



The Dignity Digest

Issue # 172

January 30, 2024

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.**

DignityMA Zoom Sessions

Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.

Spotlight



Rotted doors front Howe Hall at the Former Fernald School in 2017. Jessica Rinaldi/Globe Staff/The Boston Globe

[Fernald School: Waltham is letting a historic property fall apart](#)

***Boston Globe**

January 29, 2024

By The Editorial Board

The city bought the 190-acre property in part using money from the state and promised to preserve the site. But it has let the buildings fall into disrepair.

The shameful state of records left behind at the shuttered Walter E. Fernald School is a big scandal and a window into an even bigger one: How the city of Waltham, aided and abetted by the state of Massachusetts, acquired the Fernald property and then let the buildings on it fall apart, despite a pledge to properly commemorate their history.

[As a recent report by Oliver Eggers for the Globe's Ideas section](#) revealed, thousands of confidential records that were left behind when the Fernald school closed have been treated with the same disdain as were the people with intellectual disabilities who once resided there. The piles of files that Eggers found inside decaying buildings, as well as outside on the grounds, are a gross violation of privacy, for which the state of Massachusetts is responsible. As Eggers reported, when the state sold Fernald to the City of Waltham in December 2014, state law required that the Department of Developmental Services remove all sensitive documents. The actual cleanup was assigned to the state's Division of Capital Asset Management and Maintenance, which left the job unfinished. Those agencies are now committed to rectifying the situation, state officials in the administration of Governor Maura Healey told the editorial board.

But what about the old, crumbling Fernald buildings in which those confidential records are so poorly housed? How do they fit in with Waltham's pledge to preserve the site in a respectful way? According to Waltham Mayor Jeannette McCarthy, the city is now nearly halfway through "a 20-year plan" for the site, and still working toward that goal. "Everything takes money," she told the editorial board. "We're building a high school. We need a police station. I'm trying to balance everything." But where McCarthy

sees a need to balance budgets and priorities, others see close to ten years of intentional foot-dragging.

“I suspect the city doesn’t want to do much of anything with the property,” state Senator Michael Barrett told the editorial board. “It’s time to consider sale to a nonprofit or private developer, contingent on protection of historic buildings and the cemetery that remains there.” Barrett, whose district includes Waltham, believes the property should be used for some combination of open space and housing. “We desperately need market rate and affordable dwellings in greater Boston. A smart plan would preserve the beauty of the site and still provide housing for human beings,” Barrett said.

Established in 1848, the Fernald School was [the first publicly funded facility in the country for people with intellectual disabilities](#). Over time, it evolved into a place infamous for its abuse and mistreatment of residents who were sent there as children and grew into adulthood sequestered from the rest of the world. After a class action lawsuit was filed in the 1970s, conditions improved. But after a decision was made to close the school during the administration of Governor Deval Patrick, [the state sold it to the City of Waltham for the bargain price of \\$3.7 million](#). City money was used to purchase 50 acres of the land. For the 140 acres that make up the bulk of the property, Waltham received [\\$2.7 million under the state’s Community Preservation Act](#). In return, the city committed to historic preservation and reuse of the buildings, sitewide security, and restoration of wetlands, including a pond, in order to alleviate major flooding in the community below the site.

Very little of that has happened.

“Is it sad about those records? Yes,” said McCarthy, who insists the city is “working diligently” to deliver what it promised to the state. So far, work on the pond has been completed and the city has moved its waste management facilities to the southern portion of the site. According to local news reports, a recreation proposal that includes playgrounds — including one for children with disabilities — a spray park, an 18-hole miniature golf course, and an electric train was also [put out to bid recently](#). McCarthy also told the board she is open to putting some housing on the site. But she’s not shy about acknowledging that to her, acquiring the Fernald property primarily meant that the city of Waltham instead of a private developer would determine what happens to it. Whatever the challenges, “it’s worth it because we got control of the property,” she said.

It should not be unfettered control. When Waltham purchased the Fernald property, McCarthy also signed a memorandum of understanding with DCAAM, the Massachusetts Historical Commission, and the Waltham Historical Commission, under which she pledged the city’s commitment to historic preservation.

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| | <p>What has happened instead is what Alex Green — a lecturer in public policy at Harvard’s Kennedy School who was Waltham’s history expert when the Fernald site was purchased — calls “demolition by neglect.” According to Green, at the time of the agreement, 37 buildings should have been subject to federal standards for historic preservation. Back then, he said, all that would have been needed was proper security to keep vandals away, boards on the windows and new gutters and downspouts. Instead, he said, copper thieves stripped elements of the buildings that were designed to prevent water damage. As a result, he estimates that only about 17 structures are currently salvageable for reuse as housing and/or a museum or other memorial. But because of all the damage, the costs are much higher now. The rest of the structures, he said, must be destroyed, “perhaps only saving facades to show people in the future what it looked like”.</p> <p>To Green, what was allowed to happen suggests that Waltham was never committed to the historic preservation aspects of the site. But while Waltham may prefer decay to conservation balanced by reasonable development, the Healey administration should not let that happen. If Waltham can’t deliver on its promise, someone else should.</p> |
| Quotes | <p><i>“Improving transparency, quality, and accountability in assisted living is not only a matter of public interest but a moral imperative. Now more than ever, federal action is needed to ensure that older Americans receive the care and support they deserve while fostering a system that promotes transparency and accountability within the industry.”</i></p> <p>Richard Mollot, Keeping the Promise to American Seniors & Families (Long Term Care Community Coalition, January 25, 2024)</p> <p><i>[Richard Mollot, executive director of the Long Term Care Community Coalition] argued the absence of a national standard of care and a comparative database like those provided by Medicare will continue to invite investments from “sophisticated private enterprises who can shuffle around resources and take profits with little regard for the promises made to seniors and their families.”</i></p> <p><i>“We know that when [private equity] comes into a sector, they often pillage it,” he said.</i></p> |

[Assisted living facilities fall short when caring for aging US population, witnesses tell senators](#), **The Hill**, January 25, 2024

“Assisted living facilities are governed by a patchwork of state laws without any meaningful federal oversight. This has gone on long enough without oversight, and Congress must look at ways to improve accountability, transparency and quality of care in assisted living facilities.”

U.S. Senator Elizabeth Warren, [Senators ask for federal study of assisted living, seek consumer feedback, ponder oversight](#), **McKnights Senior Living**, January 26, 2024

“We have an obligation to ensure that all Americans have access to the quality care they need to age with dignity. Unfortunately, what I heard today makes clear that we have a long way to go when it comes to guaranteeing the level of care that older Americans in assisted living facilities deserve. We must do better by the residents of these facilities and their families and ensure that safe and affordable care are widely available.”

U.S. Senator Bob Casey (D-PA), [Senators ask for federal study of assisted living, seek consumer feedback, ponder oversight](#), **McKnights Senior Living**, January 26, 2024

One should read [this investigative journalist’s account](#) of Steward’s behavior. For example, Steward CEO Ralph de la Torre bought himself a \$40 million yacht using Steward dividends, a compelling symbol of all that has gone wrong with the leadership of Steward. It is now clear that many parts of state government oversight failed here. We need an honest account of how this happened and how to avoid this from happening again.

[Some thoughts on how to deal with the Steward situation](#)
(**CommonWealth Beacon**, January 23, 2024)

“It’s clear that Steward executives put profits over patients and went to great lengths to hide critical

information about its financial status from state officials, jeopardizing quality health care for the people of Massachusetts . . . My primary concern is the thousands of patients who face threats to care and the front-line health care workers whose jobs are at risk,”

U.S. Senator Elizabeth Warren, [Warren points to for-profit motives for Steward financial failings](#), ***Boston Globe**, January 29, 2024

Prioritizing patients. It’s a simple but important mission that seems to have been forgotten by the bean counters and investors who sliced and diced Steward up over the years and brought a linchpin of the region’s health care system to the breaking point.

[Could Mass General Brigham be a savior amid the Steward Health Care financial mess?](#) (***Boston Globe**, January 29, 2024)

When Congress passed the [Affordable Care Act in 2010, it reasserted](#) the idea that nonprofit hospitals should provide substantial benefits to communities in exchange for their tax exemptions. That hasn’t happened. . . Yet a lack of oversight has meant that hospitals have rarely faced penalties for noncompliance.

