



The Dignity Digest

Issue # 162

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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

[Fire through Dry Grass](#)

October 30, 2023 (premiere)

[90-minute documentary aired on PBS]

Wearing snapback caps and Air Jordans, the Reality Poets aren't typical nursing home residents. In *Fire Through Dry Grass*, these young, Black and brown disabled artists document their lives on lockdown during Covid, their rhymes underscoring the danger and imprisonment they feel. In the face of institutional neglect, they refuse to be abused, confined, and erased. *Co-produced with ITVS.*

Fire Through Dry Grass uncovers the devastation experienced by residents in one New York City nursing home during the coronavirus pandemic. Co-director Andres "Jay" Molina takes viewers inside the facility with his fellow "Reality Poets," a group of mostly gun violence survivors who live at Coler, the Roosevelt Island home to a community of physically and/or cognitively impaired New Yorkers.

Wearing snapback caps and Jordans, Jay and the other poets don't look like typical nursing home residents. They used to travel around the city sharing their art and hard-earned wisdom with youth. Now, using GoPros clamped to their wheelchairs, they document their harrowing experiences locked inside Coler: patients that tested positive for COVID-19 are moved into their bedrooms; nurses fashion PPE out of garbage bags; refrigerated-trailer morgues hum outside residents' windows. All the while public officials deny the suffering and dying behind Coler's brick walls.

The Reality Poets' rhymes flow throughout the film, underscoring their feelings that their home is now as dangerous as the streets they once ran and—as summer turns to fall turns to winter—that they're prisoners without a release date. But instead of history repeating itself on this tiny island with a dark history of institutional neglect and abandonment, *Fire Through Dry Grass* shows these disabled Black and Brown artists refusing to be abused, confined, erased.

Quotes

"Health care is not just about numbers and statistics -- it's about real, every day experiences of the people we serve. It's about ensuring that individuals and families, regardless of their background, have access to the health care and insurance they need."

Martine Chanel, field director for Health Care For All's Boston MassHealth redetermination canvassing team, [Canvassers Reaching Thousands Amid Health Insurance Churn](#), **State House News**, November 6, 2023

“We don’t want to see this become a situation where people with severe mental illness are segregated to just this facility.”

Kaili Kuiper, Vermont’s long-term care ombudsman, [Bennington nursing home to be sold to company promising specialized care](#), **vtDigger**, November 10, 2023

“[C]reating more institutions in Vermont are not something we should be proud of nor holding out as our first priority.”

Lindsey Owen, the executive director of Disability Rights Vermont, [Bennington nursing home to be sold to company promising specialized care](#), **vtDigger**, November 10, 2023

“We should be both providing affordable housing and keeping whatever stock we already have – in fact, we should be growing it. But we also need to keep – I’m assuming in their case – care at our hospitals. Because we can’t have hospitals closing down, either.”

Kim Fitzgerald, CEO of Cathedral Square, an affordable housing provider for older residents in northwest Vermont, [Competing needs: Copley Hospital seeks to convert senior apartments to worker housing](#), **vtDigger**, November 10, 2023

I realize today that if I gave any gift at all to medicine, it was not in cures for patients. I was no super doc miracle worker. No, my gift was in facing the end of life, facing reality, which meant using the words death, die and dying, and doing what I could do — comfort, relieve pain and be present at the end.

Dr. Michael S. Smith, Eugene, Ore., [Tough Decisions About Dementia and End-of-Life Care](#) (**New York Times (free access)**), November 11, 2023)

[S]tiff sanctions should be imposed more, so that there’s a “meaningful ladder of sufficient penalties to ensure that facilities are properly motivated to take steps to ensure resident safety. To pussyfoot around resident neglect or

abuse is essentially encouraging. It's allowing it to happen."

Richard Mollot, executive director of the Long Term Care Community Coalition, [Maine Rarely Sanctions Residential Care Facilities Even After Severe Abuse or Neglect Incidents](#), **ProPublica**, November 12, 2023

"The goal of offering Comprehensive Care at Home is to offer a convenient alternative for patients who can safely receive care at home. In addition, this care option frees up hospital capacity for those patients who truly need inpatient care. Care that can be done at home includes labs, diagnostic imaging, supplemental oxygen, wound care, respiratory treatments, IV diuretics, antibiotics, and fluids. Being able to offer all these services in the patient's home is truly a win-win.

Ahmed Abuabdou, M.D., UAMS Health Chief Clinical Officer, [UAMS Comprehensive Care at Home Provides 'Pleasant Hospitalization' for Veteran](#), **UAMS News**, November 11, 2023

"I could not live without them. The whole reason I'm staying in Massachusetts is because we have this team."

Jennifer DerBogosian, mother of Julian DerBogosian, age 20, who has cerebral palsy and is nonverbal, unable to walk, and has hips so stiff it's impossible for him to sit, commenting about the Assistive Technology Center team in Danvers, MA, [Meet the Massachusetts 'MacGyvers' customizing equipment for people with disabilities](#), ***Boston Globe**, November 11, 2023

To advance equity in aging, laws and policies must address not only the structural ageism embedded in our systems, but also the other types of discrimination that intersect with age and compound harmful inequities.

[Fulfilling the Promise of Equity for Older Adults: Opportunities in Law and Policy](#), **Justice in Aging**, October 2023

Massachusetts ranks highly among states on measures of health care quality. The Commonwealth Fund Scorecard ranked Massachusetts as the top state in the nation in a number of metrics including healthy lives and prevention and treatment. However, it ranked Massachusetts 44th (i.e., 7th worst) on the measure of "avoidable use and cost"

— a particularly striking finding in the context of Massachusetts having the third-highest health care spending among states in the U.S. as of 2020, at 31 percent above the U.S. average.

[2023 Annual Health Care Cost Trends Report and Policy Recommendations](#), Massachusetts Health Policy Commission, September 2023

Through its investigation, the [U. S. Department of Justice] concluded that it had reasonable cause to believe Alameda County [California] violated the ADA by unnecessarily institutionalizing people with mental health disabilities who could otherwise avoid institutionalization – as well as incarceration – with access to appropriate community-based services. The settlement agreement will help ensure that individuals with mental health disabilities have access to needed community-based services and supports.

[Justice Department Reaches Agreement with Alameda County, CA to Improve Mental Health Services](#), U. S. Department of Justice, November 7, 2023

In Massachusetts, you can hire any friend or relative to be your personal care attendant except your spouse — who knows you best.

[Spouses ought to be paid for care](#), Daily Hampshire Gazette, November 6, 2023

Getting older is almost like changing species, from cute middle-aged, white-tailed deer, to yak. We are both grass eaters, but that’s about the only similarity.

Anne Lamott, an American novelist and nonfiction writer, [It’s good to remember: We are all on borrowed time](#), *Washington Post, October 30, 2023

People with disabilities had a 20 percent likelihood of having difficulties voting in-person, compared to 6 percent for people without a disability. With a mail-in ballot, the likelihood of difficulties voting for people with disabilities was 6 percent, compared with 1 percent of people without disabilities.

[‘There is still work to be done’: Voters with disabilities face unaddressed barriers to the ballot](#), **The 19th**, November 9, 2023

“It sounds cheesy, I know, but voting is so crucial — especially for people with disabilities — if we want to see change, because of the power our vote has. But while conversations and policy need to include us, at the same time I understand voter apathy because every day it feels like we don’t matter.”

Ola Ojewumi, founder of global education nonprofit organization Project Ascend, [‘There is still work to be done’: Voters with disabilities face unaddressed barriers to the ballot](#), **The 19th**, November 9, 2023

“Voting is important, but also is living and surviving. Most disabled people in this country struggle to do that. Disabled people are tired of just being brought up during elections because of what our numbers could do. Or as a gimmick. When we think about voting, when we think about who has access to vote, we don’t think about disabled people. As members of society, let alone members of a constituency.”

Imani Barbarin, a disability advocate and communications professional whose work includes hosting Vote for Access, a five-part YouTube series examining the problems with voting for people with disabilities, [‘There is still work to be done’: Voters with disabilities face unaddressed barriers to the ballot](#), **The 19th**, November 9, 2023

“[Nursing home quality] is not an issue that people want to address. We need to begin to talk about these issues. We’re all going to get old, and we’re all going to die. And that’s the reality. We’re going to go into this cohort in a much larger group than our parents, so we need to get young people involved in wanting to care. Who wants to be in a nursing home? Is it fair? People live long, productive lives. Can’t we find a way to keep them in the community?”

