



The Dignity Digest

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

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

Editor's Note

The Dignity Digest will not be distributed on Tuesday, December 26, 2023. The next issue will be distributed on Tuesday, January 2, 2024.
A happy and healthy new year to all!

Spotlight

DignityMA note: This is a timely **Washington Post** report detailing the current operating status of many assisted living residences throughout the country and the extent of oversight by state and federal regulators. The content is too extensive to effectively condense in *The Dignity Digest*. We encourage readers to access the entire report which is available free charge: <https://wapo.st/3GPLSnL>

Over 1,200 comments have been submitted in response to the report which are worthwhile reviewing.

There are three related reports that can be accessed under the label *Aging in America*.

[Understaffed and neglected: How real estate investors reshaped assisted living](#) (free access)

The Washington Post

December 17, 2023

By [Douglas MacMillan](#) and [Christopher Rowland](#)

Surveillance video captured a 97-year-old woman's death outside the locked doors of a high-end Colorado home, a symptom of deeper problems in the \$34 billion industry. . .

Conceived about 40 years ago to give seniors more freedom in their final years of life, the assisted-living industry has been reshaped by real estate speculators looking to cash in on an aging nation. They were aided by Congress in 2008, when a new law gave certain investors the ability to hold senior-housing properties tax-free while also taking a slice of their annual income.

As a result, many facilities across the nation are now held by investors under pressure to produce profits for shareholders. In some places, a bare-bones approach to staffing and pay has produced a chaotic environment where medications are missed, falls and bed sores go unnoticed, residents are abused and confused seniors wander away undetected, according to a review of 160,000 state inspection reports and interviews with more than 50 current and former employees of assisted-living businesses and relatives of current and former residents.

In the past five years alone, [nearly 100 residents have died](#) after wandering away from these facilities or being left unattended outside, [a Post investigation found](#). State regulators investigating these deaths frequently cited limited staff, poor training, or neglect.

[Commentary on article](#)

Aging in America

Care costs continue to rise: Two-thirds of Americans will need some type of long-term care in their lifetime, but the price tag is easily more than most make in a year. See [how the annual costs in your state compare to the rest of the nation](#).

	<p>Standards of care: An investigation from The Post found an alarming number of assisted-living residents die after wandering away unnoticed. No federal oversight exists, and industry regulations vary greatly by state. Know the facts about laws governing assisted-living facilities in your state.</p> <p>Help for adult caregivers: Choosing care for your aging loved one can be overwhelming, especially if the person needing care has memory problems. We break down four questions to consider when deciding on assisted-living.</p>
<p>Quotes</p>	<p><i>[Renaming the Massachusetts Rehabilitation Commission as MassAbility] is "great idea" to use more inclusive language for people with different abilities, including those with visible and hidden disabilities.</i></p> <p>State Senator Liz Miranda commenting about H 4161 (An Act to rename the Massachusetts Rehabilitation Commission, MassAbility), Healey's Agency Rebrand Plan Draws No Testimony, State House News, December 11, 2023</p> <p><i>State health inspectors have determined that conditions in the Hathorne Hill nursing home [in Danvers, MA] constitute "immediate jeopardy" to the health and safety of residents.</i></p> <p>Nursing Home Residents in 'Immediate Jeopardy', *Salem News, December 13, 2023</p> <p><i>The largest skilled nursing facility in St. Louis has closed suddenly, forcing about 170 residents to be bused to other care centers. Many left with nothing but the clothes they were wearing.</i></p> <p>Largest nursing home in St. Louis closes suddenly, forcing out 170 residents, AP News, December 18, 2023 (updated)</p> <p><i>The [new Veterans Home at Chelsea] fosters a more nurturing and dignified living environment than other nursing homes by prioritizing individual privacy and autonomy while cultivating a sense of community through shared living spaces and support areas.</i></p> <p>Healey-Driscoll Administration, VA Secretary McDonough, Senator Warren Unveil New Cutting-Edge Veterans Home in Chelsea, Office of the Governor, December 8, 2023</p>

The new Office of the Veteran Advocate “was created to ensure that veterans across Massachusetts have another voice in state government, and I know that they will be able to rely on Colonel Notch to connect them to the right resources.”

Governor Maura Healey, [Governor Healey, Attorney General Campbell, Auditor DiZoglio Appoint Colonel Robert Notch as Veteran Advocate](#), Office of the Governor, November 14, 2023

“These are young people that have been spending more time with their doctors than with their friends. They would describe their breakfast as a handful of pills that they are just shoving in.”

Fabian Müller, an oncologist at the Friedrich–Alexander University of Erlangen–Nuremberg in Germany commenting on the benefits of [CAR-T therapies](#), [It’s all gone’: CAR-T therapy forces autoimmune diseases into remission](#), *Nature*, December 12, 2023

Though its use is still relatively uncommon, the expansion of physician-assisted death as an end-of-life option has brought relief to some families and heightened concern among others.

[How medical aid in dying is bringing autonomy to end-of-life decisions](#), 1A NPR (radio broadcast), December 13, 2023

“[Revenue shortfalls] are cyclical. We’re dealing with inflation and some real challenges out there right now, but I’m confident that we can weather this and weather it well here in Massachusetts.”

Gov. Maura Healey, [Healey Shrugs Off Midyear Spending Cuts](#) (State House News, December 13, 2023)

It is not mere coincidence that, over the past decade, the [percentage of primary care physicians employed](#) by a hospital-based health system or corporate entity has increased from 36 percent to 74 percent, while MA coverage of Medicare beneficiaries increased from 27

percent to nearly 50 percent. The trend toward corporatizing primary care is unmistakable.

[Explaining Corporate America's Aggressive Investment in Primary Care](#)
(*Health Affairs, April 5, 2023)

[P]rimary care physicians should be empowered to dedicate time to thinking, building trusted relationships with patients, and overseeing patient care beyond the four walls of an examination room. Accountability must be designed into high-quality primary care delivery based on results, not process. We think this is eminently doable but, if CMS doesn't put its mind to it, and doesn't embrace new thinking, we will never know.

[Explaining Corporate America's Aggressive Investment in Primary Care](#)
(*Health Affairs, April 5, 2023)

When you listen to an elder's story, not just with your ears, but with your heart, they can experience your true self. This in turn allows you to become the best version of yourself with that person, but also with others.

Sandy Alissa Novack, [When You Listen with Your Heart](#), Generations (American Society on Aging), December 14, 2023

"It's not that I didn't know about the tax, but in my head I didn't calculate it. I'm always surprised at the end of the year by how much tax I owe."

Jennie Phipps, aged 72, a semiretired writer and editor who lives in Punta Gorda, Fla., [A Shock for Many Retirees: Social Security Benefits Can Be Taxed](#), *New York Times, December 17, 2023 (updated)

Overall, the researchers [about smoking] wrote that "while the future looks promising for younger populations," the situation for older adults is "concerning, since most smoking-related deaths occur at older ages."

[Fewer young adults smoke today than in 2011. That's not true of seniors.](#), *Washington Post, December 18, 2023

The clock is ticking, and the stakes are high. Congress must act swiftly to safeguard patient access to physician care

and secure the future of our health care system, ensuring that our seniors receive the quality health care they deserve.

Richard T. Moore, [Proposed Medicare cuts could hit rural seniors hard](#), *Worcester Telegram & Gazette, December 17, 2023

“When I have the opportunity, I remind people that they have to be prepared as a family—this is a team effort. You can't take care of Mom or Dad on your own. It's not fair to anybody.”

Actor Hector Elizondo, whose mother and aunts had Alzheimer's Disease, [Actor Hector Elizondo Encourages Caregivers to Ask For Help](#), Brain & Life, December 2023

“The[nursing home] industry should welcome these reforms. Just this year, [MACPAC issued a report](#) stating that the use of related parties made determining the actual care costs impossible. Increased transparency and accountability could help facilities allegedly struggling to cover costs demonstrate the need for increased funding.”

Sam Brooks, director of public policy for The National Consumer Voice for Quality Long Term Care, [Bill calls for consolidated cost reporting by related nursing home businesses](#), McKnight's Long-Term Care News, December 18, 2023

“When someone owns a home but not the land beneath them, they're always at risk of losing their home. . . Our goal is to keep lot rents low for the people who live there.”

Katie McQuaid, vice president of external relations at the [Community Loan Fund](#), [‘Mini democracies’ and affordable N.H. home ownership](#), *Boston Globe, November 30, 2023 (updated)

“Our proposed rule on fake reviews shows that we're using all available means to attack deceptive advertising in the digital age. The rule would trigger civil penalties for violators and should help level the playing field for honest companies.”

Samuel Levine, director of the FTC Bureau of Consumer Protection, commenting about [proposed regulations](#) that would crack down on providing incentives that are contingent on leaving either positive or

negative reviews, [Nursing home thrust into controversy after dangling KitchenAid prize for 5-star reviews](#), McKnight's Long-Term Care News, December 14, 2023

Federal housing policy in the decades since the failure of Operation Breakthrough has focused myopically on providing financial aid to renters and homeowners. The government needs to return its attention to the supply side. Opening land for development, for example by [easing zoning restrictions](#), is part of the answer, but reducing building costs could be even more constructive. Land accounts for roughly 20 percent of the [price of a new house](#); building costs account for 60 percent.

[Why Do We Build Houses in the Same Way That We Did 125 Years Ago?](#),

*Washington Post, December 18, 2023

I once felt the need to strive for perfection, but at the top of that mountain, my imperfect body showed me that it was more than enough. As the cool mountaintop air whistled by, I saw beauty in all I could do, instead of punishing myself for what I couldn't.