[Nonprofit hospitals have an obligation to help their communities, but the people who live nearby may see little benefit](#), **The Conversation**, January 29, 2024

“These housing projects are a great example of why we expanded the Low-Income Housing Tax Credit in our tax cuts bill. From a church transformed into mixed-use mixed-income housing in Boston to the re-use of a vacant nursing home as affordable rental housing in Northampton, these funds will make it possible for thousands of Massachusetts residents to afford a home.”

Governor Maura Healey, [Healey-Driscoll Administration Announces New Affordable Housing Development Across the State](#) (**Office of Governor Maura Healey / Lt. Governor Kim Driscoll**, January 22, 2024)

“I suspect [the city of Waltham] doesn’t want to do much of anything with the [former Fernald School] property. It’s time to consider sale to a nonprofit or private developer, contingent on protection of historic buildings and the cemetery that remains there. We desperately need market rate and affordable dwellings in greater Boston. A smart plan would preserve the beauty of the site and still provide housing for human beings.”

State Senator Michael Barrett, [Fernald School: Waltham is letting a historic property fall apart](#), ***Boston Globe**, January 29, 2024

The direct care workforce is tremendously diverse and in high demand, but challenges that include low pay, minimal training, and reduced job quality must be addressed if we are to strengthen the workforce to accommodate the needs of a growing population of older adults with disability.

[Opportunities for Strengthening the Workforce](#) (Johns Hopkins Bloomberg School of Public Health, Winter 2024)

“The facility failed to take measures to ensure security of the residents and staff during the evacuation. The failures jeopardized the health and safety for all residents and staff.”

From the Deficiency Report issued by the Missouri Department of Public Health regarding Northview Village, [Report rips massive nursing home for lacking safety procedures during abrupt shutdown](#), **McKnights Long-Term Care News**, January 26, 2024

In FY 2025, [enrollment] unwinding will be less of a factor driving changes in Medicaid enrollment and spending; however, state revenue declines may dampen enthusiasm for ongoing investments in Medicaid and could prompt spending reductions.

[Medicaid and State Financing: What to Watch in Upcoming State Budget Debates](#), **KFF**, January 22, 2024

HUD recently released new data finding that [over 650,000 people](#) were experiencing homelessness on

a single night in January 2023, with people of color overrepresented. This is an unprecedented level of homelessness — never before seen in HUD’s annual Point-in-Time count — and it reflects a 12 percent increase over 2022.

[Added Funding Needed to Prevent Harmful Cuts to Housing Vouchers and Other Rental Assistance Programs in 2024](#), **Center on Budget and Policy Priorities**, January 23, 2024

[New York Governor Kathy] Hochul says long-term care for elderly and disabled New Yorkers is contributing to outsized growth in Medicaid spending that’s set to exceed statutory limits, in part because of the aging population. Medicaid, the joint state and federal program, pays for health care for some 7.6 million low-income New Yorkers.

[Gov. Hochul aims to cut pay for home caregivers in program used by 200,000 NYers](#), **Gothamist**, January 26, 2024

“Why would you come into my house, clean my house, clean my person and deal with my bowel and bladder care for less than what they're paying you now?”

Jose Hernandez, a resident of the Bronx, NY who is a quadriplegic and relies on four caregivers through New York’s Consumer Directed Personal Assistance Program, [Gov. Hochul aims to cut pay for home caregivers in program used by 200,000 NYers](#), **Gothamist**, January 26, 2024



If you’ve been hesitating about getting your updated Covid vaccination, you might want to put your heebie-jeebies front and center on the exam table at your next medical visit. They’re due for a checkup.

[My Patients Used to Be Enthusiastic About the Covid Vaccine. What Changed?](#), **New York Times (free access)**, January 27, 2024

“Something of that magnitude can change the character of the town. If the developer decided to put 108 units of low-income housing, that’s going to be a major strain onto the town.”

Rob Roy, expressing concerns regarding the redevelopment of the former Belchertown State Hospital property, [Residents seek answers](#)

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| | <p>to big housing development at old Belchertown State Hospital (Daily Hampshire Gazette, January 26, 2024)</p> <p><i>“That doesn’t mean that the government can’t do great things. It can. It just means that when you’re thinking about the impact of government activities and new spending, you have to deal with those [factors]. You have to say: we can’t create tens of thousands of new jobs because we have about as many jobs as we can have.”</i></p> <p>Evan Horowitz, executive director at the Center for State Policy Analysis at Tufts University, Analysis of Healey housing bill called ‘half-baked’, CommonWealth Beacon, January 26, 2024</p> |
| Inspiration | <p>NBC News January 23, 2024 Two grandmas share the moment they learned they’re in an Oscar-nominated film By Sakshi Venkatraman</p> <p>At a combined age of 182, two Taiwanese grandmas, called Nǎi Nai and Wài Pó by their grandson, shared an emotional moment together as they found out they’re in an Oscar-nominated film. The two are the subject of the documentary short "Nǎi Nai & Wài Pó," meaning "dad’s mom and mom’s mom," directed by their grandson Sean Wang. He wanted to tell a multigenerational story about his two grandmothers, who live together and are best friends. In an Instagram video, the two scream, embrace their family members and give two thumbs up as the name of their movie is called and officially added to the roster of Oscar nominees this year. The documentary tells an up-close story of their daily lives and their time spent at home, as well as some dancing, games and shenanigans.</p> <p>"I am currently 83 years old, but I feel like I'm still 20 years old," Wang's Wài Pó says in the trailer for the short.</p> <p>"I turned 94 this year. I feel like I'm 100 years old," his Nǎi Nai says.</p> <p>"I'm so old."</p> |
| Public Hearings | <p>Massachusetts Department of Public Health</p> <p>Department of Public Health holds hearings on Steward Health Care's plan to close New England Sinai Hospital in Stoughton this spring. Steward submitted notice of its plan in December, and amid worsening financial challenges, elected officials are concerned about the possible closure of more Steward facilities serving vulnerable residents. In its 90-day notice to discontinue essential services, Steward said "numerous factors have made it impossible to continue operations," including "chronic under-reimbursement rates," delayed or denied prior authorizations and discharge challenges, and "skyrocketing expenses" tied to labor, material costs and the lingering impact from the COVID-19 pandemic. "Over the last five years, NESH’s financial performance has decreased by more than 1,600</p> |

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| | <p>percent," the notice said. Steward said the closure would not make a "significant impact" on patient access due to nearby facilities, and it said residents can be transferred to 150 skilled nursing facilities in the region. "</p> <p>New England Sinai Hospital Public Hearing: January 31, 2024, 6pm-9pm (In person) Location: New England Sinai Hospital – 150 York Street, Stoughton, MA 02072</p> <ul style="list-style-type: none"> • 120-day notice of intent to discontinue services (PDF) (DOCX) • 90-day notice of intent to discontinue services (PDF) (DOCX) <p>Saint Anne’s Hospital – Geriatric Psychiatric Unit at New England Sinai Hospital Public Hearing: February 01, 2024, 6pm-9pm Call-in: 1-888-469-1094 Passcode: 3788484</p> <ul style="list-style-type: none"> • 120-day notice of intent to discontinue services (PDF) (DOCX) • 90-day notice of intent to discontinue services (PDF) (DOCX) |
| <p>Older Americans Month</p>   | <p>Administration on Community Living Older Americans Month 2024</p> <p>Every May, the Administration for Community Living leads the nation’s observance of Older Americans Month (OAM). The 2024 theme is Powered by Connection, which recognizes the profound impact that meaningful relationships and social connections have on our health and well-being. We will explore the vital role that connectedness plays in supporting independence and aging in place by combatting isolation, loneliness, and other issues.</p> <p>Join us in promoting the benefits of connecting with others. Here are some ways you can participate.</p> <ul style="list-style-type: none"> • Share facts about the mental, physical, and emotional health benefits of social connection and how it contributes to overall well-being. • Promote resources that help older adults engage, like community events, social clubs, and volunteer opportunities. • Connect older adults with local services, such as transportation, which can help them overcome obstacles to achieving or maintaining meaningful relationships. • Encourage partners to host a connection-centric event or program focused on older adult mentors to youth, peer-to-peer support, or similar efforts. • Challenge professional and personal networks to prioritize meaningful social connections and share the benefits. • Inspire older adults to share what connection means to them on social media using the hashtag #PoweredByConnection. |
| <p>Older Adult Lobby Day Tuesday, February 27, 2024 11:00 a.m. to 2:00 p.m. Great Hall, State House Learn more and register here!</p> | <p>Older Adult Lobby Day Learn more and register here! Advocate for critical supports to help older adults and people with disabilities live healthy lives in the community Older adults and people with disabilities want to remain safely in their homes as they age. Many state programs and independent organizations exist to help people remain connected with friends,</p> |

