



The Dignity Digest

Issue # 176

February 27, 2024

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

	<p>*May require registration before accessing article.</p>
<p>DignityMA Zoom Sessions</p>	<p>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.</p>
<p>Spotlight</p>	<p><u>Fact Sheet: Aging in the United States</u> Population Reference Bureau January 9, 2024 By Mark Mather and Paola Scommegna</p> <p>The current growth of the population ages 65 and older, driven by the large baby boom generation—those born between 1946 and 1964—is unprecedented in U.S. history. This aging of the U.S. population has brought both challenges and opportunities to the economy, infrastructure, and institutions.</p> <p>Demographic Shifts The number of Americans ages 65 and older is projected to increase from 58 million in 2022 to 82 million by 2050 (a 47% increase), and the 65-and-older age group’s share of the total population is projected to rise from 17% to 23%.¹</p> <p>The U.S population is older today than it has ever been. Between 1980 and 2022, the median age of the population increased from 30.0 to 38.9, but one-third (17) of states in the country had a median age above 40 in 2022, with Maine (44.8) and New Hampshire (43.3) at the top of the list.²</p> <p>The older population is becoming more racially and ethnically diverse. Between 2022 and 2050 the share of the older population that identifies as non-Hispanic white is projected to drop from 75% to 60%.³</p> <p>The rising diversity among older Americans can’t match the rapidly changing racial/ethnic composition of those under age 18, creating a diversity gap between generations. In 2022, fewer than half of children ages 0 to 17 (49%) were non-Hispanic white.⁴ But research shows that there is fluidity in how people identify with racial/ethnic categories: Mixed-race Americans (particularly mixed Hispanic and white) increasingly see themselves as part of the white majority.⁵</p> <p>Positive Developments Education levels are increasing. Among people ages 65 and older in 1965, only 5% had completed four years of college or more. By 2023, this share had risen to 33%.⁶</p>

Older adults are working longer. By 2022, 24% of men and about 15% of women ages 65 and older were in the labor force. These levels are projected to rise further by 2032, to 25% for men and 17% for women.⁷

The poverty rate for Americans ages 65 and older has dropped sharply during the past 50 years, from nearly 30% in 1966 to 10% today.⁸ The Census Bureau's Supplemental Poverty Measure, which accounts for non-cash benefits, tax credits, and medical expenses, shows that 14% of older Americans lived in poverty in 2022.⁹

More older adults can meet their daily care needs. Older adults are functioning better on their own, and a shrinking share are living in nursing homes and assisted living settings than a decade ago. Home modifications and assistive devices such as walkers have helped older Americans maintain their independence.¹⁰

Challenges

Gains in life expectancy recently stalled. U.S. life expectancy at birth declined by 2.4 years between 2019 and 2021.¹¹ The drop in life expectancy was driven largely by the COVID-19 pandemic, but deaths from drug overdoses, heart disease, chronic liver disease and cirrhosis, and suicide also played a role.¹² Life expectancy rebounded slightly in 2022, to 77.5 years, but not enough to offset the decline during the pandemic.

Obesity prevalence among older Americans has increased at an alarming rate. In a single generation—between 1988-1994 and 2015-2018—the share of U.S. adults ages 65 and older with obesity nearly doubled, increasing from 22% to 40%.¹³

Wide economic disparities are found across different population subgroups. Among adults ages 65 and older, 17% and 18% of those identifying as Latino and African American, respectively, lived in poverty in 2022—more than twice the rate of those who identified as non-Hispanic white (8%).¹⁴

More older adults are divorced compared with previous generations. The share of divorced women ages 65 and older increased from 3% in 1980 to 15% in 2023, and for men from 4% to 12% during the same period.¹⁵

More older women are living alone. Over one-fourth (27%) of women ages 65 to 74 lived alone in 2023. This share jumped to 39% among women ages 75 to 84, and to 50% among women ages 85 and older.¹⁶

Older Americans face a caregiving gap, especially those with lower incomes and dementia.¹⁷ Demand for elder care is expected to increase sharply with a rise in the number of Americans living with Alzheimer's disease, which could more than double by 2050 to 13 million, from 6 million today.¹⁸

	<p>Social Security and Medicare expenditures will increase from a combined 9.1% of gross domestic product in 2023 to 11.5% by 2035 because of the large share of older adults.¹⁹</p> <p>Federal budget cuts and tax increases may be inevitable as more members of the large baby boom cohort reach retirement age and become eligible for entitlement programs. Policymakers can invest resources today to reduce poverty and improve the economic outlook for workers. These investments can increase young workers' future productive capacity and help offset the costs of an aging population.</p>
<p>Quotes</p>	<p><i>“By speaking out at such a young age, [HIV activist Hydeia Broadbent] helped so many people, young and old, because she wasn’t afraid to share her story and allowed everyone to see that those living with HIV and AIDS were everyday people and should be treated with respect.”</i></p> <p>Magic Johnson, HIV/AIDS activist Hydeia Broadbent, known for her inspirational talks as a young child, dies at 39, ABC News, February 22, 2024</p> <p><i>“I have dedicated my whole life to this fight [regarding H.I.V./AIDS]. I don’t hate my life. I feel like I’m really blessed. But at the same time, my life doesn’t have to be their life. I didn’t have a choice when it came to H.I.V./AIDS, and people do have a choice.”</i></p> <p>Hydeia Broadbent, Hydeia Broadbent, H.I.V. and AIDS Activist, Dies at 39, *New York Times, February 21, 2024</p> <p><i>[Medicare fraudster Philip] Esformes is said to have bribed doctors to put patients into his nursing homes, where they frequently received inadequate care or were given unnecessary services that were then billed to Medicare and Medicaid.</i></p> <p>Nursing Home Mogul Philip Esformes Pleads Guilty to Medicare Fraud, Given No Additional Jail Time or Fines (Skilled Nursing Homes, February 22, 2024)</p> <p><i>[Nursing home] companies with revenue of \$40 million or less paid their CEOs on average \$439,768 for total compensation. Companies with revenue between \$40 million and below \$100 million paid their CEOs \$456,499 on average for total compensation, while</i></p>

companies with upwards of \$100 million in revenue paid their CEOs \$822,507 on average per year for total compensation.

[Long-Term Care Executive Salaries Jump 3.69% in 2023 Despite Operating Pressures at Nursing Homes, Skilled Nursing Homes,](#)
February 21, 2024

Clearly, private equity nursing homes are run differently than non-profit or for-profit nursing homes, whose [nursing home stocks](#) are available for anyone to buy. In private equity facilities, nursing home care often takes a hit for the sake of wider profit margins.

