



# The Dignity Digest

Issue # 166

December 12, 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

[\*\*The Old New Way to Provide Cheap Housing\*\*](#)

**The New York Times (free access)**

December 9, 2023

By Nicholas Kristof

Homelessness is an American tragedy, but it's not hopeless. In a [recent column](#), I explored how Houston has become a national model by reducing homelessness by more than 60 percent.

One takeaway is that homelessness, above all, reflects a shortage of cheap housing. So, I'm intrigued by an approach to providing such housing that's gaining ground around the country. It's an idea so old, it seems new: converting single-family houses to rooming houses. Rooming houses, boardinghouses, or single room occupancy (S.R.O.) hotels used to be ubiquitous. President Thomas Jefferson stayed in a [boardinghouse](#) for several months before moving into the White House. At the seedier end, S.R.O.s largely disappeared over the past half-century, partly because of zoning and economic development projects.

In Houston I dropped in on a home operated by [PadSplit](#), a company that offers furnished bedrooms for working-class Americans. PadSplit, which is something like a long-term Airbnb for rooming houses, has housed 22,000 people so far and is growing fast.

The PadSplit model is to take a house that is near public transportation, convert the living room to a bedroom, put locks on each bedroom door and then rent out each room by the week. This typically means a shared bathroom and kitchen, and some tenants have [complaints](#), but it's affordable for people who have few other options.

"It's reasonable!" said Gregory Walker, 46, a warehouse employee who takes home \$2,300 a month.

He pays \$150 a week, or a bit more than \$600 a month, for a furnished bedroom in the PadSplit I visited. He shares it with six others in a middle-class neighborhood. Utilities and Wi-Fi are included in the rent.

Previously, Walker was stuck in a "sleazy hotel," as he put it, for \$1,950 a month because he had a poor credit record that made it difficult to rent an apartment.

Rooming houses are quite different from the practice of young professionals having housemates in cities like New York and Boston.

PadSplit rooms are often cheaper (partly because there aren't shared living areas), management is by a company rather than the residents, and payment is by the week to make it more workable for people living paycheck by paycheck. S.R.O.s were often squalid, but PadSplit is trying to elevate the experience.

PadSplit is the brainchild of an Atlanta real estate developer, Atticus LeBlanc, the company's chief executive. He studied architecture and urban studies at Yale but knew little of rooming houses. Then in 2009 he was renting out a home, and two men asked if they could rent individual rooms in it.

The men had only Social Security for income — \$685 per month for one man and \$735 for the other — and had been paying \$100 a week for rooms in a decrepit house with no heating or air conditioning, but that home had been foreclosed on, and they needed to find somewhere else to live.

LeBlanc realized that if he rented rooms out at \$100 a week, he could give people with low incomes comfortable accommodations and increase his income from the house.

"This was mind-blowing," LeBlanc told me.

He entered a competition for ideas to provide affordable housing and won foundation funding that allowed him to start PadSplit in 2017. It's a public benefit corporation, meaning that it is for profit but also aims to advance a social purpose.

Now operating in 18 cities, PadSplit provides an online platform for low-income workers to find furnished rooms offered by landlords. Sometimes the landlords rent out the entire house, room by room; others rent out just a room or two. PadSplit renters have an average age of 35 and earn a median of \$30,000 per year.

The S.R.O. model addresses a mismatch between our housing stock and household size. Some [28 percent](#) of American households consist of a single person living alone, yet fewer than 1 percent of housing units are studios. Many large houses can be used much more efficiently if they're converted to rooming houses.

PadSplit hasn't received direct public subsidies, and the model has room to scale up; census data suggests that there are tens of millions of bedrooms in America that no one sleeps in. This can provide low-cost housing more quickly and cheaply than public efforts to build housing: San Francisco has built some housing units for people who are homeless for [more than \\$1 million each](#).

There's no one answer to America's housing crisis, but I'd like to see local governments experiment by rewarding landlords for creating basement flats, taking in boarders, or creating rooming houses. A major impediment is local zoning regulations, which sometimes limit how many unrelated people can live together in a house.

I'm sure some readers will see this model as [exploitative](#) and think that people should have the right to their own home. Yes, that would

	<p>be nice, but that sentiment doesn't actually get anyone housed. And while sharing a bathroom and kitchen isn't ideal, it's so much better than living in a car.</p> <p>Millions of Americans working as teachers, firefighters or factory workers simply can't afford to rent apartments, or credit problems mean they can't get approved to rent. PadSplit takes people with eviction histories or weak credit but still makes it work with modern real estate management practices: It claims a 97.5 percent collection rate.</p> <p>All this is a reminder that we used to have solutions to homelessness — like S.R.O.s — that we mostly eliminated half a century ago. This was a catastrophe of good intentions: We aimed to improve housing and neighborhoods and instead we got people sleeping in cars and on sidewalks.</p>
<p>Quotes</p>	<p><i>COVID-19 was not just a disruption for nursing home staff and residents; it stands as a catastrophe that devastated occupants of long-term care facilities like nothing in recent history ever has. As of December 2020, out of approximately 270,000 COVID deaths, nursing home residents and staff comprised 106,000 such casualties—and as of mid-2021, 40 percent of all US COVID deaths have been linked to long-term care facilities</i></p> <p><a href="#"><u>Nursing Home Social Work During the COVID-19 Pandemic: Reflections Behind the Mask</u></a>, <i>Reflections: Narratives of Professional Helping</i>, November 29, 2023</p> <p><i>A significant treatment gap exists for individuals living with mental health and substance use conditions. As of 2023, 55% of adults who experienced some form of mental illness receive no treatment and 60% of youth with major depression go without help</i></p> <p><a href="#"><u>Strengthening the Integrated Care Workforce</u></a>, Bipartisan Policy Center, December 4, 2023</p> <p><i>“If it’s not unethical, it definitely borders on being unethical. If you’re not able to generate five-star reviews based on your performance, the fact that you have to provide an incentive says a lot, and a lot that’s not positive. The question is, how much is good care for your loved one worth — \$480?”</i></p>

Paul Lanzikos, commenting on [Nursing home offers prize for 5-star review](#), **Salem News**, December 11, 2023

*“We need to professionalize services. We need to give respect and dignity to the workers who provide the care.”*

Judi Fonsh, MSW, [State proposal would increase spending for the elderly through FY2025, increase salaries](#), **Worcester Telegram**, December 3, 2023

*“I realized at end of the day that all of us are workers, no matter how elite we’re perceived to be. We’re seen as cogs in the wheel. You can be a physician or a factory worker, and you’re treated exactly the same way by these large corporations.”*

Dr. Alia Sharif, who is involved in the union campaign at Allina Health Care, [Why Doctors and Pharmacists Are in Revolt](#), **\*New York Times**, December 5, 2023 (updated)

*“I’ve been asking and asking and asking for improvements for years. Now we’re not asking any more — we’re demanding it.”*