Angela Mattie, a professor in both Quinnipiac University’s Schools of Business and Medicine, [Americans give nursing homes a D+ grade for quality of care, new poll shows](#), **The 19th**, September 12, 2023

“Most people want to be home, right? They want to be in their community if that’s a possibility. As we think about

	<p><i>longer term care, we should break down the siloes of how we think about things. Deployment of dollars within the state and federal government should be put towards interventions that can lower the need for nursing homes in the first place.”</i></p> <p>Tim Lash, the president of West Health, a nonprofit medical research organization, Americans give nursing homes a D+ grade for quality of care, new poll shows , The 19th, September 12, 2023</p> <p><i>Despite making up more than half of the population, women have been understudied and underrepresented in health research for far too long. Research on women’s health is drastically underfunded, leading to significant research gaps, with serious consequences for the health of women across the country. This lack of investment limits our understanding of conditions that are specific to women, predominantly affect women, or affect women differently. In order to give women and their health care providers the tools and information that they need to more effectively prevent, diagnose, and treat these conditions – from rheumatoid arthritis to menopause to Alzheimer’s disease to cardiovascular disease to endometriosis – our nation must fundamentally change how we approach and fund women’s health research.</i></p> <p>President Joe Biden to Announce First-Ever White House Initiative on Women’s Health Research, An Effort Led by First Lady Jill Biden and the White House Gender Policy Council, The White House, November 13, 2023)Senate Will Press for Prescription Drug Cost Relief (State House News, November 9, 2023</p>
Request for Information	<p>The National Consumer Law Center (NCLC) and Justice in Aging NCLC and Justice in Aging Seeking Information on Nursing Home Debt Collection Practices</p> <p>The National Consumer Law Center (NCLC) and Justice in Aging are conducting a survey to obtain more information about nursing home collection practices in an effort to stop illegal or abusive conduct. Federal law prohibits nursing homes from requiring third-party guarantors in admission agreements. Despite this prohibition, nursing homes often bring collection lawsuits against third parties, such as family members or friends, when a resident owes a debt</p>

	<p>If you are an attorney or aging services advocate and have seen nursing homes attempt to collect debt from residents, their families, or friends, fill out NCLC and Justice in Aging's survey regarding nursing home debt collection. The deadline for completing the survey is November 22nd.</p>
<p>Call for Comment on Proposed Rulemaking</p>	<p>Centers for Medicare and Medicaid Services Medicare Program: Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications</p> <p>A Proposed Rule by the Health and Human Services Department and the Centers for Medicare & Medicaid Services to be published on 11/15/2023. SUMMARY: This proposed rule would revise the Medicare Advantage (Part C), Medicare Prescription Drug Benefit (Part D), Medicare cost plan, and Programs of All-Inclusive Care for the Elderly (PACE) regulations to implement changes related to Star Ratings, marketing and communications, agent/broker compensation, health equity, dual eligible special needs plans (D-SNPs), utilization management, network adequacy, and other programmatic areas. This proposed rule also includes proposals to codify existing sub-regulatory guidance in the Part C and Part D programs. DATES: To be assured consideration, comments must be received at one of the addresses listed in the notice no later than 5 p.m. on January 5, 2024.</p>
<p>Opportunity for Funding</p>	<p>Office for Victims of Crimes 2024 National Crime Victims' Rights Week Community Awareness Projects Funding Opportunity</p> <p>National Crime Victims' Rights Week (NCVRW) is a time to honor crime victims and survivors, recognize the work of the crime victims field, and raise public awareness about victims' rights and services. To support your organization's awareness efforts during NCVRW on April 21–27, 2024, apply for NCVRW Community Awareness Projects funding. Successful applicants will be reimbursed up to \$5,000 in costs associated with public awareness campaign activities during NCVRW, including—</p> <ul style="list-style-type: none"> • public events, such as candlelight vigils, resource fairs, and 5k walks or runs; • mass media advertising; and • the production, publication, and distribution of printed awareness materials. <p>Watch a recording of a pre-application webinar that was held October 24, 2023, to provide information about application requirements. You may also view the webinar presentation. Apply by Friday, November 17, 2023, at 7:59 p.m., eastern time. Learn more and apply</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes Americans give nursing homes a D+ grade for quality of care, new poll shows (The 19th, September 12, 2023)</p> <p>Behavioral Health https://me2music.org/ (Me2/ ("me, too"))</p> <p>Housing Rent Control Supporters End Ballot Quest (State House News Service, November 11, 2023)</p>

[HUD announces \\$212 million funding opportunity to expand affordable housing options for people with disabilities](#) (U. S. Department of Housing and Urban Development, October 12, 2023)

Assisted Living

[Defending Evictions from Medicaid-Funded Assisted Living Facilities](#) (Justice in Aging, November 7, 2023)

Public Policy

[President Joe Biden to Announce First-Ever White House Initiative on Women’s Health Research, An Effort Led by First Lady Jill Biden and the White House Gender Policy Council](#) (The White House, November 13, 2023)

[Senate Will Press for Prescription Drug Cost Relief](#) (State House News, November 9, 2023)

[Healey Focuses on Inequities, Benchmarking in Health Care](#) (State House News, November 8, 2023)

[Spouses ought to be paid for care](#) (Daily Hampshire Gazette, November 6, 2023)

[Republicans divided over financial crisis in Medicare](#) (STAT News, October 8, 2023)

[2023 Annual Health Care Cost Trends Report and Policy Recommendations](#) (Massachusetts Health Policy Commission, September 2023)

Medicare

[A new Biden proposal would make changes to Advantage plans for Medicare: What to know](#) (*USA Today, November 7, 2023 (updated))

MassHealth Redetermination

[Canvassers Reaching Thousands Amid Health Insurance Churn](#), (State House News, November 6, 2023)

Health Topics

[UAMS Comprehensive Care at Home Provides ‘Pleasant Hospitalization’ for Veteran](#) (UAMS News, November 11, 2023)

Disability Topics

[The Fashion Empire Built on Stolen Ideas](#) (*The New Republic, November 12, 2023)

[Meet the Massachusetts ‘MacGyvers’ customizing equipment for people with disabilities](#) (*Boston Globe, November 11, 2023)

[‘There is still work to be done’: Voters with disabilities face unaddressed barriers to the ballot](#) (The 19th, November 9, 2023)

Aging Topics

[An Age & Dementia Friendlier Massachusetts](#) (AARP, November 13, 2023)

[Tai chi helps boost memory, study finds. One type seems most beneficial](#) (NPR Shots, November 6, 2023)

[It’s good to remember: We are all on borrowed time](#) (*Washington Post, October 30, 2023)

Ageism

[Fulfilling the Promise of Equity for Older Adults: Opportunities in Law and Policy](#) (Justice in Aging, October 2023)

End of Life

[Tough Decisions About Dementia and End-of-Life Care](#) (New York Times (free access), November 11, 2023)

Health Care Proxies / Advance Directives

[Dementia Directives, End of Life Washington](#)

	<p>https://dementia-directive.org/ Advance Directive for Dementia, Caregiving What happens when nurses are hired like Ubers (The 19th, October 5, 2023)</p> <p>Transportation CMS releases new Medicaid Transportation Coverage Guide (Administration on Community Living, September 28, 2023)</p> <p>From Out of State Maine Rarely Sanctions Residential Care Facilities Even After Severe Abuse or Neglect Incidents (ProPublica, November 12, 2023) Vermont May Be the Face of a Long-Term U.S. Labor Shortage (*New York Times, November 12, 2023) Bennington nursing home to be sold to company promising specialized care (vtdigger, November 10, 2023) Competing needs: Copley Hospital seeks to convert senior apartments to worker housing (vtdigger, November 10, 2023) Justice Department Reaches Agreement with Alameda County, CA to Improve Mental Health Services (U. S. Department of Justice, November 7, 2023)</p> <p>From Our Colleagues Around the Country November 7, 2023 Newsletter (The Consumer Voice, November 7, 2023)</p>
Annual Meeting	<p>1. Boston Center for Independent Living Tuesday, November 28, 2023, 6:00 p.m. NonProfit Center, 89 South Street, Boston 2023 BCIL Annual Meeting BCIL is returning to an in-person annual meeting, with a virtual option. More details will be forthcoming. www.BostonCIL.org</p>
Webinars and Other Online Sessions	<p>2. National Center on Elder Abuse (NCEA) at the Keck School of Medicine of USC, the Los Angeles Caregiver Resource Center (LACRC) at the Leonard Davis School of Gerontology of USC Wednesday, November 15, 2023, 1:00 to 2:15 p.m. Caregiving Chronicles: Lived Experiences and Life Edits Join the National Center on Elder Abuse (NCEA) at the Keck School of Medicine of USC, the Los Angeles Caregiver Resource Center (LACRC) at the Leonard Davis School of Gerontology of USC with an esteemed panel of journalists, caregivers, and practitioners for a panel discussion to celebrate National Family Caregivers Month. Gain insights from acclaimed journalists and caregivers who are amplifying the voices and experiences of caregivers, discover how practitioners can better integrate culturally sensitive and responsive approaches to support caregivers, and learn how to recognize signs of elder mistreatment and ways to embrace the opportunities and challenges in caregiving relationships. A Q&A session will follow the panel discussion. Zoom closed captioning will be available during the webinar. For questions or additional accommodation requests, please email ncea-info@aoa.hhs.gov. REGISTER HERE</p> <p>3. Partnership to Align Social Care Wednesday, November 15, 2023, 4:00-5:00 p.m. <i>"The Medicare Physician Fee Schedule Includes Codes to Address HRSNs...What Happens Next?"</i></p>

During the webinar, the Partnership and presenters will:

- Detail the Physician Fee Schedule (PFS) final rule sections that are pertinent to Medicare providers and community-based organizations (CBOs) screening for and addressing health-related social needs (HRSNs).
- Review the implementation requirements for community health integration (CHI) and principal illness navigation (PIN) services.
- Outline new learning opportunities available for organizations, hospitals, and providers interested in implementing new models of care.

