <a href="#">US Senators Put More Pressure on CMS to Halt Nursing Home Staffing Mandate</a>, ( Skilled Nursing News, October 19, 2023)</p> <p><b>Assisted Living</b>  <a href="#">Federal Medicaid Law and Assisted Living Advocacy: What to Do When a Facility Refuses to Accept Medicaid, or Attempts to Evict Without Offering Appeal Rights</a> (Justice in Aging, October 11, 2023)</p> <p><b>Housing</b>  <a href="#">Healey Backs Transfer Taxes, Accessory Dwellings In \$4.1 Bil Housing Bill</a> (State House News, October 18, 2023)</p> <p><b>Homelessness</b>  Prioritizing Housing and Health to Prevent and Address Homelessness (Bipartisan Policy Center, October 19, 2023)</p> <p><b>Public Policy</b>  <a href="#">Advancing a more equitable society for growing older</a> ( University of Massachusetts Boston Gerontology Program, 2022-2023 Impact Report)</p> <p><b>Medicare</b>  <a href="#">Open Enrollment for 2024 Coverage through Medicare &amp; the Marketplace—Basics for Advocates</a> (Justice in Aging, October 19, 2023)</p> <p><b>Medicaid</b>  <a href="#">MassHealth Expecting 'Pretty Steep Uptick' in Disenrollments This Fall</a> (State House News, October 20, 2023)  <a href="#">Does \$2000 matter more than \$2 million? Yes, if a nursing home is in your future</a> (The Pilot, October 20, 2023)</p> <p><b>Veteran Services</b>  <a href="#">Home and Community-Based Services Veterans' Issues in Focus</a> (RAND Corporation, 2023)</p> <p><b>Disability Topics</b></p>



	<p><a href="#">Advance Equitable Evaluation by Centering the Lived Experiences of People with Disabilities in Research</a> (Mathmetica, October 9, 2023)</p> <p><a href="#">Wheelchair repairs can drag out for months. In Mass., people with disabilities seek a solution.</a> (*Boston Globe, October 22, 2023 (updated))</p> <p><b>From Around the Country</b></p> <p><a href="#">New Jersey’s Nursing Homes Are a Scandal. Politics is Getting in the Way of Change.</a> (The Trentonian, October 22, 2023)</p> <p><b>International</b></p> <p><a href="#">For the Most Vulnerable Hostages, a Plea for Mercy</a> (*New York Times, October 21, 2023)</p> <p><b>From Our National Colleagues</b></p> <p><a href="#">The Nursing Home Industry-Brown University Collaboration: Science or a Sign of Growing Corporate Abuse of Power?</a> (Tallgrass Economics, October 20, 2023)</p>
<p>Webinars and Other Online Sessions</p>	<ol style="list-style-type: none"> <li>1. <b>White House</b>        Tuesday, October 24, 2023  <a href="#">White House Stakeholder Briefing on COVID-19 Vaccines</a>        On behalf of Assistant to the President and Director of the White House Office of Public Engagement Steve Benjamin, we are pleased to invite you to a virtual stakeholder briefing. This briefing will be an opportunity for stakeholders to hear from Dr. <b>Mandy Cohen</b>, Director of the Centers for Disease Control and Prevention (CDC) and Major General <b>Paul Friedrichs</b>, Deputy Assistant to the President, Director of the Office of Pandemic Preparedness and Response Policy (OPPR), on ways to help protect yourself and your loved ones this fall and winter virus season, including the COVID-19 vaccine.</li> <li>2. <b>Centers for Medicare and Medicaid Services Office of Minority Health</b>        Wednesday, October 25, 2023, 12:00 to 1:00 p.m.  <a href="#">Medicaid and Children’s Health Insurance Program (CHIP) Renewals Webinar</a>        Join the Department of Health and Human Services (HHS) and the Centers for Medicare &amp; Medicaid Services (CMS) for the October 25th Medicaid and Children’s Health Insurance Program (CHIP) Renewals webinar. Topics discussed during this month’s webinar will include:       <ul style="list-style-type: none"> <li>• Overview of Marketplace Open Enrollment and how consumers can avoid a gap in coverage with a Special Enrollment Period</li> <li>• Overview of Medicare Open Enrollment and key actions for enrollees</li> <li>• An extended Q&amp;A to address unanswered questions related to Medicaid renewals, Medicaid appeals and fair hearings, enrollment assistance, and more</li> </ul> </li> <li>3. <b>Longevity Connection (Stanford University)</b>        Monday, November 6 and Tuesday, November 7, 2023  <a href="#">The Century Summit 2023</a>  <i>Beyond Wages: The Future of Income When We Are Not Working</i>        Whether slowly or all at once, workers toward the end of their careers shift from relying on wages (or “labor market income”) to relying on two main forms of non-labor income: Social Security and income from savings, should those savings exist. But as researchers have repeatedly demonstrated, the majority of workers are not optimizing these streams—even in an era of increased longevity that makes reliable, lifelong income more important than ever. At the same time, we have seen guaranteed income pilot programs, or cash payments provided on a</li> </ol>

regular basis with no work requirements, and no strings attached, take off in 30+ pilot programs to provide non-labor income as a support system for households. In this conversation we will grapple with the question: what do these two different forms of “guaranteed income”—that result in similar household experiences of routinely positive cash flow—have to learn from each other, as we seek to ensure that everyone has sufficient income, even when they aren’t working?