Lindsay Karp, [My MS diagnosis freed me to finally love my body as it is](#), *The Washington Post, December 17, 2023

"People with disabilities socialize with friends, go out to dinner, drink alcohol, wear clothing, and buy shoes. If you are creating advertising for restaurants or beverages or fashion and you are not using disabled talent in your shoots, you are missing out on something critical. C-suite executives talk constantly about the importance of diversity, equity, and inclusion within their organization. Well, it also needs to be part of their messaging. Because I truly believe the impact it can make could change the way we see each other and could ultimately change the world."

Kristie Raymond, owner of the Clinton-based casting and talent management company [HumanKind](#), [A model of inclusion on the runway](#), *Boston Globe, December 15, 2023

Appointment

Massachusetts Board of Registration of Nursing Home Administrators

	<p>James Lomastro, PhD., of Conway, MA has been appointed as a “Public Member” to the Board of Registration of Nursing Home Administrators. Jim is a member of Dignity Alliance Massachusetts’ Coordinating Committee and heads the Veteran Services work group. He holds a doctorate degree from Brandeis University and has decades of experience as a health care administrator.</p>
<p>Dignity Alliance participants say . . .</p> <p>Sandy Alissa Novack, MBA, MSW, is a retired geriatric social worker and disability advocate. Her series of three poems on dignity and aging across the care continuum was published in the November–December 2022 issue of Generations Today. Sandy is a weekly contributor to The Dignity Digest.</p>	<p><u>When You Listen with Your Heart</u> Generations (American Society on Aging) By Sandy Alissa Novack December 14, 2023</p> <p>When you listen to an elder's story, not just with your ears, but with your heart, they can experience your true self. This in turn allows you to become the best version of yourself with that person, but also with others. Let me explain.</p> <p>When I worked in senior housing, there was a man who was sensitive to noise coming from the apartment above. He would call the maintenance department to report excessive noise. It was always a more seasoned maintenance man who would agree to investigate, until one day I was invited to accompany him to the tenant's apartment.</p> <p>Thus began my relationship with one of the gentlest souls of the world. Let's call him Mr. Gentle.</p> <p>The maintenance man, let's call him Mr. Calm, assured Mr. Gentle that he heard nothing but the upstairs' tenant's air conditioner. No footsteps, no music, no voices. Mr. Calm said, however, that he would knock on the other tenant's door, and check if their air conditioning unit was malfunctioning and more noisy than it should be. Mr. Calm soon came back to tell us that the air conditioner upstairs was working fine.</p> <p>The case manager from a community agency came to see me one day. He said he knew I had visited Mr. Gentle, and he wanted me to know that Mr. Gentle is a Holocaust survivor. He added that he has helped Mr. Gentle from time to time across decades.</p> <p>Mr. Calm would continue to let me know when Mr. Gentle had called maintenance and would ask me to go up with him to Mr. Gentle's apartment. Soon, Mr. Gentle would just call me.</p> <p>One day, Mr. Gentle fell and broke a hip, and was sent to the hospital where he needed surgery. As a building social worker, I got a call a few days later from the hospital telling me Mr. Gentle would be discharged to a nursing home because of his dementia.</p> <p>“Excuse me,” I said, “but you must be talking about some other patient. Mr. Gentle fell on his hip. He left our building with no cognitive issue.” The hospital denied this, saying they could not send him to a rehab facility because with dementia he would not be able to participate in therapy, so they had to send him to a nursing home.</p> <p>That evening, after work and a quick dinner, I went to visit Mr. Gentle at the hospital. As I approached his bed, he greeted me with a steady stream of Yiddish.</p> <p>“Ah,” I said to myself, as all was then clear to me about the strange conversation I had had with the nurse that morning. I smiled at Mr. Gentle, and more Yiddish poured out of him. I reminded him that I am not fluent in</p>

Yiddish, and I asked him if he could switch to English for me, and he immediately did.

I told him I wanted to check on how he was doing, and we talked. Before I left for the night, I told him that some staff at hospitals don't speak anything but English, so while at the hospital, could he try to speak to people in English? He nodded. I said good night.

I started work extra early the next morning, to catch the hospital nurse before she began her shift. I mentioned I had been to see Mr. Gentle the previous evening, and that his first language is Yiddish. It is not gibberish that she and other staff thought he was speaking, and he does not have dementia.

Furthermore, he is fluent in English, but due to the stress and anxiety of breaking a hip and having surgery, he had reverted to Yiddish. I advised the nurse that staff could just ask him, "Mr. Gentle, I don't speak Yiddish, could you please switch back to English?" and he would. I asked for the nurse to have him re-evaluated for discharge to a rehab facility, as he needed rehab before being discharged back to his apartment.

Within hours, I got a call back that Mr. Gentle was being transferred to a rehab facility.

Unfortunately, a bit later on, while back in his apartment, Mr. Gentle broke his other hip. He returned to the hospital, rehab, and then back to his apartment. One day, I visited him in his apartment and said the apartment complex was doing pest control in all apartments, and he would need to be out of his apartment while the work was done. I suggested that on that day, we take his Meals on Wheels meal and my lunch; his daily newspaper and my work; and we camp out in a building function room together, a room that wasn't to be treated.

We looked like a mini-parade: Mr. Calm pushing Mr. Gentle in his wheelchair, and me bringing up the rear carrying our lunches, his newspaper, and my pile of paperwork to be completed while we waited out pest control. Residents who had not seen Mr. Gentle since his surgery stopped our parade every few feet to welcome him back to the building. Then we bid good-bye to Mr. Calm and set up our table in the function room so Mr. Gentle could spread out his newspaper, and I did my paperwork until such time we would get hungry for our lunches.

A few minutes passed, and I looked up and saw Mr. Gentle was not reading his paper but looking at me. I smiled at him, and asked if he was okay. He nodded. I asked if he needed anything. No. I bent my head over my paperwork ... but then looked up. Mr. Gentle was still looking at me. I put down my pen. He wasn't going to read his paper, that much was clear.

I sat expectantly, and Mr. Gentle launched into his heartbreaking, painful Holocaust story. A parent he had to leave behind due to their health; another loved one shot as they fled; hiding underground (and hence his sensitivity to noise from above). The story poured out of him, and into my heart.

Days afterward, his case manager and I were talking, and I mentioned how Mr. Gentle and I spent the day of pest control together, and he told me his Holocaust story. The caseworker was stunned, telling me he had known the man for decades, and Mr. Gentle had never said a word to him. He told me

	<p>that the relationship I had developed with Mr. Gentle had made him feel he could share his story with me.</p> <p>The day came when Mr. Gentle died in his apartment. I cried at the cemetery and mourned his death as if he and I were family, because our connection with each other was a special kind of family. For years, I visited his grave, to make sure the grave was getting its perpetual care and to say prayers for the dead.</p> <p>I also wanted to talk to him privately. This included telling him that I had started a Holocaust survivors' support group at the apartment complex, and we were holding annual Holocaust memorial services for those tenants who had lost family and friends during the Holocaust, providing them with a place and a time to mourn those who may not have a known grave or date of death. We averaged 175 residents, family members, and friends who attended the services each year. I wanted him to know that I had listened to him with my heart, and all my days I will carry our relationship, and his story, within me.</p> <p>With the passing of decades and in retirement, I reflect on how Mr. Gentle enabled me to see powerful ways of relating to residents by being my true self. That way I was able to help other Holocaust survivors and their families. Thank you, Mr. Gentle, for bringing out the best in me.</p>
<p>Dignity Alliance participants say . . .</p> <p>Richard Moore is the Chair of Dignity Alliance Massachusetts' Legislative Work Group and a member of the Leadership Council for The National Consumer Voice. He is a former state senator from Uxbridge and former chair of the Senate Health Care Financing Committee.</p>	<p><u>Proposed Medicare cuts could hit rural seniors hard</u></p> <p>*Worcester Telegram & Gazette</p> <p>By Richard T. Moore December 17, 2023</p> <p>The impending cuts to Medicare reimbursements in 2024, if not addressed by Congress, will have dire consequences for Medicare beneficiaries, particularly our nation's seniors. The effect on rural seniors, like folks in Central and Western Massachusetts, will be the most pronounced. Congress must take action this year to prevent cuts from taking place, and then it needs to address structural flaws in the way physicians are paid under Medicare.</p> <p>Physicians have dealt with cuts under the Medicare Physician Fee Schedule conversion factor for decades. Recognizing these cuts are a threat to our older neighbors' access to care, Congress in the past suspended some of them or lessened their impact, often waiting until the 11th hour to act, and also without implementing permanent reforms.</p> <p>The year 2023 was a bitter one for physicians as they were the sole health care providers who did not receive Medicare payment updates. The consequences of these challenges are taking a toll on physicians' well-being. Burnout, stress, heavy workloads, and the residual impact of the pandemic have left many physicians contemplating leaving their current practices within the next two years.</p> <p>Rural seniors already face obstacles to accessing quality care. Driving more physicians into retirement or out of business altogether will only make matters worse.</p> <p>In the immediate future, Congress must take critical steps to avert yet more draconian cuts. New legislation is required to prevent the scheduled payment reduction from taking effect on Jan. 1. I encourage Congressman Richard Neal to be a driving force behind such legislation and to insist to his colleagues in Washington that no level of cuts is acceptable.</p>