Speakers Include:

- **Douglas Jacobs, MD, MPH**, Chief Transformation Officer, Center for Medicare, Centers for Medicare & Medicaid Services (CMS)
- **Kelly Cronin**, Deputy Administrator, Center for Innovation and Partnership (CIP), ACL
- **Timothy P. McNeill, RN, MPH**, CEO, Freedmen’s Health; Consulting Co-Chair, Partnership to Align Social Care

All registrants will receive a copy of the webinar materials and recording. If you are unable to attend live, you can register to watch the presentation later on-demand.

Additional Background About the CY 2024 Medicare PFS Final Rule

The CY 2024 Physician Fee Schedule final rule was published on November 2, 2023, and includes significant changes to the Medicare benefit structure. Most notably, there are new services to address HRSNs, including CHI, social determinants of health (SDOH) risk assessment, and PIN services.

There are also provisions to support Medicare providers contracting with community care hubs (CCHs) and CBOs to address HRSNs for priority populations. These Medicare codes are the first specifically designed to describe services involving community health workers, care navigators, and peer support specialists, and that allow these services to be provided by personnel employed by CCHs/CBOs under the general supervision of the billing practitioner.

For more background, read the [pre-publication version of the final rule](#).

[Register for the webinar](#)

4. Harvard Joint Center for Housing Studies

Friday, November 17, 2023, 2:00 to 6:00 p.m.

The State of Housing Design 2023

How are architects of new single- and multi-family housing responding to issues such as the warming climate, the affordability crisis, increasing regulations and construction costs, and the demand for new unit types that better reflect today's demographic realities? These questions will be the focus of the release event for The State of Housing Design 2023, featuring panels with the book's editors, authors, practitioners, journalists, academics, and others.

[Register to attend in person](#) at 48 Quincy St, Cambridge, or watch online without registration

5. Consumer Voice

Tuesday, November 28, 2023, 2:00 to 3:00 p.m.

[Resources for Supporting Residents with Mental and/or Behavioral Health Needs](#)

In recent years, changes in public policy and in living options have resulted in more residents with mental and/or behavioral health needs living in long-term care facilities. Long-term care facilities often lack the training and access to the support necessary to provide individualized care for residents with these needs. Join us to hear about a new free resource for nursing facilities, the Center of

	<p>Excellence for Behavioral Health in Nursing Facilities (COE-NF). The COE-NF was established in September 2022 by the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the Centers for Medicare and Medicaid Services (CMS). COE-NF leadership will share what they do, who they help, program goals, and how to connect the nursing facilities you visit with their resources.</p> <p>Register Now</p> <p>6. Harvard Joint Center for Housing Studies Thursday, November 30, 2023, 4:00 p.m. <i>Housing America's Older Adults 2023</i></p> <p>As the population of older adults swells, so too does demand for housing that is both affordable and able to accommodate their changing needs. Millions of older adults are cost burdened, and homelessness is on the rise. Looking forward, the urgent need for affordable housing will continue to grow, not only because of the increasing number of older adults, but because of widening inequality and the challenge of providing both housing and care for this surging population. Alarming, the people most likely to need care and supportive services as they age are those with low and moderate incomes. The need is only growing, as is the urgency to act.</p> <p>Hear about the release of the new <i>Housing America's Older Adults 2023</i> report, featuring a panel discussion with:</p> <ul style="list-style-type: none"> • Mark Miller, Reuters (Moderator) • Elizabeth Chen, Massachusetts Secretary of Elder Affairs • Robert Kramer, Co-founder and Strategic Advisor, National Investment Center for Seniors Housing & Care (NIC) • Jennifer Molinsky, Project Director, Housing an Aging Society Program, Harvard Joint Center for Housing Studies • Meghan Rose, General Counsel and Chief Government Affairs Officer, LeadingAge California <p>Register to watch the webinar</p> <p>7. Harvard Joint Center for Housing Studies Friday, December 1, 2023, 12:15 p.m. <i>Can Affordable Housing Policies Reduce Health Disparities? Lessons from Chapter 40B in Massachusetts</i></p> <p>Despite substantial government investment, health disparities persist across geographic and racial lines in the US. If these disparities are driven in part by neighborhood conditions, could housing policies that desegregate by race and income help reduce them? While a doctoral student at Harvard, Noémie Sportiche compared health outcomes for people who moved to affordable housing in more affluent, largely white communities created via Chapter 40B, a unique Massachusetts state law. In this talk, she will discuss her paper on the topic, which won the Center's Best Paper on Housing Prize last year.</p> <p>Register to attend.</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Nursing Homes	<p>8. The 19th September 12, 2023 Americans give nursing homes a D+ grade for quality of care, new poll shows By Mariel Padilla</p>

	<p>7 in 10 adults say they would be uncomfortable being admitted to a nursing home, and women cited personal safety as a major concern.</p> <p>If you are no longer able to care for yourself in the future, how comfortable would you be living in a nursing home? About 7 in 10 adults say they would be somewhat or very uncomfortable, and more women than men cited personal safety as a major concern, according to a recent poll from Gallup and West Health. Overall, Americans give nursing homes an average D+ grade for quality of care.</p> <p>Tim Lash, the president of West Health, a nonprofit medical research organization that conducted the survey alongside Gallup, said he was shocked by the findings.</p> <p>“We anticipated concerns around costs, but the concerns around quality and safety were particularly shocking,” Lash said. “At a system level people often say U.S. healthcare could be done better, but people tend to feel pretty good about individual instances with their doctor or hospital. To have so many say they were concerned about quality of care, and women citing safety concerns — that was a little frightening and much higher than we thought it was going to be.”</p> <p>The survey was conducted over the course of three weeks in July via a nationally representative sample of adults, including those who might not have any personal connection to nursing homes. It was released just after the Biden administration released the first-ever nursing home staffing requirements, the most significant change to regulations since they were first created 50 years ago. Still, the survey found that American adults are most concerned with the quality of care, cost, and potential emotional and mental toll of aging in nursing homes. About 1 in 3 women said they would be worried about their physical safety at a nursing home, while men were more likely to say they were worried about losing their independence. . .</p> <p>Lash said the COVID-19 pandemic negatively impacted the public’s perception of nursing homes, which were seen as “ground zero” in many ways. More than 186,000 nursing home residents and staff died in the first couple years, pushing the industry into a financial crisis. But polls like this are critical in understanding public concern and informing policy making moving forward, he added.</p>
Behavioral Health	<p>9. Me2/ (“me, too”) https://me2music.org/ Me2/ (“me, too”) is the world’s only classical music organization created for individuals with mental illnesses and the people who support them. Me2/ serves as a model organization where people with and without mental illnesses work together in an environment where acceptance is an expectation, patience is _____encouraged, and supporting each other is a priority.</p>
Housing	<p>10. State House News Service November 11, 2023 Rent Control Supporters End Ballot Quest By Chris Lisinski Voters will not be asked next year whether Massachusetts should revive local option rent control after organizers working on a 2024 ballot question suspended their campaign late Friday. After facing pushback from other housing justice and progressive groups, the effort to put the controversial idea on the ballot next year fell well short of collecting enough signatures to advance. . .</p>