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| | <p>families, and communities while avoiding costly institutional care, but these programs need legislative commitment and strong funding. Please join us at the Statehouse to urge your legislators to fund and support quality, effective community-based services for older adults!</p> <p>Featured Speakers: Senator Patricia D. Jehlen Representative Thomas M. Stanley Chairs, Joint Committee on Elder Affairs</p> <p>Older Adult Lobby Day sponsors! The Older Adult Behavioral Health Network Massachusetts Association for Mental Health (MAMH) AARP Massachusetts Mass Home Care Dignity Alliance MA MA Senior Action Massachusetts Councils on Aging Massachusetts Guardianship Policy Institute Alzheimer's Association Action for Boston Community Development Learn more and register here!</p> <p>Box lunches are available courtesy of Mass Home Care, AARP, and Massachusetts Association of Councils on Aging. To request a box lunch: https://forms.gle/PVTFkUox5yfXorMY6</p> |
| <p>Advocacy Days</p> | <p>Home Care Alliance of Massachusetts <i>Enough Pay to Stay Coalition</i> Tuesday, January 30, 2023. 10:00 a.m. to 12:00 p.m. Grand Staircase, State House, Boston Home Care Advocacy Day</p> <p>Alzheimer's Association of Massachusetts and New Hampshire <i>Massachusetts Advocacy Day</i> Wednesday, March 6, 2024, 10:00 a.m. to 4:00 p.m. Massachusetts State House Register here by February 23rd Click here to learn about legislative priorities.</p> |
| <p>Transitions</p> | <p>Administration on Community Living January 26, 2024 Passing the Baton: New Deputy Assistant Secretary for Aging</p> <p>A Note from Edwin Walker As many of you know, I will retire from federal service in March. Since 1984, it has been my honor and privilege to be a public servant at the state and federal levels focused on policies and programs designed to improve the health and well-being of older adults and help them maintain their independence, dignity, and quality of life. So much has changed in that time, but the one constant is that I have always viewed my role as a representative of older adults and of all levels of the National Aging Services Network that serves them. . . We received applications from many qualified candidates—from a field chock full of promising leaders. After an extensive review process, however, there was one who really stood out to the selection committee—Kari Benson. Today I am excited to introduce her as the next Deputy Assistant Secretary for Aging. . .</p> |

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| | <p>Kari has worked her entire career in the aging network. While earning her bachelor's degree in human ecology from the University of Wisconsin-Madison, Kari interned at the Dane County Area Agency on Aging, volunteered with hospice and worked as a nursing assistant in a nursing home. She returned to her home state of Minnesota to earn a master's degree in public policy from the Humphrey Institute of Public Affairs at the University of Minnesota. During that time, she started her first position at the Minnesota Department of Human Services (DHS), where she worked on one of the nation's first planning projects focused on our aging population.</p> |
| <p>Guide to news items in this week's <i>Dignity Digest</i></p> | <p>Nursing Homes CMS says it “intends to finalize” the staffing ratio rule “this year.</p> <p>Assisted Living <u>Senators ask for federal study of assisted living, seek consumer feedback, ponder oversight</u> (McKnights Senior Living, January 26, 2024) <u>Assisted Living Facilities: Understanding Long-Term Care Options for Older Adults</u> (U. S. Senate Special Committee on Aging, January 25, 2024) <u>Keeping the Promise to American Seniors & Families</u> (Long Term Care Community Coalition, January 25, 2024) <u>Assisted living facilities fall short when caring for aging US population, witnesses tell senators</u> (The Hill, January 25, 2024)</p> <p>Housing <u>Analysis of Healey housing bill called ‘half-baked’</u> (CommonWealth Beacon, January 26, 2024) <u>Residents seek answers to big housing development at old Belchertown State Hospital</u> (Daily Hampshire Gazette, January 26, 2024) <u>Added Funding Needed to Prevent Harmful Cuts to Housing Vouchers and Other Rental Assistance Programs in 2024</u> (Center on Budget and Policy Priorities, January 23, 2024) <u>Healey-Driscoll Administration Announces New Affordable Housing Development Across the State</u> (Office of Governor Maura Healey / Lt. Governor Kim Driscoll, January 22, 2024)</p> <p>Behavioral Health <u>The Man in Room 117</u> (*New York Times, January 28, 2024)</p> <p>Workforce <u>Opportunities for Strengthening the Workforce</u> (Johns Hopkins Bloomberg School of Public Health, Winter 2024) <u>The Homecare Workforce Caring for Older Adults</u> (Journal of Applied Gerontology (podcast), March 6, 2023)</p> <p>Private Equity <u>Warren points to for-profit motives for Steward financial failings</u> (Boston Globe, January 29, 2024) <u>Some thoughts on how to deal with the Steward situation</u> (CommonWealth Beacon, January 23, 2024)</p> <p>Covid / Long Covid <u>My Patients Used to Be Enthusiastic About the Covid Vaccine. What Changed?</u> (New York Times (free access), January 27, 2024)</p> <p>Disability Topics</p> |

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| | <p><u>AUCD Selects OHSU and CommunicationFIRST to Create National Partnership to Increase Use of AAC (Association of University Centers on Disabilities, January 23, 2024)</u></p> <p>Aging Topics Public Policy</p> <p><u>Could Mass General Brigham be a savior amid the Steward Health Care financial mess? (*Boston Globe, January 29, 2024)</u> <u>Nonprofit hospitals have an obligation to help their communities, but the people who live nearby may see little benefit (The Conversation, January 29, 2024)</u> <u>Guidance to Hospital and Long-Term Care Administrators on Nondiscrimination in Patient Visitation (Health and Human Services Office of Civil Rights (OCR), January 25, 2024)</u> <u>Medicaid and State Financing: What to Watch in Upcoming State Budget Debates (KFF, January 22, 2024)</u></p> <p>From Around the Country</p> <p><u>Gov. Hochul aims to cut pay for home caregivers in program used by 200,000 NYers (Gothamist, January 26, 2024)</u> <u>Report rips massive nursing home for lacking safety procedures during abrupt shutdown (McKnights Long-Term Care News, January 26, 2024)</u> <u>New Jersey signs prior authorization reform bill into law (Becker's Payer Issues, January 26, 2024)</u></p> |
| <p>Webinars and Other Online Sessions</p> | <p>1. Substance Abuse and Mental Health Administration (SAMHSA) Tuesday, January 30, 2024, 12:30 p.m. <u>Responding to a Growing Demographic: Supporting Older Adult Populations within the Criminal Justice System</u> Today there are more individuals aged 55 and older who are in contact with the United States criminal justice system than ever before, and the rate is increasing at a rapid pace. It is estimated that by 2030, a third of all incarcerated individuals will be over 55. In addition to the common challenges that many individuals experience within the criminal justice system, older adults often face additional challenges related to medical, mental health, social, and legal needs which must be considered at all intercept points within the criminal justice system. This webinar will focus on supporting older adults who have criminal justice involvement. Speakers will discuss considerations related to the medical and social care needs of older adults and ways to support this population and improve outcomes. Strategies to address the challenges faced by this demographic prior to and following contact with the criminal justice system will be discussed. A reentry program that is specifically designed to support the older adult population following incarceration will also be featured.</p> <p>2. Gray Panthers of NYC January 30, 2024, 2:00 p.m. <u>What Living as a Resident Can Teach Long-Term Care Staff</u> <i>The Power of Empathy to Transform Care</i> Presenters:</p> <ul style="list-style-type: none"> • Leslie Pedtke, L.N.H.A. • Jeffery Ahl, AIA, NCARB, LEED AP <p><u>Register Here</u></p> <p>3. Justice on Aging</p> |

January 30, 2024, 2:00 p.m.

