



The Dignity Digest

Issue # 163

November 21, 2023

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

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

Spotlight

[What Long-Term Care Looks Like Around the World](#)

New York Times (free access)

November 14, 2023

By Jordan Rau

Around the world, wealthy countries are struggling to afford long-term care for rapidly aging populations. Most spend more than the United States through government funding or insurance that individuals are legally required to obtain. Some protect individuals from exhausting all their income or wealth paying for long-term care. But as in the United States, middle-class and affluent individuals in many countries can bear a substantial portion of the costs.

Here’s how five other countries pay for long-term care.

JAPAN. Long-term care insurance is mandatory for Japanese citizens age 40 and over, while in the United States only a small portion of people voluntarily obtain coverage. Half the funding for Japan’s program comes from tax revenues and half from premiums. Older adults contribute 10 to 30 percent of the cost of services, depending on their income, and insurance picks up the rest. There is a maximum amount people have to spend from their income before the insurance covers the remainder of the cost. Workers can also take up to 93 days of paid leave to help relatives with long-term care needs. Japan assigns a care manager to each person using services; each manager oversees about 40 older adults. In 2020, Japan spent 2 percent of its gross domestic product on long-term care, 67 percent more than the United States spent that year.

THE NETHERLANDS. The Dutch have included long-term care in their universal health care system since 1968. One public insurance program pays for nursing homes and other institutional settings, and another pays for nursing and personal care at home. Enrollment is mandatory. Dutch taxpayers contribute nearly 10 percent of their income toward insurance premiums, up to a set amount. Out-of-pocket payments amount to about 7 percent of the cost of institutional care. General taxes pay for a third program in which municipalities provide financial assistance and social support for older people living at home. There is no private long-term care insurance. The Netherlands spent 4.1 percent of its gross domestic product on long-term care in 2021, more than any other country tracked by the Organization for Economic

Cooperation and Development, and four times the amount the United States spent.

CANADA. Provinces and territories fund long-term care services through general tax revenue. Money budgeted is not always enough to cover all services, and some localities give priority to those with the greatest needs. The amount of subsidies people can receive, the costs they have to pay out of pocket and the availability of services vary by province and territory, as they do in the United States with state Medicaid programs. The mix of providers [also varies regionally](#): For instance, nursing home care in Quebec is mostly run by a public system while homes in Ontario are mostly for-profit. Notably, Canada's long-term care system is separate from its national health care system, which pays for hospitals and doctors with no out-of-pocket costs to patients. In 2021, Canada spent 1.8 percent of its G.D.P. on long-term care, 80 percent more than the United States spent.

BRITAIN. Local authorities pay for most long-term care through taxes and central government grants. Private providers usually supply services. Government contributions are based on financial need, with co-payments usually required. As in the United States, middle-class and wealthy people pay most or all of the costs themselves. Unlike in the United States, the government provides payments directly to lower-income people so they can hire workers to care for them in their homes. Britain has also taken steps to shield people from losing all of their wealth to pay for long-term care. It subsidizes care for people with savings and property of less than about \$30,000, while in the United States most people don't qualify for Medicaid until they have run through all but \$2,000 to \$3,000 of their assets. In 2022, the [government proposed](#) extending subsidies to people who have as much as \$105,000 of wealth and property, with a lifetime cap of about \$100,000 on how much anyone spends on long-term medical care, excluding room and board in a nursing home. But the plan has been postponed to 2025. In 2021, Britain spent 1.8 percent of its G.D.P. on long-term care, 80 percent more than the United States did.

SINGAPORE. Singapore recently instituted a system of mandatory long-term care insurance for those born in 1980 or later. Citizens and permanent residents are automatically enrolled in an insurance plan called [CareShield Life](#) starting at age 30. They must pay premiums until they retire or turn 67 (whichever comes later) or are approved to use services. The government subsidizes 20 to 30 percent of premiums for those who earn around \$2,000 a month or less. Monthly payouts start at about \$440. Government subsidies for nursing homes and other institutional care can range from [10 percent to 75 percent](#) depending on ability to pay. Those who make more than \$2,000 a month receive no subsidies. CareShield is optional for Singaporeans born in 1979 or earlier; they are covered under an older, voluntary plan. Singapore also

	<p>provides a means-tested monthly cash grant — this year about \$290 — to help with caregiving expenses.</p> <p>Sources: The National Bureau of Economic Research project on international comparisons of long-term care; Kathleen McGarry, an economics professor at UCLA; The Commonwealth Fund; Organization for Economic Cooperation and Development; government websites.</p> <p>Note: Spending comparisons with the United States are based on the most recent O.E.C.D. data and include spending from government and compulsory insurance programs as a percent of each country’s gross domestic product, which is the total monetary value of all the finished goods and services produced within a country’s borders. The comparisons cover people of all ages and exclude spending from voluntary insurance plans and out-of-pocket costs. All currency figures are in U.S. dollars.</p>
The Dignity Budget	<p>The Dignity Budget</p> <p>Dignity Alliance Massachusetts has developed a comprehensive state budget proposal for Fiscal ’25 to submit to the Governor and Executive Agencies in an effort to make the next state budget more age-friendly and able-friendly. Our consensus top three priorities for the Dignity Budget include:</p> <ul style="list-style-type: none"> Dignity for Long-Term Care Residents in Nursing Homes Dignity for All Older Adults and People with Disabilities in the Community Dignity for Caregivers of Older Adults and People with Disabilities <p>To view the full text of The Dignity Budget as well as an Overview, see: https://dignityalliancema.org/budget/</p>
Quotes	<p><i>The details [of H 4178 “An Act to improve quality and oversight of long-term care”] are complicated, and lawmakers and interest groups should scrutinize them as the legislation advances. But before this session ends in 2024, Governor Maura Healey should sign into law a version of this bill, which strengthens accountability and oversight while giving nursing homes the resources they need to ensure residents are getting the highest quality of care.</i></p> <p><i>Holding nursing homes accountable, while paying them fairly, *Boston Globe, November 18, 2023 (updated)</i></p> <p><i>There's a lot more that could and should be done to improve conditions in nursing homes, not the least of which is aggressive enforcement to protect residents and staff. Even if the Healey-Driscoll Administration resolves to substantially improve the quality and safety of nursing homes, Massachusetts should still strive to be a national</i></p>

leader in home and community-based supports and services! After all, if older adults don't have to go into a nursing home, fewer people will suffer from the failures of the nursing home industry here and across the nation!