Dr. Ed Smith, a frontline CVS pharmacist in Massachusetts who previously was a district manager, [Why Doctors and Pharmacists Are in Revolt](#), **\*New York Times**, December 5, 2023 (updated)

*The [Massachusetts health care] system is treating fewer people than it would like to, largely because there is less capacity at [nursing homes and rehabilitation facilities that would normally take discharged patients recovering from hospitalization](#).*

[Mass General Brigham reports strong year, but headwinds foreboding for the market](#), **\*Boston Globe**, December 8, 2023

*“When it comes to our nation's hospitals, a business model that prioritizes profits over patient care and safety is unacceptable.”*

U.S. Senator Chuck Grassley (R-Iowa), [Senators probe private equity hospital transactions](#), **Becker’s Hospital CFO Report**, December 7, 2023

*“Don’t just point to programs helping other people and say cut those.”*

	<p>Verna Orvis, 61 year old resident of Chickasaw County, Iowa, <a href="#">A harvest of memories</a>, *Washington Post, December 9, 2023</p> <p><i>“I do feel like we are at an inflection point of this health care reform journey and that there needs to be action to update the tools and levers in order for us to maintain our position as a national leader.”</i></p> <p>David Seltz, executive director of the Massachusetts Health Policy Commission, <a href="#">A race to keep Mass. health care affordable</a>, CodCast (Pod cast), December 10, 2023</p>
<p>Dignity Alliance participants say . . .</p>	<p><a href="#">Nursing home offers prize for 5-star review</a>  <b>Salem News</b>  By Paul Leighton  December 11, 2023</p> <p>If you like the care your loved one is receiving at a nursing home, you might be inclined to give the facility a favorable online review. If that’s not enough incentive, how about a chance to win a KitchenAid stand mixer? That’s the controversial tactic being employed at Hathorne Hill, a 120-bed nursing home in Danvers. The facility is offering anyone who gives it a five-star Google review a chance to win a KitchenAid mixer. The mixer is on display in the lobby of the nursing home, with a sign urging people to write a five-star Google review and listing the mixer’s value at \$480. The winner is scheduled to be drawn on Jan. 2. Paul Lanzikos, co-founder of Dignity Alliance Massachusetts and the former head of North Shore Elder Services, said he has never heard of a nursing home using the tactic and questioned the ethics of doing so. “If it’s not unethical, it definitely borders on being unethical,” Lanzikos said. “If you’re not able to generate five-star reviews based on your performance, the fact that you have to provide an incentive says a lot, and a lot that’s not positive. “The question is, how much is good care for your loved one worth — \$480?,” he said. Jeff Little, a Salem resident whose mother stayed at Hathorne Hill for five days in October, said the prize offer amounted to “bribery.” “That’s like saying I’ll give you \$100 if you write something nice about me,” he said. “Even if it’s not against the law, it’s still bribery.” A spokeswoman for the Massachusetts Department of Public Health said there are no existing DPH policies or regulatory requirements that prohibit nursing homes from offering incentives for online reviews. But the practice has come under scrutiny from the federal government. In June, the Federal Trade Commission proposed a new rule to stop businesses from using fake reviews, suppressing negative reviews, and “providing compensation or other incentives” for reviews. Hathorne Hill spokesperson Lori Mayer said the facility was notified more than a month ago that its raffle did not follow Google policies, so it changed its sign to add, “Please mention in your review that your Google review is incentivized.”</p>

Judi Fonsh, MSW, is a Dignity Alliance Massachusetts participant who lives in Leverett.

Mayer did not respond to questions regarding the ethics of the raffle. Hathorne Hill, on Kirkbride Drive in Danvers, is a for-profit nursing home owned by Genesis Health-Care, a Pennsylvania-based holding company with subsidiaries that operate about 250 nursing homes and senior living communities in 22 states.

Hathorne Hill has a three-star rating out of a possible five stars on the federal Medicare Nursing Home Compare website. The Massachusetts Health and Human Services nursing home rating website gives the facility a score of 117, one point above the state average.

In June 2022, Hathorne Hill was fined \$8,648 after a nurse administered morphine to the wrong resident and failed to report the error to the nurse supervisor or physician, according to a state inspection report.

The facility was also cited in October 2022 for an incident in which a certified nurse assistant refused to empty a resident's ostomy bag and forced gloves onto the resident's hands to have the resident do it him- or herself, according to a report.

[State proposal would increase spending for the elderly through FY2025, increase salaries](#)

**Worcester Telegram**

December 3, 2023

By Kinga Borondy

Advocates for older adults told state officials with the Executive Office of Elder Affairs that a proposed increase in rates paid to agencies that supply services to Bay State seniors would go a long way to easing the worker crunch and allow older residents to age in place, not in nursing facilities. The proposal, which would cost the state about \$27 million through fiscal 2025, would increase the rate by more than 2% and would include increases in the rate of compensation for certain elder services, including salaries and attorney fees in conservator cases.

Encompassed other services include coordination of congregate (or group) housing services, home care program management, direct home care services, money management programs, programs dedicated to protecting frail adults and keeping them in the community rather than in nursing homes, protective services for incapacitated persons, elder abuse investigations and supportive services in public housing. Two advocates for seniors testified in a remote meeting Friday, lauding the proposal to increase the reimbursement rate across the state.

**Need for more in-home care workers**

Judi Fonsh, a retired social worker who prides herself on being an advocate for seniors, told state officials that while competent people do apply for and work the jobs, many are forced to leave because of the low pay. Residents in the state's western reaches needing in-home services are on a "horrendous" waiting list, and many families are forced to place loved ones in nursing homes, despite their desire to care for them at home.

"We need to professionalize services," Fonsh said, explaining that it's a question of respect and dignity for the workers performing the jobs.

A Leverett resident, Fonsh said that the rural nature of Western Massachusetts compounds the problem posed by the lack of a living wage and the lack of workers.

“We need to give respect and dignity to the workers who provide the care,” Fonsh said, explaining that as is often the problem in the capitalist system, the workers who perform the most challenging tasks are often the lowest paid and the least respected.

“Two of my friends could no longer meet the needs of loved ones, could not get services to help them stay in their homes, and both were forced to place their loved ones in nursing homes,” Fonsh said. “We need to professionalize services,” Fonsh said, explaining that it’s a question of respect and dignity for the workers performing the jobs.

Residents in the state’s western reaches needing in-home services are on a “horrendous” waiting list, and many families are forced to place loved ones in nursing homes, despite their desire to care for them at home.

Also speaking during the meeting was Renee Markus Hodin, director of elder services at the Jewish Family & Children’s Service in Boston. The organization provides care for a large percentage of elderly residents in Greater Boston.

In her position, Markus Hodin oversees the facility’s guardianship services and has found the complexity of cases in recent years and the costs have increased significantly. The preponderance of mental illness has increased in the state’s aging population, as have attorney fees to handle guardianship cases. Inflation and rising costs overall have compounded the problem. The organization, Markus Hodin said, is working to lower costs, negotiate attorney fees and streamline paperwork, but the increase in reimbursement will help mitigate the organization’s financial losses.