[Advocacy Strategies When Nursing Facilities Won't Allow Residents to Return After Hospitalizations](#)

Prompt action is needed whenever a nursing facility abandons a resident in a hospital. This short webinar (30 minutes) will explain the relevant federal law and walk through various advocacy strategies to return the resident to their nursing facility home. In this webinar, *Advocacy Strategies When Nursing Facilities Won't Allow Residents to Return After Hospitalizations*, advocates will learn about survey agency complaints, administrative hearings, and state-court petitions for injunctive relief (for which Justice in Aging has template complaints and petitions). The webinar also will include how to combat the common problem of a state agency claiming that it cannot force a facility to take back a resident. Who should attend: Advocates and legal aid attorneys working with nursing facility residents and their families experiencing nursing home evictions and "dumping".

Presenter: Eric Carlson, Director, Long-Term Services and Supports Advocacy

4. Brookline Community Aging Network

Monday, February 5, 2024, 3:00 to 4:30 p.m.

"Conversation" with Select Board Candidates David Pearlman and Alec Lebovitz

There will be approximately a 35-minute period for questions and discussion with each of the two candidates.

If you are not currently a member of the community action network and wish to attend the February 5 meeting, please email Susan Granoff, susangranoff@msn.com by February 4.

5. National Center on Law & Elder Rights

Tuesday, February 13, 2024, 3:00 to 4:00 p.m.

[An Overview of HUD Housing Programs](#)

In this webinar, you will hear from housing experts about HUD Housing Programs that are targeted to low and moderate-income households, including older adults. You will learn how your client populations may be eligible for this housing and what challenges there may be in securing this affordable housing.

[In this training](#), we will cover:

1. The ways in which HUD Housing Programs can support the ability of older adults to age in place.
2. The income and other eligibility requirements for the HUD Housing Programs.
3. The current availability of units and subsidies within the HUD Housing Programs.

Presenters:

- Kate Walz, Associate Director of Litigation, National Housing Law Project
 - Lauren Song, Senior Staff Attorney, National Housing Law Project
- Capacity for this session is limited to 3,000 participants.

6. Justice in Aging

Tuesday, February 27, 2024, 2:00 p.m.

[Dual Eligible Special Needs Plans \(D-SNPs\): What Advocates Need to Know](#)

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| | <p>Since 2020, enrollment in Dual Eligible Special Needs Plans (D-SNPs) has doubled. Today, over five million individuals eligible for both Medicare and Medicaid are enrolled in these Medicare Advantage plans, and enrollment is expected to continue rising. An increasing number of states are focusing on D-SNPs as a primary vehicle for integrating care and improving coordination of services for their dual eligible populations. Yet many advocates know little about what D-SNPs are, what makes them unique, and how they operate. Join Justice in Aging for this webinar, <i>D-SNPs: What Advocates Need to Know</i>. We will provide an overview of our updated issue brief covering basic information about D-SNPs, their structure, and how they are regulated. We will also identify specific areas where advocates can engage with their states to ensure that D-SNPs work effectively to coordinate care and benefits for dual eligibles, including strategies for centering equity from the outset in the design of D-SNPs. Who Should Participate: State-based advocates working with older adults and people with disabilities enrolled in Medicare and Medicaid.</p> |
| Recorded Webinars | <p>7. Justice in Aging <i>Resident Rights in Medicaid-Funded Assisted Living and Group Homes</i> Recorded Thursday, December 14, 2023 Medicaid increasingly can pay for assisted living services or for comparable services provided in a group home or other residential facility for persons with disabilities. As a condition of accepting Medicaid payment, the facility must honor resident rights set by federal law. Highlights of this webinar, Resident Rights in Medicaid-Funded Assisted Living and Group Homes, will include:</p> <ul style="list-style-type: none"> • Protections from eviction; • Right to receive visitors at any time; • Access to food at any time; • Right to privacy, including a lockable door; • Access to the local community; and • Facility's obligation to accept Medicaid from formerly private-pay residents. <p>Many of these federal protections only became effective earlier this year. The webinar will discuss state-to-state variations along with strategies to enforce compliance when a facility ignores or otherwise violates the law. Presenters: Eric Carlson, Director, Long-Term Services and Supports Advocacy Gelila Selassie, Senior Attorney Download Slides Download Transcript</p> |
| Previously posted webinars and online sessions | <p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p> |
| Nursing Homes | <p>8. CMS says it “intends to finalize” the staffing ratio rule “this year. During the National Stakeholder Call on January 23, CMS reviewed 2023 achievements and discussed plans for 2024. CMS stated that the more than 40,000 comments received on the nursing home staffing standards proposed rule are being used to shape the rule that they “intend to finalize this year.”</p> |
| Assisted Living | <p>9. McKnights Senior Living January 26, 2024 <i>Senators ask for federal study of assisted living, seek consumer feedback, ponder oversight</i></p> |

By Kimberly Bonvissuto

The spotlight on the assisted living industry got a little hotter on Thursday as congressional leaders called for a government study on industry pricing and transparency, announced a website and email address where consumers can share their bills and their experiences interacting with providers, and pondered increased federal involvement.

The US Senate Special Committee on Aging held its first hearing in more than 20 years that focused specifically on assisted living, which came as it [awaits responses from three large operators](#) about their efforts related to safety, staffing and pricing.

Both the hearing and the review were coordinated in response to recent articles in [The Washington Post](#), which in December reported on the deaths of several residents with dementia who had eloped from communities, as well as November articles by the [New York Times and KFF Health News](#), which reported on an industry pricing structure that adds fees on top of basic charges to cover additional services, as well as rate increases and the for-profit status of most providers. . .

At the conclusion of the hearing, Casey announced that he and several Democratic colleagues had sent a [letter to the Government Accountability Office](#) asking it to study how much federal money is spent on assisted living communities, the cost of assisted living services, and the transparency and availability of that information to consumers. This move followed Casey's [letters](#) to Brookdale Senior Living, Atria Senior Living and Sunrise Senior Living — three of the largest corporate owners and operators of assisted living communities in the country — asking for information on their workforce issues and cost structures. . .

Sen. Elizabeth Warren (D-MA) addressed her tenure on the Aging Committee, including an ask with other senators in [2015](#) for the Government Accountability Office to report on Medicaid oversight and care quality in assisted living communities. That request resulted in a [2018 GAO report](#), which Warren said revealed “serious” health and safety problems in assisted living communities that have not been addressed yet.

10. U. S. Senate Special Committee on Aging

January 25, 2024

[*Assisted Living Facilities: Understanding Long-Term Care Options for Older Adults*](#)

On January 25, the Senate Special Committee on Aging held a hearing to examine the state of assisted living in America. The Committee took action following a series of news reports from [The New York Times](#) and [The Washington Post](#) highlighting challenges pertaining to care quality, safety, costs, and staffing. The hearing, “[Assisted Living Facilities: Understanding Long-Term Care Options for Older Adults](#),” was the first hearing the Committee has held on assisted living in 20 years, according to Chairman Robert Casey (D-PA). Chairman Casey and Ranking Member Mike Braun (R-IN) expressed strong interest in understanding the impacts of workforce on resident care and what policies and supports are needed to ensure that all older adults can afford care. Ranking Member Braun also highlighted two bills, [S. 2853, the Train More Nurses Act](#), passed by the Senate on January 24, which would require the Secretary of Health and Human Services and the Secretary of Labor to conduct a study and issue a report on grant programs to support the nursing

workforce, and [S. 2442, the PELL Act](#), which would increase access for low-income borrowers to participate in short-term training programs. Other topics covered by the Committee members and witnesses included challenges in accessing affordable assisted living services; the need for more recruitment and training programs, particularly in dementia care; and the need for greater transparency for consumers. Finally, the hearing included a request from Democratic Senators for the Government Accountability Office to study assisted living costs and transparency for consumers, and a call for [stories from families](#) on their experiences with assisted living.