**4. Longevity Connection (Stanford University)**

Monday, November 6 and Tuesday, November 7, 2023

[The Century Summit 2023](#)

*The Big Idea: Should We Reinvent Our Life Funding Models for an Era of Change?*

Rapid increases in longevity, shifting dynamics in labor markets, the climate, technology, and population have already created a mismatch between our life funding models and the way people actually live. From the way we fund education and career preparation, to how we help families take time to care for loved ones of all ages, to how people maintain financial stability in moments of career transition, to how we ensure that people have sufficient income and resources after they stop working—our systems, which already exclude millions, don’t work too well. And that’s before we layer on increased climate event frequency, the changes that AI could bring to the labor market, and 60-year careers with multiple “reskilling” moments of transition.

In this panel, we’ll look ahead to consider all the ways that a 100-year life will challenge our funding mechanisms, and where we need to look for solutions.

What does this future tell us that we need to fix, or build, right now?

**5. Department of Labor**

Thursday, October 26, 2023, 5:30 - 7:00 p.m.

*DOL Section 14(c) Stakeholder Engagement Session (First session)*

Registration required by Wednesday, October 25, 2023

In September, Acting Secretary of Labor Julie Su announced that the Department of Labor (DOL) is launching a comprehensive review of the Section 14(c) program. The program authorizes employers, after receiving a certificate from the Wage and Hour Division, to pay subminimum wages to workers whose disabilities impact their productivity for the specific work performed. As part of this effort, DOL is launching a series of stakeholder engagement sessions to hear diverse views directly from members of the public – particularly workers with disabilities – about experience with the 14(c) program. Input from stakeholders will help inform DOL's future efforts on this important issue.

During the first stakeholder engagement session, DOL welcomes your input on important areas of focus for reviewing the 14(c) program, experiences with options for [competitive integrated employment \(CIE\)](#), lessons from states that have expanded CIE and/or prohibited subminimum wages, impacts of potentially ceasing to issue 14(c) certificates in the future, and any related issues.

DOL is interested in hearing the experiences of workers with disabilities and encourages worker advocates to include these examples in their remarks or to invite workers with disabilities to come share their stories directly.

The meeting will be virtual. Members of the public wishing to participate must register in advance of the meeting by October 25.

Members of the public who wish to speak during this meeting should indicate their interest in the meeting registration form. DOL is asking participants to limit

	<p>their speaking time to two minutes for this session to ensure they are able to hear from as many participants as possible.</p> <p><a href="#">Register for this Virtual Session</a></p> <p><b>6. Agency for Healthcare Research and Quality</b>  Thursday, November 30, 2023, 1:00 to 3:00 p.m.  <a href="#">AHRQ EPC Program Grand Rounds - Pain</a></p> <p>This Grand Rounds session will cover three reports from the AHRQ Evidence-based Practice Center program focusing on pain.</p> <p><a href="#">Acute Treatments for Episodic Migraine</a>  <a href="#">Nonopioid Pharmacologic Treatments for Chronic Pain</a>  <a href="#">Living Systematic Review on Cannabis and Other Plant-Based Treatments for Chronic Pain</a></p> <p>Industry stakeholders will discuss the impact of these reports.</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at:  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p>CMS's Proposed Minimum Staffing Standard</p>	<p><b>7. Consumer Voice</b>  Recorded webinar  <a href="#">A Guide to Submitting Comments on CMS's Proposed Staffing Standards</a></p> <p>On September 6, 2023, the Centers for Medicare &amp; Medicaid Services (CMS) released the long-awaited Notice of Proposed Rulemaking (NPRM) that proposed a minimum staffing standard in nursing homes. While Consumer Voice supports a minimum staffing standard, the proposed staffing standard does not go far enough to protect nursing home residents. The NPRM is now in the 60-day comment period, and <b>comments are due on 11/6/2023</b>. It will be critical that CMS hears from you that this rule needs to be stronger. In addition to the minimum staffing requirement, there are other provisions in the NPRM, including requiring every nursing home to have a registered nurse on staff twenty-four hours per day, seven days per week, updated requirements on facility assessments, and provisions on how Medicaid dollars are spent on nursing home care.</p> <p>This webinar provided guidance on how to comment on critical provisions of the NPRM, including:</p> <ul style="list-style-type: none"> <li>• The need for a stronger minimum staffing standard.</li> <li>• Reducing the timeframes for implementation of the rule.</li> <li>• CMS's proposal to allow certain nursing homes exemptions from the standard.</li> <li>• Support for the 24/7 RN requirement.</li> <li>• Facility assessments.</li> <li>• Medicaid Transparency.</li> </ul> <p>Consumer Voice will provide step-by-step instructions on how to submit your comments to CMS as well.</p> <p><b>Webinar Materials:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Slides</a></li> <li>• <a href="#">Notice of Proposed Rule Making</a></li> </ul> <p>Submit your comments on <a href="https://www.regulations.gov">Regulations.gov</a>  Comments are due by <b>November 6, 2023</b>. <a href="#">Submit your comments»</a></p> <p><b>8. AFSCME</b>  October 20, 2023  <a href="#">AFSCME supports new federal rule that seeks to improve nursing home staffing</a>  By Pablo Ros</p>