[Nursing Home Investment Opportunities; Are They Worth It?](#),
(www.Experience.care), August 3, 2023

Based on mediation analysis, more profit-oriented providers sold more drugs not only because they knowingly reported more false positives, but also because they promoted drugs sales more conditional on a positive test result. Thus, profit motivated providers seem to have misrepresented test results to sell more unnecessary malaria-related drugs.

[The Essential Role of Altruism in Medical Decision Making,](#)
National Bureau of Economic Research, February 26, 2024

The number of Americans ages 65 and older is projected to increase from 58 million in 2022 to 82 million by 2050 (a 47% increase), and the 65-and-older age group's share of the total population is projected to rise from 17% to 23%.¹

The U.S population is older today than it has ever been. Between 1980 and 2022, the median age of the population increased from 30.0 to 38.9, but one-third (17) of states in the country had a median age above 40 in 2022.

[Fact Sheet: Aging in the United States,](#) Population Reference Bureau, January 9, 2024

[Blackstone Inc Chief Executive Steve] Schwarzman reaped over \$1.26 billion in pay and dividends for

	<p>2022, including more than \$1 billion in dividends from his shares of Blackstone, the world's largest private equity firm.</p> <p>Blackstone CEO Schwarzman received \$896.7 million in pay, dividends in 2023 (Reuters, February 23, 2024) [Editor's note: \$1.26 billion equals \$3.5M per day; \$144K per hour; \$2.4k per minute; \$40 per second.]</p> <p><i>“It is incumbent on the state to try to assure that there’s adequate cash at any of the Steward hospitals to pay for needed staff supplies and third-party vendors that provide critical services.”</i></p> <p>Paul Hattis, senior fellow at the Lown Institute, Steward does not provide all financial documents sought by Governor Healey (*Boston Globe, February 23, 2024)</p> <p><i>“Organ procurement executives have acted with complete impunity for decades. They should not be above the law.</i></p> <p>Greg Segal, co-founder of Organize, an activist group that seeks widespread reform of the transplant industry, U.S. launches probe into possible fraud by organ collection groups, *Washington Post, February 26, 2024</p>
<p>Life Well Lived Joe Tringali Advocate and Visionary</p> 	<p>Stavros Center for Independent Living Mourns the Passing of Advocate and Visionary, Joe Tringali</p> <p>It is with deep sorrow and a profound sense of loss that Stavros Center for Independent Living announces the passing of Joe Tringali on December 27, 2023. Joe Tringali was not merely a member of Stavros; he embodied the spirit of independent living, and was a dedicated advocate for the dignity, civil rights and accessibility for people with disabilities. As a stalwart believer in independent living philosophy, Joe was an inspiration to many, not only as a colleague but also as a dear friend. His impact on the disability community, particularly in western Massachusetts, is immeasurable, and his legacy will forever be woven into the fabric of Stavros.</p> <p>Joe played a pivotal role in transforming the landscape for people with disabilities in western Massachusetts. Even before the establishment of the Amherst Disability Access Advisory Board, Joe was tirelessly working to make the town of Amherst accessible. His vision and efforts laid the groundwork for the Access Awards, an initiative recognizing businesses striving to be accessible.</p> <p>In Amherst, Joe was instrumental in the development of the first accessible curb cuts and traffic signals at the Pleasant Street/Main/Amity Street intersection, the first of its kind in western Massachusetts. He was equally instrumental in the development of the fully accessible John Nutting apartments at Chestnut Court in the</p>

	<p>1970s, which may well have been a first in the state and were definitely a first in the region.</p> <p>A vocal advocate, Joe's letters to the editor on various disability issues, including the Estate Recovery Act and the 'Stop the Shock' campaign, informed the community about the challenges faced by individuals with disabilities and the importance of regulations and laws to uplift their lives.</p> <p>Beyond his local impact, Joe, alongside fellow Stavros staff, contributed to a statewide initiative funded by a Robert Wood Johnson grant. Traveling across Massachusetts, they measured doorways and ramps, developed plans for towns, and made significant strides towards creating a more accessible state.</p> <p>Joe worked collaboratively with the Citizens' Housing and Planning Association (CHAPA) and other entities to promote the development of accessible housing across the state. His efforts led to the establishment of a crucial voucher program designated for disabled renters that helped hundreds across the state.</p> <p>The Home Sweet Home program, Joe's brainchild, collaborates with local community resources, volunteers, and donors to help neighbors in Hampden, Hampshire, and Franklin counties acquire safe, affordable wheelchair access ramps for their homes. Joe successfully convinced state authorities to allow Stavros to use Title VII, Part B funds as the basic seed money for the program, which has, by now, provided more than a thousand ramps and other improvements to disabled individuals who can now safely remain in their homes.</p> <p>Joe's dedication extended to fighting against injustices on multiple fronts, from town access issues to health care reform and access to Personal Care Attendant (PCA) services. He represented Stavros on various committees, leaving an indelible mark as a passionate advocate for the disability community.</p> <p>Angelina Ramirez, CEO of Stavros, remarked, "Joe has fought against injustices wherever they were. From town access issues to restaurants, health care reform, access to PCA services, and more. No matter where or what, Joe has been a great advocate and an asset to the disability community. He represented Stavros in various committees that impact access and health for people with disabilities. For so many of us, Joe will be everlasting."</p> <p>Joe Tringali's impact on Stavros and the disability community at large is immense, and his legacy will endure as a testament to the unwavering fight for the rights and inclusion of people with disabilities who are as determined as he was to live independently.</p> <p>A Celebration of Joe's Life is happening Friday March 1 2024 at 1:30 p.m. at the Boylston Rooms: West Room 122 Pleasant St #112, Easthampton, MA 01027. The program will begin at 2:00 PM, and refreshments will be served. For more information contact Brianna Zimmerman, bzimmerman@stavros.org.</p>
<p>Life Well Lived <i>Hydeia Broadbent</i></p>	<p><u><i>Hydeia Broadbent, H.I.V. and AIDS Activist, Dies at 39</i></u> *New York Times February 21, 2024 By Orlando Mayorquin</p>



Marie D. De Jesus/Houston
Chronicle, via Getty Images

Born with H.I.V. in 1984, she began raising awareness on television when she was 6 years old.

Ms. Broadbent was 6 years old when she began telling of her struggle with H.I.V. on television, aiming to educate the public amid an epidemic that produced panic and stigma. Even when new treatments dramatically improved the long-term outcomes for people with H.I.V., she stressed that there was no cure and that infection was a life sentence, and she urged people to prevent its spread.