	<p>The decision takes one of the most high-profile proposed ballot questions out of the mix for 2024, and it leaves the Legislature -- where top Democrats have shown virtually no interest in bringing back rent control -- as the only avenue left for supporters hoping to make a change.</p> <p>11. U. S. Department of Housing and Urban Development October 12, 2023 HUD announces \$212 million funding opportunity to expand affordable housing options for people with disabilities</p> <p>The Department of Housing and Urban Development (HUD) announced that \$212 million in funding is available to expand the supply of affordable housing and supportive services for people with disabilities.</p> <p>The funding is available to participants in the Section 811 Supportive Housing for Persons with Disabilities program, which helps develop, subsidize, and provide supportive services in rental housing that meet the needs of people with disabilities.</p> <p>People with disabilities, especially low-income people with disabilities, often have a hard time finding housing due to a shortage of accessible and affordable housing options.</p> <p>Find more resources on accessible, affordable housing from the Housing and Services Resource Center.</p>
Assisted Living	<p>12. Justice in Aging November 7, 2023 Defending Evictions from Medicaid-Funded Assisted Living Facilities</p> <p>A recently implemented federal regulation provides eviction protections for assisted living residents whose care in the facility is funded through Medicaid. A new Justice in Aging FAQ, Defending Evictions from Medicaid-Funded Assisted Living Facilities, explains the protections, how they have been implemented by states, and how advocates can use the regulations to protect residents from eviction.</p> <p>Get the FAQ</p>
Public Policy	<p>13. The White House November 13, 2023 President Joe Biden to Announce First-Ever White House Initiative on Women’s Health Research, An Effort Led by First Lady Jill Biden and the White House Gender Policy Council</p> <p>The new initiative will fundamentally change how we approach and fund women’s health research.</p> <p>Despite making up more than half of the population, women have been understudied and underrepresented in health research for far too long. Research on women’s health is drastically underfunded, leading to significant research gaps, with serious consequences for the health of women across the country. This lack of investment limits our understanding of conditions that are specific to women, predominantly affect women, or affect women differently. In order to give women and their health care providers the tools and information that they need to more effectively prevent, diagnose, and treat these conditions – from rheumatoid arthritis to menopause to Alzheimer’s disease to cardiovascular disease to endometriosis – our nation must fundamentally change how we approach and fund women’s health research.</p> <p>If we act swiftly, we can pioneer the next generation of discoveries in women’s health – improving the lives of millions of women. That’s why, today, President</p>

Biden is establishing a new White House Initiative on Women’s Health Research. This new effort will be led by First Lady Jill Biden, who has long championed women’s health, and the White House Gender Policy Council. The Initiative will be chaired by Dr. Carolyn Mazure, an esteemed leader in the field of women’s health research, who will coordinate the Initiative on behalf of the Office of the First Lady and the Gender Policy Council.

Statement from the President: “I have always believed in the power of research to save lives and to ensure that Americans get the high-quality health care they need. To achieve scientific breakthroughs and strengthen our ability to prevent, detect, and treat diseases, we have to be bold. That’s why today, we’re establishing a new White House Initiative on Women’s Health Research so that my Administration—from the National Institutes of Health to the Department of Defense—does everything we can to drive innovation in women’s health and close research gaps.”

Statement from the First Lady: “Every woman I know has a story about leaving her doctor’s office with more questions than answers. Not because our doctors are withholding information, but because there’s just not enough research yet on how to best manage and treat even common women’s health conditions. In 2023, that is unacceptable. Our new White House Initiative on Women’s Health Research will help change that by identifying bold solutions to uncover the answers that every woman and her family deserves. We also are calling on congressional leaders, the private sector, research institutions, and philanthropy to join us in taking urgent action to improve the health and lives of women throughout the nation.”

PRESIDENTIAL MEMORANDUM ESTABLISHING WHITE HOUSE INITIATIVE ON WOMEN’S HEALTH RESEARCH

The White House Initiative on Women’s Health Research will galvanize the Federal government as well as the private and philanthropic sectors to spur innovation, unleash transformative investment to close research gaps, and improve women’s health. As a first step, through today’s Presidential Memorandum, the President is directing his Administration to:

- **Establish an Initiative consisting of executive departments and agencies across the Federal government.** Initiative members include Federal agencies, such as the U.S. Departments of Health and Human Services, Defense, and Veterans Affairs, and White House offices, such as the Office of Management and Budget and the Office of Science and Technology Policy.
- **Deliver concrete recommendations to advance women’s health research.** Within 45 days, Initiative members will recommend concrete actions that the Biden-Harris Administration can take to improve how research on women’s health is conducted and maximize the Administration’s investments in women’s health research, including to address health disparities and inequities.
- **Take a targeted, high-impact approach.** To deliver results quickly, Initiative members will set priority areas of focus where additional investments could be transformative—in areas of research ranging from heart attacks in women to menopause.
- **Engage the scientific, private sector, and philanthropic communities.** The Initiative will explore new public-private partnerships and engage private and philanthropic leaders to drive innovation and ensure the combined

power of public, private, and philanthropic sectors advances research on women's health.

14. State House News

November 9, 2023

[Senate Will Press for Prescription Drug Cost Relief](#)

By Chris Lisinski

Patients would pay no more than \$25 for certain name-brand medications to treat some chronic illnesses and face no costs whatsoever for similar generic options under the latest prescription drug legislation set to emerge in the Senate. . .

The proposal would effectively require insurers to cover the full cost of generic medications that fall under that umbrella and the full cost minus \$25 for name-brand options. It would also extend to caps on what patients pay for "delivery mechanisms" to manage chronic illnesses, like needles, inhalers, and monitors, [Sen. Cindy] Friedman said. . .

Friedman described "two levers" policymakers can pull: requiring health care, services and medications to be more accessible and affordable to patients, and keeping total costs within benchmark goals set by the state's Health Policy Commission.

15. State House News

November 8, 2023

[Healey Focuses on Inequities, Benchmarking in Health Care](#)

By Sam Drysdale

Governor Presses Housing, Anti-Poverty Measures to Improve Health Outcomes As Massachusetts families are squeezed by high, and growing, health care costs, widespread provider staffing shortages and social determinants of health need to be addressed, Gov. Maura Healey said Wednesday.

The governor kicked off a policy discussion at the Health Policy Commission's annual cost trends hearing with her remarks. . .

Healey highlighted some steps her administration has taken regarding health care affordability, including repaying loans for 3,000 health care workers in the state, and signing off on a two-year pilot program to expand the income limits for ConnectorCare health insurance, which the state advertises as offering "\$0 or low monthly premiums, low out-of-pocket costs, and no deductibles." . . .

The HPC's [annual report](#), which is published every September with information on health care cost trends, showed the average expense of employer-based private health insurance for a family of four in 2021 climbed to \$22,163, outpacing the growth in wages and salaries. Including copayments, deductibles, and out-of-pocket spending, the HPC reported, the cost for that family plan neared \$25,000 annually. . .

The governor also took the speech as an opportunity to promote her \$4.1 billion housing bond bill, which is meant to increase production of housing units and lower costs for homeowners and renters. She said housing is "absolutely a fundamental health issue."

16. Daily Hampshire Gazette

November 6, 2023

[Spouses ought to be paid for care](#)

By Al Norman

State Sen. Jo Comerford, D-Northampton, invited me to testify Oct. 12 on legislation she filed to allow spouses to be paid caregivers for the elderly and

disabled in the Medicaid program. In Massachusetts, you can hire any friend or relative to be your personal care attendant except your spouse — who knows you best.

I wrote the first version of this “spouse as caregiver” bill in 2013 and have lobbied for its passage ever since. The Senate passed the bill twice, but it died in the House. Under a Medicaid state law that I wrote 15 years ago, elders and individuals with disabilities have the right to be cared for in the “least restrictive setting appropriate to their needs.” Yet a worker shortage has caused waiting lists for care at home.

A 2012 study published in the *Gerontologist* found “there were no financial disadvantages, and some advantages, to Medicaid in terms of lower average expenditures and fewer nursing home admissions when using spouses, parents, and other relatives as paid providers.”

In my testimony I submitted the story of Joyce Galloway, whom I met eight years ago.

She was 73 years old, and grew up on Staten Island, where she met her future husband, William “Dicey” Galloway, who was performing in a singing group called the Harptones.

Their song, “Life Is but A Dream,” was on the charts.

“I moved to Quincy in 1967,” she told me.

“Dicey and I were married in New Bedford.

He’s a Korean War veteran. He had epilepsy and asthma. He could care for himself but I had to be on the alert for his seizures, which were absolutely terrible. Dicey worked at the time as a bagger at Shaw’s supermarket.

“In November of 2010, Dicey developed multiple myeloma and he was put on chemo. I had to take Dicey to the VA hospital in Jamaica Plain. By 2012, at the age of 78, Dicey developed kidney failure, and started dialysis three times a week. He’s 81 now. He’s had two episodes of extreme seizures.

“It was around this time in July of 2012 that I first heard of the VA program called Comprehensive Assistance for Family Caregivers, which allowed me to be paid to care for Dicey.

We waited for about 15 months to get into the program. Dicey’s personality changed all because of his kidney failure. The hospital took him off dialysis and sent him to a nursing home to die. But in February 2013, he came home, and this is when he really needed my caregiving help.

“In October of 2013 we got into the VA program. I helped Dicey get dressed. I bathed the areas he couldn’t reach. I helped him with the 32 pills a day he had to take. I cooked all the meals. I did all the shopping, made all the appointments. He was dealing with asthma, severe anemia, COPD, gout, glaucoma, pulmonary embolism, and osteoarthritis. On some days, Dicey needed a wheelchair. He was approved for 17.5 hours per week of care.

“The most intense thing I did was being alert and watching him, because he fell a lot.

He had a seizure that lasted 13 days. They had to intubate him in the hospital. He went to rehab and came home. He had to learn to walk all over again.