A bill proposed by Sen. Jo Comerford, D-Northampton, would allow spouses to be paid caregivers, at the person’s request. The bill, filed in multiple previous sessions, has bipartisan support, and was heard by the Joint Committee on Children, Families and Persons with Disabilities in October. In a synopsis provided by the senator’s staff, the current state policy penalizes seniors and people with disabilities who wish to employ their spouse as their caregiver. Other close family relatives, from offspring and grandchildren to nieces, nephews and in some cases ex-spouses, can already serve as paid caregivers.

According to Comerford’s October testimony, the measure would “increase health care equity while improving the financial infrastructure for many families.” The senator quoted out-of-pocket caregiving costs per family to be as much as \$7,424 according to a 2022 report, *The Current State of Family Caregiving*, compiled in support of the Credit for Caring Act.

This change, Comerford believes, would allow people to remain in their homes, saving taxpayer money paid to institutions as well as shoring up the family economic structure. In her testimony, the senator also touched on the severe shortage of home care workers, citing a state 2023 report that found more than 4,300 people statewide who were waiting to be matched with direct care workers.

Other states, 26 nationwide, Comerford noted, have already made the accommodation. In addition, the U.S. Veterans Services Administration also permits paying spouses to serve as caregivers.

The bill would reverse the ban on paying spouses to serve as caregivers and directs MassHealth to recognize and compensate spouses as caregivers if

	<p>requested by the patient — just as other relatives are already permitted to serve as paid caregivers, according to the senator.</p> <p><b>Thinking outside the box</b></p> <p>Fonsh is hopeful that the bill will garner enough support to make it to the governor’s desk this session. As she waits, she said she is also trying to “think outside the box,” to fill vacancies in the profession, from advocating for Comerford’s bill, to seeking ways to recruit “nice” neighbors who “check in” on elderly neighbors to do it for pay, even if just on a part-time basis. She was hopeful when the state lodged migrants in a motel in Greenfield, “our first thought was how could we get people to work immediately,” Fonsh said. Upon seeing the recent images of the workshops arranged by the Healey/Driscoll administration to help migrants process their federal work authorization, she urged the governor to extend the workshops into Western Massachusetts.</p>
<p>Reports</p>	<p><b>Bipartisan Policy Center</b>  December 4, 2023  <a href="#">Strengthening the Integrated Care Workforce</a>  By Tara Hartnett, Gabriel Loud, Julia Harris, Mikayla Curtis, G. William Hoagland, Marilyn Werber Serafini, Hope Glassberg, and Henry Chung, M.D.</p> <p><b>Executive Summary</b></p> <p>A significant treatment gap exists for individuals living with mental health and substance use conditions. As of 2023, 55% of adults who experienced some form of mental illness receive no treatment and 60% of youth with major depression go without help.<sup>ii,iii</sup> Currently, and for the foreseeable future, the United States is experiencing a shortage of behavioral health providers to deliver needed services.<sup>iiii</sup> One of the most effective ways to close the prevention and treatment gap in the mental health and substance use fields is through behavioral health integration (BHI). For the purposes of this report, the term BHI refers to the integration of mental health and substance use services into primary care settings in a manner that is agnostic to model and service design.</p> <p>High quality integrated primary care services provide continuous, person-centered behavioral health care that considers the needs and preferences of individuals. Vital to increasing the reach of integrated care models is a health care workforce that is adequately trained and supported in BHI delivery. Several evidence-based models—including the <a href="#">Collaborative Care Model (CoCM)</a> and the <a href="#">Primary Care Behavioral Health Model</a>—integrate behavioral health into primary care and are reimbursed by Medicare, some state Medicaid plans, and commercial payers.</p> <p>Over the past year, the Bipartisan Policy Center undertook an extensive effort to develop evidence-based, federal policy recommendations to support and grow the workforce responsible for delivering integrated behavioral health and primary care services. BPC conducted a series of interviews and hosted two private roundtables with health care policy and workforce experts, providers, payers, and patient advocates to gain insight into the opportunities and barriers related to the integrated care workforce. BPC’s March 2021 Behavioral Health Integration Task Force <a href="#">report</a> looked broadly at ways to achieve the integration of behavioral health and primary care.<sup>lv</sup> This report builds on those recommendations by focusing on ways to train, recruit, pay for, and flex the BHI workforce. Although our</p>



recommendations focus on Medicare and Medicaid beneficiaries, the workforce investments outlined here have broad implications for the entire health care delivery system.

**Policy Recommendations:**

**A. Training and Recruitment**

- The Health Resources & Services Administration (HRSA) should include language in notices of funding opportunity for programs that give preference to applicants or entities that demonstrate they have relevant BHI programs in place, as well as those that intend to use funding to support BHI activities. These should include the Title VII Sections 747 and 748 primary care training programs, Title VIII programs, and the Teaching Health Center program.
- To expand the available behavioral health workforce, Congress should direct HRSA to use existing sources of funding—such as the Substance Use Disorder Treatment and Recovery Loan Repayment Program and the Community Health Worker Training Program—to create a pipeline program that enables interested behavioral health support specialists to become licensed behavioral health professionals.

**B. Payment and Administrative Strategies**


- Congress should increase reimbursement for behavioral health integration codes, including for the Collaborative Care Model, for up to three years. Congress should evaluate doing the same for provider-to-provider interprofessional consultations with behavioral health specialists. For both, Congress and the Centers for Medicare & Medicaid Services (CMS) should evaluate the impact of and determine best practices that result from additional funding on the volume of integrated care services delivered, as well as the quality of care and patient outcomes.
- Congress should fund long-term, sustainable investments in state, regional, and tribal mental health e-consultation services—especially Pediatric Mental Health Care Access programs—that provide primary care providers with behavioral health expertise for treating mild to moderate conditions and symptoms.
- The Center for Medicaid and Children’s Health Insurance Program (CHIP) Services should issue a State Medicaid Director or State Health Official letter on how states can implement best-practice BHI models leveraging permissible Medicaid authorities.
- The CMS Innovation Center should require applicants and participants in primary care or total cost of care-oriented models to articulate BHI plans, the degree of integration achieved, and report on associated outcomes.

**C. Network Requirements and Flexibility**

- Congress and the U.S. Department of Health and Human Services (HHS) should require BHI in behavioral health plan network adequacy standards.
- Congress should direct CMS to audit Medicare Advantage plans to ensure that they are providing accurate information on the availability of their in-network providers. Congress should also require that private health plans use independent auditors to assess the accuracies of their provider directories.