Richard Moore, Chair, DignityMA Legislative Workgroup, Commentary to *Boston Globe* editorial, [*Holding nursing homes accountable, while paying them fairly*](#), **Boston Globe*, November 18, 2023

“I wanted to take mental illnesses and emotional disorders out of the closet, to let people know it is all right to admit having a problem without the fear of being called crazy. If only we could consider mental illnesses as straightforwardly as we do physical illnesses, those affected could seek help and be treated in an open and effective way.”

Rosalynn Carter from her autobiography, *Rosalynn Carter, first lady who championed mental health, dies at 96*, *Washington Post* (free access), November 19, 2023, <https://wapo.st/47hxpgf>

I'd pay to sit behind her, blind to what was on the screen, and watch the image flicker upon her hair.

I'd glow when her diminished voice would clear my muddled thoughts, like lightning flashing in a gloomy sky.

Poem by Jimmy Carter about Rosalynn Carter, [*The Formidable Rosalynn Carter*](#), **New York Times*, November 20, 2023

“We still receive many complaints about staffing shortages and services not being provided as promised. Some residents have reported to us they called 911 for things like getting in and out of bed.”

Aisha A. Elmquist, until recently the deputy ombudsman for long-term care in Minnesota, a state-funded advocate, [*Extra Fees Drive Assisted-Living Profits*](#), *New York Times* (free access), November 19, 2023

“The opioid epidemic, mental health, and chronic metabolic disease are certainly front and center in the data that we see here, explaining why there's this widening life

expectancy gap by gender, as well as the overall drop in life expectancy. Men have higher mortality rates from all three conditions compared to women. In addition, a lot of these drivers of worsening life expectancy in particular for men are preventable causes of death.”

Brandon Yan, a resident physician at the UCSF School of Medicine and a research collaborator at the Harvard T.H. Chan School of Public Health, [Extra Fees Drive Assisted-Living Profits](#), **New York Times** (free access), November 19, 2023

“For the MIAA [Massachusetts Interscholastic Athletic Association], whose entire mission is to support high school athletics because of their importance in the educational experience, to come out with a ruling like this is unconscionable. It reeks of disability discrimination by a group that I know does not intend that.”

Archbishop Williams High School president Dennis Duggan, [Parents of students with disabilities say MIAA’s crackdown on sports eligibility is unfair to them](#), ***Boston Globe**, November 17, 2023 (updated)

Shame on the MIAA! This looks to me like a clear violation of the American with Disabilities Act. Sounds like both these boys have a disability diagnosed through a neuro-psych evaluation. They weren’t academically able to enter a mainstream ninth grade without a remedial year at Carroll. If neither played high school sports at Carroll, then they’ve only played three years of high school sports. That’s pretty simple math. People, and especially kids, with disabilities, deserve the same opportunity as their peers. What a disgrace and violation of the law.

Clover789 (a **Boston Globe** reader) providing commentary, [Parents of students with disabilities say MIAA’s crackdown on sports eligibility is unfair to them](#), ***Boston Globe**, November 17, 2023 (updated)

“You don’t want to be locked in for the rest of your life, you don’t want to live the rhythm of the organization. You want to make your own choices. You still want to go on living, but you need support.”

Jannette Spiering, a founder of the Hogeweyk [dementia community], [As Cases Soar, ‘Dementia Villages’ Look Like the Future of Home Care](#), **New York Times (free access)**, July 3, 2023

“The real challenge is a major cultural shift. It is not a challenge, actually, to create something like this [i.e., dementia community]. The more challenging thing is to create a society where people are really included, whatever label or diagnosis they have.”

Jannette Spiering,, [As Cases Soar, ‘Dementia Villages’ Look Like the Future of Home Care](#), **New York Times (free access)**, July 3, 2023

“People want to remain at home, they want to live in the community. I think this is an important message. So even if we think in terms of dementia villages, how close they are to the community — that’s very important. They should be part of the community, rather than outside of it.”

Dr. Tarun Dua, who heads the Brain Health unit at the W.H.O.’s Department of Mental Health and Substance Use, [As Cases Soar, ‘Dementia Villages’ Look Like the Future of Home Care](#), **New York Times (free access)**, July 3, 2023

Around the world, wealthy countries are struggling to afford long-term care for rapidly aging populations. Most spend more than the United States through government funding or insurance that individuals are legally required to obtain. Some protect individuals from exhausting all their income or wealth paying for long-term care.

[What Long-Term Care Looks Like Around the World](#). **New York Times (free access)**, November 14, 2023

Life Well Lived



Jimmy Carter and Rosalynn Carter at the Democratic

[**The Formidable Rosalynn Carter**](#)

***New York Times**

November 20, 2023

By Jonathan Alter

I saw Rosalynn Carter angry only twice. Both occasions involved Ronald Reagan, who had crushed Jimmy Carter in the 1980 election, and both reflected her passion and decency.

The first concerned a free public swimming pool in the Carters’ hometown, Plains, Ga., that they [built](#) in the 1950s for the Lions Club. She recounted to me during an interview that when Reagan was president, local conservatives turned it into a whites-only private club. Reagan made people “comfortable with their prejudices,” she snapped.

National Convention at New York's Madison Square Garden on July 15, 1976. (AP)



President-elect Jimmy Carter with his wife, Rosalynn Carter, and daughter, Amy, 9, at their home in Plains, Ga., in December 1976. (AP)



The Carters at work with Habitat for Humanity in May 2007 in Violet, La. (Alex Brandon/AP)

The second related to the landmark Mental Health Systems Act of 1980, a major investment in community mental health centers that Mrs. Carter spearheaded with the help of her husband's other archrival, Senator Edward Kennedy. Sitting in her office at the Carter Center in 2015, she grew upset as she described how Reagan had defunded the ambitious program, leaving tens of thousands of people untreated. It took 30 years — until Obamacare — before federal funding for community mental health treatment centers was fully resurrected with her help.