“I was paid \$20 an hour. Taxes were taken out of it. It’s around \$12,423 net per year. Allowing a spouse to be the caregiver makes much more sense than having a stranger do it. I was doing elder care in people’s homes for a few years. A lot of my clients were very nice but there were many who resented a stranger coming in.

“Dicey wouldn’t like it — having a stranger come in. He just didn’t like the idea of outside people coming in. I don’t have the slightest idea of what we would do if I couldn’t be his caregiver. This program is really a godsend for us both.”
The VA allows spousal caregivers, and 26 other states also allow spouses to be paid caregivers. For people like Joyce Galloway, life has not been a dream. She took care of her spouse in sickness and in health, mostly in sickness. If Dicey had gone into a nursing facility, his Medicaid bill would have cost taxpayers nine times more per year than Joyce’s caregiving.
Call the General Court switchboard at 617722-2000 and urge your lawmakers to support the “spouse as caregiver” bills, S.67 and H.216.
Al Norman of Greenfield worked in the elderly home care field on Beacon Hill for more than three decades.

17. STAT News

October 8, 2023

[Republicans divided over financial crisis in Medicare](#)

By Rachel Cohrs and Sarah Owerhohle

Some candidates, including Sen. Tim Scott (S.C.) and Florida Gov. Ron DeSantis, refused to commit to changing the eligibility age for Medicare, instead citing difficulties for people who make their living through manual labor and calling for improving other economic metrics and reining in government spending generally.

That position is in line with former President Trump’s position that Republicans shouldn’t cut entitlements.

Former New Jersey Gov. Chris Christie suggested raising the retirement age “a few years” for people in their thirties and forties. He also suggested that wealthy people like Warren Buffett shouldn’t be collecting Social Security benefits. He declined to state a specific new retirement age, saying that would be part of a negotiation with Congress.

Former South Carolina Gov. Nikki Haley also took an aggressive approach. She suggested limiting benefits to wealthy seniors, expanding the prevalence of Medicare Advantage plans to increase competition into the program, and increasing the retirement age for young people, though she didn’t propose a specific age.

18. Massachusetts Health Policy Commission

September 2023

[2023 Annual Health Care Cost Trends Report and Policy Recommendations](#)

- [2023 Annual Health Care Cost Trends Report and Policy Recommendations](#)
- [2023 Cost Trends Report: Chartpack](#)
- [2023 Cost Trends Report: Policy Recommendations](#)
- [2023 Cost Trends Report: Interactive Overview and Dashboard](#)

Technical Appendices

- [1 Acute Care Hospitals in Massachusetts by Type of Hospital](#)
- [2 Trends in Spending and Care Delivery](#)
- [3 Opportunities to Reduce Excess Spending Prices](#)
- [4 Other Opportunities to Reduce Excess Spending](#)
- [5 Primary Care and Behavioral Health Chartpack](#)
- [6 Price Chartpack](#)
- [7 Hospital Chartpack](#)
- [8 Post-Acute Care Chartpack](#)
- [9 POPV Chartpack](#)

Medicare	<p>19. *USA Today November 7, 2023 (updated) A new Biden proposal would make changes to Advantage plans for Medicare: What to know By Maureen Groppe The Biden administration wants to make changes to private Medicare insurance plans that officials say will help seniors find plans that best suit their needs, promote access to behavioral health care and increase use of extra benefits such as fitness and dental plans. . . If finalized, the proposed rules rolled out Monday could also give seniors faster access to some lower-cost drugs. Administration officials said the changes, which are subject to a 60-day comment period, build on recent steps taken to address what they called confusing or misleading advertisements for Medicare Advantage plans. Components:</p> <ul style="list-style-type: none"> • Extra Medicare benefits To prevent the extra benefits serving primarily as a marketing ploy, the government wants to require insurers to remind seniors mid-year what’s available that they haven’t used, along with information on how to access the benefits. • Broker compensation limits [T]he administration argues better guardrails are needed to ensure agents are acting in the best interest of seniors. Officials said the change would also help reduce market consolidation. • Behavioral health care Under the proposed changes, networks would have to include a range of behavioral health providers, including marriage and family therapists and mental health counselors. An estimated 400,000 such therapists and counselors will be able to bill Medicare for services next year under recently passed legislation intended to expand access to mental health services. • Lower drug costs The administration wants to give seniors faster access to cheaper versions of biologic pharmaceuticals, which are made from living cells. The proposed change would give Medicare drug plans more flexibility to substitute a lower-cost version of a biologic – a “biosimilar” – for the more expensive original.
MassHealth Redetermination	<p>20. State House News November 6, 2023 Canvassers Reaching Thousands Amid Health Insurance Churn By Alison Kuznitz About 76,000 people have been removed from MassHealth since March amid the effort to reassess the eligibility for 2.4 million members, Assistant Secretary for MassHealth Mike Levine said Monday. It’s the same figure that officials offered on Oct. 20, and Levine said the next update will be available in mid- to late-November. MassHealth rolls are expected to drop by a net 300,000 to 400,000 members, the Healey administration has said. The redetermination process is expected to save the state \$1.9 billion in fiscal year 2024. . .</p>

	<p>Health care access activists say they've reached more than 167,000 people with information about insurance options as the state examines its public insurance rolls with an eye toward closing MassHealth coverage for people who are no longer eligible.</p> <p>Health Care for All, alongside 30 community and faith organizations, has held nearly 1,400 outreach events and activities, said executive director Amy Rosenthal. A multilingual, multicultural awareness campaign has targeted 15 municipalities with big volumes of MassHealth members. Canvassing teams have knocked on over 421,000 doors -- translating into more than 115,000 conversations -- as of Friday.</p>
Health Care Topics	<p>21. UAMS News November 11, 2023 UAMS Comprehensive Care at Home Provides 'Pleasant Hospitalization' for Veteran By News Staff</p> <p>"The goal of offering Comprehensive Care at Home is to offer a convenient alternative for patients who can safely receive care at home. In addition, this care option frees up hospital capacity for those patients who truly need inpatient care," said UAMS Health Chief Clinical Officer Ahmed Abuabdou, M.D. "Care that can be done at home includes labs, diagnostic imaging, supplemental oxygen, wound care, respiratory treatments, IV diuretics, antibiotics, and fluids. Being able to offer all these services in the patient's home is truly a win-win for UAMS Health and our patients. . .</p> <p>"We believe that this is the best program ever, particularly for people who have difficulty getting out of their homes because of PTSD or any other issues where they're just not comfortable or have anxiety," said Gene Richards. "It's also an excellent program for the caregiver. I never leave my husband when he's in the hospital."</p>
Disability Topics	<p>22. *The New Republic November 12, 2023 The Fashion Empire Built on Stolen Ideas Mindy Scheier built her brand catering to disabled people, but there's mounting evidence that she's no ally. By Liz Jackson, Rua Williams</p> <p>The contrast between Mindy Scheier's \$4,200 designer gown and the conventional pieces from retailers such as JCPenney, Kohl's, and Zappos that were adapted to clothe her disabled models was on display at her New York Fashion Week-adjacent "A Fashion Revolution" runway show. In its eighth year, "A Fashion Revolution" began as a gala to showcase Runway of Dreams, the charity she founded in 2014 to be the preeminent design house for what's known as adaptive apparel.</p> <p>Runway of Dreams was conceived as a "nonprofit organization working with the fashion industry to adapt mainstream clothing for the differently-abled community." Scheier, who is not disabled herself, realized her desire to lead the fashion revolution after her disabled child described wanting to dress independently, like other kids at school. She has since partnered with a plethora of corporations, including Victoria's Secret, Adidas, and Target (which is notably facing a class action lawsuit for a failure to make its website accessible), to incorporate "adaptive" features in their existing products, such as Velcro and</p>

zippers to make them easier to don and doff or flattened seams for sensory needs. . .

Because non-discerning audiences are dazzled by the simplicity of the adaptive alterations Scheier sells and promotes, it's rare that anyone probes her claims of having been the pioneering force behind this apparel movement. Scratch the surface, however, and her origin story looks a lot less pristine, a trail of purloined innovations and forgotten creators dotting the road to the revolution and forcing the question: What if the Runway of Dreams is merely a runway of smoke and mirrors? . .

This is a profound level of plunder. And it serves to show that authentic and sustainable accessible apparel can only come from disabled creators who are celebrated and resourced, rather than used to resource the ascension of their colonizer. "Adaptive" design will evolve as other corporate methodologies evolve; it will go through a rebrand to avoid addressing the ways in which it has preyed on the so-called "population" it purports to be serving. But there is a bright path available to a better future: By tapping into the energy of our current labor resurgence, disabled people can compel corporations to invest in the people from whom they are currently extracting value without reciprocal reward. By rejecting the singular authority serving as a proxy for a multiplicity of perspectives, disability fashion can begin to carve its own path, one that commits to a commensurate process rather than the corporate adaptive myth.