	<p>Additionally, the passage of H.R. 2474, known as "the Strengthening Medicare for Patients and Providers Act," is vital. This bill would introduce a permanent inflation-based update to the Medicare Physician Fee Schedule. This stability is crucial for physicians as they strive to provide timely and high-quality care to Medicare beneficiaries.</p> <p>The clock is ticking, and the stakes are high. Congress must act swiftly to safeguard patient access to physician care and secure the future of our health care system, ensuring that our seniors receive the quality health care they deserve.</p>
<p>Paul Lanzikos is a Dignity Alliance Massachusetts Co-Founder and current Coordinator.</p>	<p><u>Cheers and jeers to recent newsmakers</u></p> <p>Salem News December 15, 2023</p> <p>JEERS to deceptive online review practices, especially in industries where a customer’s health and wellness is at stake.</p> <p>We’re referring specifically to Hathorne Hill, the 120-bed nursing home in Danvers that offered anyone who gave their facility a five-star Google review a chance to enter a drawing for a \$480 KitchenAid mixer.</p> <p>As of earlier this week, the mixer was on display in the home’s lobby, with promises of a Jan. 2 drawing.</p> <p>At best, it’s a deeply cheesy way to drum up support for the home. At worst, it’s unethical, skewering the public perception of the quality of Hathorne for those looking for a home for themselves or a loved one. “If it’s not unethical, it definitely borders on being unethical,” Paul Lanzikos, co-founder of Dignity Alliance Massachusetts and the former head of North Shore Elder Services, told reporter Paul Leighton. “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.</p> <p>“The question is,” he asked, “how much is good care for your loved one worth – \$480?”</p> <p><u>Nursing home thrust into controversy after dangling KitchenAid prize for 5-star reviews</u></p> <p>McKnight’s Long-Term Care News December 14, 2023 By Josh Henreckson</p> <p>Nursing homes are always under pressure to receive stellar online reviews. But the aggressive tactics of one Massachusetts facility have raised questions of how far they should go to get 5-star reviews. Hathorne Hill, a 120-bed home in Danvers, MA, is offering a chance to win a KitchenAid stand mixer in return for 5-star reviews left on Google before the winner is selected on Jan. 2.</p> <p>The mixer is on display in the facility’s lobby and is advertised as having a \$480 value.</p> <p><u>A study of nursing home Yelp reviews</u> found that a 1-star increase on the social review site led to 2.6% more new Medicare admissions than</p>

	<p>a 1-star increase in ratings from the Centers for Medicare & Medicaid Services did.</p> <p>While the practice of incentivizing reviews is not against the law, it has come under increased scrutiny from both private entities and regulatory bodies.</p> <p>In June, the Federal Trade Commission proposed regulations that would crack down on providing incentives that are contingent on leaving either positive or negative reviews.</p> <p>“Our proposed rule on fake reviews shows that we’re using all available means to attack deceptive advertising in the digital age,” explained Samuel Levine, director of the FTC Bureau of Consumer Protection. “The rule would trigger civil penalties for violators and should help level the playing field for honest companies.”</p> <p>It is against Google policy to incentivize reviews. Google is known to remove reviews it believes violate its rules and will even suspend business profiles in more extreme cases.</p> <p>The display at Hathorne Hill asks potential reviewers to “Please mention in your review that your Google review is incentivized.” A facility representative from parent company Genesis HealthCare told The Salem News that this clause was added after the company was informed that its review contest violated Google’s policies.</p> <p>Paul Lanzikos, co-founder of Dignity Alliance Massachusetts told The Salem News that he questioned the legitimacy of the operator’s Google review strategy.</p> <p>“If it’s not unethical, it definitely borders on being unethical,” he said. Hathorne Hill currently has an overall 3-star CMS rating and lands just above the state’s average on the Massachusetts Health and Human Services nursing home rating website. Its Google star rating, however, is 4.6, based on 168 total reviews. Only 10 reviews left within the last two months are viewable. Four of those reviewers left a 5-star rating. Two other reviewers left a 1-star review and warned readers to not trust other reviews because of the prize being offered, with one equating it to a form of “bribery” — illustrating another potential form of blowback that can follow attempts to influence community reviews.</p> <p>Representatives of Hathorne Hill did not respond to a <i>McKnight’s</i> request for comment.</p>
<p>Request for Input</p> <p>This request is made by Sandy Novack, a DignityMA participant.</p>	<p>Disability Policy Consortium <i>Documenting Our Disability History</i></p> <p>My name is Sandy Novack, and I have served on the Disability Policy Consortium Board of Directors since 2018. I am also the Chair of the Board's Advocacy Committee.</p> <p>Last month, at the DPC annual awards event, I announced a history project that DPC plans to offer for people with disabilities across the state of Massachusetts. History belongs to those who get written into history, and for too long that has not included many people with disabilities. We want to change that.</p>

During the pandemic, we have lost many of our friends, family, colleagues, and neighbors who have disabilities. Many of them gave their time over many years to stand up for the civil rights, needs, and desires people with disabilities have, whether in the medical, housing, education, work, or other spheres of life. Yet, too many died without their individual, family, or community efforts around disability documented.

Please help DPC spread the word to residents of Massachusetts who have disabilities that we want to encourage residents to tell their disability history. If you have the ability to write your own biography as a book with a disability lens or want to write a chapter on a certain portion of your life for combining with your peers who may also want to contribute a chapter for an anthology, please start writing now. If you let me know your contact information, including any email address you may have, I will follow up with you. Please drop me a note at mail@dpcma.org, and please put in the subject line that the subject of your email is "Writing Our Disability History." If you do not use email, leave a message at the DPC office for me with your phone number.

On the other hand, if you want to tell your story, but due to a disability it would not be possible to get down on paper your story yourself, but you want your story to be told, kindly call DPC or email them to let them know your contact information, and I will be in touch with you, too. In the months ahead, DPC and others in the disability network will be developing a plan on how to help you tell your story.

We have no immediate endpoint to this project. So, if you are not ready to tell any part of your story now, feel free to pick this opportunity up and run with it when you can, no immediate time pressure from us. Whether you live on Cape Cod, in the Berkshires, North of Boston, or anywhere else in the state, your life story is important. Our goal is to place as many life stories as possible of people with disabilities in general libraries, disability study libraries, and other locations, and in this way develop the disability history resources to pass down to those who come after us.

I bet when many of us were in junior or senior high school studying the Civil War and other segments of history, over and over again you read about men in history books, but very little about women. And, I bet you read even less if anything, on people with disabilities in history. We want to change that.


No story is too short, no story is insignificant. Tell us about transportation and disability, exercise and disability, sexuality, and disability, dating and disability. Let's face it, there is a disability angle to every single part of life, so your options on what to write about are wide open.

For those of you unsure how to begin, feel free to be in touch with me. The first step to writing your story could be to start with one issue around disability close to your heart, how it impacted you, why it matters to you, what you tried to do about it. It does not have to be a success story. As many of you know, successes rarely come easily or quickly, if they come at all. And that in itself is a story future readers need to read about. It won't discourage them to stand up and advocate, in fact it could be a blueprint for them on how you chose to do what you did and how you would envision next steps.

	<p>So, go forth and live your life, but share your story on your life for the sake of documenting disability history and marking the future of life with disabilities.</p> <p>Thank you.</p> <p>Contributions can be submitted to mail@dpcma.org. please put in the subject line that the subject of your email is "Writing Our Disability History." If you do not use email, leave a message at the DPC office for Sandy Novack with your phone number.</p> <p>On the other hand, if you want to tell your story, but due to a disability it would not be possible to get down on paper your story yourself, but you want your story to be told, kindly call DPC or email them to let them know your contact information, and Sandy will be in touch with you.</p>
<p>Guide to news items in this week's Dignity Digest</p>	<p>Nursing Homes Nursing Home Residents in 'Immediate Jeopardy' (*Salem News, December 13, 2023) AG Campbell Indicts Springfield Medicaid Consultant for Stealing from Elderly Nursing Home Victims (Office of the Attorney General, December 5, 2023) Bill would block federal nursing home staffing mandate (McKnight's Long Term Care News, October 3, 2023)</p> <p>Housing Why Do We Build Houses in the Same Way That We Did 125 Years Ago? (*Washington Post, December 18, 2023)</p> <p>Private Equity Owner Incentives and Performance in Healthcare: Private Equity Investment in Nursing Homes (National Bureau of Economic Research, August 2023 (Revised))</p> <p>Social Security A Shock for Many Retirees: Social Security Benefits Can Be Taxed (*New York Times, December 17, 2023 (updated))</p> <p>State Budget Healey Shrugs Off Midyear Spending Cuts (State House News, December 13, 2023)</p> <p>Caregiving Actor Hector Elizondo Encourages Caregivers to Ask for Help (Brain & Life, December 2023)</p> <p>Veteran Services Healey-Driscoll Administration, VA Secretary McDonough, Senator Warren Unveil New Cutting-Edge Veterans Home in Chelsea (Office of the Governor, December 8, 2023) Governor Healey, Attorney General Campbell, Auditor DiZoglio Appoint Colonel Robert Notch as Veteran Advocate (Office of the Governor, November 14, 2023)</p> <p>Covid / Long Covid During the 2023 holiday season, face masks have settled in as an occasional feature of American life (AP News, December 17, 2023) Severe Viral Respiratory Illness (Center for Disease Control and Prevention, December 15, 2023)</p>

	<p><u>Why Haven't More Older Adults Gotten the R.S.V. Vaccine?</u> (*New York Times, December 9, 2023 (updated))</p> <p>Health Care Topics</p> <p><u>Fewer young adults smoke today than in 2011. That's not true of seniors.</u> (*Washington Post, December 18, 2023)</p> <p><u>Care clinics to open in CVS stores</u> (*Salem News, December 14, 2023)</p> <p><u>'It's all gone': CAR-T therapy forces autoimmune diseases into remission</u> (Nature, December 12, 2023)</p> <p><u>The important role of human-centered design in healthcare</u> (Center for Health and Research Transformation, November 14, 2023)</p> <p><u>Explaining Corporate America's Aggressive Investment in Primary Care</u> (*Health Affairs, April 5, 2023)</p> <p>Disability Topics</p> <p><u>My MS diagnosis freed me to finally love my body as it is</u> (*The Washington Post, December 17, 2023)</p> <p><u>Healey's Agency Rebrand Plan Draws No Testimony</u> (State House News, December 11, 2023)</p> <p>End of Life</p> <p><u>How medical aid in dying is bringing autonomy to end-of-life decisions</u> (1A NPR (radio broadcast), December 13, 2023)</p> <p>From Around the Country</p> <p><u>Largest nursing home in St. Louis closes suddenly, forcing out 170 residents</u> (AP News, December 18, 2023 (updated))</p> <p><u>Bill calls for consolidated cost reporting by related nursing home businesses</u> (McKnight's Long-Term Care News, December 18, 2023)</p> <p><u>'Mini democracies' and affordable N.H. home ownership</u> (*Boston Globe, November 30, 2023 (updated))</p>
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DignityMA Study Sessions