In 1992, when she was 7, Ms. Broadbent was interviewed on Nickelodeon in a special program featuring Magic Johnson, the basketball star, who, after his own H.I.V. diagnosis, became a familiar face in the fight against H.I.V. and AIDS. . .

Ms. Broadbent continued to speak publicly about H.I.V. and AIDS into adulthood. Her work earned her recognition, particularly among African Americans. Ebony magazine twice ranked her among the “Most Influential 150 African Americans,” in 2008 and 2011. . .

As an adult, Ms. Broadbent focused on combating the stigma and misinformation surrounding AIDS and educating the public about prevention.

[Hydeia Broadbent, HIV/AIDS activist, dies at 39](#)

Sunday Today (NBC) – video report

February 25, 2024

By Willie Geist

Hydeia Broadbent, the HIV/AIDS activist who came to national prominence in the 1990s as a young child for her inspirational talks to reduce the stigma surrounding the virus she was born with, has died. She was 39. . .

Hydeia Broadbent, the HIV/AIDS activist who came to national prominence in the 1990s as a young child for her inspirational talks to reduce the stigma surrounding the virus she was born with, has died. She was 39

**REV UP Massachusetts
Voting Accessibility**



Accessible Polling Survey Links are ready.

Please sign up!

We had great participation in our polling place volunteer training on February 14th. The video of the training will be up as soon as we make sure the closed captioning is accurate, in the meantime please [register as a community volunteer to survey polling sites](#).

If you are unable to do the full survey for any reason, we also have a [shorter form for reporting any accessibility issues](#) you encounter.

The state provides a [guide to locating your polling place](#).

The MA primary is March 5, and we could use your help identifying barriers to voting.

2023 Training Materials

The following materials were used in November 2023. Massachusetts accessibility laws have not changed since then. The materials below can provide information while we wait for the February 14 video to become available.

This video explains the laws and what to look for at your polling site: [DLC Polling Site Evaluation Training Video](#)

	<p>For an overview, view the DLC Slides for evaluating polling sites: DLC Polling Site Evaluation Powerpoint Slides.</p>
<p>Call for Presentation Proposals</p> 	<p>LGBTQ+ Elders in an Ever-Changing World Conference Date: Thursday, June 20, 2024 9:00 a.m. to 3:30 p.m.</p> <p>We invite you to submit a WORKSHOP PROPOSAL(S) for our 13th Annual Conference. Like previous years, workshops will take place via Zoom. We would love to add some new voices and diverse perspectives. The deadline for submissions is Friday, March 1 (11:59 p.m. EST).</p> <p>All workshop proposals are welcomed, particularly those that focus on our 2024 theme: Bridges to Belonging: Fostering Inclusivity and Identity in LGBTQ+ Aging.</p> <p>The conference addresses the aging issues of older persons and caregivers of Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning (LGBTQ+) communities and their allies. We strive to create an open, welcoming forum and a convening of community. It is intended for consumers, social services, educators, researchers, and public policy makers, as well as service and healthcare professionals who support and work with LGBTQ+ older adults and caregivers.</p> <p>The conference planning committee anticipates hosting nine workshops following a keynote presentation by Robyn Ochs, a U.S.-based speaker, grassroots activist, and editor of Bi Women Quarterly and two anthologies: the 42-country collection Getting Bi: Voices of Bisexuals Around the World and RECOGNIZE: The Voices of Bisexual Men. Persons submitting proposals for workshops should attend to the following:</p> <ul style="list-style-type: none"> • Multiple proposals may be submitted for review by the planning committee • A separate proposal must be submitted for each proposed workshop • Proposed workshops may involve a maximum of two (2) presenters per session • Word format must be used for all proposals • All workshops will be 75 minutes in length and presenters must allow ample time for questions and discussion <p>The new deadline for proposal submission is 11:59 p.m. (EST) on Friday, March 1, 2024. Proposals are to be submitted by email with proposal in Word format as an attachment to LGBTQeldersconference@gmail.com. Include in email subject line: LGBTQ+ Elder Conference Proposal 2024.</p> <p>Workshop Presentation Proposal Download (Be sure to save the Word document before you begin to fill it out)</p>
<p>Advocacy Guide</p>	<p><u>25 Common Nursing Home Problems—& How to Resolve Them</u> Justice in Aging February 21, 2024 By Eric Carlson</p> <p>Using This Guide</p> <p>Beware: these 25 problems occur across the country. They happen in cities, suburbs, and rural communities. They also happen both in “good” and “bad” nursing homes. Even the better nursing homes tend to follow standard procedures that violate federal law and harm residents.</p> <p>The best way to receive high quality care is to settle for nothing else, each and every day. This guide gives you the tools to do exactly that.</p> <p>This guide is an updated and expanded version of <i>20 Common Nursing Home Problems—and How to Resolve Them</i>, which was written with financial support from the Commonwealth Fund.</p> <p>This revision, like the original edition, introduces each common</p>

	<p>problem by identifying a false statement commonly made by nursing home staff, along with a clear statement of the relevant law.</p> <p>This new edition addresses additional problems, discusses issues in more detail, and includes recent revisions to federal regulations and guidance. This edition emphasizes strategies to prevent evictions, as described in the discussion of Problems #7 through #14.</p> <p>Whether you are a nursing home resident, a family member, or a supportive friend, this guide gives you the tools you need to identify and then resolve the problems that residents most frequently face. Your determined advocacy can be the difference between going-through-the-motions nursing home care, and the high quality, person-centered care that residents are promised by federal law.</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes Attorney General's Regulations on Long-Term Care Facilities (Office of the Massachusetts Attorney General)</p> <p>Assisted Living Bills would limit assisted living liability claims against 'passive investors' (McKnights Senior Living, February 26, 2024)</p> <p>Private Equity / Corporate Ownership The Essential Role of Altruism in Medical Decision Making (National Bureau of Economic Research, February 26, 2024) Blackstone CEO Schwarzman received \$896.7 million in pay, dividends in 2023 (Reuters, February 23, 2024) Steward does not provide all financial documents sought by Governor Healey (*Boston Globe, February 23, 2024) Nursing Home Investment Opportunities: Are They Worth It? (www.Experience.care, August 3, 2023)</p> <p>Health Topics U.S. launches probe into possible fraud by organ collection groups (*Washington Post, February 26, 2024)</p> <p>Demographics Fact Sheet: Aging in the United States (Population Reference Bureau, January 9, 2024)</p> <p>From Other States Nursing Home Mogul Philip Esformes Pleads Guilty to Medicare Fraud, Given No Additional Jail Time or Fines (Skilled Nursing Homes, February 22, 2024) Long-Term Care Executive Salaries Jump 3.69% in 2023 Despite Operating Pressures at Nursing Homes (Skilled Nursing Homes, February 21, 2024)</p>
<p>Public Hearings</p>	<p>1. MBTA Tuesday, February 27, 2024, 6:00 p.m. Virtual The MBTA holds a virtual hearing on proposed fare changes that would take effect this spring, including an expanded low-income rate, permanent \$10 holiday weekend passes, and the removal of "change tickets" from</p>