That’s why AFSCME supports [a new rule by the Biden administration](#) that would establish a federal floor for staffing levels to prevent owners of nursing homes – both public and private – from slashing staffing to unsafe levels. The proposal would require every nursing home facility in the nation to have a registered nurse on-site 24/7, as well as a certain minimum number of registered nurses and nurse aides to provide routine care. . .

AFSCME President Lee Saunders celebrated the rule’s announcement last month, describing current conditions in nursing homes as “notoriously harrowing” and “a threat to the safety of both residents and staff.” . . .

During the first two years of the pandemic – March 2020 to March 2022 – skilled nursing care facilities in the U.S. lost some 240,000 employees, [according to federal data](#). Although they have somewhat recovered, as of September 2023, there were still 150,000 fewer such jobs.

Issues with staffing in nursing homes are part of a broader trend in public service, where jobs that were lost during the pandemic have yet to return. Our union has launched an initiative – called [Staff the Front Lines](#) – to help state and local governments and health care employers improve recruitment and retention of public service workers.

#### **9. Skilled Nursing News**

October 20, 2023

[\*Nearly 100 House Members Ratchet Up Pressure on CMS to Scrap Nursing Home Staffing Mandate\*](#)

By Tim Mullaney

Nearly 100 members of the U.S. House of Representatives are urging the Centers for Medicare & Medicaid Services (CMS) to reconsider the proposed federal nursing home staffing mandate.

The lawmakers on Friday sent a letter to CMS describing their concerns with the mandate.

“Finalizing this proposal would result in limited access to care for seniors, mandatory increases in state Medicaid budgets, and could most consequentially lead to widespread nursing home closures,” they wrote.

Among numerous objections they raised, the representatives stated that the mandate’s requirement for 24/7 registered nurse staffing “disregards existing Medicare and Medicaid statutes.” . . .

#### **10. Skilled Nursing News**

October 19, 2023

[\*US Senators Put More Pressure on CMS to Halt Nursing Home Staffing Mandate\*](#)

The proposed federal staffing mandate for nursing homes is drawing more opposition on Capitol Hill.

U.S. Senators Kevin Cramer (R-ND) and Angus King (I-Maine), both members of the Senate Veterans Affairs Committee (SVAC) sent an opposition [letter](#) on Oct. 19 to the Centers for Medicare and Medicaid Services (CMS), expressing concerns that the mandate may adversely affect veterans’ access to essential care services.

In their appeal, the senators called for a more flexible and collaborative approach between CMS and Congress, emphasizing the critical role of these facilities in supporting retired veterans, whose demand for care is projected to increase. . .

The senators described the proposed federal staffing mandate as “overly burdensome” and raised concerns that it might lead to additional closures of

	<p>long-term care facilities and reduced access to care for seniors. They called for CMS to rescind the proposal and instead work with Congress on alternative solutions to improve the quality of care in skilled nursing facilities.</p>
<p>Assisted Living</p>	<p><b>11. Justice in Aging</b>  October 11, 2023  <a href="#"><u>Federal Medicaid Law and Assisted Living Advocacy: What to Do When a Facility Refuses to Accept Medicaid, or Attempts to Evict Without Offering Appeal Rights</u></a>  Medicaid increasingly can cover care in an assisted living facility. Most often, funding is provided through a Medicaid home and community-based services (HCBS) waiver, but other Medicaid mechanisms are used as well.  Two provisions of federal Medicaid law — one historically underutilized, the other brand new — offer eviction protections for assisted living residents. This document provides assistance for the attorney or other advocate in identifying potential problems, developing an advocacy strategy, and litigating issues, as necessary.  Problem #1: Medicaid-Participating Facility Refuses Medicaid from Existing Resident  Problem #2: Medicaid-Participating Facility Attempts to Evict Resident with No Opportunity to Appeal</p>
<p>Housing</p>	<p><b>12. State House News</b>  October 18, 2023  <a href="#"><u>Healey Backs Transfer Taxes, Accessory Dwellings In \$4.1 Bil Housing Bill</u></a>  Gov. Maura Healey on Wednesday will unveil a five-year, \$4.12 billion housing bond bill that's packed to the gills with funding and policy reforms aimed at spurring much-needed production of new units, upgrading the aging and neglected public housing stock, and converting state land into housing-ready plots. . .  Combined with housing-related tax credits that just became law through a new tax relief measure, Healey's office estimated the proposals together could lead to creation of more than 40,000 new housing units, chipping away at a shortage that has previously been estimated at roughly 200,000. . .  The governor's housing bond bill also proposes allowing accessory dwelling units, or ADUs, by right in single-family zoning districts in all Massachusetts communities.  ADUs, which are smaller buildings or apartments on the same property as a single-family home, offer additional housing often viable for larger families with adult children or older parents, but they can be difficult to get permitted in some communities. . .  Healey administration officials said that investment would be the biggest since the public housing system was built and three times as much as in the \$1.8 billion housing bond bill former Gov. Charlie Baker signed in 2018.</p>
<p>Homelessness</p>	<p><b>13. Bipartisan Policy Center</b>  October 19, 2023  <a href="#"><u>Prioritizing Housing and Health to Prevent and Address Homelessness</u></a>  Recorded session  Elected city officials and diverse business and community leaders showcased innovative approaches for preventing homelessness and supporting affordable housing. They shared valuable insights on how to scale up promising interventions, emphasized the impacts on housing and health, and discussed</p>