Presenter: Mark Phillips, Chief of Staff, Office of Rep. Thomas Stanley, House Chair, Joint Committee on Elder Affairs

Briefing on [Bill H.4193](#) An Act to improve quality and oversight of long-term care
 Wednesday, December 20, 2023, 11:00 a.m.
 Presenter: Mark Phillips, Chief of Staff, Office of Rep. Thomas Stanley, House Chair, Joint Committee on Elder Affairs

Join Zoom Meeting
<https://us02web.zoom.us/j/82573571576?pwd=YmNSQktvSStOUeFkS1ViN3RRMFIMdz09>
 Legislative text: <https://malegislature.gov/Bills/193/H4193>
[Summary for HB4193](#)

This omnibus legislation relative to long-term care facilities seeks to improve the situation in long-term care facilities, and issues related to prior authorization, in several ways. In particular:

- Establishes a Long-Term Care Workforce and Capital Fund to be administered by EOHHS for the purpose of supporting a capital loan program for skilled nursing facilities, and several workforce training programs;
- Substantially overhauls the licensure process for the operation of long-term care facilities;
- Directs DPH to promulgate regulations governing the operation of small house nursing homes;

	<ul style="list-style-type: none"> • Strengthens the oversight of long-term care facilities in the Commonwealth, granting DPH increased authority to impose remedies or sanctions on facilities that fail to provide adequate care; • Requires every long-term care facility to develop an outbreak response plan which is to be customized to the long-term care facility; • Requires DOI to use as base year costs for rate determination purposes in establishing Medicaid rates for skilled nursing facilities, with the reported costs of the calendar year not more than 2 years prior to the current rate year; • Requires DOI to develop and implement a uniform prior authorization form for the admission of patients from an acute care hospital to a post-acute care facility, or transitioned to a home health agency, for covered post-acute care services; • Requires all payers to approve or deny a request for prior authorization for admission to a post-acute care facility for any inpatient requiring covered post-acute care services by the next business day; • Establishes and regulates several studies and task forces on issues related to long term care.
<p>Webinars and Other Online Sessions</p>	<p>1. Bipartisan Policy Center Thursday, January 11, 2024, 1:00 p.m. Teaming Up: Policies to Support the Integrated Care Workforce An extensive and growing body of evidence shows the benefits of delivering more mental health and substance use services through—and in collaboration with—primary care providers. Integrated primary care and behavioral health services are shown to increase patients’ access to services, improve health outcomes, and enhance cost-effectiveness of care. But how do we ensure that the workforce is equipped to deliver integrated care services? What makes up a successful integrated care team? Recent policy changes have begun to tackle the issue, but there is a need for further action in training, supporting, and financing the workforce required to deliver integrated primary care and behavioral health services. Join the Bipartisan Policy Center and the Commonwealth Fund as we discuss federal policy solutions to make better use of the existing integrated care workforce and expand opportunities to grow the supply. Read our new recommendations here. SPEAKERS Introduction <ul style="list-style-type: none"> • Julia Harris Associate Director, BPC Panelists <ul style="list-style-type: none"> • Dr. Brian Baucom Co-Director, Behavioral Health Innovation and Dissemination Center, University of Utah • Dr. Atul Grover Executive Director, AAMC Research and Action Institute • Dr. Andy Keller President and CEO, Meadows Mental Health Policy Institute • Melissa Merrick Executive Vice President, Primary Care Services, Southcentral Foundation Moderator <ul style="list-style-type: none"> • Laura Lovett Editor, Behavioral Health Business, Aging Media Network </p>

<p>Webinars and Other Online Sessions</p>	<p style="text-align: center;"><u>REGISTER NOW</u></p> <p>2. U. S. Census Bureau <u>An Introduction to Census Data</u> Start Here! A Quick Start Page for Beginner Census Bureau Data Users Welcome! We are thrilled that you are interested in Census Bureau data. The Census Bureau conducts over 130 surveys and provides data access to thousands of variables through dozens of data tools, a variety of data visualizations, data tables, raw data, and the Census Application Programming Interface (or API for short). This “Start Here” page is meant to be a quick start guide for beginners but be sure to explore Census Academy’s many resources when you are ready to learn more. Table of Contents <u>Module 1: About the Census Bureau and Finding Data</u> <ul style="list-style-type: none"> • Census 101 • Three Primary Elements You Must Know to Find Census Bureau Data <u>Module 2: Our Surveys and Data</u> <ul style="list-style-type: none"> • DATA GEM: How to Find What Survey Has the Data You Need with Census Survey Explorer <u>Module 3: Geography</u> <ul style="list-style-type: none"> • DATA GEM: What is a Census Tract? Making Sense of Census Geography • DATA GEM: What is a CDP? Making Sense of Census Geography • DATA GEM: What is a ZCTA? Making Sense of Census Geography <u>Module 4: Accessing Data</u> Accessing current statistics for commonly needed topics. (most simplistic, less robust data availability) <ul style="list-style-type: none"> • DATA GEM: How to Use Filters on data.census.gov • DATA GEM: How to Access Data for Your Neighborhood in Just a Few Clicks (census.gov) • DATA GEM: Locate and Analyze your Customers and Market with Census Business Builder • DATA GEM: When to Use QuickFacts, a Tool That Gets You Data Fast! </p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: <u>https://dignityalliancema.org/webinars-and-online-sessions/</u></p>
<p>Nursing Homes</p>	<p>3. *Salem News December 13, 2023 <u>Nursing Home Residents in ‘Immediate Jeopardy’</u> By Paul Leighton State health inspectors have determined that conditions in the Hathorne Hill nursing home constitute “immediate jeopardy” to the health and safety of residents. The Massachusetts Department of Public Health said Tuesday it is investigating the facility and has imposed a freeze on new admissions to Hathorne Hill until the investigation is completed. “DPH is working with the facility to ensure it is meeting its regulatory obligations to provide safe, quality care to residents,” the agency said in a statement. DPH said the determination of immediate jeopardy was made following a “recertification survey” at Hathorne Hill from Nov. 14-20 and again on Dec. 4-5. The agency declined to release its inspection report or give specifics about what they found, citing the ongoing investigation.</p>

According to the Centers for Medicare & Medicaid Services, which is responsible for federal oversight of nursing homes, “immediate jeopardy” represents a situation in which residents are at risk for “serious injury, serious harm, serious impairment or death” and requires “immediate corrective action.”

A spokesperson for Hathorne Hill characterized the problem as “an isolated issue” and said the company is “confident this will be resolved in a timely manner.”

“The health, safety, and quality of care of our patients and residents is our top priority at Hathorne Hill,” spokesperson Lori Mayer said in an email.

Hathorne Hill is a for-profit nursing home with 120 beds on Kirkbride Drive in Danvers. It has a three-star rating out of a possible

Compare website, and a 117 score, one point above the state average, on the Massachusetts Health and Human Services nursing home rating website.

Hathorne Hill is owned by Genesis HealthCare, a Pennsylvania- based holding company that operates about 250 nursing homes.

Last week, Hathorne Hill came under criticism for holding a free raffle for people who give them a five-star Google review. The prize is a \$480 KitchenAid Mixer.

Last year, 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 do it him- or herself.

Mayer, the spokesperson, said Hathorne Hill was recently named a “Best Nursing Home in the U.S.” by U.S. New & World Report, and also received a Silver Quality Award from the American Health Care Association.

4. Office of the Attorney General

December 5, 2023

[*AG Campbell Indicts Springfield Medicaid Consultant for Stealing from Elderly Nursing Home Victims*](#)

Defendant Allegedly Used Role to Steal Financial Information from Nursing Home Residents, Forge Documents, and Take Thousands of Dollars from Elderly Victims and Defendant’s Employer

Attorney General Andrea Joy Campbell has announced that the Statewide Grand Jury has returned indictments of 16 counts against a Medicaid consultant who stole thousands of dollars from elderly victims, her employer, and a local bank.

Kaylie Giberson, of Springfield, was indicted last week by the Statewide Grand Jury on 16 counts, including three (3) counts of Larceny over \$250 from a person over 60, six (6) counts of Forgery, three (3) counts of Uttering False Statements, two (2) counts of Larceny over \$1,200 from two local small businesses, one (1) count of Attempted Larceny over \$250 From an Elder, and one (1) count of attempted larceny over \$1200 from a business. Giberson’s charges will now be transferred to Hampden County Superior Court, where she will be arraigned. . .

During the alleged acts, Giberson was employed as a Medicaid consultant, and she regularly assisted elderly residents of various nursing homes to complete applications for MassHealth. As part of the process of assisting elderly residents to apply and become eligible for MassHealth, the AG’s Office alleges that Giberson was able to readily gain access to residents’ financial information.

The AG’s investigation found that, since at least 2022, Giberson engaged in a scheme to steal money from at least three elderly nursing home victims.