	<p>certain T lines -- meaning riders would need to pay with exact change or a pre-loaded Charlie Card in order to not lose money. Info and Registration.</p>
<p>In person sessions</p>	<p>2. Older Adults Lobby Day Tuesday, February 27, 2024, 11:00 a.m. Great Hall, State House Sen. Jehlen and Rep. Stanley, co-chairs of the Joint Committee on Elder Affairs, are the featured speakers as more than 500 older adults and advocates gather at the State House for an annual lobby day. One of five Massachusetts residents are older adults. Seventy percent of them regularly vote -- the highest percentage of any age cohort. Participants at the Older Adult Lobby Day will be advocating on an array of issues including affordable, accessible housing; age-friendly transit services; expansion of home and community-based services; transformation of nursing homes; and more. Organized by Mass Home Care. Sponsored by ten aging service and advocacy organizations including Dignity Alliance Massachusetts. Former Rep. Mike Festa from AARP Massachusetts will be the emcee. Speakers are scheduled for 11:30 a.m., followed by legislative office visits.</p> <p>3. Development Disabilities Forum Wednesday, February 28, 2024, 10:30 a.m. Gardner Auditorium, State House Housing and Livable Communities Secretary Ed Augustus and Rep. Livingstone are the featured speakers at the Association of Developmental Disabilities Providers' legislative budget forum. The event will discuss the "devastating impact" of the commonwealth's housing crisis on the human services workforce, highlight a pilot program in Cape Cod, and honor Sen. Friedman as ADDP's legislator of the year. ADPP CEO Ellen Attaliades will also speak about budget priorities for providers serving people with intellectual and developmental disabilities.</p> <p>4. Health Equity Briefing Wednesday, February 28, 2024, 10:30 a.m. Room 428, State House Sens. Miranda and Payano, Reps. Garcia and Williams, Michael Curry of the Massachusetts League of Community Health Centers, Amie Shei of the Health Foundation of Central Massachusetts and Carlos Cappas of the Lynn Community Health Center speak at a legislative briefing on a sweeping bill to bolster health equity, including by expanding MassHealth coverage for eligible people regardless of immigration status, ensuring payment parity for telehealth services for primary care and chronic disease management, providing additional funding to safety-net hospitals and community-based providers, growing the health care workforce, and diversifying state agencies. The proposals (H 1250 / S 799) remain under review by the Joint Committee on Health Care Financing. Sen. Friedman, committee co-chair, indicated last month the package may not remain fully intact.</p> <p>5. Center for Health Law and Policy Innovation (Harvard Law School) Monday, April 1, 2024, 9:00 a.m. to 6:00 p.m. A New Way Home: Medicaid & Reentry State Medicaid programs have begun exploring new pathways to improve linkage and access to health care for people reentering the community from jails and prisons. The transition from incarceration back to the</p>

	<p>community is notoriously fraught with competing, complex social and behavioral health needs, as well as staggering rates of overdose and other adverse health events. With innovative state policymaking through the use of 1115 waivers for pre-release Medicaid coverage currently underway, there is a unique opportunity to identify and promote best practices for improving health outcomes and reducing costly reliance on emergency services.</p> <p>On April 1, 2024, join the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) and the Massachusetts Law Reform Institute (MLRI) for “A New Way Home: Medicaid and Reentry Symposium.”</p> <p>The Symposium will highlight opportunities and limitations related to Medicaid 1115 Waivers, encourage networking amongst stakeholders involved in the policymaking process, and explore barriers and solutions to collaboration.</p> <p>Programming will kick off with a keynote speech by Vikki Wachino, Executive Director of the Health And Reentry Project (HARP). The event will then feature four moderated discussions:</p> <ul style="list-style-type: none"> • Connecting to Community: Meeting Health-Related Social Needs During Reentry • Involving the People Most Impacted in Program Design • Cross Sector Collaboration: Breaking Silos and Building Bridges • Disrupting Roads to Incarceration Through Reinvestment in Health <p>Additional details on speakers are forthcoming. Date: April 1, 2024, 9:00am – 6:00pm (EST) Location: Wasserstein Hall, WCC 2036 Harvard Law School 18 Everett Street Cambridge, MA 02138 Food: Lunch will be provided, and the event will be followed by an evening reception with light food and drinks.</p>
<p>Webinars and Other Online Sessions</p>	<p>6. Long Term Care Community Coalition Tuesday, February 27, 2024, 1:00 p.m. What Makes a Case: Senior Care Litigation From an Expert Witness’ Perspective Presenter: Julian Rich, expert witness for long-term care cases. Julian is a Dignity Alliance Massachusetts supporter. Long-term care facilities, and nursing homes in particular, put themselves at risk for litigation when they focus on profitability over quality care. Julian Rich, expert witness for long-term care cases, discusses key topics crucial to evaluating standards of care. Note: You must register using the link above to access the program live. If you cannot attend, video and slides will be posted within a few days at nursinghome411.org/webinars.</p> <p>7. Commission on the Prevention of Malnutrition in Older Adults Tuesday, February 27, 2024, 2:00 p.m. Virtual meeting More Info and Zoom</p> <p>8. The Long Term Care Discussion Group Wednesday, February 28, 2024, 1:00 to 2:00 p.m. <i>Evaluations of MLTSS and Integrated Care “Dual Demo” Programs: Key Findings and Implications for Federal and State Policy</i></p>

ABOUT THE TOPIC:

About half of all states now contract with Medicaid managed care plans to deliver long-term services and supports – managed LTSS or MLTSS programs -- a sizable increase over the last two decades. Ten states, some of which also operate MLTSS programs, participated in the federal Financial Alignment Initiative (FAI) demonstration, which contracted with managed care plans to provide integrated Medicare and Medicaid benefits and coordinated services for dually eligible individuals.

What does the evidence show about the effects of MLTSS and FAI integrated care demonstrations on access, cost, quality and beneficiary experience? In this session, researchers from Mathematica will summarize major findings from recent evaluations of these programs and discuss their implications for federal and state policy.

The session will also discuss what the future may hold. How many more states are likely to switch from Medicaid fee-for-service to managed care to provide LTSS? What are the FAI demonstration states planning to do to promote integrated Medicare and Medicaid LTSS programs after the FAI initiative ends in 2025? What lessons can all states learn from the FAI demonstrations as they further integration of Medicare and Medicaid through other platforms? What are CMS, MACPAC and other federal agencies planning to do to maximize the benefits, and minimize the risks, of these programs to Medicaid and dually eligible beneficiaries?