	<ul style="list-style-type: none"> <li>• Congress should direct the secretary of HHS to develop a set of limited circumstances under which health care providers can deliver telehealth services to patients located out of state. Congress could then allow licensure flexibility for the specific set of circumstances deemed appropriate by the secretary.</li> </ul> <p>[i] Mental Health America, “Adult Ranking 2023,” 2023. Available at: <a href="https://www.mhanational.org/issues/2023/mental-health-america-adult-data">https://www.mhanational.org/issues/2023/mental-health-america-adult-data</a>.</p> <p>[ii] Mental Health America, “Youth Ranking 2023,” 2023. Available at: <a href="https://www.mhanational.org/issues/2023/mental-health-america-youth-data">https://www.mhanational.org/issues/2023/mental-health-america-youth-data</a>.</p> <p>[iii] Health Resources &amp; Services Administration, “Health Workforce Shortage Areas,” 2023. Available at: <a href="https://data.hrsa.gov/topics/health-workforce/shortage-areas">https://data.hrsa.gov/topics/health-workforce/shortage-areas</a>.</p> <p>[iv] Bipartisan Policy Center, <i>Tackling America’s Mental Health and Addiction Crisis Through Primary Care Integration</i>, March 2021. Available at: <a href="https://bipartisanpolicy.org/report/behavioral-health-2021/">https://bipartisanpolicy.org/report/behavioral-health-2021/</a>.</p> <p><a href="#">Download the report</a></p>
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<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p><b>Nursing Homes</b>  <a href="#">Nursing Home Social Work During the COVID-19 Pandemic: Reflections Behind the Mask (Reflections: Narratives of Professional Helping, November 29, 2023)</a></p> <p><b>Workforce</b>  <a href="#">Why Doctors and Pharmacists Are in Revolt</a> (*New York Times, December 5, 2023 (updated))</p> <p><b>Public Policy</b>  <a href="#">Mass. faces health care cost 'inflection point'</a> (CommonWealth Beacon, December 11, 2023)  <a href="#">A race to keep Mass. health care affordable</a> (CodCast (Pod cast), December 10, 2023)  <a href="#">Senators probe private equity hospital transactions</a> (Becker’s Hospital CFO Report, December 7, 2023)</p> <p><b>Health Care Topics</b>  <a href="#">Mass General Brigham reports strong year, but headwinds foreboding for the market</a> (*Boston Globe, December 8, 2023)  <a href="#">Steward Health Care plans to close hospital in Stoughton over financial losses</a> (10Boston, December 6, 2023)  <a href="#">‘Troubling trend’: Healthcare network announces plan to close Massachusetts hospital</a> (25 News, December 5, 2023)  <a href="#">Choosing a Healthcare Plan is Difficult for Seniors</a> (MSN (Buzz60), Undated)</p> <p><b>Disability Topics</b>  <a href="#">Teen who broke records with Jenga skills inspires heartwarming Hallmark Christmas film</a> (Guinness World Records, November 14, 2023)</p> <p><b>Aging Topics</b>  <a href="#">Age-Friendly Public Health Systems (AFPHS) initiative</a> (Trust for America’s Health (TFAH))  <a href="#">A harvest of memories</a> (*Washington Post, December 9, 2023)  <a href="#">The Most Common Reasons Americans Work Past Age 65</a> (MSN, Undated)</p>
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<p>DignityMA Study Sessions</p> 	<p><b><i>How Protection and Advocacy under Federal Authority Impacts Litigation, Oversight, and Systemic Work</i></b>  Wednesday, December 13, 2023, 2:00 p.m.  Presenters:</p> <ul style="list-style-type: none"> <li>• Barbara L’Italien, Executive Director Disability Law Center</li> <li>• Rick Glassman, Director of Advocacy</li> <li>• Tatum Pritchard, Director of Litigation</li> </ul>
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This study session will cover the role and current priorities of the Disability Law Center.

The [Disability Law Center](#) (DLC) is the designated Protection and Advocacy (P&A) agency for Massachusetts. It is a private, non-profit organization responsible for providing protection and advocacy for the rights of Massachusetts residents with disabilities.

**Join Zoom Meeting**

<https://us02web.zoom.us/j/85080430422?pwd=bnFYZ2gyVWptc3pRYll5WHZaZzQ0QT09>

Meeting ID: 850 8043 0422

Passcode: 749507

One tap mobile: 13052241968,,85080430422#,,,,\*749507# US

Telephone: 1 305 224 1968

**Briefing on “The Affordable Homes Act” (H 4138)**

Friday, December 15, 2023, 10:00 a.m.

Presenter:

Eric Shupin, Chief of Policy, Massachusetts Executive Office of Housing & Livable Communities - Previously Eric was with Citizens' Housing and Planning Association (CHAPA).

This study session will detail provisions of the housing bond bill proposed by Governor Maura Healey.

- [Legislative text of H4138: The Affordable Homes Act](#)
- [Governor’s media release on the Affordable Homes Act](#)

**Join Zoom Meeting**

<https://us02web.zoom.us/j/81926635045?pwd=M1g0MVdHU0ZRTFNpQThtZ2ZrM25Tdz09>

Meeting ID: 819 2663 5045

Passcode: 878622

One tap mobile: 19294362866,,81926635045#,,,,\*878622# US

Telephone: 1 305 224 1968

Webinars and Other Online Sessions

**1. T. H. Chan School of Public Health**

Tuesday, December 12, 2023, 12:00 p.m.

[Rethinking the Role of Federal Government in Ending Homelessness](#)

Bipartisan Policy Center’s recent poll of U.S. opinions on homelessness shows 31% of Americans see the federal government as carrying the most responsibility for addressing homelessness – more than state (22%) or local (17%) governments. This presentation will highlight how federal housing reforms such as strengthening affordable housing development incentives, expanding eviction prevention resources, and creating a permanent emergency rental assistance system would expand housing opportunities for unhoused people.

Speaker: Francis G. Torres, Senior Policy Analyst, Housing, Bipartisan Policy Center

Moderator: Jennifer Molinsky, Project Director, Housing an Aging Society Program, Harvard Joint Center on Housing Studies

**2. Alzheimer’s Association**

Tuesday, December 12, 2023, 12:00 p.m.

[10 Warning Signs: Early Detection Matters](#)

The warning signs of Alzheimer’s disease are often dismissed as side effects of normal aging. If you or someone you know is experiencing memory loss or behavioral changes, it’s time to learn the facts. Early detection gives you a