Perhaps in death Mrs. Carter's role as this country's premier champion of mental health will finally be properly appreciated. It's only one of the many unheralded accomplishments of a formidable and gracious woman who belongs in the first rank of influential first ladies.

Over nearly 80 years, the Carters forged the [longest](#), closest and arguably most productive high-level political partnership in American history — more seamless than those between Franklin and Eleanor Roosevelt or Bill and Hillary Clinton because it lacked the personal drama of those marriages. Although each agreed that the secret to a long, happy marriage was to spend some time apart, they did almost everything together — from learning to read the Bible in Spanish before bed to dodging gunfire in Africa after the presidency and fly-fishing in Siberia when he was 90 and she was 88.

The Carters were married for 77 years, a distinction enjoyed by an estimated 1,000 or so American couples. But they knew each other for an astonishing 96 years, [first meeting](#) a few days after Rosalynn Smith was born in 1927 when Jimmy's mother, the nurse who delivered Rosalynn, brought her toddler over to see the new baby.

On their first date in 1945, when Jimmy was a midshipman at the U.S. Naval Academy, they went to a movie neither remembered. Nearly half a century later, Jimmy [wrote](#) a poem entitled "Rosalynn":

I'd pay to sit behind her, blind to what
was on the screen, and watch the image flicker
upon her hair.

I'd glow when her diminished voice would clear
my muddled thoughts, like lightning flashing in
a gloomy sky.

Mr. Carter said he would not have won his long-shot 1976 bid for the presidency without her charm, hard work, and smart advice. Spending an astonishing [75 days campaigning](#) in Florida, she proved instrumental in helping him prevail in a historic primary there. His victory in Florida over George Wallace all but assured his nomination and marked the end of the racist wing of the Democratic Party.

Inside the White House, Mrs. Carter was the first presidential spouse with her own professional policy staff. In 1977, she assumed an unprecedented role as her husband's personal envoy and forcefully confronted authoritarian heads of state in Latin America on their human rights abuses. She took action to combat age discrimination by working closely with the congressman Claude Pepper to loosen rules on mandatory retirement, which affected the careers of millions. And touched by the plight of the Vietnamese "boat people" fleeing communist Vietnam, among others, she

persuaded her husband to more than double the number of refugees admitted from Southeast Asia.

Mr. Carter described their relationship as “like one person acting in concert.” Asked about his decision-making on foreign policy, he said that he confirmed his judgment with “Rosallynn, Cy” — Cyrus Vance, his secretary of state — “Zbig” — Zbigniew Brzezinski, his national security adviser — “and Ham” — Hamilton Jordan, his chief of staff. As the Time correspondent Hugh Sidey [wrote](#) in 1979, “Note the order.” On the domestic side, Mrs. Carter pushed her husband hard to appoint more women to important positions, and he did, [naming](#) five times as many women to the federal bench as all of his predecessors combined.

Known as the Steel Magnolia, a nickname she liked, Mrs. Carter sparked controversy when she sat in (silently) on cabinet meetings. But she was enthusiastically welcomed there as a critical part of the policy process. While most presidential aides view first ladies warily, the senior staff in the Carter White House often wished the stubborn president listened even more to his impressive wife, especially on politics, where, as Mr. Carter acknowledged, her instincts were better than his.

One achievement with contemporary resonance: Mrs. Carter, along with Betty Bumpers, the wife of Senator Dale Bumpers, traveled around the country and [persuaded](#) 33 state legislatures to change their laws to require proof of vaccination for children to enter school. This led to a joke in the late 1970s: Everywhere the first lady goes, kids cry — for fear of getting a shot. In 1980, Mrs. Carter thought her husband was “seemingly pompous” in explaining why he wouldn’t make politically expedient decisions. As she recounted in her memoirs, he would say something like, “I’ll never do anything to hurt my country.” And she’d reply, “The thing you can do to hurt your country most is not get re-elected.”

When Mr. Carter lost, Mrs. Carter grew depressed and wanted her husband to run for president again against Reagan. When Mr. Carter rejected that idea out of hand, she helped him reinvent the post-presidency by establishing the Carter Center. They traveled the globe together, “waging peace,” as they put it, supervising elections, starting impressive global health initiatives, and building houses for the poor. On the road, Mrs. Carter served as note-taker in important peace talks; at home, she established [fellowships](#) for journalists covering mental health issues and, as the founder of the Rosallynn Carter Institute for Caregivers, did as much as anyone to popularize a concept that barely had a name until the 1980s.

The Carters’ eight-decade love affair was one for the ages. When I was at work on my biography, Mrs. Carter shared with me her husband’s letters from sea. One of them from 1949 read:

When I have been away from you this long ... I feel lonely and lost, and it seems that I am not really living but just waiting to live again when you are with me.

Rosallynn Carter kept those letters in a drawer close by until the day she died.

Rosallynn Carter, first lady who championed mental health, dies at 96

Washington Post (free access)