ABOUT THE SPEAKERS:

Debra Lipson, M.H.S.A., is a Senior Fellow at Mathematica. Over her 35 years as a health policy researcher, she has conducted numerous research and evaluations of Medicaid managed care, LTSS initiatives for older adults and people with disabilities, and integrated care for dually eligible individuals. In the last 10 years, she directed several large CMS-funded projects, including one that provided technical assistance to federal and state officials to strengthen their oversight of Medicaid managed care and MLTSS plans, and another that developed and tested two dozen new Medicaid quality measures, including the first set of nationally standardized measures for MLTSS and HCBS.

Danielle Chelminsky, M.P.H., is a Researcher at Mathematica, who directs and plays key roles in several research and technical assistance projects focused on the design and operation of Medicare-Medicaid integration programs for dually eligible individuals. She currently directs a project for CMS' Medicare-Medicaid Coordination Office that conducts research on beneficiary experiences with FAI demonstration integrated care programs and was deputy director of the Integrated Care Resource Center (<https://www.integratedcareresourcecenter.com>), which provides technical assistance to states seeking to advance integrated care for dually eligible individuals.

TO ACCESS THE MEETING:

Registrants will have access to the link and dial in information after they register using this link: <https://nashp-org.zoom.us/meeting/register/tZcsfuyvrz0pHNAtISoCKwautZN6rng4r2mo>

Meeting materials will also be posted once available on the Long Term Care Discussion Group website: <http://www.ltcdiscussiongroup.org> on the PRESENTATION MATERIALS page.

	<p>Long Term Care Discussion Group meetings are intended as forums for candid discussion. Dialogue and comments made during these meetings should be treated as off the record.</p> <p>9. Health Policy Commission Thursday, February 29, 2024, 12:00 p.m. Health Policy Commission's Advisory Council meets for the first time this year. Council members will discuss access challenges across the health care system, including patient flow and issues around system volume and staffing shortages. The meeting will also include a discussion of an affordability index meant to work in tandem with the state's health care cost growth benchmark. Livestream</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>10. Office of the Massachusetts Attorney General Attorney General's Regulations on Long-Term Care Facilities 940 CMR 4.00 is designed to promote the protection, comfort, health and well-being of consumers of services provided by long-term care facilities, to be consistent with existing legal standards, and to be as responsive as possible to the constraints and administrative realities under which long term care facilities operate. Download PDF: https://www.mass.gov/doc/940-cmr-4-long-term-care-facilities/download</p>
Assisted Living	<p>11. McKnights Senior Living February 26, 2024 Bills would limit assisted living liability claims against 'passive investors' By Kimberly Bonvissuto Two proposed bills that have the backing of Florida's senior living industry would limit liability claims against "passive investors" who are not involved in the day-to-day operations of assisted living communities. If passed as written, the bills would go into effect July 1. . SB 238 and HB 995 limit residents' rights violation or negligence claims under the Assisted Living Facilities Act to the licensee, management company, management or direct caregivers. Passive investors — companies or individuals that own a community but do not participate in day-to-day decision making or facility operations — would not be liable for such claims unless a court or arbitration panel finds sufficient evidence to establish a reasonable claim of breach of duty that led to a resident's loss, injury, death or damage. . . The bills also would make it more difficult for plaintiffs to seek punitive damages, requiring the court to hold a hearing to determine whether sufficient evidence provides a reasonable basis for the recovery of damages. The proposed bills would extend to assisted living the same protections that already apply to nursing homes. Nursing home statutes limit lawsuits to the licensed facility, the management or consulting company, employees and direct caregivers, but current assisted living statutes do not limit who can be sued for violating a resident's rights.</p>
Private Equity / Corporate Ownership	<p>12. National Bureau of Economic Research February 26, 2024 The Essential Role of Altruism in Medical Decision Making</p>

By Paul Gertler & Ada Kwan

Patients rely on medical care providers to act in their best interests because providers understand disease pathology and appropriate treatment much better than patients. Providers, however, not only give advice (diagnose) but also deliver (sell) treatments based on that advice. This creates a moral hazard dilemma where provider financial interests can diverge from patient interests, especially when providers are motivated more by profits than by altruism. We investigate how profit motivated versus altruistic preferences influence medical care decision making in the context of malaria in Kenya. We measured the appropriateness of care using data from an audit study that employed standardized patients (SP) who were trained to present as real patients the identical clinical case scenario to providers. The SPs were confirmed to be malaria negative before and after field work with a very reliable and sensitive blood test at a high-quality laboratory. We measured provider preferences using a lab in the field, real stakes, modified version of the dictator game. We find that more profit-motivated providers report higher rates of false-positive malaria test results than do more altruistic providers. Specifically, purely profit motivated providers report 30 percentage points more positives than providers who are altruistically motivated, and providers likely knew that the positive results that they reported to their patients were false. We also find that more profit motivated providers sold more unnecessary antimalarial drugs than did more altruistic providers. Based on mediation analysis, more profit-oriented providers sold more drugs not only because they knowingly reported more false positives, but also because they promoted drugs sales more conditional on a positive test result. Thus, profit motivated providers seem to have misrepresented test results to sell more unnecessary malaria-related drugs.

13. Reuters

February 23, 2024

[Blackstone CEO Schwarzman received \\$896.7 million in pay, dividends in 2023](#)

Blackstone Inc Chief Executive Steve Schwarzman took home \$896.7 million in pay and dividends last year, a 29% decline from his record take in 2022, according to a regulatory filing on Friday.

Schwarzman reaped over \$1.26 billion in pay and dividends for 2022, including more than \$1 billion in dividends from his shares of Blackstone, the world's largest private equity firm. . .

Last month, Blackstone reported a 4% rise in its fourth-quarter distributable earnings, as it cashed out on more of its assets across real estate, credit, and hedge funds.

14. *Boston Globe

February 23, 2024

[Steward does not provide all financial documents sought by Governor Healey](#)

By Jason Laughlin and Jon Chesto

The troubled Steward Health Care hospital system submitted some [financial data](#) in response to a Friday deadline from Governor Maura

Healey, but the administration said it has still not received all the records the [governor has demanded](#). . .

Steward's incomplete response to the governor's request raises the stakes in an increasingly public battle between the company and the Healey administration, with the stability of much of the state's health care infrastructure in the balance. The for-profit Steward is saddled with overwhelming debt and [facing severe financial challenges that threaten its ability to continue operating](#) its seven active hospitals in Massachusetts. .