23. *Boston Globe

November 11, 2023

[Meet the Massachusetts 'MacGyvers' customizing equipment for people with disabilities](#)

By Jason Laughlin

At the facility, one of four Assistive Technology Centers run by the state, designers and technicians customize and adapt equipment, from shower chairs to iPads, to make them safer, more comfortable, or easier to use for people with developmental disabilities. The solutions can be as complicated as rebuilding a motorized chair, or as basic as laminating a cardboard box, as one of the adaptive equipment designers, Gabrielle Reis, discovered during weeks of trial and error as she attempted to build a tray for a wheelchair. . .

Massachusetts is among the few states with facilities dedicated to devising creative solutions to accommodate the unique needs of people with developmental disabilities, according to officials with the state's Department of Developmental Services, or DDS. About \$2 million is budgeted annually for the program, though it has other funding sources, including insurance payments and donations.

Customizing medical equipment is often necessary, advocates for disabled [persons] said. Bodies of different sizes and shapes don't automatically fit off-the-shelf equipment. For example, the centers' designers said one of their routine tasks is adapting equipment for people with one leg shorter than the other. Using equipment that isn't customized can lead to discomfort, sores, or abrasions that can have serious medical consequences.

24. The 19th

November 9, 2023

['There is still work to be done': Voters with disabilities face unaddressed barriers to the ballot](#)

By Katherine Gilyard

	<p>From transportation troubles to a lack of accessible equipment, researchers estimate that if accommodations were prioritized, over 2 million more votes would be cast.</p> <p>One in 5 voters with disabilities either needed assistance or had difficulty voting in 2022 — three times the rate of people without disabilities, according to the most recent survey from the U.S. Election Assistance Committee (EAC). The survey report, "Disability and Voting Accessibility in the 2022 Elections," highlights the difficulties faced by the estimated 30 million Americans with disabilities who are eligible to vote and the subsequent negative impact on their civic engagement.</p> <p>The survey assesses the accessibility of elections by exploring points like voter turnout, difficulties faced while voting and treatment by election officials. People with disabilities had a 20 percent likelihood of having difficulties voting in-person, compared to 6 percent for people without a disability. With a mail-in ballot, the likelihood of difficulties voting for people with disabilities was 6 percent, compared with 1 percent of people without disabilities. . .</p> <p>After the 2020 survey, the EAC estimated that if voters with disabilities had voted at the same rates as voters without disabilities, there would be around 2 million more votes cast. It also found that disabled people voted at a 3.6 percent lower rate than those without disabilities, though that number narrowed to 1.5 percent after being adjusted with updated Census data. . .</p> <p>The voting difficulties cited included getting inside the polling place because of steps; reading or seeing the ballot; difficulty using the voting equipment; writing on ballots; or communicating with poll workers or other officials.</p> <p>While the survey found progress in voting accessibility from 2012 to 2022 — particularly related to the increase in mail-in ballots during COVID that ensure better access for people with disabilities — officials acknowledged that the work isn't over.</p>
Aging Topics	<p>25. AARP November 13, 2023 An Age & Dementia Friendlier Massachusetts By Adrian Ramos, Ted Carey</p> <p>For the past 5 years, Massachusetts has been designated as Age Friendly and Dementia Friendly. Watch the video above and learn more about what these past 5 years have meant and what it means going forward. The AARP Age-Friendly network works as an affiliate of the World Health Organization's Age Friendly Cities and Communities Program. According to the WHO, an age-friendly community is one that adapts its services & physical structures to be more inclusive & receptive to the needs of its population to improve their quality of life as they age. The AARP Age Friendly Network supports communities as they make these adaptations. Massachusetts joined in 2018 & in the last several years, 114 communities have committed to becoming more age-friendly: benefiting people of all ages.</p> <ul style="list-style-type: none"> • Follow the link here to see a list of communities in Massachusetts striving to make their communities better places for people of all ages. • Our YouTube Page is also home to our recorded "Livable Wednesday" information sessions on our YouTube Page- click here to watch. • Curious about the age-friendly work happening in your community? Have a question? Email MA@aarp.org. <p>26. NPR Shots</p>

November 6, 2023

[Tai chi helps boost memory; study finds. One type seems most beneficial](#)

By Allison Aubrey

It's well known that practicing tai chi, with its gentle, fluid movements and weight shifts, can help reduce the rate of falls and improve balance for older adults. The martial art has also been shown to reduce pain and stiffness from osteoarthritis. A new study finds tai chi can help slow cognitive decline and protect against dementia. . .

People who practiced a simplified form of tai chi called Tai Ji Quan twice a week for about six months improved their score by 1.5 points. This increase may not sound like a lot, but "you've basically given yourself three extra years" of staving off decline, says Eckstrom. In a similar study, participants who practiced a kind of "cognitively enhanced tai chi" – which layered on an additional mental task while doing the movements – saw twice as much improvement.

27. *Washington Post

October 30, 2023

[It's good to remember: We are all on borrowed time](#)

By Anne Lamott

Getting older is almost like changing species, from cute middle-aged, white-tailed deer, to yak. We are both grass eaters, but that's about the only similarity. At the Safeway sushi bar during lunchtime, I look at the teenage girls in their crop tops with their stupid flat tummies and I feel bad about what lies beneath my big, forgiving shirts but — and this is one of the blessings of aging — not for long. Aging has brought a modicum of self-compassion, and acceptance of what my husband and I call "the Sitch": the bodily and cognitive decline that we all face sooner or later. Still, at Safeway, I can't help but avert my eyes. Why push my luck?

Twenty years ago, when I turned 50, I showed the dark age spots on my arms and the backs of my hands to my wonderful dermatologist.

"They used to call these liver spots," I said, laughing.

There was silence. "They still call them liver spots," he replied.

My mother died of Alzheimer's disease when I was 50; my father had died of brain cancer 25 years before, so I have always been a bit more tense than the average bear about increasing holes in my memory, and more egregious moments of dither. I thought of my 50s as late middle age.

At 60, I tried to get this same dermatologist to authorize surgery to remove the pile of skin of my upper eyelid that gathered like a broken Roman shade at the eyelash line. "Look," I said, "the eyelid has consumed my eyeball. I will not be able to see soon."

I pulled out an inch of skin to demonstrate my infirmity.

He pulled out three inches of his own. "Ticktock," he said. And he was right. All things skin had gone to hell, from the crepe of my forearms to lots of new precancerous lesions that he routinely froze off or biopsied, once making me use a horrible burning cream all over my face that turned me into Peeling Tomato Girl.

So many indignities are involved in aging, and yet so many graces, too. The perfectionism that had run me ragged and has kept me scared and wired my whole life has abated. The idea of perfectionism at 60 is comical when, like me,

you've worn non-matching black flats out on stage. In my experience, most of us age away from brain and ambition toward heart and soul, and we bathe in relief that things are not worse. When I was younger, I was fixated on looking good and impressing people and being so big in the world. By 60, I didn't care nearly as much what people thought of me, mostly.

And anyway, you know by 60 that people are rarely thinking of you. They are thinking about their own finances, family problems and upper arms.

I have no idea of the process that released some of that clench and self-consciousness, except that by a certain age some people beloved to me had died. And then you seriously get real about how short and precious life is. You have bigger fish to fry than your saggy butt. Also, what more can you lose, and what more can people do to you that age has not already done? You thought you could physically do this or that — i.e., lift the dog into the back seat — but two weeks later your back is still complaining. You thought that your mind was thrilling to others, but it turns out that not everyone noticed, and now they're just worried because your shoes don't match.

Anyway, as my dermatologist hinted, the tock did tick, and one day he was gone. He retired. Then last year, I heard he died.

Which brings us to death, deathly old death. At a few months shy of 70, with eyeballs squinting through the folds, I now face the possibility that I might die someday. My dad said after his cancer diagnosis that we are all on borrowed time, and it is good to be reminded of this now and again. It's a great line, and the third-most-popular conversation we oldies have with each other, after the decline of our bodies and the latest senior moments: how many memorial services we go to these days.

Some weeks, it feels as though there is a sniper in the trees, picking off people we have loved for years. It breaks your heart, but as Carly Simon sang, there is more room in a broken heart. My heart is the roomiest it has ever been.

I do live in my heart more, which is hard in its own ways, but the blessing is that the yammer in my head is quieter, the endless questioning: What am I supposed to be doing? Is this the right thing? What do you think of that? What does he think of that?