November 19, 2023

By Joe Holley and Kevin Sullivan

	<p>https://wapo.st/47hxpgf</p> <p>Rosalynn Carter, a close political and policy adviser to her husband, President Jimmy Carter, who created the modern Office of the First Lady and advocated for better treatment of the mentally ill during her years in the White House and for four decades afterward, died Nov. 19 at her home in Plains, Ga. She was 96. . .</p> <p>During her husband’s early political campaigns, Mrs. Carter was content to work behind the scenes. After he was elected governor in 1970, she developed a newfound confidence in her capacity as the state’s official hostess and in her public-speaking obligations.</p> <p>She developed an interest in mental health issues, in part because of childhood memories of a distant cousin in Plains who was in and out of a state mental institution.</p> <p>She served as a member of the Governor’s Commission to Improve Service for the Mentally and Emotionally Handicapped. She helped establish 134 day-care centers for the state’s mentally disabled residents, and she volunteered at the Georgia Regional Hospital in Atlanta to gain further firsthand experience with the problems of the mentally ill. . .</p> <p>As first lady, Mrs. Carter continued working on strategies for helping the mentally ill. “I wanted to take mental illnesses and emotional disorders out of the closet, to let people know it is all right to admit having a problem without the fear of being called crazy,” she wrote in her autobiography. “If only we could consider mental illnesses as straightforwardly as we do physical illnesses, those affected could seek help and be treated in an open and effective way.”</p> <p>Her efforts were instrumental in congressional approval and funding for the Mental Health Systems Act of September 1980, the first major reform of federal, publicly funded mental health programs in nearly two decades. “Our celebration was brief,” Mrs. Carter recalled in her book. “Within a month Ronald Reagan was elected president, and with the change of administration, many of our dreams and the bulk of the funding for our program were gone. ... It was a bitter loss.”</p> <p>The mental health disappointment came toward the end of the Carter presidency.</p> <p><i>Rosalynn Carter Dies at 96. Remembering the Former First Lady in Pictures</i> The Washington Post (free access) November 20, 2023 By Washington Post Staff https://wapo.st/3MPKJQy</p>
<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>Nursing Homes Nursing home care continues to outpace most categories of national health spending: Altarum (McKnights Senior Living, November 20, 2023)</p> <p>Assisted Living Extra Fees Drive Assisted-Living Profits (New York Times (free access), November 19, 2023)</p> <p>Home Care As Cases Soar, ‘Dementia Villages’ Look Like the Future of Home Care (New York Times (free access), July 3, 2023)</p> <p>Public Policy</p>

	<p><u>Holding nursing homes accountable, while paying them fairly</u> (*Boston Globe, November 18, 2023 (updated)) <i>Commentary to Boston Globe editorial, <u>Holding nursing homes accountable, while paying them fairly</u> (*Boston Globe, November 18, 2023)</i> <u>House approves overhaul of long-term care</u> (*Salem News, November 17, 2023) <u>Personal health care spending has outpaced GDP growth for past 8 months</u> (Altarum, November 17, 2023)</p> <p>Demographics <u>Life expectancy for men in U.S. falls to 73 years — six years less than for women, per study</u> (STAT Daily Recap, November 13, 2023)</p> <p>Health Topics <u>Why Some Seniors Are Choosing Pot Over Pills</u> (New York Times (free access), November 16, 2023)</p> <p>Disability Topics <u>Parents of students with disabilities say MIAA’s crackdown on sports eligibility is unfair to them</u> (Boston Globe, November 17, 2023 (updated))</p>
Annual Meeting	<p>1. Boston Center for Independent Living Tuesday, November 28, 2023, 6:00 p.m. NonProfit Center, 89 South Street, Boston <i>2023 BCIL Annual Meeting</i> 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. MA Healthy Aging Collaborative Tuesday, November 21, 2023, 11:00 a.m. <i>MHAC Equity in Aging</i> Explore the latest updates from the Massachusetts Department of Public Health on their Community Health Equity Survey and its impact on health equity among older adults. Learn about the Massachusetts Community Health and Healthy Aging Funds presented by Health Resources in Action. If your organization or community has updates to share, please reach out to James Fuccione at MHAC (James.Fuccione@mahealthyaging.org). <u>Register for Equity in Aging</u></p> <p>3. MA Healthy Aging Collaborative Wednesday, November 29, 2023, 9:30 a.m. <i>MHAC Statewide Network Meeting</i> Please join the Mass. Healthy Aging Collaborative for its meeting of our Statewide Network (formerly our Advisory Council). We will be joined by Jan Mutchler, PhD, Director of the Gerontology Institute at UMass-Boston to hear about a recent report on Late Life Gender Disparities in Economic Security. We will also have on hand staff from the Massachusetts Attorney General's Elder Justice Unit to explain and present their role and work in promoting the safety and welfare of the state's older adults. If your community or organization has an update on your work as part of the age- and dementia friendly community movement that you would like to briefly share at this meeting, please contact James Fuccione at MHAC to reserve a spot (James.Fuccione@mahealthyaging.org). <u>Register for State Network Meeting</u></p> <p>4. Long Term Care Discussion Group</p>

Thursday, November 30, 2023, 2:00 to 3:00 p.m.

AARP's 2023 LTSS State Scorecard: Data Insights to Advance a High-Performing, Equitable LTSS System

ABOUT THE TOPIC:

The *LTSS State Scorecard* compares state LTSS systems across multiple dimensions of performance, reflecting the importance and interconnectedness each has on the overall LTSS system. This fifth edition of the *Scorecard*, released in September 2023 seeks to raise the profile of LTSS and drive action both federally and within states by measuring state LTSS system performance using 50 indicators across 5 dimensions, and ranking states in comparison to one another on each measure.

Released every three years, the *Scorecard* is a compilation of state data and analysis based on a new vision of a high-performing state long-term services and supports (LTSS) system. It uses data from a wide range of sources to describe how state LTSS systems are performing, relying on indicators that have been tracked as far back as the first *Scorecard* in 2011 to show trends over time. It also includes 20 new indicators and new ways of analyzing and displaying data to provide a more comprehensive picture of state performance.

This presentation will discuss key findings, including effects of the COVID-19 pandemic (all data are from 2020 and later), a focus on innovation, the new dimension of community integration, and incorporating equity in LTSS performance using data broken down by race and ethnicity wherever possible.

ABOUT THE SPEAKERS:

Carrie Blakeway Amero is director, Long Term Services and Supports (LTSS) at the AARP Public Policy Institute. She provides guidance, oversight, and support for AARP's LTSS-related strategic initiatives, collaborates with AARP partners, and coordinates the ongoing work of the LTSS Choices initiative, a multi-year, multi-faceted project to catalyze the transformation and modernization of the nation's long-term care system into one that meets the dynamic needs and preferences of consumers and their families. Before joining AARP, Amero was a managing consultant at The Lewin Group for 17 years where she supported several clients including the Administration for Community Living, the CMS Disabled and Elderly Health Programs Group (DEHPG), and the Center for Medicare and Medicaid Innovation (CMMI). She has extensive experience providing technical assistance to states, community-based organizations, health care providers, and LTSS providers and supporting continuous quality improvement through learning systems. She earned a master's in public affairs from the LBJ School of Public Affairs at the University of Texas at Austin and a bachelor's degree in anthropology also from the University of Texas at Austin.