The state Center for Health Information and Analysis has already imposed \$400,000 in fines against Steward's parent company and the individual hospitals for failing to provide complete financial records but has collected only \$114,000 in fines so far. The agency hasn't fined Steward since the company took court action in 2017.

15. [Nursing Home Investment Opportunities; Are They Worth It?](#)
www.Experience.care

August 3, 2023

By Elijah Oling Wanga

The long-term care industry plays a vital role in our society, providing care for those who can no longer live independently due to health concerns or old age. Investing in the long-term care sector, particularly a nursing home investment, has long piqued the interest of savvy investors looking to capitalize on demographic shifts and the seemingly inexorable demand for elderly care.

Of course, breaking down the [profitability of a nursing home](#) investment is not a straightforward process. The sector is influenced by everything from healthcare legislation and insurance reimbursements to operational challenges and shifting consumer preferences. Here we provide an in-depth analysis that will help you understand the potential returns and inherent risks associated with such an investment.

The growth of the long-term care market

In 2022, the global long-term care market achieved a notable valuation of \$1.11 trillion. And [projections show](#) that the market has not come close to reaching its full potential, with an expected compound annual growth rate (CAGR) of 6.62% over the next eight years.

A couple of significant [demographic](#) and economic trends are propelling this robust growth. The main catalysts include:

- **A rising global geriatric population:** The world is witnessing a substantial rise in the number of individuals over the age of 65. As more people age, there is a greater need for various types of long-term care, such as home care, assisted living, nursing home care, and hospice care.
- **Rising global life expectancy:** Modern medicine, improved healthcare, and advancements in technology have contributed to longer life spans. People are living beyond their retirement years and, in many cases, require help with daily activities and medical needs.
- **Societal changes impacting family care availability:** Declining family size, changes in residential patterns of people with disabilities, and rising female participation in the formal labor market contribute to a decrease in the availability of family carers. These societal

transformations are expected to drive an increase in the need for paid care.

- **An increasing demand for high-quality social care systems:** As societies become wealthier, individuals demand better quality and more responsive social care systems. People's expectations for patient-oriented and well-coordinated care services are also rising, driving the need for comprehensive, quality long-term care options.
- **Rising prevalence of chronic diseases** like heart disease, diabetes, cancer, and Alzheimer's, particularly among the elderly population: These illnesses often require ongoing, extensive care that can extend for years, if not decades.
- **The rising cost of healthcare:** Hospitalization for chronic conditions can be prohibitively expensive, and the long-term nature of these illnesses often necessitates alternative and more cost-effective care solutions, like long-term care. Nursing homes offer a cost-efficient alternative to hospitalization for patients suffering from chronic illnesses, providing them with the necessary care and treatment while freeing up valuable hospital resources. . .

The senior housing sector boasted an [11.6% annualized investment return over the same period, outperforming the overall property index](#).

Returns for both income and appreciation were higher for senior housing than the overall property index, as well as the multi-family sector, highlighting the superior investment performance of senior housing.

What sets senior housing apart in the commercial real estate realm is its **unique blend of real estate, hospitality, and need-driven services**.

This intersection creates a resilient investment opportunity that can weather economic fluctuations better than many other real estate sectors.

There are various **avenues for indirect investment**:

- **Open real estate funds:** These are generally safer as the risk is spread across multiple properties. Investors should ensure that the fund's focus aligns with their investment goals, such as concentrating on nursing real estate.
- **Closed real estate funds:** Here, the investment is tied to individual projects, which may carry a greater risk if a project does not perform as anticipated.
- **Crowdfunding or Crowd Investing Platforms:** These require significantly less capital for financing projects, with minimum investments typically between 200 and 500 dollars. Such platforms also offer risk diversification by spreading the investment over several projects.

Stocks can be either direct or indirect investments, [depending on how you purchase them](#).

Brookdale Senior Living (BKD): Brookdale Senior Living Inc. owns, manages, and operates senior living communities across the U.S. It spans three segments: Independent Living, Assisted Living and Memory Care, and Continuing Care Retirement Communities (CCRCs). **Market capitalization:** \$771,679,300.

Welltower (WELL): An S&P 500 company, Welltower Inc. partners with top seniors housing operators, post-acute providers, and health systems to finance the real estate infrastructure needed to scale innovative care delivery models and enhance people's wellness and overall healthcare experience. **Market capitalization:** \$39,663,075,328.

[Sinodia Senior Living Corporation \(CSU\)](#): This company develops, owns, operates, and manages senior housing communities throughout the United States. **Market capitalization:** \$216,072,064.

[The Ensign Group \(ENSG\)](#): The Ensign Group, Inc. provides skilled nursing, senior living, rehabilitative services, and other ancillary services. It is a diversified care provider. **Market capitalization:** \$5,211,581,952.

[Ventas \(VTR\)](#): Ventas Inc., another S&P 500 company, is at the crossroads of healthcare and real estate, owning a diversified portfolio of over 1,200 properties in the U.S., Canada, and the U.K. **Market capitalization:** \$18,558,412,800.

[LTC Properties \(LTC\)](#): LTC is a Real Estate Investment Trust (REIT) that invests in senior housing and healthcare properties primarily through sale-leasebacks, mortgage financing, joint ventures, and structured finance solutions, including preferred equity and mezzanine lending. **Market capitalization:** \$1,386,772,736.

[Omega Healthcare Investors \(OHI\)](#): Omega is a REIT that invests in the long-term healthcare industry, primarily in skilled nursing and assisted living facilities. It has assets across all U.S. regions. **Market capitalization:** \$7,507,652,096.

It should be noted that **investment performance in this sector is tracked** and captured by the [National Council of Real Estate Investment Fiduciaries \(NCREIF\)](#), a reliable resource providing robust insights and data submissions from investment managers.

Private Equity Nursing Homes: Risks and Challenges

Before we conclude on the topic of investing in long-term care, it is worth mentioning private equity nursing homes and how they fit into nursing home investment. [Private equity](#) involves buying, improving, and then selling stakes in private (i.e., not publicly traded) companies. Unlike public equity markets, where many investors buy small stakes in a large number of companies, private equity firms often buy a **controlling stake** in the companies they invest in.