	<p>chance to begin drug therapy, enroll in clinical studies and plan for the future. Attend this training to learn the 10 Warning Signs of Alzheimer’s disease. We’ll separate myth from reality and address commonly-held fears about Alzheimer’s in America. Hear from people who have the disease and find out how to recognize the signs in yourself and others.</p> <p><b>3. Trust for America’s Health</b>  Thursday, December 14, 2023, 3:00 p.m.  <a href="#">Age Friendly Public Health System Training</a>  This training will focus on how the public health sector can complement existing health promoting programs. Presenters from the Association for State and Territorial Health Officials will share their most recent resources to support public health’s role in healthy aging.</p>
<p>Previously posted webinars and online sessions</p>	<p><b>Previously posted webinars and online sessions can be viewed at:</b>  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p>Nursing Homes</p>	<p><b>4. Reflections: Narratives of Professional Helping</b>  November 29, 2023  <a href="#">Nursing Home Social Work During the COVID-19 Pandemic: Reflections Behind the Mask</a>  By Priscilla D. Allen, Louisiana State University, and Daniel Leff, Missouri Veteran’s Commission  <b>Abstract</b>  The majority of COVID-19 deaths between 2020 and 2021 were older adults with compromised health. Nursing homes in the United States were the highest risk places for death caused by COVID-19 due to the physical vulnerability of residents, close quarters, and staffing shortages. Skilled nursing facilities are required to have trained social work professionals to meet the psychosocial needs of residents—made more severe as a result of the pandemic with visit restrictions, limited staff, and few incentives—yet the placement on trained social workers of incredibly high caseloads and expectations was only increased during the pandemic. Our article provides literature relating to social work wellbeing, recommendations from us the authors, and includes a first-person account of our daily work life to illuminate the complex and rigorous, psychologically demanding, and still too-little recognized role of the nursing home social worker as a key agent for change, problem-solving, and essential care.</p>
<p>Workforce</p>	<p><b>5. *New York Times</b>  December 5, 2023 (updated)  <a href="#">Why Doctors and Pharmacists Are in Revolt</a>  By Noam Scheiber  For years, many doctors and pharmacists believed they stood largely outside the traditional management-labor hierarchy. Now, they feel smothered by it. The result is a growing worker consciousness among people who haven’t always exhibited one — a sense that they are subordinates constantly at odds with their overseers.  “I realized at end of the day that all of us are workers, no matter how elite we’re perceived to be,” said Dr. Alia Sharif, a colleague of Dr. Wust’s at Allina who was heavily involved in the union campaign. “We’re seen as cogs in the wheel. You can be a physician or a factory worker, and you’re treated exactly the same way by these large corporations.”</p>

	<p>The details vary across health care fields, but the trend lines are similar: A before-times in which health care professionals say they had the leeway and resources to do their jobs properly, followed by what they see as a descent into the ranks of the micromanaged.</p> <p>As a pharmacy intern and pharmacist at CVS in Massachusetts beginning in the late 1990s, Dr. Ed Smith found the stores consistently well-staffed. He said pharmacists had time to develop relationships with patients. . .</p> <p>Over time, however, consolidation and the rise of ever-larger health care corporations left workers with less influence. . .</p> <p>The transition for doctors and nurses came around the same time. As independent medical practices found they had lost leverage in negotiating reimbursement rates with insurers, many doctors went in-house at larger health systems, which could use their size to secure better deals.</p> <p>The passing of the Affordable Care Act in 2010, along with federal rule-making efforts, rewarded bigness by tying reimbursement to certain health outcomes, like the portion of patients who must be readmitted. Getting bigger helped a hospital system diversify its patient population, the way an insurer does, so that certain groups of high-risk patients weren't financially ruinous.</p>
Public Policy	<p><b>6. Commonwealth Beacon</b>  December 11, 2023  <a href="#">Mass. faces health care cost 'inflection point'</a>  By Jennifer Smith</p> <p>Though Massachusetts takes a particular pride in its long commitment to providing access to health care coverage for its residents, rising costs across the health care sector are squeezing individuals and businesses alike.</p> <p>"I do feel like we are at an inflection point of this health care reform journey," David Seltz, executive director of the Massachusetts Health Policy Commission, said on <a href="#">The Codcast</a>, "and that there needs to be action to update the tools and levers in order for us to maintain our position as a national leader."</p> <p>Seltz is the first and only executive director of the commission, an independent state government agency established in 2012 that makes policy recommendations regarding health care delivery and payment system reform. In a discussion with John McDonough of Harvard's T.H. Chan School of Public Health and Paul Hattis of the Lown Institute, Seltz laid out a bracing vision of health coverage in the Bay State.</p> <p>Seltz said testimony at the annual cost trends hearing this fall "was both powerful and sobering," revealing that many Massachusetts families are facing difficult trade-offs in essential expenses including health care.</p> <p>"We started this journey in Massachusetts really around health care access and universal access to care," Seltz said. "And we made that a centerpiece in Massachusetts of our reform in 2006, to get everyone into affordable health insurance. And what we're seeing today is that even for people who do have health insurance, they're unable to afford the care that they need."</p> <p>Surveys over the past few years have found residents more concerned with the cost of care than quality of care, with health care spending increases in the state <a href="#">outpacing the national benchmark</a>.</p> <p>Seltz noted that red and blue states alike are advancing bills focused on the rise in cost of prescription drugs, which is the fastest growing category across all sectors of health care spending. Almost 30 states have laws on the books as of fall 2023 to address prescription drug pricing, including oversight of <a href="#">pharmacy</a></p>

[benefit managers](#). Earlier this year, Minnesota became the seventh state to establish a prescription drug affordability board, and Seltz said he is “optimistic that next year Massachusetts will join many of these states who have already taken action on this issue.”

The Health Policy Commission is also considering changes to the health care cost-growth benchmark – which Seltz describes as a statewide measure of total health care expenditure growth across all health plans – to “modernize and strengthen our approach,” as some providers push to raise costs beyond the 3.1 percent annual growth allowed.

Seltz said the commission may update metrics to identify health care providers for potential review. The review process could also account for contextual differences like baseline spending, baseline pricing, and the population served. Finally, Seltz said, the commission thinks the list of health care entities in discussions about exceeding the benchmark should become public.

“Originally in our law, that was set as a confidential list that the HPC reviews every year, and I think there was an appropriate concern that entities, if their names were shared publicly, that the data may not be reliable enough and that organizations could be kind of misidentified in a public way that would have negative consequences,” Seltz said. “Well, we’re 11 years into this. We have 11 years of experience of looking at this data and understanding this data and being able to contextualize this data. Why is this being kept from the public conversation?”

Massachusetts could take a cue from other states in incentivizing keeping costs below the benchmark by raising financial penalty amounts and creating a more comprehensive framework for setting goals and tracking progress in affordability and health equity, Seltz said.

Along with its health care pricing role, the commission can also decide whether to review the cost and impact of major shifts in the industry such as the planned Dana-Farber Cancer Institute and Beth Israel Deaconess Medical Center partnership. Seltz expects a decision on the review early in 2024.

McDonough pointed to the shrinking small-employer health insurance market – companies under 50 employees who are providing health insurance to their workers – which covers almost 300,000 fewer people than it did a decade ago. For retailers, McDonough said, “this is a hair-on-fire moment, and it seems to me to be akin to a market collapse.”

Seltz said this “very striking and very concerning” shift is largely because employers are increasingly choosing not to cover their workers because of the costs, or shifting to high-deductible plans where employees have to shoulder more of the cost burden.

“The declining enrollment, I don’t know that I would say it is in collapse, but it is maybe collapsing or at least in a spiral,” Seltz said. To turn it around or stabilize the spiral, he said, “we need to do the other recommendations that we have, that actually get at the underlying drivers of health care costs. So, let’s look at provider pricing, let’s look at hospital facility fees, let’s look at health plan oversight. Let’s look at all of these things, which we know are kind of the key to moderating the underlying drivers of cost growth.”