Ari Houser is a senior methods advisor at the AARP Public Policy Institute, where he has been the lead data analyst on several major recurring and stand-alone projects, including the Nursing Home COVID-19 Dashboard and the Long-Term Services and Supports State Scorecard. In addition, he provides methodological and statistical assistance across the Public Policy Institute on other topics. Before joining AARP, Houser worked at the RAND Corporation and taught classes in statistics and public policy. He earned his Ph.D. in measurement, statistics, and evaluation from the University of Maryland and also has bachelor's degrees in engineering and physics from Swarthmore College.

Accessing the Meeting:

Join Zoom Meeting

<https://us06web.zoom.us/j/88973910939>

Meeting ID: 889 7391 0939

5. Bipartisan Policy Center

Thursday, December 7, 2023· 11:00 a.m. to 12 p.m.

Addressing the Direct Care Workforce Shortage: A Bipartisan Call to Action

For more than two decades, the United States has grappled with a critical shortage of direct care workers. These individuals are the backbone of our long-term care system, delivering hands-on care to older adults and individuals with disabilities. The COVID-19 pandemic and aging baby boomer population exacerbate this crisis, straining the health care system, hindering access, and contributing to avoidable spending.

Featured Participants:

Introduction

- G. William Hoagland | Senior Vice President, BPC

Keynote remarks

- Kathy Hempstead | Senior Policy Adviser, Robert Wood Johnson Foundation

Panelists

- Theresa Brown | Senior Advisor, Immigration, BPC
- Henry Claypool | Policy Director, Community Living, Brandeis University
- Bill Kennard | Administrator, Healthcare Workforce, Arizona HCCCS
- Dr. Kezia Scales | VP of Research & Evaluation, PHI
- Lisa Harootunian | Associate Director, Health, BPC (Moderator)

[REGISTER NOW](#)

6. Bipartisan Policy Center

Monday, December 11, 2023, 11:30 a.m. to 12:30 p.m.

Medicare Reform: A Bipartisan Solution

Nearly 20% of Americans rely on Medicare for health care, but as the population rapidly ages, the program faces increasing financial challenges: Medicare's Hospital Insurance Trust Fund is estimated to become insolvent by 2031. At the same time, beneficiaries struggle to pay their share of the cost and navigate a complex system.

Join BPC for a discussion on bipartisan solutions to improve beneficiary experience and ensure a fiscally responsible Medicare program. At this event, BPC will release federal policy recommendations that aim to enhance Medicare benefits, increase competition, establish better program management, and improve financing. While Congress has been reluctant to address Medicare's long-term solvency, BPC presents a politically viable path forward that would lead to a more financially sustainable program.

Featured Participants:

Introduction

G. William Hoagland | Senior Vice President, BPC

Mark E. Miller | Exec. VP, Health, Arnold Ventures

Fireside Chat

Alex Azar | Former HHS Secretary

Donna Shalala | Former HHS Secretary

Marilyn Serafini | Exec. Director, Health Program, BPC (Moderator)

Panelists

Kathleen Buto | Principal, Kathleen Buto Consultants

James Capretta | Senior Fellow, AEI

Juliette Cubanski | Deputy Director, Medicare Policy, KFF

	<p>Matt Fiedler Senior Fellow, Brookings Institution Maya Goldman Health Policy Reporter, Axios (Moderator)</p> <p>REGISTER NOW</p> <p>7. CoGenerate Wednesday, December 13, 2023, 2:00 p.m. <i>CoGen@Work Workshop: Tapping the Talents of Multigenerational Teams</i> A workplace with four or five generations working side by side is not a problem to be solved; it’s an opportunity to be leveraged. This CoGen@Work workshop will explore how to tap the different and complementary skills and talents of multigenerational teammates for big rewards. You’ll learn how best to understand generation, age and life stage while avoiding stereotypes; how to communicate using a wide variety of styles to suit all ages; how to identify and acknowledge power dynamics; and how to cultivate an age-diverse team of creative problem-solvers.</p> <p>Presenters:</p> <ul style="list-style-type: none"> • Marci Alboher (Gen X) is a vice president at CoGenerate who has been reporting and writing about career and workplace issues for two decades. A former blogger and columnist for The New York Times, Marci is a VP at CoGenerate and an evangelist for the power of cross-generational relationships. • Duncan Magidson (Millennial), is a digital communications specialist for CoGenerate who has deep experience designing and hosting multigenerational spaces. Duncan got his first taste of cross-generational collaboration working on a political campaign and is passionate about working across generations to co-create a better future. <p>REGISTER NOW</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p><i>Nursing Homes</i></p>	<p>8. McKnights Senior Living November 20, 2023 Nursing home care continues to outpace most categories of national health spending: Altarum By Kathleen Steele Gaivin Nursing home care in September once again represented one of the fastest-growing categories of national health spending, second only to spending on prescription drugs, according to Altarum’s monthly Health Sector Economics Brief, released Friday. Spending on nursing home care has increased 9.8% since September 2022, “a result of increases in both prices and utilization,” Altarum fellow and Senior Researcher George Miller told the McKnight’s Business Daily. Spending on home care, on the other hand, showed the slowest growth rate among major categories of national health spending, increasing just 5.5% in September, he noted. . . Year-over-year spending growth among the other major healthcare categories, according to the report: prescription drugs (11.8%), dental care (9.8%), physician and clinical services (8.9%) and hospital care (6.9%). National health spending overall increased 5.7%, year over year, reaching a seasonally adjusted annual rate of \$4.78 trillion, accounting for 17.2% of gross domestic product.</p>
<p>Assisted Living</p>	<p>9. New York Times (free access) November 19, 2023</p>

[Extra Fees Drive Assisted-Living Profits](#)

By Jordan Rau

This article is part of the Dying Broke series examining how the immense financial costs of long-term care drain older Americans and their families.

The add-ons pile up: \$93 for medications, \$50 for cable TV. Prices soar as the industry leaves no service unbilled. The housing option is out of reach for many families.

Assisted-living centers have become an appealing retirement option for hundreds of thousands of boomers who can no longer live independently, promising a cheerful alternative to the institutional feel of a nursing home. But their cost is so crushingly high that most Americans can't afford them. These highly profitable facilities often charge \$5,000 a month or more and then layer on extra fees at every step. Residents' bills and price lists from a dozen facilities offer a glimpse of the charges: \$12 for a blood pressure check; \$50 per injection (more for insulin); \$93 a month to order medications from a pharmacy not used by the facility; \$315 a month for daily help with an inhaler.