	<p>Giberson allegedly forged multiple signatures to grant herself a false durable power of attorney (“POA”), then used the false POA to access and steal from one victim’s bank accounts. She also allegedly wrote false checks from her victims to herself, in the sum of tens of thousands of dollars.</p> <p>Additionally, the AG’s Office found that, during Giberson’s employment with a Medicaid consulting company, she also used the company’s credit card to complete unauthorized online retail purchases that were delivered to her residential address and intended for her personal use. Giberson’s employment with the Medicaid consulting company was ultimately terminated. . .</p> <p>This indictment is AG Campbell’s most recent effort in protecting elder communities and advancing elder justice. This past summer, AG Campbell established the AG’s Elder Justice Unit, which works to advance the rights, safety, and well-being of elders across Massachusetts.</p> <p>5. McKnight’s Long Term Care News October 3, 2023 Bill would block federal nursing home staffing mandate By Kimberly Marselas</p> <p>A Minnesota Congresswoman has introduced legislation that could stop the Centers for Medicare & Medicaid Services from implementing its proposed nursing home staffing requirements.</p> <p>Protecting Rural Seniors Access to Care Act, H.R. 5796, would prohibit federal officials from finalizing the draft rule introduced on Sept. 1 and convene a nursing home workforce advisory panel instead. . .</p> <p>“The Protecting Rural Seniors Access to Care Act will keep CMS from implementing this rule until it can prove it will not result in the closure of skilled nursing facilities, will not harm patient access, and will not make workforce shortage issues worse in areas that are already struggling,” Fischbach added. . .</p> <p>The bill would seem to have ready-made support in the Senate chamber. Late last week, a bipartisan group signed on to a letter asking CMS to withdraw the mandate, saying this is the “worst possible time” to move forward with it. LeadingAge said it “roundly supports” Fischbach’s bill, “which would also require annual analysis and recommendations by a new advisory committee on the nursing home workforce shortage.” The association is asking members to encourage their own representatives to become co-sponsors.</p>
Housing	<p>6. *Washington Post December 18, 2023 Why Do We Build Houses in the Same Way That We Did 125 Years Ago? By Binyamin Appelbaum</p> <p>In 1969, the federal government announced that it would hand out millions of dollars in subsidies to companies willing to try something new: building houses in factories.</p> <p>Then as now, America was in the throes of a housing crisis. There weren’t enough places to live. Mass production provided Americans with abundant and cheap food, clothing, cars, and other staples of material life. But houses were still hammered together by hand, on site. The federal initiative, Operation Breakthrough, aimed to drive up the production of housing — and to drive down the cost — by dragging the building industry into the 20th century.</p> <p>It didn’t work. Big companies, including Alcoa and General Electric, designed new kinds of houses, and roughly 25,000 rolled out of factories over the</p>

	<p>following decade. But none of the new homebuilders long survived the end of federal subsidies in the mid-1970s.</p> <p>Last year, only 2 percent of new single-family homes in the United States were built in factories. Two decades into the 21st century, nearly all U.S. homes are still built the old-fashioned way: one at a time, by hand. Completing a house took an average of 8.3 months in 2022, a month longer than it took to build a house of the same size back in 1971.</p> <p>Federal housing policy in the decades since the failure of Operation Breakthrough has focused myopically on providing financial aid to renters and homeowners. The government needs to return its attention to the supply side. Opening land for development, for example by easing zoning restrictions, is part of the answer, but reducing building costs could be even more constructive. Land accounts for roughly 20 percent of the price of a new house; building costs account for 60 percent. . .</p> <p>A sequel to Operation Breakthrough could help the industry overcome those challenges. The Canadian government’s “Rapid Housing Initiative” is providing support for large-scale modular manufacturing by setting tight construction deadlines for affordable housing projects that obtain government funding, an approach the United States could emulate on an even larger scale. . .</p> <p>The government also can push for the standardization of building materials and building regulations. Herbert Hoover, the great champion of industrial standardization, who during his years as commerce secretary in the 1920s worked successfully to establish uniform rules for products including paving bricks, milk bottles and blackboards, argued that establishing consistent standards was the nearest thing to a free lunch. It would increase productivity, benefiting companies, workers, and customers. Florida and California will always have somewhat different building codes, because hurricanes and earthquakes pose different challenges. But there is no reason for Colorado to have 300 different codes.</p>
Private Equity	<p>7. National Bureau of Economic Research <i>Owner Incentives and Performance in Healthcare: Private Equity Investment in Nursing Homes</i> By Atul Gupta, Sabrina T. Howell, Constantine Yannelis & Abhinav Gupta August 2023 (Revised)</p> <p>Amid an aging population and a growing role for private equity (PE) in elder care, this paper studies how PE ownership affects U.S. nursing homes using patient-level Medicare data. We show that PE ownership leads to lower-risk patients and increases mortality. After instrumenting for the patient-nursing home match, we recover a local average treatment effect on mortality of 11%. Declines in measures of patient well-being, nurse staffing, and compliance with care standards help to explain the mortality effect. Overall, we conclude that PE has nuanced effects, with adverse outcomes for a subset of patients.</p>
Social Security	<p>8. *New York Times December 17, 2023 (updated) <i>A Shock for Many Retirees: Social Security Benefits Can Be Taxed</i> By Brian J. O’Connor <i>When older Americans earn above a certain income level, they are often taken aback to find they owe federal income taxes on their benefits.</i> Social Security benefits weren’t taxed at all until 1984. Then in 1993, Bill Clinton signed legislation that expanded tax thresholds, making up to 85 percent of</p>

	<p>benefits taxable for recipients with combined incomes of more than \$34,000 (\$44,000 for joint filers). Those who earn less could be subject to taxes on up to 50 percent of their benefits. Combined income consists of a filer’s adjusted gross income, untaxed interest (such as from municipal bonds) and half of one’s annual Social Security payments.</p> <p>Over the past 39 years, both Social Security payments and federal income tax brackets have continually shifted upward to compensate for inflation — but the income thresholds that result in a retiree’s benefits being taxed have not. When the tax took effect in 1984, during the Reagan administration, it was estimated to affect about 10 percent of Social Security recipients. By 2022, 48 percent of recipients were paying tax on some of their benefits, and paid \$48.6 billion that year, according to the Social Security Administration.</p>
State Budget	<p>9. State House News December 13, 2023 Healey Shrugs Off Midyear Spending Cuts By Chris Lisinski <i>With Revenues Coming Up Short, Guv Says She'll "Manage the Situation"</i> With tax collections lagging hundreds of millions of dollars behind projections, Gov. Maura Healey said Wednesday she is not considering unilateral budget cuts to better align state revenues and spending. "No. No, we're going to manage the situation," Healey replied when the News Service asked if she is weighing unilateral midyear spending reductions known as 9C cuts. "Revenues are not what they have been the last few years. We recognize that. We've seen a dip." "It's also the case that we are fiscally very strong here in Massachusetts," the governor continued. "We have a terrific bond rating. We have a record amount in the stabilization fund. And we're going to just have to plan and evaluate as we prepare our next budget. That's what we're going to do, we're going to manage the situation." Through the first five months of fiscal year 2024, state tax collectors have hauled in about \$146 million or 1 percent more than they did during the same span last year, but \$627 million or 4.3 percent less than the estimates used to craft the record \$56 billion annual budget. . . The state has also stashed away more than ever before. Treasurer Deborah Goldberg said this month the fund has reached a "historic high of \$8.2 billion," calling it "a strong financial foundation for when it rains again." Healey, who must file her fiscal year 2025 budget proposal by Jan. 24, on Wednesday voiced optimism about the state's outlook despite poor revenue performance in recent months.</p>
Caregiving	<p>10. Brain & Life December 2023 Actor Hector Elizondo Encourages Caregivers to Ask for Help By Caitlin Heaney West <i>When Elizondo's mother was diagnosed with dementia, his father took on her care. The enormous demands took a devastating toll, a fate Elizondo hopes to spare others.</i> In many ways, Hector Elizondo is a lucky man. The Emmy-winning actor has made a career as a character actor in movies—<i>Pretty Woman</i> and <i>The Princess Diaries</i>, among many others—and on TV, in series including <i>Chicago Hope</i> and <i>Monk</i>. And at 86, he remains healthy. He still exercises daily, as he's done since</p>

	<p>he was a teenager, and he reads voraciously, keeping his body and mind sharp. His good health is even more remarkable given that his mother and four of her sisters were diagnosed with Alzheimer's disease. . .</p> <p>Elizondo has made it his mission to educate others about the burdens of caregiving. “When I have the opportunity, I remind people that they have to be prepared as a family—this is a team effort. You can't take care of Mom or Dad on your own. It's not fair to anybody.” He encourages loved ones to know their limits and bring in professionals like home health care workers. “There comes a point when you have to give it up. You need help. You can't do it alone.”</p> <p>Today, people have so many more resources than Elizondo's family had, including local government agencies on aging, senior centers, community organizations, and support groups. When his mother was diagnosed, “we had no idea what it meant,” the actor says. “We had high hopes that she would get over it.” Instead, she deteriorated, and her husband had to become her full-time caregiver, feeding, and dressing her, assisting her in the bathroom, and taking care of the household. . .</p> <p>Elizondo also spreads the word that caregivers need to ask for help. “Don't let it get to the point where you say, ‘This is too much for me.’ You might get sick.” He compares the situation to how airplane passengers are told to put on their own oxygen masks in an emergency before assisting others. “Put the mask on first,” he says. “That's what my dad didn't do.”</p> <p>The risk for Alzheimer's is 1.5 times higher among Hispanic people than among White people, according to the Alzheimer's Association, yet Elizondo says a stigma remains in the Latino community about diseases that affect people's mental state. “It has the slight stain of ‘Is there craziness involved?’” he says.</p>
<p>Veteran Services</p>	<p>11. Office of the Governor December 8, 2023 Healey-Driscoll Administration, VA Secretary McDonough, Senator Warren Unveil New Cutting-Edge Veterans Home in Chelsea</p> <p>Governor Maura T. Healey, U.S. Secretary of Veterans Affairs Denis McDonough, Senator Elizabeth Warren, and Executive Office of Veterans Services Secretary Jon Santiago today unveiled the new, state-of-the-art Massachusetts Veterans Home at Chelsea. The new facility is designed to foster community among residents, with private resident rooms organized around shared community and green spaces. It is also fossil-fuel-free and features geothermal wells and a rooftop solar array.</p> <p>“The new Veterans Home in Chelsea is what our veterans earned and deserve, and it represents a new era of care and commitment to our veterans in Massachusetts. It offers a sense of community for our veterans, allows them to have dignity and autonomy in a home-like environment, and makes sure that their physical, mental, and emotional needs are met,” said Governor Maura Healey. . .</p> <p>“From day one, our administration has been committed to revitalizing veterans' services in Massachusetts and making sure our veterans receive the resources, benefits, and support they deserve,” said Lieutenant Governor Kim Driscoll.</p> <p>“From appointing Secretary Santiago and building up the Executive Office of Veterans Services, to filing the HERO Act, to leading transformational projects at our Veterans Homes in Chelsea and Holyoke, we are making sure that</p>