	<p>how federal and local governments can invest in prevention and stabilization strategies.</p> <p><b>FEATURED MAYORS</b></p> <p>John Giles   Mayor of Mesa, Arizona  Rex Richardson   Mayor of Long Beach, California  Darrell Steinberg   Mayor of Sacramento, California  Steve Williams   Mayor of Huntington, West Virginia</p> <p><b>SPEAKERS AND PANELISTS</b></p> <p>Clarence Anthony   CEO and Executive Director, National League of Cities  Bechara Choucair, MD   SVP &amp; Chief Health Officer, Kaiser Permanente  Bethany Hamilton   Co-Director, National Center for Medical-Legal Partnership  Katrina Forrest   Co-Executive Director, CityHealth  Amy King   CEO, Pallet  Rishi Manchanda, MD, MPH   CEO, HealthBegins  Jeff Olivet   Executive Director, U.S. Interagency Council on Homelessness</p>
Public Policy	<p><b>14. University of Massachusetts Boston Gerontology Program</b>  2022-2023 Impact Report  <a href="#">Advancing a more equitable society for growing older</a></p> <ul style="list-style-type: none"> <li>• <a href="#">AGING EQUITY</a></li> <li>• <a href="#">AGE FRIENDLY COMMUNITIES</a></li> <li>• <a href="#">EDUCATION &amp; MENTORING</a></li> <li>• <a href="#">FINANCIAL SECURITY</a></li> <li>• <a href="#">LONG-TERM SUPPORTS &amp; SERVICES</a></li> <li>• <a href="#">SOCIAL DETERMINANTS OF HEALTH</a></li> </ul> <p><a href="#">Download Summary</a></p>
Medicare	<p><b>15. Justice in Aging</b>  October 19, 2023  <a href="#">Open Enrollment for 2024 Coverage through Medicare &amp; the Marketplace—Basics for Advocates</a></p> <p>Open Enrollment Periods (OEPs) are certain times of year when individuals can change their health care coverage. This fact sheet provides basic information on the annual OEPs in Medicare (Medicare.gov) and the Marketplace (HealthCare.gov and state-based exchanges) for the 2024 plan year and highlights issues that are of particular relevance to assisting low-income older adults.</p> <p>Note: This year is a busy time for health care enrollment changes, as states have restarted regular review of Medicaid eligibility after the <a href="#">end of the declared COVID-19 public health emergency</a>. People age 65 and older who lose Medicaid coverage have access to a 6-month <a href="#">Special Enrollment Period to sign up for Medicare</a>, so it is important to act quickly to avoid late enrollment penalties. A <a href="#">Special Enrollment Period to sign up for Marketplace coverage</a> is also available for people who lose Medicaid and are not eligible for Medicare.</p> <p><b>Who:</b>  Individuals currently enrolled in Medicare Parts A or B (original Medicare), Part C (Medicare Advantage), and Part D (prescription drug coverage) should review their coverage to make sure they choose the most affordable options to meet their needs in 2024.</p> <p><b>When:</b>  October 15 to December 7, 2023.</p> <p><b>What:</b></p>