The facilities charge extra to help residents get to the shower, bathroom, or dining room; to deliver meals to their rooms; to have staff check-ins for daily "reassurance" or simply to remind residents when it's time to eat or take their medication. Some even charge for routine billing to a resident's insurance for care. . .

About 850,000 older Americans reside in assisted-living facilities, which have become one of the most lucrative branches of the long-term care industry catering to people 65 and older. Investors, regional companies, and international real estate trusts have jumped in: Half of operators in the business of assisted living earn returns of 20 percent or more than it costs to run the sites, an industry survey shows. That is far higher than the money made in most other health sectors. . .

There are now 31,000 assisted-living facilities nationwide — twice the number of skilled nursing homes. Four of every five facilities [are run as](#) for-profits. Members of racial or ethnic minority groups account for only a tenth of residents, even though they make up a [quarter of the population of people 65](#) or older in the United States.

A [public opinion survey](#) conducted by KFF, the organization formerly known as the Kaiser Family Foundation, found that 83 percent of adults said it would be impossible or very difficult to pay \$60,000 a year for an assisted-living facility. Almost half of those surveyed who either lived in a long-term care residence or had a loved one who did encounter unexpected add-on fees for things they assumed were included in the price. . .

Unlike most residents of nursing homes where care is generally paid for by Medicaid, the federal-state program for the poor and disabled, assisted-living residents or their families usually must shoulder the full costs. Most centers require those who can no longer pay to move out. . .

Prices escalate greatly when a resident develops dementia or other serious illnesses. At one facility in California, the monthly cost of packages for people with dementia or other cognitive issues increased from \$1,325 for those requiring the least amount of help to \$4,625 as residents' needs grew. . .

For residents, the median annual price of assisted living has increased 31 percent faster than inflation, nearly doubling from 2004 to 2021, to \$54,000, according to surveys by the insurance firm Genworth. Monthly fees at memory

	<p>care centers, which specialize in people with dementia and other cognitive issues, can exceed \$10,000 in areas where real estate is expensive or the residents’ needs are high.</p> <p>Diane Lepsig, president of CarePatrol of Bellevue-Eastside, in the Seattle suburbs, which helps place people, said that she warned those seeking advice that they should expect to pay at least \$7,000 a month. “A million dollars in assets really doesn’t last that long,” she said.</p> <p>Prices rose even faster during the pandemic as wages and supply costs grew. Brookdale Senior Living, one of the nation’s largest assisted-living owners and operators, reported to stockholders rate increases that were higher than usual for this year. In its assisted-living and memory care division, Brookdale’s revenue per occupied unit rose 9.4 percent in 2023 from 2022, primarily because of rent increases, financial disclosures show.</p>
Home Care	<p>10. New York Times (free access) July 3, 2023 As Cases Soar, ‘Dementia Villages’ Look Like the Future of Home Care By Joann Plockova</p> <p>A new generation of treatment facilities is aiming to integrate dementia patients with the communities around them, blurring lines between home and hospital. Since 2009, the Hogeweyk, [the Netherlands], which sits on four acres in the Amsterdam suburb of Weesp, has aimed to “emancipate people living with dementia and include them in society,” according to its website. The community, which is funded by the Dutch government and currently serves 188 residents in 27 houses, marked an evolution from traditional nursing homes — the authors of the 2020 World Alzheimer Report called it a “paradigm shifter” — by offering residents (and their families) humanized care that feels more like home. . .</p> <p>Residents at the Hogeweyk, all of whom suffer from severe dementia, move about the village freely and interact with fellow patients. They also interact with the trained staff — nurses, doctors, psychologists, physiotherapists, and social coaches — who far outnumber the residents and blend into the community’s daily life. At the supermarket, for instance, residents can buy food, shampoo, or a postcard, but no real money is exchanged and the cashier is trained to care for people with dementia. The homes, which house six or seven residents, come with a living room, kitchen, private bedrooms, a laundry room and outdoor space, and professional support is available day and night. New residences become available only when a resident passes away.</p> <p>Over the past decade, as the number of dementia cases has exploded worldwide, more “dementia villages” and senior “microtowns” have opened across the globe. But experts worry that if the senior-care community is going to keep pace with diagnoses, there will have to be another major paradigm shift, and quickly.</p> <p>In essence, they want the Hogeweyks of the future to not just resemble real towns, but to <i>be</i> real towns.</p> <p>When the Hogeweyk first opened its doors, there were about 35 million people living with dementia around the world, according to Alzheimer’s Disease International, a nonprofit federation of Alzheimer and dementia associations. Today that number is more than 55 million, and the World Health Organization expects it to reach 78 million by 2030. (The W. H.O. describes “dementia” as a</p>