Of course, there are some concerns with this model of investing in nursing homes. In fact, the [National Bureau of Economic Research \(NBER\)](#) published a study that raises important questions about the implications of private equity nursing homes. The research identified [key trends and outcomes associated with private equity acquisitions of nursing homes](#), including the following:

- **Increased patient mortality rates:** Nursing homes purchased by private equity firms are associated with higher patient mortality, both during the nursing home stay and in the subsequent 90 days. The patient mortality rate is found to be 10 percent higher in facilities owned by private equity firms than in other skilled nursing facilities.
- **Private equity ownership surge:** In 2005, private equity firms owned less than one percent of skilled nursing facilities. A decade later, this figure had risen to nine percent. This trend is unsettling for some outsiders.
- **Different financial considerations:** Private equity-owned nursing homes face unique financial situations compared to their for-profit and not-for-profit counterparts. Buyouts are typically financed with considerable borrowing, resulting in more than triple the average interest payments.

	<ul style="list-style-type: none"> • Increased lease payments: To generate cash for investors, private equity managers often sell the nursing home’s property and lease it back. This leads to an average increase in lease payments of 75 percent following the buyout. Simultaneously, cash on hand falls by 38 percent. • Staffing level reductions: Cost-cutting measures often entail staffing reductions. Hours for frontline caregivers decline by 3 percent compared to the industry average in private equity-owned nursing homes. However, registered nurses, who constitute a smaller portion of the care staff, see an eight percent increase in hours. • Higher charges: Private equity ownership leads to more substantial charges. The overall bill for a patient in a private equity-owned nursing home is more than 10 percent higher compared to other homes. • Deterioration in care quality: Despite higher fees, the quality of care does not improve in private equity nursing homes. In fact, patients in such contexts are 50 percent more likely to be placed on antipsychotic medication. These patients also experience a greater decline in mobility and an increase in their levels of pain. <p>Clearly, private equity nursing homes are run differently than non-profit or for-profit nursing homes, whose nursing home stocks are available for anyone to buy. In private equity facilities, nursing home care often takes a hit for the sake of wider profit margins.</p>
<p>Health Topics</p>	<p>16. *Washington Post February 26, 2024 U.S. launches probe into possible fraud by organ collection groups By Lenny Bernstein, Mark Johnson, and Lisa Rein Federal authorities have launched a wide-ranging investigation of the nonprofit organizations that collect organs for transplant in the United States, according to six people familiar with the inquiry, which seeks to determine whether any of the groups have been defrauding the government. The probe involves U.S. attorneys in various parts of the country who are investigating organ procurement organizations in at least five states. . . Serious deficiencies in the nationwide organ transplant system have been the subject of increasing government scrutiny in recent years, but an investigation led by federal prosecutors — which carries the possibility of criminal charges — could be the gravest threat yet to the status quo in the troubled, multibillion-dollar organ transplant industry. . . The nation’s 56 organ procurement organizations collect organs — mainly kidneys — from deceased donors at hospitals and arrange for them to be transported to surgeons at the 250 U.S. medical centers that perform transplants. Each procurement group holds a government-guaranteed monopoly over a swath of U.S. territory where it operates. Some have failed for years to collect enough organs to meet demand, according to government records. But the Centers for Medicare and Medicaid Services, the part of HHS that licenses the nonprofits to operate, has never decertified one. In response to critiques, the CMS issued new benchmarks that will allow the agency to weed out poor performers beginning in 2026. . . Despite decades of improvement efforts and increasing numbers of transplants, more than 103,000 people remain on the U.S. waiting list for organs, the majority of them seeking kidneys. Some die every day.</p>

<p>Demographics</p>	<p>17. Population Reference Bureau January 9, 2024 Fact Sheet: Aging in the United States By Mark Mather and Paola Scommegna The current growth of the population ages 65 and older, driven by the large baby boom generation—those born between 1946 and 1964—is unprecedented in U.S. history. This aging of the U.S. population has brought both challenges and opportunities to the economy, infrastructure, and institutions.</p> <p>Demographic Shifts The number of Americans ages 65 and older is projected to increase from 58 million in 2022 to 82 million by 2050 (a 47% increase), and the 65-and-older age group’s share of the total population is projected to rise from 17% to 23%.¹ The U.S population is older today than it has ever been. Between 1980 and 2022, the median age of the population increased from 30.0 to 38.9, but one-third (17) of states in the country had a median age above 40 in 2022, with Maine (44.8) and New Hampshire (43.3) at the top of the list.² The older population is becoming more racially and ethnically diverse. Between 2022 and 2050 the share of the older population that identifies as non-Hispanic white is projected to drop from 75% to 60%.³ The rising diversity among older Americans can’t match the rapidly changing racial/ethnic composition of those under age 18, creating a diversity gap between generations. In 2022, fewer than half of children ages 0 to 17 (49%) were non-Hispanic white.⁴ But research shows that there is fluidity in how people identify with racial/ethnic categories: Mixed-race Americans (particularly mixed Hispanic and white) increasingly see themselves as part of the white majority.⁵</p> <p>Positive Developments Education levels are increasing. Among people ages 65 and older in 1965, only 5% had completed four years of college or more. By 2023, this share had risen to 33%.⁶ Older adults are working longer. By 2022, 24% of men and about 15% of women ages 65 and older were in the labor force. These levels are projected to rise further by 2032, to 25% for men and 17% for women.⁷ The poverty rate for Americans ages 65 and older has dropped sharply during the past 50 years, from nearly 30% in 1966 to 10% today.⁸ The Census Bureau’s Supplemental Poverty Measure, which accounts for non-cash benefits, tax credits, and medical expenses, shows that 14% of older Americans lived in poverty in 2022.⁹ More older adults can meet their daily care needs. Older adults are functioning better on their own, and a shrinking share are living in nursing homes and assisted living settings than a decade ago. Home modifications and assistive devices such as walkers have helped older Americans maintain their independence.¹⁰</p> <p>Challenges Gains in life expectancy recently stalled. U.S. life expectancy at birth declined by 2.4 years between 2019 and 2021.¹¹ The drop in life expectancy was driven largely by the COVID-19 pandemic, but deaths from drug overdoses, heart disease, chronic liver disease and cirrhosis, and suicide also played a role.¹² Life expectancy rebounded slightly in</p>
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	<p>2022, to 77.5 years, but not enough to offset the decline during the pandemic.</p> <p>Obesity prevalence among older Americans has increased at an alarming rate. In a single generation—between 1988-1994 and 2015-2018—the share of U.S. adults ages 65 and older with obesity nearly doubled, increasing from 22% to 40%.¹³</p> <p>Wide economic disparities are found across different population subgroups. Among adults ages 65 and older, 17% and 18% of those identifying as Latino and African American, respectively, lived in poverty in 2022—more than twice the rate of those who identified as non-Hispanic white (8%).¹⁴</p> <p>More older adults are divorced compared with previous generations. The share of divorced women ages 65 and older increased from 3% in 1980 to 15% in 2023, and for men from 4% to 12% during the same period.¹⁵</p> <p>More older women are living alone. Over one-fourth (27%) of women ages 65 to 74 lived alone in 2023. This share jumped to 39% among women ages 75 to 84, and to 50% among women ages 85 and older.¹⁶</p> <p>Older Americans face a caregiving gap, especially those with lower incomes and dementia.¹⁷ Demand for elder care is expected to increase sharply with a rise in the number of Americans living with Alzheimer’s disease, which could more than double by 2050 to 13 million, from 6 million today.¹⁸</p> <p>Social Security and Medicare expenditures will increase from a combined 9.1% of gross domestic product in 2023 to 11.5% by 2035 because of the large share of older adults.¹⁹</p> <p>Federal budget cuts and tax increases may be inevitable as more members of the large baby boom cohort reach retirement age and become eligible for entitlement programs. Policymakers can invest resources today to reduce poverty and improve the economic outlook for workers. These investments can increase young workers’ future productive capacity and help offset the costs of an aging population.</p>
<p>From Other States</p>	<p>18. Delaware Public Media February 25, 2024 Complaints against nursing home care and backlogs in home care licensure continue to rise By Sarah Petrowich [Delaware] Department of Health and Social Services (DHSS) Division of Health Care Quality (DHCQ) Director Corinna Getchell says Delaware has been seeing an increase in more serious long term care facility complaints and deficiencies. Reports of alleged abuse, neglect, mistreatment, or financial exploitation increased by 51% in 2023, along with a 75% increase in individuals placed on the Adult Abuse registry. . . State Sen. Stephanie Hansen (D-Middletown) says one of her constituents has been waiting for approval to open a home care agency for two years and believes speeding up the process would help with ballooning Medicaid costs.</p> <p>19. Skilled Nursing Homes February 22, 2024 Nursing Home Mogul Philip Esformes Pleads Guilty to Medicare Fraud, Given No Additional Jail Time or Fines</p>