	<p>Medicare enrollees can change Medicare Advantage and Part D Prescription Drug Plans, or switch between Medicare Advantage and original Medicare. Any changes to coverage take effect January 1, 2024.</p> <p><b>How:</b> Encourage your clients to make an appointment with a State Health Insurance Program (SHIP) counselor (<a href="http://www.shiphelp.org">www.shiphelp.org</a>) for free assistance. Coverage changes can be made at Medicare.gov or 1-800-MEDICARE.</p> <p><i>Note: The Centers for Medicare and Medicaid (CMS) offers an online tool called the “Medicare Plan Finder” (<a href="http://www.medicare.gov/plan-compare">www.medicare.gov/plan-compare</a>) for comparing Medicare Advantage and Part D Prescription Drug Plan options. SHIP counselors have been trained on plans in the local area as well as changes to the plan finder tool. They are aware of issues with how information is presented that may be confusing and are in the best position to ensure enrollees are making informed choices.</i></p>
<p>Medicaid</p>	<p><b>16. State House News</b> October 20, 2023 <a href="#"><u>MassHealth Expecting 'Pretty Steep Uptick' in Disenrollments This Fall</u></a> About 76,000 people have been removed from the MassHealth rolls since March, and officials continue to forecast the biggest impacts are around the corner as a massive reevaluation of eligibility ramps up this fall. MassHealth published the latest monthly summary of its year-long redetermination effort Friday, showing that another 48,000 people lost MassHealth coverage in September. That was offset by about 18,000 new enrollees and 6,300 people who rejoined the publicly funded health insurance program after previously losing coverage. September saw fewer disenrollments than in either of the previous two months -- and less than the average monthly amount before the COVID-19 pandemic -- but officials said they view the change as "normal fluctuation." . . . Massachusetts is now six months into a year-long campaign to reassess eligibility for all 2.4 million people who were on the MassHealth rolls at the outset. The Healey administration originally projected the effort would decrease enrollment by a net 300,000 to 400,000 members, saving \$1.9 billion in fiscal year 2024 state funds that could be spent elsewhere. Officials said Friday those estimates have not changed. . . . In Massachusetts, disenrollments so far are about evenly split between people found no longer eligible and members who were kicked off because they failed to provide the state with enough information.</p> <p><b>17. The Pilot</b> October 20, 2023 <a href="#"><u>Does \$2000 matter more than \$2 million? Yes, if a nursing home is in your future</u></a> By Philip Arcidiacono, Esq. All of us received great news this month: The Commonwealth of Massachusetts doubled the amount we can leave to our families without paying an estate tax. For decades, anyone who left less than \$1 million could give away everything tax-free in his or her will. Now, if you leave less than \$2 million there is no estate tax due. If you leave at least \$2 million, the state will impose a tax, but everything below that amount goes tax-free to your spouse and children. . . . Let's turn from estate planning to elder law, where the focus is on protecting you while you're alive, instead of what you'll leave after you die. Most people seek an elder law attorney when they realize how quickly a nursing home bill</p>