	<p>term covering several diseases that affect memory, thinking and the ability to perform daily activities. Alzheimer’s disease is the most common form.). . . As yet, there are no dementia villages in the United States, apart from a Hogeweyk-inspired dementia-care day center in South Bend, Ind. But one is in development in Holmdel, N.J., with plans to open its doors in the next two to three years. . .</p> <p>Preparing for the future has been baked into the model. Along with homes for 105 residents, there is a planned neurocognitive clinic and a senior resource hub, both of which will offer their services to the general public. Family members will be offered training to better care for their loved ones at home, “so that we can reach the wider population and this large number of people who are going to be confronting this,” Mr. Carlson said.</p> <p>But he warned that the effort could be more difficult in the United States, where the costs will fall primarily on individuals rather than governments. “People had been reticent to do it in the U.S. because it’s a private-paying market,” he said, “as opposed to Europe, which is all socialized medicine.”</p>
Public Policy	<p>11. *Boston Globe November 18, 2023 (updated) <i> Holding nursing homes accountable, while paying them fairly </i> By The Editorial Board</p> <p>In a bill passed unanimously by the Massachusetts House of Representatives, oversight is paired with money to enhance workforce.</p> <p>Even before COVID-19 hit, nursing homes were struggling. Occupancy was declining, labor costs were rising, and profits were shrinking. A 2020 report by a legislatively created nursing facility task force identified 18 facilities that were of chronic low quality and experienced low occupancy. Nursing homes were then hit hard by COVID outbreaks. Today, many are struggling to retain and hire staff. A bill passed unanimously by the state House of Representatives on Wednesday would bring long-overdue reforms to the nursing home industry. It would impose stricter oversight by the Department of Public Health and harsher penalties for homes where residents are abused or neglected. Simultaneously, it would raise the Medicaid rates paid to nursing homes and enhance workforce training to ensure homes have the resources and staff to offer high-quality care. The bill has backing from nursing home managers and workers. The House was right to prioritize it. The Senate should follow suit and consider the bill when lawmakers return to formal sessions next year.</p> <p>State Representative Thomas Stanley, a Waltham Democrat who chairs the Joint Committee on Elder Affairs and led work on the bill, said the issue is personal to him after his father spent the last years of his life in and out of nursing homes, where quality varied. “The last days of his life, my wife and I were visiting him in a nursing home, and he fell. I held him in my lap on the floor while my wife went running up and down the hallway trying to find help,” Stanley said. “I don’t want families to have to go through that.”</p> <p>Several provisions of the bill relate to ensuring strong nursing home leadership and accountability. The bill would give the Department of Public Health new authority to scrutinize owners and management companies when a company applies for a nursing home license or to transfer ownership of one, and to examine their suitability based on background and legal checks. Nursing homes would be required to submit additional financial reports. DPH would obtain new authority to suspend or revoke a license or to appoint a temporary manager for</p>

a nursing home in cases of chronically poor conditions. Financial penalties for safety violations and for abuse and neglect would increase. Nursing homes would have to develop plans for infectious disease control, and DPH would offer additional training in areas including infection control, resident care, and staff safety.

To address [bottlenecks in hospital discharge](#), the bill would require insurers to approve requests for transfers from hospitals more quickly.

To ensure nursing homes have the staff and money needed to operate high-quality programs, the bill would create a fund to pay for workforce training and provide loans for capital projects. It would require MassHealth to update its rates biennially and provide additional money to care for patients who need extra staff, like those who are obese or aggressive.

The bill has widespread support. Both Tara Gregorio, president of the Massachusetts Senior Care Association, which represents nursing homes, and Tim Foley, executive vice president of 1199SEIU, which represents nursing home workers, praised the bill's focus on increasing accountability, transparency, and oversight while also addressing pressing workforce challenges. Paul Lanzikos, co-founder of Dignity Alliance Massachusetts, a senior advocacy group that has been critical of nursing homes, said he appreciates the proposed new oversight and accountability even as his group pushes for additional reforms.

The details are complicated, and lawmakers and interest groups should scrutinize them as the legislation advances. But before this session ends in 2024, Governor Maura Healey should sign into law a version of this bill, which strengthens accountability and oversight while giving nursing homes the resources they need to ensure residents are getting the highest quality of care.

12. *Boston Globe

November 18, 2023

*Commentary to **Boston Globe** editorial, [Holding nursing homes accountable, while paying them fairly](#)*

By Richard Moore, Chair, DignityMA Legislative Workgroup

The House-passed bill is a good first step, and the Senate should work to improve the legislation. One glaring oversight is that the nursing home industry which has, largely, failed the vulnerable adults and the taxpayers, is the role given to the industry in several commissions and committees that would be established. Consumers and advocates should have seats at the table as well to ensure that nursing home owners and investors are held accountable for effective use of any public funds. Perhaps the most serious shortcoming is that the accountability provisions of the bill depend heavily on meaningful by the Department of Public Health to employ enough experienced inspectors and to aggressively enforce current law, let alone the new provisions of the new plan. Too many nursing homes have gone more than a year without state inspections, and those inspections should be UNANNOUNCED so that inspectors get a true picture of conditions at the home. Furthermore, too many complaints by residents, family, or friends and even staff are not addressed in real time, so that a significant backlog exists, as reported by then-Auditor Suzanne Bump in 2019. The Health and Human Services Inspector General has consistently ranked Massachusetts near the bottom of states completing inspections and resolving resident complaints. A major deficiency in oversight is the failure to penalize homes that don't meet the state's regulation for staffing at a weak ratio of 3.58 hours of care per resident per day. The ratio should be no less than 4.1 hours. All

penalties are simply viewed by the industry as the "cost of doing business," and fail to achieve corrective action. Care staff need a livable wage and should not be responsible for too many residents. That situation makes it hard to hire, and even harder to, retain good caregivers. Understaffing is hard on nursing home residents when there isn't anyone to help them get to the bathroom in time, to deliver a hot meal that should be hot, to help residents out of bed so they get exercise and avoid bed sores (pressure ulcers). While Speaker Mariano and the House deserve applause for passing the bill, and there are more improvements that the Senate can make, Nursing home residents, families, and advocates shouldn't celebrate prematurely! There's a lot more that could and should be done to improve conditions in nursing homes, not the least of which is aggressive enforcement to protect residents and staff. Even if the Healey-Driscoll Administration resolves to substantially improve the quality and safety of nursing homes, Massachusetts should still strive to be a national leader in home and community-based supports and services! After all, if older adults don't have to go into a nursing home, fewer people will suffer from the failures of the nursing home industry here and across the nation!

13. *Salem News

November 17, 2023

[House approves overhaul of long-term care](#)

By Christian Wade

The state House of Representatives approved a proposal on Wednesday aimed at improving the long-term care system, which is struggling amid a lack of federal funding, labor shortages and residual impacts of the COVID-19 pandemic.

The measure, which passed unanimously, sets new restrictions on nursing home operators to prevent abuse and neglect, including beefed-up fines for violations, and provides incentives to boost the longterm care workforce and improve disease management in nursing facilities, among other changes. . .

Under the plan, long-term care facilities would face new licensing regulations and additional oversight, including more extensive reviews of their financial status and whether they have a history of litigation or criminal sanctions.

They would be required to develop infection outbreak response plans, which would need to be submitted to state health officials annually for review.