Witnesses

- **Patricia (Patty) Vessenmeyer**, Advocate, Gainesville, VA, [Download Testimony](#)
- **Dr. Jennifer Craft Morgan**, Director and Professor, The Gerontology Institute, Georgia State University, [Download Testimony](#)
- **Julie Simpkins**, Co-President, Gardant Management Solutions, Indianapolis, IN, [Download Testimony](#)
- **Richard Molloy**, Executive Director, Long Term Care Community Coalition, [Download Testimony](#)

11. Long Term Care Community Coalition

January 25, 2024

[Keeping the Promise to American Seniors & Families](#)

By Richard Molloy

Over the last 40 years, three developments have drastically changed the nature and character of the assisted living sector, with both positive and negative implications. They are:

1. The needs and frailty of assisted living residents have dramatically increased;
2. Assisted living operators have adopted increasingly sophisticated and large-scale corporate models, including ownership by Real Estate Investment Trusts, Private Equity, and other sophisticated private investment structures;
3. Public payment and support for assisted living services has increased dramatically.

Sections of the testimony:

- The Growing Needs and Expectations of Our Expanding Senior Population to Live Safely and with Dignity
- The Imperative to Improve Transparency About Quality and Safety
- The Case for Federal Interest and Engagement in Safeguarding Quality and Integrity in the Assisted Living Industry
- Recommendations:
 1. Establish and Implement National Standards to Promote Quality, Safety, and Integrity in Assisted Living
 2. Establish a National Assisted Living Database
 3. Promote Resident and Family Engagement

12. The Hill

January 25, 2024

[Assisted living facilities fall short when caring for aging US population, witnesses tell senators](#)

By Clayton Vickers

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| | <p>The American population is aging — by 2060, nearly 1 in 4 Americans will be 65 or older, according to the U.S. Census Bureau. Assisted living facilities are already inadequately prepared for the aging population, witnesses told a Senate panel during a Thursday hearing. . .</p> <p>Senate Special Committee on Aging Chair Sen. Bob Casey (D-Pa.) cited a survey from the National Council on Aging that found 80 percent of adults are unable to afford four years in an assisted living facility. . .</p> <p>Sen. Elizabeth Warren (D-Mass.) referenced a 2018 Government Accountability Office Report that found “more than half of the 48 states providing [assisted living] services couldn’t tell us the number or nature of critical incidents in assisted living facilities.”. . .</p> <p>[Richard Mollot, executive director of the Long Term Care Community Coalition] argued the absence of a national standard of care and a comparative database like those provided by Medicare will continue to invite investments from “sophisticated private enterprises who can shuffle around resources and take profits with little regard for the promises made to seniors and their families.”</p> <p>“We know that when [private equity] comes into a sector, they often pillage it,” he said.</p> |
| Housing | <p>13. Commonwealth Beacon January 26, 2024 Analysis of Healey housing bill called ‘half-baked’ By Bhaamati Borkhetaria <i>Can legislation create 30,000 jobs in full-employment economy?</i> A report commissioned by the Healey administration estimates the governor’s \$4.1 billion housing bond bill will produce tens of thousands of new homes and generate \$24.8 billion in economic activity, roughly 30,000 jobs, and \$750 million in state tax revenue over five years. The report, prepared by the Economic and Public Policy Research Group at the UMass Donahue Institute, comes at a time when the governor is attempting to marshal support for her legislation which is designed to drive down the price of housing by boosting supply. . .</p> <p>A leading policy analyst, however, called the report “half-baked.” Evan Horowitz, the executive director at the Center for State Policy Analysis at Tufts University, said the results contained in the report are suspect because the economic analysis does not “take into account the current state of the economy at all.”</p> <p>Horowitz said the Donahue Institute analysis would be more suitable if the state was in a recession because it assumes there is a shortfall of jobs and economic activity. He questioned whether it would be possible to create 30,000 jobs in what is basically a full employment economy. Indeed, he indicated the bond bill could accelerate the scramble for scarce employees right now. . .</p> <p>The housing bond bill is meant to jumpstart the production of homes and make housing more affordable in the state. Among other things, it would ease rules on building accessory dwelling units, or “granny flats,” set aside \$800 million for the affordable housing trust fund, allow cities and towns to impose real estate transfer fees, and allocate \$1.6 billion to state-funded public housing.</p> <p>14. Daily Hampshire Gazette January 26, 2024</p> |

[Residents seek answers to big housing development at old Belchertown State Hospital](#)

By Emilee Klein

Donna Buxton hears every day that many Belchertown residents have no idea that a 108-unit residential development may be built on the old state school property off State Street. . .

Last she heard, redevelopment plans included an industrial park for light industry, retail and restaurant businesses and assisted and independent living communities for the elderly. Four months ago, however, she caught wind that a Brooklyn-based development company called Brisa Ventures LLC was pitching a plan for a large housing complex. .

Brisa Venture's plans are twofold: in addition to the 108 new mixed-income units, the project also redesigns the Belchertown State School's administration building into a town archive and museum.

The project is part of a larger plan that began in 2012 to reuse the 400,000-square-foot state school property, which is being overseen by MassDevelopment and the Belchertown EDIC. Officials said in the summer of 2021 that the current housing project would be the first phase of a larger partnership with Brisa Ventures that was to include more commercial and residential development.

Christopher Heights, an 83-unit assisted living facility, opened at Carriage Grove in 2018. Belchertown Day School, an early childhood education center, opened in September 2020.

15. Center on Budget and Policy Priorities

January 23, 2024

[Added Funding Needed to Prevent Harmful Cuts to Housing Vouchers and Other Rental Assistance Programs in 2024](#)

By Sonya Acosta

As Congress finalizes 2024 appropriations bills, it should prioritize fully renewing Housing Choice Vouchers by providing a significant increase over 2023 funding levels to avoid a sharp reduction in the number of families receiving help to afford stable housing. People left without vouchers would be at high risk of eviction and potentially homelessness.

The [Housing Choice Voucher](#) program is the country's largest rental assistance program, helping households with low incomes afford a home of their choice in the private market. Housing vouchers are tied to rental costs, so they require annual, inflation-related funding increases to continue serving the same number of families — which is already only about a quarter of those in need due to existing funding limitations.

Using the most recent Department of Housing and Urban Development (HUD) data on program costs and likely rent inflation in 2024, we estimate that the cost to retain existing vouchers is about \$2.3 billion above 2023 levels, even assuming that part of the shortfall is covered using housing agencies' reserves. The 2024 funding bills passed by the House Appropriations Committee and the Senate increase funding, but not by enough to cover the cost of all existing vouchers.

The House bill provides funding that is \$1.4 billion *less* than the estimated need, and the Senate bill falls short by about \$962 million — which would result in roughly 112,000 and 80,000 fewer families receiving needed assistance, respectively. (See graphic and Table 1.) And if Congress kept funding flat for Housing Choice Vouchers in 2024, roughly 190,000 fewer families would receive assistance. . .