	<p>can deplete their life savings: \$150,000.00 a year is standard. Most people will turn to MassHealth, our conduit for Medicaid funds, to pay for the nursing home.</p> <p>MassHealth pays for 70 percent of the nursing home bills in our state. But before MassHealth agrees to pay your nursing home bill, it wants to know you're impoverished because Medicaid is a program to help poor people. MassHealth won't pay a nickel of your nursing home bill unless you can prove that you own nothing more than \$2000.00.</p>
<p>Veteran Services</p>	<p><b>18. RAND Corporation</b> 2023 <a href="#"><i>Home and Community-Based Services Veterans' Issues in Focus</i></a> by Jordan M. Harrison</p> <p>As the U.S. veteran population ages, long-term care will make up an increasingly large share of VA health care expenditures. Home and community-based services allow veterans to "age in place" while receiving the care and support they need. These services also provide significant cost savings over institutional care facilities, such as nursing homes. As these types of programs expand, it will be important to ensure that they meet the needs of veterans and their caregivers and that they are available to all veterans who would benefit from them.</p> <p>Most older adults prefer to "age in place" rather than enter a nursing home for long-term care. As the U.S. population ages, demand is increasing for home and community-based services (HCBS) that allow older adults and people with chronic illnesses or disabilities to live independently. Examples include home health aide services, adult day programs, and assisted living. These services can enable people who require assistance with activities of daily living to remain in their homes and communities. To honor aging and disabled veterans' preferences to receive long-term care in the least restrictive setting possible, the U.S. Department of Veterans Affairs (VA) will need to improve access to these services and how they are delivered.</p> <p>Sections:</p> <ul style="list-style-type: none"> <li>• The Home and Community-Based Services Landscape: Regardless of Veteran Status, Many Older Adults Lack Access</li> <li>• Pressing Issues <ul style="list-style-type: none"> <li>○ As the veteran population ages, VA will face challenges meeting demand for home and community-based services.</li> <li>○ Recent legislative action has highlighted opportunities to improve VA care access and delivery. <ul style="list-style-type: none"> <li>▪ Expand support for veteran caregivers.</li> <li>▪ Provide flexibility for veterans to self-direct their care.</li> <li>▪ Invest in long-term care workforce recruitment and retention.</li> <li>▪ Explore options for VA to provide assisted living services.</li> </ul> </li> </ul> </li> <li>• Directions for Future Research <ul style="list-style-type: none"> <li>○ Determine what types of home and community-based services can meet the needs of veterans with dementia.</li> <li>○ Evaluate models of community-based long-term care delivery that address both medical and social needs.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Assess person-centered outcomes for veterans who receive HCBS.</li> <li>○ Examine intersectional demographic data on veterans who would benefit from home and community-based services to identify gaps in access.</li> <li>• Additional Resources <ul style="list-style-type: none"> <li>○ The <a href="#">Program of General Caregiver Support Services</a> provides skills training, peer support, respite care, and referrals to mental health counseling.</li> <li>○ The <a href="#">Program of Comprehensive Assistance for Family Caregivers</a> provides caregivers with a monthly stipend, access to health insurance, and a travel stipend.</li> </ul> </li> </ul>
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Disability Topics	<p><b>19. *Boston Globe</b>  October 22, 2023 (updated)  <a href="#">Wheelchair repairs can drag out for months. In Mass., people with disabilities seek a solution.</a>  By Jason Laughlin  For the nation’s roughly 5.5 million wheelchair users, repairs that take weeks, months even, are the norm. In some cases, people can be trapped at home, a helpless feeling Pineda-Lopez compared to drowning. Wheelchair users and advocates agree there’s no single reason why repairs take so long. Getting insurers to authorize repairs can take weeks, and fixing a chair may require multiple in-person visits that can be time-consuming and difficult to schedule. Nationwide, though, advocates and wheelchair owners are increasingly viewing the <a href="#">\$59.7 billion</a> durable medical equipment industry as a major cause of the problem. Companies’ repair teams are understaffed, overworked, and aren’t maintaining a readily available supply of parts, experts said.  More than a <a href="#">dozen states</a> have taken steps to reform the repair process. California <a href="#">passed legislation</a> that eliminated the need for insurance authorization for some repairs to power chairs, though the governor <a href="#">vetoed it</a> this month. Other states have provided better access to loaner chairs, mandated <a href="#">longer warranties</a>, or expanded the pool of businesses <a href="#">eligible to repair</a> wheelchairs. Now, wheelchair users are looking to the Massachusetts Legislature to impose similar protections. . .  In Massachusetts, about 10 percent of the population have disabilities that impede mobility, according to the <a href="#">Centers for Disease Control and Prevention</a>, though disability advocates say they aren’t sure how many are wheelchair users.  . . .  Wheelchair users constantly live with the possibility of a serious failure. About <a href="#">56 percent of users reported needing at least one repair on their chairs</a> within a six-month period, a 2021 University of Pittsburgh survey found.</p> <p><b>20. Mathematica</b>  October 9, 2023  <a href="#">Advance Equitable Evaluation by Centering the Lived Experiences of People with Disabilities in Research</a>  By Denise Hoffman, Kimberly Aguillard, Brianna Elgart, and Amaka Osuoha  Because of the disability community’s persistence in advocating for inclusion, policymakers and researchers increasingly recognize that collaborating with</p>
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	<p>people who have lived experience of disability is crucial to better designed programs and policies. Excluding people with disabilities from research and decision-making related to programs and policies that serve them further marginalizes that community and often leads to incomplete or inadequate solutions to social problems.</p> <p>As we commemorate this year’s National Disability Employment Awareness Month, we have reflected on how infusing the perspectives of people with lived experience of disability has enhanced our understanding and improved the quality of Mathematica research, leading to more effective policies and interventions that help people with disabilities meet their employment goals. Many of our federal partners also recognize the value of participatory research practices and discussed some of their insights in a <a href="#">webinar</a> in July 2023.</p>
From Around the Country	<p><b>21. The Trentonian</b>  October 22, 2023  <a href="#">New Jersey’s Nursing Homes Are a Scandal. Politics is Getting in the Way of Change.</a>  By Michel Hurtado</p> <p>As we exit the COVID-19 pandemic that wrought havoc on the Garden State’s nursing homes, we need to have an honest conversation about what goes on in these places and what can be done about them. It’s never easy to place a loved one in a nursing home. People are naturally hesitant to resort to this option due to the many horror stories associated with these facilities. New Jersey is no exception, indeed, it is a perfect example why.</p> <p>A February 2022 report from the State Comptroller (OSC) found that 15 nursing homes in New Jersey’s Medicaid program performed poorly with no consequences. A March report from this year reveals little has changed. The following was documented:</p> <ul style="list-style-type: none"> <li>• Seven of the twelve lowest-rated nursing homes identified in this report were also identified in OSC’s original report, issued over a year ago.</li> <li>• Only one of the twelve nursing homes identified in this report has shown any signs of recent improvement.</li> <li>• Using OSC’s methodology, three facilities showed no improvement at all over the review period.</li> <li>• Several of the facilities on OSC’s list have provided sub-standard care for nearly a decade.</li> <li>• In the past three years, three of the four “graduates” of the SFF Program, a program designed to improve nursing home quality, have reverted to one-star ratings.</li> <li>• Twenty administrators of one of the lowest-rated facilities own multiple nursing homes in New Jersey, with four owning or operating multiple facilities on OSC’s lowest-rated list.</li> </ul> <p>The twelve facilities named in the March 2023 report received a combined total of \$577,526,015 in Medicaid funds. Taxpayers are not getting the bang for their many bucks. OSC has said that both the NJ Department of Health and the NJ Department of Human Services have largely ignored their recommendations to improve the quality of these facilities. All twelve have consistently received the lowest possible rating from the US Centers for Medicare and Medicaid Services. Residents of long-term care facilities often suffer from age-related mental illnesses that can lead to altercations with other residents and staff. There is currently a bill in the General Assembly that has been stuck in the Assembly</p>