Fines for abuse and neglect of patients would be increased while the statute of limitations for investigating allegations of abuse would be increased to four years. The bill also hikes fines for operating a facility without a license and other offenses. . .

Lawmakers added an amendment to the bill filed by Rep. Frank Moran, D-Lawrence, that will require the state to create a program for the certification, training and oversight of certified medication aides, who would be authorized to administer medication to residents of long-term care facilities. . .

Another amendment added to the bill by Rep. Sally Kerans, D-Danvers, will require long-term care operators to notify local officials if there is a disease outbreak at a facility.

14. Altarum

November 17, 2023

[Personal health care spending has outpaced GDP growth for past 8 months](#)

HIGHLIGHTS

	<ul style="list-style-type: none"> • In September 2023, national health spending grew by 5.7%, year over year, and represents 17.2% of GDP. • Nominal GDP in September 2023 was 6.6% higher than in September 2022, and grew 0.9 percentage points faster than health spending. • Neglecting government subsidies, spending on personal health care in September increased by 8.0%, year over year, and by 7.7% when subsidies are included, exceeding the GDP growth rate for the eighth consecutive month. • Neglecting government subsidies, year-over-year spending on prescription drugs (11.8%) grew fastest in September, while spending on home health care increased the least (5.5%) among major categories. • Personal health care spending growth (neglecting government subsidies) continues to be dominated by growth in utilization rather than price increases. • The Centers for Medicare and Medicaid Services (CMS) will release the official estimates of national health spending for 2022 on December 13.
Demographics	<p>15. STAT Daily Recap November 13, 2023 <u>Life expectancy for men in U.S. falls to 73 years — six years less than for women, per study</u> By Annalisa Merelli</p> <p>The life expectancy of men in the U.S. is nearly six years shorter than that of women, according to <u>new research</u> published on Monday in JAMA Internal Medicine.</p> <p>At least partially as a consequence of over 1 million Covid-19 deaths, life expectancy in the U.S. has declined significantly over the past few years, falling from 78.8 years in 2019 to <u>77 in 2020</u> and <u>76.1 in 2022</u> — undoing over two decades of progress. This puts the country <u>far behind its wealthy peers</u>: Countries such as Japan, Korea, Portugal, the U.K., and Italy all enjoy a life expectancy of 80 years or more. Countries such as Turkey (78.6) and China (78.2) also fare better. This falloff has become a <u>key issue for the Food and Drug Administration</u>.</p> <p>The picture is especially <u>concerning for men</u>, whose life expectancy is now 73.2 years, compared with women’s 79.1. This 5.9 year gap is the widest between the two genders since 1996. . .</p> <p>The decline in life expectancy in the U.S. suggests that advancements in medical treatment are no longer sufficient to counter ongoing public health crises, Yan said. “We have a health care system that is very advanced in treating illnesses and advanced disease. But for the most part ... it is not very good when it comes to preventative care.”</p>
Health Care Topics	<p>16. New York Times (free access) November 16, 2023 <u>Why Some Seniors Are Choosing Pot Over Pills</u> By Christina Caron</p> <p>Seniors are one of the fastest-growing populations of cannabis users in the United States. While some older adults have used pot for decades, studies suggest that others are <u>turning to the drug</u> for the first time to help them <u>sleep better, dampen pain or treat anxiety</u> — especially when prescription drugs, which often come with unwanted side effects, don’t work as intended.</p> <p>In 2007, only about <u>0.4 percent</u> of people age 65 and older in the United States</p>

	had reported using cannabis in the past year, according to the National Survey on Drug Use and Health. That number rose to almost 3 percent by 2016. As of 2022, it was at more than 8 percent .
Disability Topics	<p>17. *Boston Globe November 17, 2023 (updated) Parents of students with disabilities say MIAA’s crackdown on sports eligibility is unfair to them By Bob Hohler</p> <p>The crackdown by the Massachusetts Interscholastic Athletic Association on high schools securing waivers for students to play a fifth year of sports has left a trail of collateral damage, with hundreds of student-athletes barred from postseason tournaments.</p> <p>But the families of two high school seniors say their boys have suffered a particular injustice at the hands of the MIAA.</p> <p>Jack Gill, a three-sport athlete at Catholic Memorial, and Colmn Gilroy, who wants to play basketball at Archbishop Williams, have been barred from competing in any sport this year, even though each has had the opportunity to play only three years of high school athletics. Both had temporarily left their hometown schools to attend the Carroll School, which specializes in helping students with learning disabilities. . .</p> <p>Gill and Gilroy, both 18, have dyslexia, which causes difficulty reading, writing, and spelling. Because they attended the Carroll School through the ninth grade, then entered mainstream high schools as ninth graders, the MIAA summarily rejected their eligibility applications under its new waiver rule. The regulation prohibits waivers for students who voluntarily repeat a grade.</p>
Dignity Alliance Massachusetts Legislative Endorsements	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 rmooore8473@charter.net .
Websites	
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>

<p>Massachusetts Department of Public Health Determination of Need Projects</p>	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care</i> 2023 Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022 Ascentria Care Alliance – Laurel Ridge Ascentria Care Alliance – Lutheran Housing Ascentria Care Alliance – Quaboag Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation Next Step Healthcare LLC-Conservation Long Term Care Project Royal Falmouth – Conservation Long Term Care Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020 Advocate Healthcare of East Boston, LLC. Belmont Manor Nursing Home, Inc.</p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated March 29, 2023 CMS has published a new list of 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?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above).

- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://somersetridgerehab.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare
<https://www.nextstephc.com/southdennis>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225320>

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
<https://tinyurl.com/MarlboroughHills>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225063>

Massachusetts facilities which have graduated from the program

- The Oxford Rehabilitation & Health Care Center, Haverhill
<https://theoxfordrehabhealth.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225218>
- Worcester Rehabilitation and Health Care Center, Worcester
<https://worcesterrehabcare.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225199>

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

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

	<p>https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412</p> <ul style="list-style-type: none"> • Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram 																								
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
# reported	Deficiency Tag																								
250	B																								
82	C																								
7,056	D																								
1,850	E																								
546	F																								
487	G																								
31	H																								
1	I																								
40	J																								
7	K																								
2	L																								

Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content
Access to Dignity Alliance social media	<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</p>

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