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| | <p>People left without rental assistance are far more likely to experience homelessness, overcrowding, evictions, and other forms of housing instability. Because existing funding levels are limited, there are long waiting lists for assistance in nearly all parts of the country. HUD recently released new data finding that over 650,000 people were experiencing homelessness on a single night in January 2023, with people of color overrepresented. This is an unprecedented level of homelessness — never before seen in HUD’s annual Point-in-Time count — and it reflects a 12 percent increase over 2022.</p> <p>16. Office of Governor Maura Healey / Lt. Governor Kim Driscoll January 22, 2024 Healey-Driscoll Administration Announces New Affordable Housing Development Across the State</p> <p>Governor Maura Healey has committed resources to support the production and preservation of more than 1,900 housing units in 19 communities across the state. Gov. Healey, Lt. Gov. Kim Driscoll and Secretary of Housing and Livable Communities Ed Augustus announced subsidies and Low-Income Housing Tax Credit (LIHTC) support for affordable housing projects across the state.</p> |
| Behavioral Health | <p>17. *New York Times January 28, 2024 The Man in Room 117 By Ellen Barry <i>Andrey Shevelyov would rather live on the street than take antipsychotic medication. Should it be his decision to make?</i> Alone with his mother for the first time in almost a year, Andrey Shevelyov had a question: Could he come home? . . . Three years ago, when he stopped taking his antipsychotic medication, her son withdrew into delusions, erupting in unpredictable and menacing outbursts. Fearful of being evicted from their apartment, she and her husband, Sam, sought a no-contact order to keep Andrey away. Since then, he had lived in a tent, wandering Vancouver, Wash., in ragged clothing and carrying machetes for protection. Twice, he had been in jail, ranting in his cell about the C.I.A. Three times, he was confined to psychiatric hospitals, where guards wrestled him down so he could be injected with antipsychotics. . . These are questions challenging the whole country. As affordable apartments all but vanished in American cities, a whole tier of people with disabling mental illness were forced onto the street, where they now live in numbers large enough to disrupt civic life. Many of them are shunted into the criminal justice system, only to return to homelessness upon their release. In an effort to interrupt this cycle, many communities are expanding involuntary treatment, a practice the country repudiated decades ago. Patient rights groups warn that forced treatment alone will never work — that in the absence of a robust social support system, it only feeds people with mental illness back into the circuit of catch-and-release. Better to persuade them to accept treatment. . . Andrey had entered the circuit. In Washington State, as in most of the country, the choice of whether to accept treatment for psychosis rests substantially in the hands of the individual. A 1975 Supreme Court decision set the bar for involuntary treatment high, ruling that people who</p> |

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| | <p>pose no danger and are “capable of surviving safely in freedom” cannot be confined to a psychiatric hospital against their will.</p> <p>If a person faces serious criminal charges, however, the right to refuse treatment is almost entirely swept away, because, according to a 1960 Supreme Court decision, adjudicating a mentally incompetent person is a violation of constitutional rights. So, at this point, people like Andrey can be forcibly medicated, judged and released, after which they are once again free to refuse treatment. . .</p> <p>Kim Schneiderman, the executive director of Vancouver’s regional chapter of the National Alliance on Mental Illness, urged Sam and Olga to scale back their expectations. If a person is refusing treatment, but poses no immediate danger, she said, “there is no way to get them help at all.”</p> <p>Sam and Olga had concluded that only involuntary treatment could break the cycle for Andrey — something open-ended, combining long-term injectable medications with intensive therapy and counseling.</p> <p>They are part of a much larger ideological shift taking place, as communities grope for ways to manage ballooning homeless populations. California, one of the first states to turn away from involuntary treatment, has passed new laws expanding it. New York has made a billion-dollar investment in residential housing, psychiatric beds and wraparound services.</p> <p>Sam had staked his hopes on Washington’s new involuntary treatment law, and found it maddening that this fall, when Andrey was released, the new system was not yet active. His frustration was often directed toward civil rights advocates who oppose forced treatment.</p> |
| Workforce | <p>18. Johns Hopkins Bloomberg School of Public Health Winter 2024 Opportunities for Strengthening the Workforce By Chanee Fabius, PhD, and Jennifer Wolff, PhD The direct care workforce is tremendously diverse and in high demand, but challenges that include low pay, minimal training, and reduced job quality must be addressed if we are to strengthen the workforce to accommodate the needs of a growing population of older adults with disability.</p> <p>19. Journal of Applied Gerontology (podcast) March 6, 2023 The Homecare Workforce Caring for Older Adults</p> |
| Private Equity | <p>20. *Boston Globe January 29, 2024 Warren points to for-profit motives for Steward financial failings By Jessica Bartlett US Senator Elizabeth Warren said Monday that Steward Health Care’s explanations for its financial distress “do not add up,” blaming the hospital operator’s problems on the economic motivations of its for-profit business model.</p> <p>In a statement, Warren said she was concerned about Steward’s stability, and that she was appalled by allegations that the company’s financial problems are affecting patient care. Steward has said it is in such a dire position that it may not be able to continue providing services at its nine Massachusetts hospitals.</p> <p>Warren said she organized a briefing for the state’s congressional delegation on the status of Steward’s facilities here.</p> |

"It's clear that Steward executives put profits over patients and went to great lengths to hide critical information about its financial status from state officials, jeopardizing quality health care for the people of Massachusetts," Warren said.

Notably, Steward has declined for years to file financial data with the state, a dispute that is the subject of ongoing litigation. . .

Warren said she is investigating the decisions that led to the ongoing public health crisis.

Steward has told state officials it has until the end of the month to come up with a plan to satisfy its lenders. As [reported first by the Boston Globe](#), Steward has requested state money, voiced a desire to transfer ownership of some hospitals, and at times said it may have to close some facilities. In December, Steward publicly announced it will close its rehabilitation hospital in Stoughton. . .

"My primary concern is the thousands of patients who face threats to care and the front-line health care workers whose jobs are at risk," Warren said.

Warren's statement comes [as state legislators are working](#) hurriedly to prevent the closure of hospitals, meeting with state officials, health care workers, and representatives from Steward.

21. Commonwealth Beacon

January 23, 2024

[Some thoughts on how to deal with the Steward situation](#)

By Paul A. Hattis and John E. McDonough

Steward Health Care appears to be in [serious financial trouble](#). In some ways, it's surprising the for-profit health care system — with 33 hospitals, including eight in Massachusetts, plus a physicians network — has survived as long as it has. In August 2022, the system's dire financials [showed](#) a negative net worth of \$1.5 billion.

That figure is conservative by not reflecting hundreds of millions of dollars that Steward must pay each year under lease agreements for all its hospitals. The land owner for those facilities, Medical Properties Trust (MPT), is a real estate investment trust that entered the picture in 2016 when it purchased all of the Steward hospital real estate, and then entered into these incredibly burdensome lease arrangements with Steward.

The surprise is how Steward lasted so long under their mountains of debt in a system that has only grown substantially weaker as it also sustained large operating losses. MPT recently noted that Steward is behind on its lease payments, and now needs an [additional \\$60 million bridge loan](#) to help with continued operations, while trying to raise cash from sales of assets such as its hospital operating agreements and parts of its physician and managed care enterprises.

How did Steward get to this terrible financial position and how did state officials allow this to happen? This should be answered even with pressing issues now on the table.

This is a sad mess, created long ago and ignored by state government, and now in the lap of Gov. Maura Healey, who had eight years of oversight responsibility as attorney general between 2015 and 2022. How can the state avoid costly mistakes now? With a February 1 deadline approaching, state leaders must make or guide key decisions about the

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| | <p>fate of Steward hospital and physician operations in Massachusetts. A lot is at stake.</p> <p>These conditions should guide the state’s thinking to protect the interests of patients, clinicians, health care workers, and taxpayers.</p> <ul style="list-style-type: none"> • Protect patients first • Maintain the clinician workforce that currently serves Steward patients • If wealthier provider systems come to the rescue, don’t give away the store • Explore bringing Steward hospitals under management or control by UMass Memorial, Tufts Medicine, or Boston Medical Center • Don’t waste state money |
| Covid / Long Covid | <p>22. New York Times (free access) January 27, 2024 My Patients Used to Be Enthusiastic About the Covid Vaccine. What Changed? By Danielle Ofri MD</p> <p>The response has been almost like clockwork, at nearly every medical visit in the past few weeks. “It’s time for the flu shot,” I’ll say to my patients, “plus the updated Covid vaccine.” And that’s when the groans start.</p> <p>In the past, the flu shot elicited the most resistance. The patients at my New York City practice would take their other vaccinations without a second thought but balk at the flu shot — because their sister is allergic to eggs or because they’re sure that the flu shot always gives them the flu or because they just don’t do flu shots. Now, though, a majority of my patients respond along the lines of, “Fine to do the flu shot” — sheepishly pause, then say — “but not the Covid.” . . .</p> <p>Health professionals everywhere are hearing this kind of hesitance among patients as Covid cases and hospitalizations have continued to rise during the winter. As of early January, the average number of Americans dying weekly from Covid was over 1,700. And yet the Jan. 19 Centers for Disease Control and Prevention report indicated that only 21.8 percent of adults 18 and older have received the latest Covid vaccine — less than half of the percentage of those who have gotten the flu vaccine. . . .</p> <p>The specificity of their Covid refusal — especially compared with flu refusal — piques my curiosity and consternation. So many of my patients have medical problems that put them at high risk for complications of Covid, such as hypertension, diabetes, heart disease, obesity, kidney disease, asthma. Yet here they are, one after another, rejecting a medical intervention that most have safely received before and substantially improves outcomes. And they can’t really articulate a specific reason, even to themselves. Shrugging this off seems wrong. . . .</p> <p>We in medicine are fairly good at responding to specific concerns; we easily marshal facts and numbers because this is the arena in which we are most comfortable. It’s tempting to shy away from the queasier realm of free-floating discomfort, but we can’t. The good news is that this can be a constructive and collaborative moment in the relationship between patients and medical professionals. In my experience, when we talk directly about the awkward gray zone that seems to suffuse vaccine hesitancy, there’s a certain shared humbling. We are all profoundly disconcerted by states of ambiguity.</p> |
| Disability Topics | 23. Association of University Centers on Disabilities- |