	<p>Health Committee since June of last year. Assembly Bill 4276 would require nursing homes to provide more rigorous and detailed training to staff in behavioral health issues. This bill was introduced in the last legislative session and died in committee.</p> <p>Other bills that would help tackle the problems plaguing Garden State nursing homes have also seen little-to-no traction. Also stuck in committee since February 2022 is a bill that would require biennial inspections of nursing homes and assisted living facilities. Another bill would establish a “Long-Term Care Facility Infectious Disease Preparedness and Home Health Care Study Commission.” The bill currently has six co-sponsors from both parties. It is currently stuck in the Homeland Security and State Preparedness Committee. A Senate bill introduced would establish testing and visitation requirements and employment restrictions for long-term care facilities in response to outbreaks of infectious disease. One might think this bill would have been on the governor’s desk by the end of 2020. It’s been in committee since January 2022. Every single one of these bills had been introduced in the last legislative session. We’re at the end of this session and these bills seemed to be heading nowhere.</p> <p>Taxpayers cannot afford to foot the bill for sub-standard and outright cruel treatment of some of our most vulnerable people. Thousands of Garden State families have to worry every day whether or not their loved one is safe in the nursing home they are in. It’s time for the legislature to get on top of this issue now.</p> <p><i>Michel F. Hurtado is a student at Kean University where he currently majors in public administration with a minor in political science. He is a candidate for the General Assembly from the 15th district.</i></p>
International	<p><b>22. *New York Times</b>  October 21, 2023  <a href="#">For the Most Vulnerable Hostages, a Plea for Mercy</a>  By Jeffrey Gettleman and Adam Sella   Hamas released two American hostages on Friday, but concern is rising about the hundreds still held in Gaza, especially the injured and ill.  Rut Hodaya Perez is in no shape to be held as a hostage in the Gaza Strip.  A 17-year-old Israeli girl who has myotonic dystrophy, Rut cannot walk and uses a wheelchair. But that didn’t stop Hamas gunmen from snatching her on Oct. 7. .  While fears are growing for the safety of all of the hostages, held in conditions that would test even the strongest, the worries are especially intense for the most physically vulnerable like Rut. . .  Israeli officials said that Hamas had taken at least 20 children, including toddlers; more than a dozen people in their 60s, 70s and 80s; and people who suffer from Parkinson’s disease, heart problems, diabetes, and cancer.</p>
From Our Advocacy Colleagues Around the Country	<p><b>23. Tallgrass Economics</b>  October 20, 2023  <a href="#">The Nursing Home Industry-Brown University Collaboration: Science or a Sign of Growing Corporate Abuse of Power?</a>  By David Kingsley  Growing problems resulting from big data and A.I. call for pushback by concerned scientists and citizens in general. Computing power and speed, massive collections of data, and technologically sophisticated data analytics will increasingly play a major role in the fairness, quality, and control of the U.S. healthcare system. Control over these processes by industrial interests through</p>

	<p>manipulation of government agencies, universities, and political actors will result in inefficient, costly, corrupt, and inequitable healthcare.</p> <p>An insidious collaboration between the American Health Care Association (AHCA) and the Brown University Center for Gerontology &amp; Healthcare Research (BU CGHR) serves as an example of how a university and industry can team up to thwart efforts by advocates to improve the quality of nursing home care. . .</p> <p>When an industry can leverage the cachet of a venerable academic institution and produce dubious statistical models and write articles favorable to entities with a financial interest in the outcome of research, human rights and adequate healthcare will inevitably become secondary to cash flow. Money takes precedence over healthcare, suffering is increased, and lives are shortened. Advocates and scholars must speak out about the Brown University collaboration with AHCE and other such industry-university relationships. The role of government, think tanks, and philanthropic foundations in these relationships should not be overlooked either. We cannot be passive. The problem of data control and manipulation by industrial interests will only deepen and become more serious and destructive as A.I. becomes available.</p> <p><b>24. Consumer Voice</b>  October 17, 2023  <a href="#">October 2023 e-newsletter</a>  <b>In this Issue:</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Webinar This Thursday on Submitting Comments on CMS's Proposed Nursing Home Staffing Standard</a></li> <li>2. <a href="#">New Resource from Justice in Aging and NAELA on Federal Medicaid Law and Assisted Living</a></li> <li>3. <a href="#">Long-Term Care Equality Index Advisory Committee Accepting Applications for New Members</a></li> </ol>
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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
Websites	<p><b>OutstandingLife</b>  <a href="https://outstandinglife.org/">https://outstandinglife.org/</a></p> <p>OutstandingLife's mission is to improve the quality of life of LGBTQ+ older adults by creating opportunities for connectedness through free online programming.</p>
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a>. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a>.</p>
Websites of Dignity Alliance Massachusetts Members	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a></p>
Nursing Home Closures	<p><b>Massachusetts Department of Public Health</b>  <i>South Dennis Health Care</i>  Target closure date January 30, 2024  Public Hearing Information</p>