	<p>Massachusetts delivers world-class care to those who have heroically served our country.” . . .</p> <p>Located atop Chelsea’s iconic Powder Horn Hill, the Veterans Home at Chelsea is a long-term care facility dedicated to serving the Commonwealth’s veterans. Designed to optimize natural light and provide breathtaking panoramic views of downtown Boston and the harbor, this groundbreaking facility consists of 154 private resident rooms organized around communal spaces and embraced by expansive courtyards. The building fosters a more nurturing and dignified living environment than other nursing homes by prioritizing individual privacy and autonomy while cultivating a sense of community through shared living spaces and support areas. . .</p> <p>In October 2023, the Executive Office of Veterans Services announced that the Massachusetts Veterans Home at Chelsea (CHE) was awarded licensure by the Department of Public Health (DPH) and certification by the Centers for Medicare and Medicaid Services (CMS).</p> <p>Currently, 22 residents have moved into the new home, and all residents are expected to be fully moved into the new home by early 2024.</p> <p>12. Office of the Governor</p> <p>November 14, 2023</p> <p>Governor Healey, Attorney General Campbell, Auditor DiZoglio Appoint Colonel Robert Notch as Veteran Advocate</p> <p>Governor Maura Healey, Attorney General Andrea Campbell and Auditor Diana DiZoglio today announced the appointment of Colonel Robert “Bob” Notch to lead the Massachusetts Office of the Veteran Advocate. In this role, Notch will oversee the newly established independent state agency whose focus is to ensure that veterans in Massachusetts receive humane, safe, and dignified treatment and effective services in a timely manner and compliance with existing laws and regulations.</p> <p>The Office of Veteran Advocate was established by An Act relative to the governance, structure, and care of veterans at the Commonwealth’s veterans’ homes, which also created the Executive Office of Veterans’ Services. In March, Governor Healey appointed Dr. Jon Santiago as the state’s first ever Veterans’ Services Secretary. . .</p> <p>“Creating this office was important to our administration. The Office of the Veteran Advocate will allow Massachusetts to better support veterans in need,” said Lieutenant Governor Driscoll.</p> <p>About Colonel Notch</p> <p>Colonel Notch served for nearly 27 years as a commissioned officer in both the Army and Army Reserve. He retired in 2016 as a Colonel. He was commissioned as a Second Lieutenant in Army Aviation upon graduation from the United States Military Academy in May of 1989. He served in multiple tactical leadership assignments as a UH-60 Blackhawk pilot, operations officer, human resources manager, and force development officer, serving in Operations Desert Shield/Desert Storm in 1990 and in Operation Iraqi Freedom in 2003. His senior assignments include operational and strategic level positions on the Army Staff, Joint Staff and Office of the Chief of Army Reserve in the Pentagon.</p>
Covid / Long Covid / Infectious Disease	<p>13. AP News</p> <p>December 17, 2023</p> <p>During the 2023 holiday season, face masks have settled in as an occasional feature of American life</p>

By Deepti Hajela

As 2023 draws to an end, with promises of holiday parties and crowds and lots of inadvertent exchanges of shared air, mask-wearing is much more off than on around the country even as COVID's long tail lingers. The days of anything approaching a widespread mask mandate would be like the Ghost of Christmas Past, a glimpse into what was.

Look at it a different way, though: These days, mask-wearing has become just another thing that simply happens in America. In a country where the mention of a mask prior to the pandemic usually meant Halloween or a costume party, it's a new way of being that hasn't gone away even if most people aren't doing it regularly.

14. Center for Disease Control and Prevention

December 15, 2023

[Severe Viral Respiratory Illness](#)

Provides an update on how respiratory viruses are contributing to serious health outcomes, like hospitalizations and deaths, both nationally and in Massachusetts.

Illness Severity Update:

- Rates of COVID-19, influenza, and RSV-associated hospitalizations are increasing.
- Nationally, the percentage of viral respiratory deaths was 3.2% for the week ending December 2, an increase from 2.6% in the prior week. COVID-19 is the main driver of viral respiratory deaths.

Displayed data:

- COVID-19 and Influenza Hospitalization Rates
Weekly (7-day total) hospitalization rates reported per 100,000 population. RSV hospitalizations are not included in this dataset (see footnotes).
- RSV Hospitalization Rates
Weekly hospitalization rates reported per 100,000 population. Based on findings from participating sites in 58 counties in 12 states.
- Trends in Viral Respiratory Deaths in the United States
Weekly percentage of total deaths associated with COVID-19, influenza, and RSV.
- Six more data sets with more detailed information.

15. *New York Times

December 9, 2023 (updated)

[Why Haven't More Older Adults Gotten the R.S.V. Vaccine?](#)

By Paula Span

So far, only [about 15 percent](#) of Americans over 60 have received one of the two [new R.S.V.](#) shots, which the Food and Drug Administration approved in May and are the first-ever vaccines against the disease. Just 16 percent more said they definitely planned to, according to the Centers for Disease Control and Prevention.

By contrast, more than 62 percent of adults over 65 have received the recommended flu shot this fall, and a third have gotten the updated Covid-19 vaccine. . .

The [C.D.C. recommends the R.S.V. vaccines](#) for people over 60, after having individual discussions with their health care providers, something called "shared clinical decision-making." Medicare Part D, Medicaid and most private insurers will cover the entire cost.

	<p>The fact that older people are vulnerable to R.S.V. is an unfamiliar concept to many people. For decades, the virus was mostly considered a threat to infants and young children. Most physicians, “when they went to medical school, were taught that R.S.V. was a pediatric illness,” said Dr. William Schaffner, an infectious disease specialist at Vanderbilt University Medical Center. “It’s still the leading cause of hospitalization in infants in the U.S.”</p>
Health Care Topics	<p>16. *Washington Post December 18, 2023 Fewer young adults smoke today than in 2011. That’s not true of seniors. By Linda Searing Just 5 percent of young adults in the United States smoked in 2022, down from 19 percent in 2011, according to research published in JAMA Health Forum. Based on data on 353,555 adults, the study found that the prevalence of smoking in those years declined in nearly all age groups and did so at a faster pace among younger adults — averaging an 11 percent annual decrease for young adults (ages 18 to 24) compared with a 3 percent annual decline for those 40 to 64. By comparison, smoking prevalence among the oldest adults (those 65 and older) increased slightly, although less than 1 percent, to about 9 percent. The increase, however, was greatest among those with lower incomes. The researchers found that in all age groups, smoking prevalence was highest among those with the lowest incomes.</p> <p>17. *Salem News December 14, 2023 Care clinics to open in CVS stores By Paul Leighton CVS Pharmacy stores in Beverly and Swampscott are planning to open new in-store health care clinics as part of a push by the national drugstore chain to get into the primary and urgent care business. The clinics will provide both in-person care and virtual visits for a “full spectrum” of medical needs, including acute issues, primary care, and chronic conditions, according to CVS. The clinics will be in the CVS’s at 19 Dodge St. in the North Beverly Plaza, Beverly, and at 413 Paradise Road in Vinnin Square Plaza, Swampscott. The new clinics are part of a partnership between CVS and Carbon Health, a company that operates more than 125 clinics in 13 states, including Boston, Dedham, and Framingham in Massachusetts. Carbon Health announced in January that it had received \$100 million from CVS Health Ventures and would pilot its clinics inside select CVS locations. In Beverly, the Carbon Health clinic will replace the MinuteClinic that’s inside the store. The Carbon Health clinic will take up more than 15 times the space of the MinuteClinic, according to plans filed with the city. The expansion will take place entirely inside the store, so the overall footprint of the store will not increase. The new medical space will be 3,100 square feet compared to the 200 square feet the Minute-Clinic now occupies. The entire store is 13,200 square feet. The MinuteClinic at 19 Dodge St. is scheduled to close on Saturday. The rest of the store and the pharmacy will remain open while the new space is being built out, the company said. The CVS in Swampscott does not have a MinuteClinic.</p>

Rhode Island-based parent company CVS Health Corp., which was founded in 1963, employs 219,000 workers.

18. Nature

December 12, 2023

['It's all gone': CAR-T therapy forces autoimmune diseases into remission](#)

By Heidi Ledford

Engineered immune cells have given 15 people with once-debilitating [autoimmune disorders](#) a new lease on life, free from fresh symptoms or treatments. The results raise hopes that the approach — called [CAR-T-cell therapy](#) — might one day be [extended to a variety of other conditions fueled by rogue immune cells](#) that produce antibodies against the body's own tissues. All 15 participants, who each had one of three [autoimmune conditions](#), have remained disease-free or nearly so since their treatment, according to [data presented on 9 December](#) at the [American Society of Hematology meeting](#) in San Diego, California. The first participants were treated more than two years ago.