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| | <p>January 23, 2024 AUCD Selects OHSU and CommunicationFIRST to Create National Partnership to Increase Use of AAC Under a contract with ACL's Administration on Disabilities (AoD), the Association of University Centers on Disabilities (AUCD) is leading the development of a model for peer-to-peer support to help people with disabilities find — and, most importantly, learn to use — augmentative and alternative communication (AAC) tools. Oregon Health & Science University (OHSU) and CommunicationFIRST will work with AUCD on a variety of tasks, including creating a national consortium; conducting a comprehensive review and analysis to identify existing peer-to-peer models, projects, approaches, and activities; and developing an approach and plan to advance peer support models to increase use of AAC. Read AUCD's announcement of its subaward recipients on its web page</p> |
| Public Policy | <p>24. *Boston Globe January 29, 2024 Could Mass General Brigham be a savior amid the Steward Health Care financial mess? By Jon Chesto <i>MGB may be the only Mass. health system big enough to absorb Steward's hospitals. Could that change the state's tune on hospital giant's expansion plans?</i> As Steward Health Care's hospitals in Massachusetts face an uncertain future, the talk around town has focused on a potential white knight with the resources to help: Mass General Brigham. The concept of MGB as a savior is an interesting twist for an institution that has faced criticism over its market power and high prices. MGB is more than twice the size of the state's next biggest hospital group, Beth Israel Lahey Health. That doesn't mean MGB has money to spare: Staffing shortages and reimbursement shortfalls have weighed on the entire industry, prompting even mighty MGB to post a modest operating loss in the past fiscal year. And MGB faces the same capacity issues as its smaller rivals, with flagship Mass. General's emergency department pushed to its limit. But with an annual budget of nearly \$20 billion, MGB has the size and clout to help prevent what could become a full-blown crisis should some or all of Steward's eight acute-care hospitals in the state end up closing. Could MGB absorb one or a few of them — St. Elizabeth's in Brighton, for example, or the under-construction Norwood Hospital? Sure. But would it? That's a tough one to answer, for MGB or any other would-be rescuer, because of these distressed hospitals' tangled web of finances. MGB declined to comment, but there are many known factors in play. Executives at nonprofit hospital operators prefer to own their real estate; rent payments add pressure to the already slim margins. But Steward, when it was owned by private equity giant Cerberus Capital Management, reached a deal in 2016 to sell its local real estate to Alabama-based Medical Properties Trust. And in 2022, MPT sold half of its stake in the Massachusetts hospital properties to yet another investor, a fund controlled by Macquarie Asset Management of Australia. MPT now claims Steward owes at least \$50 million in unpaid rent, making the real estate trust likely Steward's biggest creditor, in a long line of them. . .</p> |

Senator Cindy Friedman, who heads the Legislature's health care financing committee, said the situation will "take all of us working together" to ensure a positive outcome for patients. House Majority Leader Mike Moran, whose district includes St. Elizabeth's, echoed those concerns: In any deal with MGB, or anyone else, he said, patients should get first priority.

Prioritizing patients. It's a simple but important mission that seems to have been forgotten by the bean counters and investors who sliced and diced Steward up over the years, and brought a linchpin of the region's health care system to the breaking point.

25. The Conversation

January 29, 2024

[Nonprofit hospitals have an obligation to help their communities, but the people who live nearby may see little benefit](#)

By Jonathan Wynn and Daniel Skinner

Does living near a hospital make you more likely to get the health care you need?

Even though the [federal government requires nonprofit hospitals](#) to regularly assess the health needs of their surrounding communities and publicly post a plan to address those concerns, many people living nearby struggle to get basic health care.

We are a [political scientist](#) and an [urban sociologist](#) who study how hospitals interact with and shape the communities in which they are located. As we explain in our book, "[The City and the Hospital](#)," most top-ranked hospitals in the U.S. [aren't doing enough in this regard](#).

A paradox for local communities

Despite living in the shadow of world-class medical facilities, people residing in these communities often have poor health.

We call this the paradox of medically overserved communities.

Many nonprofit hospitals amass [revenues in the millions and even billions](#).

This [economic power](#), coupled with their stated missions to take care of their local community, positions most of them well to benefit the neighborhoods surrounding their campuses.

Urban hospitals tend to be centrally located; residents of [these city centers tend to be low income](#), and many of them are disproportionately Black and Latino. Using census data, we found that the neighborhoods around our case sites were, overall, less white, had lower household incomes, lower property values and greater vacancy rates than the rest of their cities. They also had worse health. . .

Nonprofit hospitals get [tax exemptions](#) because the Internal Revenue Service recognizes that the promotion of health is a [charitable mission that serves the public good](#). Because for-profit hospitals pay all applicable taxes, they are [not subject to these IRS requirements](#).

Nonprofit hospitals [save billions every year](#) in federal, state and local taxes. But they are required to spend some of their money to provide what the government calls "[community benefit](#)."

How much should these hospitals spend?

Until now, the authorities have not specified an amount or percentage of a hospital's revenues or profits. The [IRS test for community benefit](#) is vague. It requires that hospitals make "investments" that are "broad enough to benefit the community" and must "serve a public rather than a private interest."

Although [providing charity care](#) isn't the only contribution hospitals make to their communities, it's an important one. And in 2020, when the question was last looked at closely, nonprofit hospitals' charity care totaled US\$16 billion – during a year [when they got \\$28.1 billion in tax breaks](#). Some hospitals do little to nothing to meet this goal. The U.S. Government Accountability Office, a government watchdog, found 30 nonprofit hospitals that got tax breaks in 2016 [despite reporting no spending on community benefits](#) at all.

And although hospitals are required to report their community benefit activities to the IRS every three years, the government agency “was unable to provide evidence that it did so because it did not have a well-documented process to ensure those activities were being reviewed,” the GAO said in 2023. . .

An unfulfilled promise

When Congress passed the [Affordable Care Act in 2010, it reasserted](#) the idea that nonprofit hospitals should provide substantial benefits to communities in exchange for their tax exemptions. That hasn't happened. Scholars widely agree there's [no evidence](#) that nonprofit hospitals have generally [done more to benefit their local communities](#) with the ACA than they did without it.

Yet a lack of oversight has meant that hospitals have rarely faced penalties for noncompliance.

26. Health and Human Services Office of Civil Rights (OCR)

January 25, 2024

[Guidance to Hospital and Long-Term Care Administrators on Nondiscrimination in Patient Visitation](#)

On January 25, the HHS Office of Civil Rights (OCR), issued guidance via a Frequently Ask Questions (FAQ) “to remind covered facilities and entities of their distinct obligations under CMS regulations and federal civil rights laws to ensure nondiscrimination in facility visitation policies.” The OCR’s [FAQs on Patient Visitation at Certain Federally Funded Entities and Facilities](#) provides examples demonstrating the importance of considering the religious needs of patients and other individuals receiving care in implementing visitation policies and procedures that do not discriminate on the basis of religion and other protected bases. The FAQs also emphasize the importance of visitation and the right for patients and residents to receive visitors. Medicare- and Medicaid-certified facilities have certain nondiscrimination obligations regarding patient/resident visitation that OCR has jurisdiction over. Administrators are prohibited from restricting, limiting, or otherwise denying visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability. Organizations are required to have written visitation policies, procedures, and practices regarding such prohibitions. Read the associated [Patient Visitation FAQ Dear Colleague Letter here](#). HHS states that this announcement builds on the National Strategy to Counter Antisemitism. Read the HHS OCR press release [here](#).