	<p>Wednesday, November 1st, 2023, 6:00 p.m.  Dial in Phone #: 888-913-9966  Participant Code: 1537749  <a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a></p>
Nursing homes with admission freezes	<p><b>Massachusetts Department of Public Health</b>  <i>Temporary admissions freeze</i>  There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health Determination of Need Projects	<p><b>Massachusetts Department of Public Health</b>  <b><i>Determination of Need Projects: Long Term Care 2023</i></b>  <a href="#">Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</a>  <a href="#">Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</a>  <b>2022</b>  <a href="#">Ascentria Care Alliance – Laurel Ridge</a>  <a href="#">Ascentria Care Alliance – Lutheran Housing</a>  <a href="#">Ascentria Care Alliance – Quaboag</a>  <a href="#">Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</a>  <a href="#">Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</a>  <a href="#">Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</a>  <a href="#">Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</a>  <a href="#">Next Step Healthcare LLC-Conservation Long Term Care Project</a>  <a href="#">Royal Falmouth – Conservation Long Term Care</a>  <a href="#">Royal Norwell – Long Term Care Conservation</a>  <a href="#">Wellman Healthcare Group, Inc</a>  <b>2020</b>  <a href="#">Advocate Healthcare, LLC Amendment</a>  <a href="#">Campion Health &amp; Wellness, Inc. – LTC - Substantial Change in Service</a>  <a href="#">Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</a> <a href="#">Notre Dame Health Care Center, Inc. – LTC Conservation</a>  <b>2020</b>  <a href="#">Advocate Healthcare of East Boston, LLC.</a>  <a href="#">Belmont Manor Nursing Home, Inc.</a></p>
List of Special Focus Facilities	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a>  Updated March 29, 2023  CMS has published a new list of <a href="#">Special Focus Facilities</a> (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.  To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p>

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>

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

- Charwell House Health and Rehabilitation, Norwood (15)  
<https://tinyurl.com/Charwell>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225208>
- Glen Ridge Nursing Care Center (1)

	<p><a href="https://www.geneshcc.com/glenridge">https://www.geneshcc.com/glenridge</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225523">https://projects.propublica.org/nursing-homes/homes/h-225523</a></p> <ul style="list-style-type: none"> <li>• Hathaway Manor Extended Care (1) <a href="https://hathawaymanor.org/">https://hathawaymanor.org/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225366">https://projects.propublica.org/nursing-homes/homes/h-225366</a></li> <li>• Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) <a href="https://www.medwaymanor.com/">https://www.medwaymanor.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225412">https://projects.propublica.org/nursing-homes/homes/h-225412</a></li> <li>• Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225318">https://projects.propublica.org/nursing-homes/homes/h-225318</a></li> <li>• Plymouth Rehabilitation and Health Care Center (10) <a href="https://plymouthrehab.com/">https://plymouthrehab.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225207">https://projects.propublica.org/nursing-homes/homes/h-225207</a></li> <li>• Tremont Health Care Center, Wareham (10) <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225488">https://projects.propublica.org/nursing-homes/homes/h-225488</a></li> <li>• Vantage at Wilbraham (5) No website Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225295">https://projects.propublica.org/nursing-homes/homes/h-225295</a></li> <li>• Vantage at South Hadley (12) No website Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225757">https://projects.propublica.org/nursing-homes/homes/h-225757</a></li> </ul> <p><a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></p>								
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b> <b><i>Nursing Home Inspect</i></b> 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: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a> <b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td><a href="#">250</a></td> <td><a href="#">B</a></td> </tr> <tr> <td><a href="#">82</a></td> <td><a href="#">C</a></td> </tr> <tr> <td><a href="#">7,056</a></td> <td><a href="#">D</a></td> </tr> </tbody> </table>	# reported	Deficiency Tag	<a href="#">250</a>	<a href="#">B</a>	<a href="#">82</a>	<a href="#">C</a>	<a href="#">7,056</a>	<a href="#">D</a>
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	<p><a href="#">1,850</a> <a href="#">E</a></p> <p><a href="#">546</a> <a href="#">F</a></p> <p><a href="#">487</a> <a href="#">G</a></p> <p><a href="#">31</a> <a href="#">H</a></p> <p><a href="#">1</a> <a href="#">I</a></p> <p><a href="#">40</a> <a href="#">J</a></p> <p><a href="#">7</a> <a href="#">K</a></p> <p><a href="#">2</a> <a href="#">L</a></p>
Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b></p> <p><i>Nursing Home Compare Website</i></p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p><a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>
Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b></p> <p><i>Data on Ownership of Nursing Homes</i></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>
Long-Term Care Facilities Specific COVID-19 Data	<p><b>Massachusetts Department of Public Health</b></p> <p><i>Long-Term Care Facilities Specific COVID-19 Data</i></p> <p><i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>



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

*The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.*

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

*For more information about Dignity Alliance Massachusetts, please visit [www.DignityAllianceMA.org](http://www.DignityAllianceMA.org).*