**7. CodCast (Pod cast)**

December 10, 2023

[A race to keep Mass. health care affordable](#)

	<p>This week on Health or Consequences, hosts Paul Hattis and John McDonough are joined by David Seltz, founding executive director of the Massachusetts Health Policy Commission. They discuss what the HPC has learned about health care costs over the last decade, where Massachusetts stands relative to other states, and the HPC's current policy priorities.</p> <p><b>8. Becker's Hospital CFO Report</b>  December 7, 2023  <a href="#">Senators probe private equity hospital transactions</a>  By Alan Condon  Iowa Sen. Chuck Grassley and Rhode Island Sen. Sheldon Whitehouse, ranking member and chair of the Senate Budget Committee, respectively, have <a href="#">launched</a> an investigation into the effects of private equity ownership on hospitals. The senators sent letters to the CEOs of private equity firms Apollo Global Management and Leonard Green &amp; Partners, Brentwood, Tenn.-based Lifepoint Health, Birmingham, Ala.-based Medical Properties Trust and Culver City, Calif.-based Prospect Medical Holdings, as well as the CEO of Ottumwa (Iowa) Regional Health Center.  They argue that many hospitals experienced significant workforce cuts and reduced quality of care since coming under private equity ownership, and "have been stripped of valuable assets, including their real estate, leaving them saddled with debt," according to a Dec. 6 news release from the office of Mr. Grassley. . .  Mr. Grassley sought information on Ottumwa Regional's financial stability to determine to what extent the "related-party transactions" may have contributed to these events. The senator said the companies failed to provide full and complete responses to his questions, prompting additional oversight.  Mr. Whitehouse and Mr. Grassley are now expanding their investigation to include companies that currently own or operate — or formerly owned or operated — hospitals in California, Pennsylvania and Rhode Island, among other states. .  Medical Properties Trust, one of the companies named in the investigation, is a real estate investment trust. The company invests in hospital real estate through sale-leaseback transactions that prohibit its involvement in patient care "or other operational decisions at any of its facilities," a spokesperson for the company told <i>Becker's</i>.  "[Medical Properties Trust's] real estate investments have made substantial amounts of capital available to hospital operators that may be used to further invest in facility improvements, technology upgrades and other investments in operations which benefit the long-term health of communities," the company said in a statement. "In some cases, operators have used MPT's real estate capital to acquire and continue to operate hospitals that otherwise very likely would have closed permanently, in part due to the interest expense burden of prior financing strategies."</p>
Health Care Topics	<p><b>9. *Boston Globe</b>  December 8, 2023  <a href="#">Mass General Brigham reports strong year, but headwinds foreboding for the market</a>  By Jessica Bartlett</p>

If ever there was a sign that the pandemic is still creating challenges for the health care industry, it would be the year-end financials of the state's largest system.

Mass General Brigham on Friday reported its 2023 results, and while the system is in the black by \$95 million — a welcome return following last year's [record-breaking losses](#) — the view under the hood is cloudier. The system is treating fewer people than it would like to, largely because there is less capacity at [nursing homes and rehabilitation facilities that would normally take discharged patients recovering from hospitalization](#). . .

The system was able to see more patients and move them out of the emergency room quicker by being more efficient in how it finds them beds. It also launched a systemwide approach to finding beds for patients with behavioral health needs.

These efforts to manage capacity issues meant patients stayed in the hospital on average half a day less, allowing the health system to carry out 3 percent more discharges than last year. . .

Community hospitals are likely to see more of those challenges. They have also struggled to discharge patients to places such as nursing homes — a function not only of capacity problems but the insurance approvals necessary, Murphy said. But they also have issues transferring patients to large health systems in Boston when they need higher levels of care, because bed capacity at academic medical centers is constrained.

#### **10. 10Boston**

December 6, 2023

[Steward Health Care plans to close hospital in Stoughton over financial losses](#)

By Alison Kuznitz

A long-term care and rehabilitation hospital intends to shut down due to multi-million-dollar losses, making Stoughton the latest community to lose a health care facility as part of a growing trend throughout the commonwealth.

Dallas-based Steward Health Care, which describes itself as the largest owner of community-based hospitals in Massachusetts and fourth biggest private employer, plans to close its New England Sinai Acute Long-Term Care and Rehabilitation Hospital (NESH) by early April.

"Nearly 75% of Steward hospital patients are public pay (Medicare and Medicaid) which chronically underpay, sometimes at rates less than the cost of delivering services," Steward said in a press release this week. "As a result of these chronic low reimbursement rates, Steward has lost \$22 million from NESH operations and cannot afford to keep the facility open. Unlike 'non-profit' systems, Steward does not have a multibillion-dollar investment portfolio to fall back on."

Hospital staff will now coordinate with patients and families to ensure "appropriate continuing care." Steward said there are more than 150 skilled nursing facilities to accommodate patients within a 25-mile radius of the hospital.

"Today, the current average length of stay at NESH ranges from 41 to 48 days, which should provide ample time to successfully place any existing patients within the 120-day timeframe," Steward said. "Steward Health Care will work closely with impacted employees to help place them at other Steward hospitals in the state where there are currently 820 vacancies."



Steward's other facilities in Massachusetts include Carney Hospital in Dorchester, Good Samaritan Medical Center in Brockton, St. Elizabeth's Medical Center in Brighton, Saint Anne's Hospital in Fall River, and Morton Hospital in Taunton. The company also began rebuilding Norwood Hospital last year following a "catastrophic flood" at its old building, Steward said.

There are no immediate plans to close Carney Hospital, but the facility is facing also financial challenges that were worsened by the COVID-19 pandemic, the [Dorchester Reporter reported in March](#).

The Stoughton hospital has 39 rehabilitation service beds and 119 chronic care service beds, according to a notice sent to the Department of Public Health from an attorney representing Steward. The company plans to close the facility on April 2, according to the notice from Rebecca Rodman, senior counsel at Husch Blackwell.

"Please note that in compliance with the Department's regulations, the Hospital, through separate correspondence, is sending notice to the Hospital's Patient and Family Council, each staff member of the Hospital, and every labor organization that represents the Hospital's workforce during the period of the essential services closure process," the notice, which was shared with the News Service, states. "Notice is also being sent to the members of the General Court, as well as appropriate local elected officials."

The hospital plans to submit its formal 90-day notice of the closure, which is required under state law, on or around Jan. 3.

Steward's announcement comes less than a month after state health officials issued a report about the status of [essential services](#) in northern Worcester County, fueled by the controversial closure of Leominster Hospital's maternity ward.

The report recommended reviewing the state's essential services closure process, as well as updating state laws and regulations to "better protect patient safety, expand community information and engagement, and sustain access to services overtime." It also called on hospitals to provide earlier closure notices, as well as to submit more information about patient safety and care concerns. Current state law requires a hospital to notify the Department of Public Health at least 120 days before it intends to discontinue a service.