My parents and the culture told me that I would be happier if I did a certain thing, or stopped doing that, or tried harder and did better. But as my great friend Father Terry Richey said, it's not about trying harder; it's about resisting less. This is right up aging's alley. Some days are sweet, some are just too long. A lot of us thought when we were younger that we might want to stretch ourselves into other areas, master new realms. Now, I know better. I'm happy with the little nesty areas that are mine. For some reason, I love my softer, welcoming tummy. I laugh gently more often at darling confused me's spaced-out ness, although I'm often glad no one was around to witness my lapses. Especially my son, who frequently and jovially brings up APlaceForMom.com. He'll say, "I found you a really nice place nearby, where they'll let you have a little dog!" Recently, I was graciously driving him and his teenage son somewhere and made a tiny driving mistake hardly worth mentioning — I did not hit anyone, nor did I leave the filling station with the nozzle still in the gas tank — and he said to his boy just loud enough so that I could hear, "I'm glad we live so close to town, so it won't be as hard for her when we have to take away her keys."

	I roared with laughter, and with love, and with an ache in my heart for something I can't name.
Ageism	<p>28. Justice in Aging October 2023 Fulfilling the Promise of Equity for Older Adults: Opportunities in Law and Policy By Denny Chan <i>Combatting Ageism & Intersecting Forms of Discrimination</i> As the leading voice advocating for policies and systems that will increase equity in aging, Justice in Aging released an important paper last month that examines structural ageism and its intersection with inequities based on race, gender, LGBTQ+ identity, and other marginalized identities. Structural inequities and racism in our policies and systems have long kept low-income older adults with marginalized identities from meeting their basic needs, and these barriers increase as they age due to the compounding effects of ageism and other forms of structural discrimination. The paper, Fulfilling the Promise of Equity for Older Adults—Opportunities in Law & Policy, discusses how policies can help build a world where all older adults can age equitably and with access to the resources they need to age in dignity, and offers five concrete areas to focus legal and policy solutions. Since its release, the paper has garnered attention from both media and policymakers. McKnights, a trade publication for owners and operators of senior living facilities, highlighted the section about prioritizing equity in long-term care.</p> <p>TABLE OF CONTENTS PART 1</p> <ul style="list-style-type: none"> • Connecting Inequities by Age and • Other Identities <p>PART 2</p> <ul style="list-style-type: none"> • The Role of Law & Policy to Address • Inequities for Older Adults and the • Targeted Universalism Framework <p>PART 3 Five Opportunities to Leverage Law & Policy for An Equitable Future</p> <ol style="list-style-type: none"> 1. PRIORITIZE EQUITY IN LONG-TERM CARE 2. ENHANCE AND STRENGTHEN SAFETY NET PROGRAMS 3. IMPROVE ANTI-DISCRIMINATION PROTECTIONS 4. ADVANCE EQUITY THROUGH DATA ON OLDER ADULTS 5. FOCUS ON EQUITABLE OUTREACH & EDUCATION <p>Read the “At-a-Glance” version of the paper, download the PDF, and watch the webinar recording.</p>
End of Life	<p>29. New York Times (free access) November 11, 2023 Tough Decisions About Dementia and End-of-Life Care Readers discuss Dr. Sandeep Jauhar’s guest essay about dementia and advance directives. (“My Father Didn’t Want to Live if He Had Dementia. But Then He Had It,” by Sandeep Jauhar (Opinion guest essay, Oct. 28).</p>
Health Care Proxies / Advance Directives	<p>30. End of Life Washington Dementia Directives <i>Living with Dementia Mental Health Advance Directive & My Instructions for Oral Feeding and Drinking</i></p>

	<p>This first-of-its-kind advance planning document allows people coping with Alzheimer’s disease and dementia to document their wishes about the inevitable challenges related to living with these illnesses. Even if this directive is not legal where you live, you can still use it to document your wishes and provide a guide for your family, health care providers, long-term care providers, and others.</p> <p>Our directive is the culmination of more than a year of work by Seattle University Clinical Law Professor Lisa Brodoff, Esq, and End of Life Washington’s former Executive Director, Robb Miller. Reviewers included our Advisory Committee members, Elder Law Attorney, Christopher Henderson, Esq, Geriatric Social Worker, Carin Mack, ACSW, and individual, family, and group therapy provider, Jane Tornatore, PhD, LMFT.</p> <p>This Advance Directive is endorsed by the Western and Central Washington State Chapter of the Alzheimer’s Association.</p> <p>31. Advance Directive for Dementia https://dementia-directive.org/</p> <p>How much medical care would you want if you had Alzheimer's disease or another type of dementia? This form is free to download and use as an Alzheimer's-specific living will.</p> <p>Fill it out now, share it with your loved ones, then give a copy of it to your doctor. Provide guidance now. Feel better that you'll get the medical care that you would want. Help your loved ones if they are faced with making difficult decisions on your behalf.</p> <p>This directive was developed by Barak Gaster, MD with help from experts in the fields of geriatrics, neurology, and palliative care. Dr. Gaster can be reached at barakg@uw.edu. To learn more: read this JAMA essay about the rationale behind this project, and listen to this feature about it on NPR.</p> <p>Download the Dementia Directive Form</p>
Caregiving	<p>32. The 19th October 5,2023 What happens when nurses are hired like Ubers By Colin Lecher, The Markup</p> <p>Shawnika Howell has been a nurse for 13 years, primarily in long-term care, but around the time of the winter 2021 COVID-19 surge, she decided to find some extra work through something new: an app called Clipboard.</p> <p>The app lets nurses and nurse aides book individual shifts for a set number of hours with health care facilities, get paid, and move on to the next gig. Essentially, it’s Uber for nursing. . .</p> <p>Gig nursing apps have become hugely popular with both nurses and investors, as an estimated 100,000 nurses have left the profession since 2020 and demand for their labor remains high. Clipboard and ShiftKey — a similar nursing app — say tens of thousands of facilities now use their services. Clipboard has been valued at more than \$1.3 billion by investors, and more recently, ShiftKey was valued at more than \$2 billion. . .</p> <p>As a result of the one-off gig structure, nurses sometimes only work at a facility once, and care for patients they’ve never met before and won’t see again. This also means patients are sometimes receiving care from strangers, according to nurses who have used the apps, as well as inspection reports obtained by The</p>

	<p>Markup. Nurses also told us that they sometimes receive less training from facilitates than they expect. The Markup found multiple reports in which facilities hiring nurses through ShiftKey and Clipboard did not provide training. Richard Mollot, executive director of the advocacy group the Long Term Care Community Coalition, said in an interview that having the same caretaker over time instead of contracted nurses improves outcomes for patients. “Over the years, it’s been very widely recognized that consistent assignment between a nursing team and residents is really important, both for the resident and the team itself,” he said. Short-term nurses, possibly from out of state and only there for a single shift, may be more “task-oriented” than “care-oriented,” he said.</p>
<p>Transportation</p>	<p>33. Administration on Community Living September 28, 2023 CMS releases new Medicaid Transportation Coverage Guide CMS recently released a Medicaid Transportation Coverage Guide, which highlights existing policies and includes new policies to address issues such as extended wait times and long-distance trips. It also addresses coverage of transportation for non-Medicaid eligible parents, family members, or other caregivers when required to participate in a Medicaid eligible child’s care. Medicaid transportation is a critical service that assists beneficiaries with accessing covered Medicaid services and has a direct impact on health outcomes. This guide will help states understand the federal requirements for this service and flexibilities they can implement.</p>
<p>From Other States</p> <p>[Editor’s note: iCare, the new owner of the nursing home in Bennington, VT, acquired Mount Saint Vincent Care Center in Holyoke in 2020. The facility was renamed MissionCare at Holyoke and residents from Farren Care Center in Turner Falls, MA were transferred there as that facility closed. Holyoke care center announces layoffs amid ownership change]</p>	<p>34. ProPublica November 12, 2023 Maine Rarely Sanctions Residential Care Facilities Even After Severe Abuse or Neglect Incidents By Rose Lundy Under state regulations, the health department had the power to impose a fine of up to \$10,000 or issue a conditional license that would bar Woodlands of Rockland from accepting new residents for up to 12 months. But it did neither. Instead, it simply required the facility to submit a report, called a plan of correction, stating how it intended to address the deficiencies. . . . The health department’s modest response to the peanut allergy incident exemplifies its approach to oversight, an investigation by the Monitor and ProPublica found. The health department rarely imposes fines or issues conditional licenses against the state’s roughly 190 largest residential care facilities, classified as Level IV, which provide less medical care than nursing homes but offer more homelike assisted living alternatives for older Mainers. From 2020 to 2022, the health department issued “statements of deficiencies” against these facilities for 59 resident rights violations and about 650 additional violations — involving anything from medication and record-keeping errors to unsanitary conditions and missed mandatory trainings. Despite these violations, however, it imposed a fine only once: a \$265 penalty against a facility for failing to comply with background check rules for hiring employees. And it issued four conditional licenses: three in response to administrative or technical violations and one in response to a variety of issues, including a violation of a resident’s privacy rights.</p>

By contrast, Massachusetts, which has 269 assisted living facilities, doesn't shy away from imposing stiff sanctions. From 2020 to 2022, the state suspended eight facilities' operations for regulatory violations. The paucity of sanctions in Maine comes at a time when Level IV facilities like Woodlands of Rockland — which are similar to what are known generally as assisted living facilities in other states — are expanding their presence in the state. The share of Maine's population that is [65 or older](#), 21.7%, is the highest percentage in the country.