[CAR-T therapies](#) harness the immune players called T cells. T cells are removed from the person being treated, genetically engineered to produce proteins called chimeric antigen receptors (CARs) and then reintroduced to the person's body. In many therapies, the T cells are tailored to recognize a protein made by immune cells called B cells. When reintroduced, the CAR T cells will target the B cells for destruction — a useful feature for treating cancers caused by abnormal B cells.

19. Center for Health and Research Transformation

November 14, 2023

[The important role of human-centered design in healthcare](#)

By Kimberly Snodgrass and Cleoniki Kesidis

In 2023, with Medicaid renewals at the forefront of state health and human service department operations, we're thinking a lot about how to create easy-to-use systems that allow people to demonstrate their eligibility for Medicaid. Without easy-to-use systems, many are losing Medicaid insurance for administrative or procedural reasons—even if they remain eligible. . .

Steps to take to achieve human centered design.

- Identify the challenge.
- Figure out who's directly impacted by the challenge.
- Talk to, observe, and collaborate with those people.
- Propose changes, see what people think about them, then test those changes to learn what works.
- Collaborate to implement the effective changes with a peer-led approach.

In sum, inefficiencies are addressed collaboratively. Frontline staff work with organizational leaders, programmers, designers, and communicators. But the end users play a critical role, and evidence—about what works and what doesn't—is essential.

Human-centered design empowers individuals, enhances efficiency, and promotes a more inclusive and user-friendly society. Embracing this approach in the health and public health sector has the potential to create many positive changes.

20. *Health Affairs

April 5, 2023

[Explaining Corporate America's Aggressive Investment in Primary Care](#)

By Paul A. Branstad and Claude R. Maechling

Not that long ago, primary care practices sold for [hundreds of dollars per patient](#), depending on how “fat” their files were and what proportion were economically undesirable Medicare patients. The principal buyers were hospital-based health care systems that used them for front-line triage and as capture networks for higher-profit, specialist-driven lines of service.

Now, suddenly, the likes of Amazon, CVS Health, Walgreens, Walmart, UnitedHealth, and Humana are vying to acquire and build primary care practices targeted at serving the US’s seniors. So far, we estimate they have committed \$50 billion, and the competition has driven prices north of \$50,000 per patient. When the US finally grasps what is going on, how this competition was triggered in the first place, and what the long-term consequences will be, none of us will like it.

Value-based contracts with full-risk capitation payments, mostly Medicare Advantage (MA), but also variants of accountable care organization (ACO) models, have grown rapidly to become the majority payment model for Medicare beneficiaries. However, there is no demonstrated proof that these payment arrangements improve the health of beneficiaries more than fee-for-service arrangements. We also fear that, in their current forms, such contracts reward ever-increasing scale and will evolve into a competition that only the very largest consumer companies can win. Once these winners emerge, their vested interests will focus on preserving their oligopoly at an additional cost to US taxpayers of [\\$75 billion a year](#). Too late will we realize we have lost our last best chance to reinvent a health care system centered around the large-scale provision of high-quality primary care—even though this is what value-based contracts started out trying to do. The problem lies not with the Centers for Medicare and Medicaid Services’ (CMS’s) intentions, but with how the game they have structured plays out.

An [important recent article](#) in the *New England Journal of Medicine* concludes that the root cause of the \$50 billion investment frenzy is the financial opportunity created by CMS’s commitment to convert all Medicare beneficiaries to accountable care relationships with value-based payment models. . .

If value-based contracting is not about improving patients’ health, then it must be about reducing the costs of providing their health care. But that is not true either. For decades, CMS has [paid more to MA plans than it spends for equivalent patients on traditional fee-for-service Medicare](#). Furthermore, current efforts to reduce MA overpayments—led by the [Medicare Payment Advisory Commission](#), an independent agency chartered to advise Congress on issues affecting Medicare—face entrenched political opposition because the plans enjoy such strong, bipartisan and bicameral support. Senior voters like the supplemental benefits and lower premiums offered MA enrollees, and so politicians do too.

Our conclusion is: CMS’s commitment to value-based contracting is simply the next stage of its long-standing, philosophical aversion to fee-for-service reimbursement. This aversion is reflected in the increasing justification and reporting requirements imposed on primary care physicians, requirements that represent an affront to their integrity and challenge their medical judgment. The resulting suppression of practice revenue and [increased administrative burden](#) have pushed many previously independent primary care physicians past their breaking point and into the arms of hospital-based health systems. Even the

	<p>well-capitalized, highly touted primary care-centric start-up platforms such as Oak Street Health, Iora Health, and VillageMD found profitability to be elusive. So, they are now selling out to the consumer behemoths vying for the \$1 trillion prize in value-based contracting. . .</p> <p>In their push for VBC solutions, CMS has seemingly become narrow minded and myopic. Accountability, improved quality of care, and the realization of equity and community health are important, laudable goals. The problem, we think, is the already apparent flaws in VBCs—both as conceived and as implemented—will make it impossible for these goals to be accomplished through any of their current contractual variations.</p> <p>The massive problems besetting the US health care system today have been 30-plus-years in the making. The life expectancy of Americans is now at the lowest level in nearly two decades. Too many Americans bear too much burden of chronic disease, improve too slowly, and regress too often. We no longer have a primary care-centric health system, and far too few of us have a trusted relationship with a primary care physician who has the time, support, resources, and authority to take overall responsibility for our health care.</p> <p>The reimbursement system has been a major cause of this degradation. The drive to make VBCs the universal answer for Medicare patients will not help. We would like CMS to consider hybrid payment models based on the premise that primary care physicians should be empowered to dedicate time to thinking, building trusted relationships with patients, and overseeing patient care beyond the four walls of an examination room. Accountability must be designed into high-quality primary care delivery based on results, not process. We think this is eminently doable but, if CMS doesn't put its mind to it, and doesn't embrace new thinking, we will never know.</p>
Disability Topics	<p>21. *The Washington Post December 17, 2023 My MS diagnosis freed me to finally love my body as it is By Lindsay Karp</p> <p>As my symptoms worsened in my 30s, I lost faith in my body and blamed it for letting me down, for stealing the best years of my life.</p> <p>It took a long-delayed diagnosis of multiple sclerosis for my mind-set to change. This isn't to say that my MS diagnosis at 34 was easy. Indeed, the vision of a future without disease had kept me going since age 21. <i>Without a diagnosis, there's still a chance this can all go away</i>, I'd tell myself. So, in 2017, when my doctor told me a test had revealed MS markers in my spinal fluid, I broke down. I feared the loss of a future rich with exploration, freedom, and independence.</p> <p>MS is an autoimmune disease that attacks the myelin, the protective covering surrounding nerves, resulting in a variety of symptoms, including weakness, loss of balance, pain, tingling and fatigue. Nearly a million people in the United States have MS, according to the National Multiple Sclerosis Society. The condition is three times more common among women than men and often begins between ages 20 and 50, during the prime of life. . .</p> <p>On our 12th anniversary — and three years into my treatment — my husband and I went to Asheville, N.C. On the second day of our trip, we parked at the foot of the Craggy Pinnacle Trail off the Blue Ridge Parkway, and I let my legs and all their baggage carry me forward, upward and through the trail of twisted rhododendron and lush, green moss. I pushed on, over boulders, past gnarled</p>

birch trees and through discomfort, climbing the 0.6-mile, 250-foot elevation gain rated “moderately difficult” by our guidebook. At the peak, I collapsed and blurted out to the nearest stranger: “I just climbed my first trail in over a decade!” As I shouted my success from the mountaintop, I released years of blame and fury. In that moment, for the first time in my adult life, I admired my body. I recognized how far I’d traveled through the darkest of years — how I’d awakened each morning knowing the day would be challenging but facing it anyway. Day after day. Year upon year.

22. *Boston Globe

December 15, 2023

[*A model of inclusion on the runway*](#)

By Nancy Shohet West

This photo shoot included faces, bodies, voices, and experiences that reflect all kinds — including those with physical and developmental challenges.

Dori Newton suspected that when her son watched TV, he didn’t think about the fact that the boys in the commercials generally resemble him and his friends. But she knew that for her daughter Isla, it’s different.

So, on a Saturday earlier this month, mother and daughter drove all the way from Hazlet, N.J., to a studio in Newton to participate in a professional photo shoot run by Kristie Raymond, owner of the Clinton-based casting and talent management company HumanKind.

Raymond’s objective is to build a portfolio of faces, bodies, voices, and experiences that reflect diversity of all kinds — including physical and developmental.

HumanKind is one of numerous agencies nationwide that partner with a national nonprofit called Changing the Face of Beauty, whose mission is to bring more inclusivity into mainstream media and advertising. After all, Raymond pointed out, ad agencies and corporate entities cannot show models with disabilities if casting agencies don’t offer them this kind of model.

23. State House News

December 11, 2023

[*Healey's Agency Rebrand Plan Draws No Testimony*](#)

By Alison Kuznitz

Gov. Maura Healey's bill to [rename the Massachusetts Rehabilitation Commission](#) garnered a positive response from the committee tasked with reviewing the legislation, but no one from the corner office or agency testified on it during a public hearing Monday. . .

But at the sparsely attended hearing, where only two people spoke virtually about a Pittsfield land bill, Cabral said the committee was still awaiting written testimony from Healey's office. . .

Healey last month unveiled her proposal to rename the 67-year-old MRC during a press conference filled with disability advocates and health officials celebrating the governor's legislation. The agency offers job preparation support for high school students, and its Vocational Rehabilitation Program helps job seekers with physical, cognitive, intellectual, or mental health conditions. The MRC also provides assistive technology, such as wheelchairs and car modifications, and other services to enable people to live independently.

The bill's goal is to remove stigma around the disability community and improve individuals' employment opportunities, Healey said.