DPH must also hold a public hearing about the closure, but the agency lacks the authority to order a service to stay open -- even if it is deemed essential. Proposals on Beacon Hill this session aim to change that outcome, such as allowing state officials to [block a closure](#) under certain circumstances and establishing a mechanism for [state receivership](#) of hospitals or free-standing clinics.

The Health Policy Commission's 2023 costs trends report included a policy recommendation of better equipping the state to monitor and respond to "essential service closures." The process could be improved "with enhanced financial monitoring of providers who may be at risk, earlier confidential notice of potential reduction in services or closure, broadening the scope of services covered, and allowing for sensitive information to be provided confidentially to better inform regulator response," the report said.

The state received Steward's initial closure notice on Monday, a DPH spokesperson told the News Service.

"The notification has triggered a formal process that involves a thorough assessment of the impact of the closure on the community and the populations

served by the hospital," the DPH spokesperson said in a statement. "We recognize that any disruption in health care can be difficult for patients, families and communities who rely on that facility for care and services. The Healey-Driscoll administration is committed to working closely with NESH to ensure appropriate care alternatives and support for staff of NESH."

As Steward announced the closure, it emphasized the company's contributions to the state, including for the Brockton community following the fire at Signature Healthcare Brockton Hospital and Compass Medical filing for bankruptcy. Steward's Good Samaritan Medical Center and other Steward providers treated a 60 percent influx in new patients, the company said. Steward also said it "is among the top four taxpayers in every community they serve and the taxes they pay contribute directly to their communities by helping fund the employment of teachers, local law enforcement and other key community resources."

**11. 25 News**

December 5, 2023

['Troubling trend': Healthcare network announces plan to close Massachusetts hospital](#)

By Jim Morelli and Frank O'Laughlin

The largest physician-led healthcare network in the United States has announced a plan to close a hospital in Massachusetts in the coming months. Steward Health Care on Monday notified state officials of its plan to close New England Sinai Acute Long-Term Care and Rehabilitation Hospital in Stoughton and place patients in other facilities by early April 2024.

In a statement, Steward Health Care said it can no longer afford to keep the Stoughton facility open, citing "chronic low reimbursement rates" for services provided to Medicare and Medicaid patients, as well as the loss of \$22 million from NESH operations.

"Nearly 75% of Steward hospital patients are public pay, which chronically underpays, sometimes at rates less than the cost of delivering services," the network explained. "Unlike 'non-profit' systems, Steward does not have a multibillion-dollar investment portfolio to fall back on."

Steward Health Care is the largest owner of community-based hospitals, the largest provider of in-patient behavioral health, and employs the highest percentage of union employees of any other hospital system in Massachusetts.

"Unfortunately, NESH's planned closure continues a troubling trend for the health care system in Massachusetts, where access to community-based care continues to decay because of sustained under-reimbursements," the network added.

The network vowed to coordinate with all NESH patients and their families over the next 120 days to find appropriate continuing care, utilizing the more than 150 skilled nursing facilities located within 25 miles of the hospital.


"Today, the current average length of stay at NESH ranges from 41 to 48 days, which should provide ample time to successfully place any existing patients within the 120-day timeframe," the network explained.

Based in Dallas, Steward currently operates 33 hospitals across Arizona, Arkansas, Florida, Louisiana, Massachusetts, Ohio, Pennsylvania, and Texas.

**12. MSN (Buzz60)**

Undated

[Choosing a Healthcare Plan is Difficult for Seniors](#)

	<p>By Keri Lumm</p> <p>When it comes to healthcare, for some seniors they simply pick the cheapest option. With fixed incomes it's not a surprise. Of Americans over the age of 65, 24% admit to choosing based on the cheapest price according to the ClearMatch Medicare study by OnePoll.</p>
<p>Disability Topics</p>  <p>Auldin Maxwell, who is on the autism spectrum, has broken world records storing Jenga blocks. His story has been told in the Hallmark movie, <i>A World Record Christmas</i>. Images courtesy of Selina Metcalfe / Ihana Images.</p>	<p><b>13. Guinness World Records</b></p> <p><a href="#">Teen who broke records with Jenga skills inspires heartwarming Hallmark Christmas film</a></p> <p>By Aliciamarie Rodriguez November 14, 2023</p> <p>Auldin Maxwell's talent for stacking Jenga blocks first earned him a record title when he was just <a href="#">12 years old</a> – and now his heartwarming story has <a href="#">inspired a movie</a>.</p> <p>He first took the internet by storm when he successfully balanced 693 Jenga blocks on top of each other in November 2020, earning the record title for the most Jenga blocks stacked on one vertical Jenga block. Four months later, he impressed the world yet again by breaking his own record - more than doubling the original amount and stacking 1,400 Jenga blocks on one vertical block.</p> <p>After a generous gifting of Jenga GIANT blocks from Jenga, Auldin replicated his original Jenga record with these larger blocks by balancing 500 giant Jenga blocks on a single block, earning an additional record title for the most Jenga GIANT blocks stacked on one vertical Jenga GIANT block.</p> <p>Auldin, now 15, re-broke both records in 2023 with a respective 1,840 count with the original Jenga and 900 with the Jenga GIANT version. His story is one so touching that it's inspired the festive Hallmark movie <i>A World Record Christmas</i>.</p> <p>Auldin, who is on the autism spectrum, first discovered his incredible talent by chance. . .</p> <p>Auldin gets ready for each attempt by mentally preparing with enjoyable activities like riding his unicycle or playing basketball with his stepdad. He also listens to music during his attempts, which helps him concentrate better and allows time to pass.</p> <p>Auldin is played in the movie by <a href="#">Aias Dalman</a>, a 14-year-old Canadian actor who is on the autism spectrum.</p>
<p>Aging Topics</p>	<p><b>14. Trust for America's Health (TFAH)</b></p> <p><a href="#">Age-Friendly Public Health Systems (AFPHS) initiative</a></p> <p>TFAH is committed to elevating healthy aging as a core public health function. A key component of this effort is building the capacity of public health professionals through training and professional development. TFAH's Age-Friendly Public Health Systems (AFPHS) Initiative offers an "AFPHS Champion" designation to empower and encourage more leaders to champion healthy aging. This recognition honors public health professionals who are committed to expanding their knowledge about healthy aging and want to lead their departments and organizations in becoming age-friendly. Anyone can become a Champion! Reaching this status is simple: individuals who attend or view at least six AFPHS monthly trainings will be designated as AFPHS Champions. You can <a href="#">sign up for and attend a live training</a> OR <a href="#">view a recording of a training</a> and <a href="#">complete a survey</a> to indicate you viewed a session. Over 50 people across the</p>