27. KFF

January 22, 2024

[Medicaid and State Financing: What to Watch in Upcoming State Budget Debates](#)

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| | <p>By Anna Mudumala, Elizabeth Williams, Robin Rudowitz, and Patrick Drake</p> <p>State legislatures are currently gathering to develop new budgets for state fiscal year (FY) 2025. Heading into this budget cycle, state fiscal conditions are shifting, with state revenues starting to decline following steep revenue growth during the pandemic. While states reported favorable fiscal conditions in KFF's recent budget survey, they noted uncertainty in their fiscal outlooks in the years ahead. At the same time, federal pandemic-era supports to state financing are expiring, requiring adjustments to state spending to maintain balanced budgets. Even though national economic indicators remain strong, pandemic-related supports for households have also expired and families are still struggling to cover costs from record inflation during the pandemic. This will all affect the development of state budgets going forward, including for Medicaid programs which are a large expenditure item as well as revenue source for states.</p> <p>This issue brief examines trends in state fiscal conditions and discusses how state budgets and macroeconomic conditions may affect individuals and state Medicaid programs. Thirty-three states and DC will be adopting FY 2025 budgets this year; the other 17 states enacted biennial budgets last year, though some of these states may adopt a supplemental budget for FY 2025. The state budget cycle in most states runs from July to June, and Governor's typically release their budget proposals by January followed by a convening of the legislature to finalize and enact a budget.</p> |
| From Around the Country | <p>28. Gothamist January 26, 2024 Gov. Hochul aims to cut pay for home caregivers in program used by 200,000 NYers By Caroline Lewis</p> <p>Gov. Kathy Hochul hopes to cut compensation for aides hired through the [Consumer Directed Personal Assistance] program, as part of a broader effort to shave upward of \$1 billion off New York's growing Medicaid budget. But some advocates say there are better ways to reduce home care spending without hitting workers' wages. . .</p> <p>The bulk of home care in New York is paid for with public dollars through Medicaid. Under state law, home care workers receive a minimum base pay that's slightly above the general minimum wage, as well as an hourly bonus that can be paid out in the form of cash, benefits or both. Hochul is seeking to cut the caregivers in Hernandez's program out of that bonus. That means their minimum hourly rate would drop from \$20.09 per hour this year to \$19.10 next year.</p> <p>At the same time, aides hired through traditional agencies would see their rates rise from at least \$20.09 to \$21.64, with the new minimum wage factored in.</p> <p>Hochul says long-term care for elderly and disabled New Yorkers is contributing to outsized growth in Medicaid spending that's set to exceed statutory limits, in part because of the aging population. Medicaid, the joint state and federal program, pays for health care for some 7.6 million low-income New Yorkers. Home care now accounts for about \$16 billion in annual spending by the state health department, and more than half of that money goes to the Consumer Directed Personal Assistance Program, according to state health department spokesperson Daniell DeSouza.</p> |

29. McKnights Long-Term Care News

January 26, 2024

[Report rips massive nursing home for lacking safety procedures during abrupt shutdown](#)

By Josh Henreckson

A nursing home's lack of safety protocols led to a dangerous, chaotic evacuation after its abrupt closure, endangering its 174 residents, according to a new report from the Missouri Department of Health and Senior Services.

The department's 61 pages of findings shed light on the nuances and necessity of emergency preparedness plans for nursing homes. Northview Village of St. Louis closed without warning after a shortfall of funds kept staff from receiving their paychecks on time. This news prompted some staff to walk off the job and others to steal from the facility, according to the report. It also forced administrators to attempt to evacuate residents to other facilities in the area.

"The facility failed to take measures to ensure security of the residents and staff during the evacuation," Missouri officials wrote. "The failures jeopardized the health and safety for all residents and staff."

The investigation revealed residents were moved without them or their guardians being informed beforehand — and sometimes without their belongings or medical records being secured.

Further details from [the extensive report](#) noted phone lines going down, residents and staff trapped in an elevator after too many people tried to fit inside, loss of medical records and an inability to properly track where all residents were relocated. Sirens rang out unattended on multiple floors as staff attempted to move residents down alarmed stairways. Two residents went missing after the evacuation — one found the next day and the other [not for several weeks](#).

Missing plans

The report detailed investigations and interviews conducted since the closure, but it didn't immediately propose penalties for the apparent lapsed wages, lack of preparedness or chaotic evacuation.

US Rep. Cori Bush (D-MO) [called for an HHS investigation](#) into the incident Jan. 8, citing "significant concern" that a similar event could happen again in the state without proper oversight. . .

While Northview's situation drew scrutiny for [how unusual](#) and dramatic its closure was, its struggles are emblematic of some problems faced broadly across the long-term care sector. A September report from the Department of Health and Human Services' Office of Inspector revealed that more than three-quarters of nursing homes [face significant challenges](#) in emergency preparedness.

Nursing homes' staffing problems have exacerbated this problem, preventing lower-level staff at some facilities from being trained in emergency and evacuation protocols, an expert told *McKnight's* in the wake of [a separate OIG report](#) in November. Having a dedicated emergency manager on staff could be a fruitful step to preemptively ensure safety in such situations.

30. Becker's Payer Issues

January 26, 2024

[New Jersey signs prior authorization reform bill into law](#)

By Jakob Emerson

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| | <p>New Jersey has signed the nation's most comprehensive prior authorization reform bill into law.</p> <p>Four key New Jersey updates:</p> <ol style="list-style-type: none"> 1. If a prior authorization request is denied, it must be done by a physician who is of the same specialty as the physician who manages the medical condition or disease at hand. 2. Payers are required to respond to all prior authorization requests once all necessary information is submitted to pharmaceutical requests within 24 to 72 hours depending on the urgency, and to extend prior authorization timeframes for long term care or chronic condition treatments. 3. If a patient has received prior authorization from a former health plan, their new plan must cover the treatment for at least 60 days until new approval is processed. For patients receiving hospital services, a 24-hour turnaround is required, while patients in urgent care must receive a response within 72 hours. 4. Payers must publish prior authorization data on their website, including current requirements, restrictions, clinical criteria, and the number of denials they issue and their reasons. | | |
| 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 | | | |
| YouTube Channels | | | |
| 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 | <table border="0"> <tr> <td style="vertical-align: top;">Nursing home</td> <td> <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> </td> </tr> </table> | Nursing home | <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 | <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></p> | | |

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| | <p>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 2023</i> <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboaq</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u> <u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p> |
| <p>List of Special Focus Facilities</p> | <p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated March 29, 2023 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home.</p> |

What can advocates do with this information?

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

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

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

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

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

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

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

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| | <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 https://tinyurl.com/SpecialFocusFacilityProgram |
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| <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> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> </tbody> </table> | # reported | Deficiency Tag | 250 | B | 82 | C | 7,056 | D | 1,850 | E | 546 | F | 487 | G | 31 | H |
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| # reported | Deficiency Tag | | | | | | | | | | | | | | | | |
| 250 | B | | | | | | | | | | | | | | | | |
| 82 | C | | | | | | | | | | | | | | | | |
| 7,056 | D | | | | | | | | | | | | | | | | |
| 1,850 | E | | | | | | | | | | | | | | | | |
| 546 | F | | | | | | | | | | | | | | | | |
| 487 | G | | | | | | | | | | | | | | | | |
| 31 | H | | | | | | | | | | | | | | | | |

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| | <p>1 _____ I</p> <p>40 _____ J</p> <p>7 _____ K</p> <p>2 _____ L</p> |
| Nursing Home Compare | <p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p> |
| Data on Ownership of Nursing Homes | <p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p> |
| Long-Term Care Facilities Specific COVID-19 Data | <p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data |
| DignityMA Call Action | <ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content |

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| 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. | 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 and rest 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 | John Ford | jford@njc-ma.org |
| | 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 | |
| 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"> • Wynn Gerhard • Dick 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.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p> | | | |