35. *New York Times

November 12, 2023

[*Vermont May Be the Face of a Long-Term U.S. Labor Shortage*](#)

By Ben Casselman and Jeanna Smialek

At Lake Champlain Chocolates, the owners take shifts stacking boxes in the warehouse. At Burlington Bagel Bakery, a sign in the window advertises wages starting at \$25 an hour. Central Vermont Medical Center is training administrative employees to become nurses. Cabot Creamery is bringing workers from out of state to package its signature blocks of Cheddar cheese. The root of the staffing challenge is simple: Vermont's population is rapidly aging. More than a fifth of Vermonters are 65 or older, and more than 35 percent are over 54, the age at which Americans typically begin to exit the work force. No state has a smaller share of its residents in their prime working years. Vermont offers an early look at where the rest of the country could be headed. The baby boom population is aging out of the work force, and subsequent generations aren't large enough to fully replace it. Immigration slumped during the pandemic, and though it has since rebounded, it is unclear how long that will last, given a lack of broad political support for higher immigration. Birthrates are falling. . .

Vermont's unemployment rate was 1.9 percent in September, among the lowest in the country, and the labor force is still thousands of people smaller than before the pandemic. Employers are fighting over scarce workers, offering wage increases, signing bonuses and childcare subsidies, alongside enticements such as free ski passes. When those tactics fail, many are limiting operating hours and scaling back product offerings.

36. vtdigger

November 10, 2023

[*Bennington nursing home to be sold to company promising specialized care*](#)

By Lola Duffort

About 100 Vermonters are stuck in hospitals, prisons, or out-of-state facilities because existing nursing homes in Vermont say they can't handle their complex needs — often mental health-related — or won't take people with criminal backgrounds. The Vermont Department of Disabilities, Aging, & Independent Living in 2022 launched a request for proposals for a two-year contract offering a specialized Medicaid reimbursement rate to providers willing to fill the gap. iCare Health Network, which operates 11 facilities in Connecticut and one in Massachusetts, has won that bid, state officials announced Wednesday. Pending state approval, the company plans to purchase Bennington Health & Rehabilitation, a 91-bed licensed skilled nursing home currently owned by Genesis HealthCare. iCare would rebrand the facility as MissionCare at Bennington if it assumes control later this year. Among the rebranded home's

services: medications for patients with opioid use disorder who are in treatment. . .

Genesis, the facility's seller, has been unsuccessfully [trying to offload](#) five of its nine nursing homes in Vermont since 2020. A \$46.6 million deal to sell facilities in Burlington, Bennington, Berlin, St. Johnsbury and Springfield to a private equity group [fell through in late 2021](#) amid scrutiny from [the press](#) and state regulators. The nursing home giant, which operates more than 500 facilities nationwide, hasn't yet sold off any of its other Vermont properties.

Genesis, like many [for-profit chains in the nursing sector](#), has come under scrutiny across the country over the quality of its care. It settled a suit with the Vermont Attorney General's office in 2020 for \$740,000 following [accusations of neglect](#) at its St. Johnsbury, Berlin and Burlington locations. . .

Kaili Kuiper, Vermont's long-term care ombudsman, said her office at Vermont Legal Aid would carefully monitor the facility's new owners to make sure patients' rights were upheld. Although she deeply appreciates the state's efforts to increase capacity for hard-to-place individuals who need long-term care, she also expressed some reservations about doing so in such a large, institutional setting.

She said she would have preferred an operator — or operators — willing to offer smaller, more homelike settings, although she acknowledged this would be more complicated. Other nursing care providers in Vermont, she said, should also be encouraged to train their staff so that they might also be able to take on more complex patients.

Lindsey Owen, the executive director of Disability Rights Vermont, echoed Kuiper. While it is an improvement on the status quo, "creating more institutions in Vermont is not something we should be proud of nor holding out as our first priority."

"But the need for alternative placements for individuals with complex needs absolutely exists," she said. "So, until Vermont can figure out a better way to better fund and provide a more robust infrastructure of community supports and services, it seems like this facility may serve as a stopgap to preventing some additional unnecessary harm."

37. vtdigger

November 10, 2023

[Competing needs: Copley Hospital seeks to convert senior apartments to worker housing](#)

By Carly Berlin

"When Copley Hospital started to build Copley Terrace, 40 years ago – they never predicted that they would have a housing crisis themselves," read the letter from the hospital's chief administration officer, Wayne Stockbridge.

It went on to say that Copley's original, 40-year contract with the U.S.

Department of Housing and Urban Development would expire in a year. And with the end of that contract, Copley had "been approved" to convert some of the 38 apartments at Copley Terrace into accommodations for short-term or traveling hospital staff.

The hospital promised not to kick out residents, explaining that they'd wait for apartments to become vacant. Still, residents worried the writing was on the wall. Harris said she wanted to be "proactive" and began calling around to other subsidized senior apartment complexes. One, in Essex, told her it had a three to five year waitlist.

	<p>38. U. S. Department of Justice November 7, 2023 <i>Justice Department Reaches Agreement with Alameda County, CA to Improve Mental Health Services</i> Today, the Department of Justice announced a proposed settlement agreement with Alameda County, California, and private plaintiffs to expand access to community-based mental health services. This settlement agreement will resolve the department’s investigation under Title II of the Americans with Disabilities Act (ADA). Through its investigation, the department concluded that it had reasonable cause to believe Alameda County violated the ADA by unnecessarily institutionalizing people with mental health disabilities who could otherwise avoid institutionalization – as well as incarceration – with access to appropriate community-based services. The settlement agreement will help ensure that individuals with mental health disabilities have access to needed community-based services and supports. The settlement agreement requires the County to expand critical community-based services, including intensive mental health, housing, and employment services, and provide prompt mobile crisis response services on a county-wide basis. The County must improve connections to services for individuals at risk of unnecessary institutionalization or incarceration, as well as those currently in institutions or in Santa Rita Jail.</p>
<p>From Our Colleagues from Around the Country</p>	<p>39. The Consumer Voice November 7, 2023 <i>November 7, 2023 Newsletter</i> In this Issue: 1. Consumer Voice and Others Comment on CMS's Proposed Nursing Home Staffing Rule 2. Fire Through Dry Grass Documentary Follows Nursing Home Residents During COVID-19 3. Webinar on Supporting Residents with Mental and/or Behavioral Health Needs 4. NCLC and Justice in Aging Seeking Information on Nursing Home Debt Collection Practices</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
<p>Websites</p>	<p>Advance Directive for Dementia https://dementia-directive.org/ How much medical care would you want if you had Alzheimer's disease or another type of dementia? This form is free to download and use as an Alzheimer's-specific living will. Me2/ (“me, too”) https://me2music.org/ Me2/ (“me, too”) is the world’s only classical music organization created for individuals with mental illnesses and the people who support them. Me2/ serves as a model organization where people with and without mental illnesses work together in an environment where acceptance is an</p>

	<p>expectation, patience is _____ encouraged, and supporting each other is a priority.</p> <p>2023 Annual Health Care Cost Trends Report and Policy Recommendations Massachusetts Health Policy Commission https://www.mass.gov/doc/2023-health-care-cost-trends-report/download Tenth annual report on health care costs in the Commonwealth.</p>
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 Home Closures	<p>Massachusetts Department of Public Health <i>South Dennis Health Care</i> Target closure date January 30, 2024 Notice of Intent to Close (PDF) (DOCX)</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health Determination of Need Projects	<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>

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

Updated March 29, 2023

CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.

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://somersetridgesrehab.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>

	<p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • 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</p>

	<p>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).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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<p>Nursing Home Compare</p>	<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>																								
<p>Data on Ownership of Nursing Homes</p>	<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>																								

<p>Long-Term Care Facilities Specific COVID-19 Data</p>	<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 																																																																																											
<p>DignityMA Call Action</p>	<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 																																																																																											
<p>Access to Dignity Alliance social media</p>	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																																																																											
<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@bostoncouncil.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>Lachlan Forrow</td> <td>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@bostoncouncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@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>jimlomastro@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@bostoncouncil.org paul.lanzikos@gmail.com	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Forrow	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@bostoncouncil.org	Veteran Services	James Lomastro	jimlomastro@comcast.net	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org	<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@bostoncouncil.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>Lachlan Forrow</td> <td>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@bostoncouncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@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>jimlomastro@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@bostoncouncil.org paul.lanzikos@gmail.com	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Forrow	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@bostoncouncil.org	Veteran Services	James Lomastro	jimlomastro@comcast.net	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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<p>Note of thanks</p>	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Judi Fonsh • Wynn Gerhard • Arlene Germain • Bill Henning • Dick Moore <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.</p> <p><i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i></p>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	