	<p>country have been recognized as Champions! Visit the <a href="#">AFPHS Recognition Program page</a> for more information.</p> <p><b>15. *Washington Post</b>  December 9, 2023  <a href="#">A harvest of memories</a>  By Jose A. Del Real  <i>A family reunion. The annual corn harvest. An antique wedding dress. In rural Iowa, an aging couple with diverging politics reflects on the past and what people owe one another in the present.</i>  At 61 years old, Verna [Orvis] played many roles in Lawler, the small farm town in northeast Iowa where she lived — emergency seamstress, unofficial photographer, church organizer, mother of three grown daughters and, of course, wife of Jack. A lifelong instinct for record-keeping had served her well at the local company where she helped farmers navigate the byzantine world of crop insurance, which she had done since she was 19. . .  But increasingly, Verna saw things differently than most of her longtime neighbors in Chickasaw County, which had experienced one of the most dramatic political pivots in the country. The transformation had been swift. In the 2008 presidential election, Barack Obama won 60 percent of voters in this onetime Democratic stronghold; by 2016, Donald Trump won 58 percent of voters and then 65 percent in 2020. The political era that followed was one of grievance, and tribalism, and suspicion, and rage.</p> <p><b>16. MSN</b>  Undated  <a href="#">The Most Common Reasons Americans Work Past Age 65</a>  By Marilyn Lewis  The share of U.S. workers aged 65 and older is growing rapidly and expected to account for over half of labor force growth over the next decade, according to government projections. Reasons for continuing to work past traditional retirement age include financial necessity, enjoyment of work, maintaining health insurance, and staying active and engaged.</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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a> Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a> .
Websites	<b>Age-Friendly Public Health Systems</b> <a href="https://afphs.org/about/">https://afphs.org/about/</a> TFAH is working to strategically align the AFPHS initiative with other components of the Age-Friendly Ecosystem. Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), designed Age-Friendly Health Systems to meet this challenge head on. The goal of the initiative is to rapidly spread the 4Ms Framework to 20% of US hospitals and medical practices by 2020. The <a href="#">AFPHS logic model</a> highlights the vision for developing age-friendly public health systems across the country.

	Age-Friendly Health Systems aim to follow an essential set of evidence-based practices; cause no harm; and align with What Matters to the older adult and their family caregivers.
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . Only new recommendations will be listed in <i>The Dignity Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>
Nursing Home Closures	<b>Massachusetts Department of Public Health</b> <i>South Dennis Health Care</i> Target closure date January 30, 2024 <a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a>
Nursing homes with admission freezes	<b>Massachusetts Department of Public Health</b> <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.
Massachusetts Department of Public Health Determination of Need Projects	<b>Massachusetts Department of Public Health</b> <b><i>Determination of Need Projects: Long Term Care 2023</i></b> <a href="#">Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</a> <a href="#">Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</a> <b>2022</b> <a href="#">Ascentria Care Alliance – Laurel Ridge</a> <a href="#">Ascentria Care Alliance – Lutheran Housing</a> <a href="#">Ascentria Care Alliance – Quaboag</a> <a href="#">Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</a> <a href="#">Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</a> <a href="#">Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</a> <a href="#">Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</a> <a href="#">Next Step Healthcare LLC-Conservation Long Term Care Project</a> <a href="#">Royal Falmouth – Conservation Long Term Care</a> <a href="#">Royal Norwell – Long Term Care Conservation</a> <a href="#">Wellman Healthcare Group, Inc</a> <b>2020</b> <a href="#">Advocate Healthcare, LLC Amendment</a> <a href="#">Campion Health &amp; Wellness, Inc. – LTC - Substantial Change in Service</a> <a href="#">Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</a> <a href="#">Notre Dame Health Care Center, Inc. – LTC Conservation</a> <b>2020</b> <a href="#">Advocate Healthcare of East Boston, LLC.</a> <a href="#">Belmont Manor Nursing Home, Inc.</a>
List of Special Focus Facilities	<b>Centers for Medicare and Medicaid Services</b> <i>List of Special Focus Facilities and Candidates</i> <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a>

Updated March 29, 2023

CMS has published a new list of 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://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/>

	<p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225218">https://projects.propublica.org/nursing-homes/homes/h-225218</a></p> <ul style="list-style-type: none"> <li>• Worcester Rehabilitation and Health Care Center, Worcester  <a href="https://worcesterrehabcare.com/">https://worcesterrehabcare.com/</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225199">https://projects.propublica.org/nursing-homes/homes/h-225199</a></p> <p><b>Massachusetts facilities that are candidates for listing (months on list)</b></p> <ul style="list-style-type: none"> <li>• Charwell House Health and Rehabilitation, Norwood (15)  <a href="https://tinyurl.com/Charwell">https://tinyurl.com/Charwell</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225208">https://projects.propublica.org/nursing-homes/homes/h-225208</a></p> <ul style="list-style-type: none"> <li>• Glen Ridge Nursing Care Center (1)  <a href="https://www.genesishcc.com/glenridge">https://www.genesishcc.com/glenridge</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225523">https://projects.propublica.org/nursing-homes/homes/h-225523</a></p> <ul style="list-style-type: none"> <li>• Hathaway Manor Extended Care (1)  <a href="https://hathawaymanor.org/">https://hathawaymanor.org/</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225366">https://projects.propublica.org/nursing-homes/homes/h-225366</a></p> <ul style="list-style-type: none"> <li>• Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)  <a href="https://www.medwaymanor.com/">https://www.medwaymanor.com/</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225412">https://projects.propublica.org/nursing-homes/homes/h-225412</a></p> <ul style="list-style-type: none"> <li>• Mill Town Health and Rehabilitation, Amesbury (14)  No website</li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225318">https://projects.propublica.org/nursing-homes/homes/h-225318</a></p> <ul style="list-style-type: none"> <li>• Plymouth Rehabilitation and Health Care Center (10)  <a href="https://plymouthrehab.com/">https://plymouthrehab.com/</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225207">https://projects.propublica.org/nursing-homes/homes/h-225207</a></p> <ul style="list-style-type: none"> <li>• Tremont Health Care Center, Wareham (10)  <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225488">https://projects.propublica.org/nursing-homes/homes/h-225488</a></p> <ul style="list-style-type: none"> <li>• Vantage at Wilbraham (5)  No website</li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225295">https://projects.propublica.org/nursing-homes/homes/h-225295</a></p> <ul style="list-style-type: none"> <li>• Vantage at South Hadley (12)  No website</li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225757">https://projects.propublica.org/nursing-homes/homes/h-225757</a></p> <p><a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></p>
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b>  <b><i>Nursing Home Inspect</i></b>  Data updated November 2022  This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies</p>

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



	<p><i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>		
DignityMA Call Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA</a>.</b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage Social Media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>  Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>  Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>		
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></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>	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
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	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Legal Issues	Jeni Kaplan	<a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	Assisted Living and Rest Homes	In formation	
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	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>	
<b>The Dignity Digest</b>	<p>For a free weekly subscription to <i>The Dignity Digest</i>:  <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a>  Editor: Paul Lanzikos  Primary contributor: Sandy Novack  MailChimp Specialist: Sue Rorke</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"> <li>• Judi Fonsh</li> </ul>		

- Wynn Gerhard
- Dick Moore
- Norma Swenson

Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of *The Dignity Digest*.

*If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to [Digest@DignityAllianceMA.org](mailto:Digest@DignityAllianceMA.org).*

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

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

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