End of Life	<p>24. 1A NPR (radio broadcast) December 13, 2023 How medical aid in dying is bringing autonomy to end-of-life decisions Lauren Hamilton, Moderator As the American population gets older, people begin to plan for what the end of their lives will look like. It's a conversation we explored on 1A earlier this year as a part of our ongoing coverage of aging in the United States. And during that conversation, you had a lot of questions for us about physician-assisted death. Physician-assisted death was first legalized in Oregon in 1994 and has since expanded to nine other states and Washington D.C. Since then, more than 5,000 people who qualified have used it to shorten their lives. The overwhelming majority of them were cancer patients. That's according to an analysis by Rutgers University. Since the end of Roe, the debate around bodily autonomy has grown increasingly contentious. Especially this year, as several states have loosened their restrictions to make physician-assisted deaths more accessible for those who qualify. Though its use is still relatively uncommon, the expansion of physician-assisted death as an end-of-life option has brought relief to some families and heightened concern among others. How do we separate myths from facts when it comes to physician-assisted death? And what does the future of the practice look like in our country? Guests:</p> <ul style="list-style-type: none"> • Anita Hannig - cultural anthropologist, death educator, freelance writer, and the author of "The Day I Die: The Untold Story of Assisted Dying in America" • Carolyn McInerney - 1A listener based in Charleston who's been thinking about what physician-assisted death might mean for her aging journey • Arthur Caplan - professor of bioethics and founding head of the Division of Medical Ethics at NYU Grossman School of Medicine
From Around the Country	<p>25. AP News December 18, 2023 (updated) Largest nursing home in St. Louis closes suddenly, forcing out 170 residents By Jim Salter and Heather Hollingsworth The largest skilled nursing facility in St. Louis has closed suddenly, forcing about 170 residents to be bused to other care centers. Many left with nothing but the clothes they were wearing. The abrupt shutdown of Northview Village Nursing Home on Friday came after workers learned they might not be paid and walked out, confusing residents and their relatives. Many family members gathered through the day Saturday outside the facility on the city's north side. Some didn't immediately know where their loved ones were taken. Alvin Cooper of East St. Louis, Illinois, was preparing Monday to fill out a missing person's report on his 35-year-old son. Alvin Cooper Jr. has lived at Northview Village for several months while recovering from a gunshot wound to the head and a drug addiction. They don't know where he is," Alvin Cooper said. "I've burnt two tanks of gas going back and forth to that nursing home trying to find out what's going on. I don't know if he's somewhere safe or what's going to happen to him."</p>

The difficulties started Friday when, according to the union representing workers, more than 130 people went unpaid, and it became unclear if their checks would be forthcoming.

Marvetta Harrison, 59, a certified medical technician, said workers received emails from the company this weekend promising they'll be paid, but it was unclear when.

"This is real wrong," Harrison said. "I have worked in that building for 37 years. Not only did they mistreat us, they mistreated the residents we take care of." Northview Village has been fined 12 times for federal violations since March 2021, according to the Centers for Medicare and Medicaid Services. Fines totaled over \$140,000 and ranged from \$2,200 to more than \$45,000. The federal agency gives Northview a one-star rating out of a possible five, but doesn't spell out reasons for the fines.

In addition, the state health department website lists nearly two dozen Northview investigations since 2016. The most recent complaint, from February, said a resident was able to get out of the building through an unsecured door. A 2021 complaint alleged the facility failed to investigate allegations that residents left the nursing home and brought drugs into it.

Missouri Department of Health and Senior Services spokeswoman Lisa Cox said the agency was notified around 4:15 p.m. Friday that the nursing home was closing. The operator implemented an evacuation plan and emergency medical service workers helped relocate residents to other nursing homes, Cox said in a statement Monday.

"The final resident left the facility before 6 a.m. Saturday," Cox said. "Our team continued working through the weekend following up with the receiving facilities to check in on the residents who had been transferred."

Shamell King, an assistant manager at another St. Louis-area nursing home, Superior Manor, told the St. Louis Post-Dispatch that some Northview Village residents arrived without paperwork documenting their medical histories or medication needs.

Phone calls to Northview Village went unanswered Monday. Calls also were unanswered at suburban St. Louis-based Healthcare Accounting Services, the company that owns the nursing home and five others.

On Friday, employees began to question why their bi-weekly paychecks were late. They found out the payments weren't coming at all, said Marjorie Moore, executive director of VOYCE, a St. Louis agency that serves as an ombudsman for long-term care residents and their families.

The shutdown began as employees voiced their concerns, said Lenny Jones, state director for the Service Employees International Union Healthcare union, which represents about 100 of the roughly 130 displaced workers.

"They ran out of money to make payroll, caused this massive disruption, and just quickly moved forward with their goal, which was to shutter this facility," Jones said. "You would have to have been planning to move 175 residents in the dead of night."

Shuttle buses took residents to at least 15 different facilities across the St. Louis area, Moore said. Many patients departed with nothing but what they were wearing.

"Closing it down this way is the absolute worst-case scenario for a lot of us," Moore said. "It all happened so fast."

Northview Village was the largest skilled nursing facility in St. Louis, licensed for up to 320 beds. Many residents are on Medicaid and can't get into other long-term care facilities, Moore said. In addition to elderly people, the center houses many with behavioral problems, she said.

"It's a troubled facility, but it's also been a safety net to keep people from falling through the cracks," Moore said.

Cherie Ford, a certified nursing assistant at Northview Village, said she figured something was wrong on Friday when her direct-deposit paycheck wasn't in her account. Still, she and her colleagues worked a full day.

"We had no warning, the residents knew nothing either," she said in a Facebook Messenger interview.

Around 3 p.m. Friday, the staff learned they wouldn't be paid at all, she said.

"This was the only job I had and am facing eviction and no Christmas for my family," Ford said. "We were all looking forward to this check. This was our Christmas check to do our shopping, paying rent and other things."

26. McKnight's Long-Term Care News

December 18, 2023

[*Bill calls for consolidated cost reporting by related nursing home businesses*](#)

By Josh Henreckson

New Jersey state lawmakers would place themselves at the front of a push for greater financial transparency of nursing homes with the passage of two bills currently making their way through the Legislature.

The identical measures would require nursing homes and any related business entities operating in New Jersey to file consolidated financial statements to be audited by the state government.

The laws are aimed at curbing a method some industry critics say nursing home owners have used to [hide their profits](#). In related party transactions, nursing homeowners may pay well above market rate for rent and management services to third-party companies that are also owned by the same person or group. That makes it hard for state and federal officials to determine owners' true operating costs. . .

[Sam Brooks, director of public policy for The National Consumer Voice for Quality Long Term Care] emphasized the need for financial accountability, citing [a New York Times](#) article that claimed up to 70% of for-profit nursing homes were funneling money through private companies in 2017, leaving \$11 billion dollars beyond public scrutiny. . .

[Laurie Facciarossa-Brewer, New Jersey's long-term care ombudsman,] asserted that these transparency bills would allow lawmakers to see the full picture of nursing homes' financial status and, therefore, make more informed decisions about regulations and how to allocate government resources.

"Nursing home owners and their lobbyists argue that many cannot afford to recruit and retain additional staff," Facciarossa-Brewer said. "Greater financial transparency would go a long way toward proving — or disproving — those claims."

Policymakers and consumer advocates are beginning to push for similar transparency measures across the country, including recently in California, according to Aronson.

27. *Boston Globe

November 30, 2023 (updated)

[*'Mini democracies' and affordable N.H. home ownership*](#)

	<p>By Amanda Gokee</p> <p><i>The Community Loan Fund works with residents to form cooperatives to buy the land their mobile homes are on, creating housing stability.</i></p> <p>Owning a mobile home is one path to affordable housing in a state where that's desperately needed. But it can come with an unseen risk, since many residents rent the land on which their homes sit. . .</p> <p>If mobile home residents don't own the land, their landlords can raise rents indiscriminately, or the landlords can sell the land out from under them. It could be redeveloped or purchased by private equity firms, which can then raise fees. These investors have started acquiring mobile home parks around the country, including in New Hampshire.</p>	
Media Recommendations	<p>28. Mending the Line (Film: 2022)</p> <p>A Marine wounded in Afghanistan is sent to a V.A. facility in Montana where he meets a Vietnam Vet who teaches him how to fly fish as a way of dealing with his emotional and physical trauma.</p> <p>Director: Joshua Caldwell</p> <p>Writer: Stephen Camelio</p> <p>Stars: Brian Cox, Patricia Heaton, Perry Mattfeld</p> <p>Available through various streaming services.</p> <p>Recommended by Patty Moore, Martha's Vineyard</p>	
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>	
Websites	<p>Brain & Life</p> <p>https://www.brainandlife.org/</p> <p>The official publication of the American Academy of Neurology. The site offers a range of products—from a free website and print magazines to books and a podcast—that connect you with stories of people living with brain disease, the latest research, and perspectives on neurologic disorders and brain health that you won't find anywhere else.</p> <p>HumanKind</p>	
Previously recommended websites	<p>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>.</p>	
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>	
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>	
Contact information for reporting complaints and concerns	<p>Nursing home</p>	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>

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>
List of Special Focus Facilities	<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.</p>

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

What can advocates do with this information?

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

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

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

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

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

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

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

	<p>https://www.geneshcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523</p> <ul style="list-style-type: none"> • Hathaway Manor Extended Care (1) https://hathawaymanor.org/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366 • Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 <p>https://tinyurl.com/SpecialFocusFacilityProgram</p>								
<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 border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D
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82	C								
7,056	D								

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

	<ul style="list-style-type: none"> Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																													
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org																																													
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Assisted Living and Rest Homes</td> <td>In formation</td> <td></td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jiplomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td>baskinfrank19@gmail.com cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jiplomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	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	jiplomastro@comcast.net	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jiplomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke																																													
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> Suzanne Lanzikos Dick Moore Paddy Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>																																													
<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>																																														

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.