	<p>By Zahida Siddiqi Medicare fraudster Philip Esformes pleaded guilty on Thursday to health care fraud, laying to rest a longstanding effort to prosecute him after his 20-year sentence was commuted by former President Donald Trump. Esformes, previously convicted of one of the biggest Medicare frauds in 2019 for his involvement in a billion-dollar Medicare fraud scheme, pleaded guilty to one count of conspiracy to commit health care fraud, according to filings in federal court in Miami, Florida, NBC News reported. The Department of Justice agreed to drop five other counts against him. .</p> <p>In 2019, Esformes was required to forfeit \$38.7 million and pay \$5.53 million in restitution after being found guilty on counts related to kickbacks, money laundering, obstruction of justice and conspiracy, according to court documents.</p> <p>20. Skilled Nursing Homes February 21, 2024 Long-Term Care Executive Salaries Jump 3.69% in 2023 Despite Operating Pressures at Nursing Homes By Zahida Siddiqi Even as operating pressures and staffing shortages persisted at nursing homes, long-term care corporate executives with multi-facility organizations were paid 3.69% more in 2023 compared to the previous year. This represents an increase from the 3.17% salary jump reported in 2022. And, there’s a planned increase of 3.45% on average expected from 2023 to 2024 for executives in the sector. . Companies with revenue of \$40 million or less paid their CEOs on average \$439,768 for total compensation. Companies with revenue between \$40 million and below \$100 million paid their CEOs \$456,499 on average for total compensation, while companies with upwards of \$100 million in revenue paid their CEOs \$822,507 on average per year for total compensation. As for salaries, the HCS report also found that the group with the lowest revenue paid CEOs \$433,500 per year. Mid-tier companies based on revenue paid CEOs \$482,619 per year, while companies with revenue upwards of \$100 million paid their CEOs \$653,163 annually.</p> <p>21.</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
<p>Websites</p>	<p>25 Common Nursing Home Problems—& How to Resolve Them https://justiceinaging.org/25-common-nursing-home-problems/ Justice in Aging These 25 problems are unfortunately common. But it doesn’t have to be that way. These problems are reduced significantly when residents and family members are more knowledgeable about the Nursing Home Reform Law’s protections, and more willing to be the squeaky wheels that get the grease. This guide’s advice to residents and family members is: “Speak up.” You may feel embarrassed or awkward at first, but don’t let that stop</p>

you. It is the nursing home that should be embarrassed when it is violating the Reform Law.

[Attorney General's Regulations on Long-Term Care Facilities](https://www.mass.gov/regulations/940-CMR-400-long-term-care-facilities)

<https://www.mass.gov/regulations/940-CMR-400-long-term-care-facilities>

Download PDF: <https://www.mass.gov/doc/940-cmr-4-long-term-care-facilities/download>

940 CMR 4.00 is designed to promote the protection, comfort, health and well-being of consumers of services provided by long-term care facilities, to be consistent with existing legal standards, and to be as responsive as possible to the constraints and administrative realities under which long term care facilities operate.

National Bureau of Economic Research

<https://www.nber.org/>

The National Bureau of Economic Research (NBER) is a private, nonpartisan organization that facilitates cutting-edge investigation and analysis of major economic issues. It disseminates research findings to academics, public and private-sector decision-makers, and the public by posting more than 1,200 [working papers](#) and convening more than 120 scholarly [conferences](#), each year.

- [Meetings](#)
- [Publications](#)
- [Pilots](#)
- [Media](#)

The NBER Center for Aging and Health Research has three primary aims. The first is to coordinate research on health and aging issues at the NBER, notably through research networks on high-priority themes including:

- The Economics of COVID-19
- Health Trends and Inequalities
- Applications of Machine Learning in Health Care
- The Economics of Alzheimer's Disease
- Emerging Challenges in Long-Term Care in the U.S. and Around the World
- The Dynamics of the Health Care Ecosystem

The second aim is to stimulate research development on new topics in health and aging through [Center Pilot Projects](#) that systematically advance the science toward the most pressing questions of the day.

The third aim is to disseminate research findings in both scientific and non-technical outlets including the [NBER Bulletin on Health](#) and its predecessor the [NBER Bulletin on Aging and Health](#).

[Coordinating Center for the Centers on the Demography and Economics of Aging and Alzheimer's Disease and Alzheimer's Related Dementias](https://agingcenters.org/)

<https://agingcenters.org/>

The Coordinating Center works collaboratively to foster communication and collaborative activities across the Centers. It works in partnership with the [NIA Research Centers Collaborative Network](#), which aims to catalyze cross-disciplinary research across the [six NIA center programs](#). To further maximize the growth of cross disciplinary research, it also promotes collaborative work between the Demography Centers and other NIA Centers by hosting multidisciplinary workshops

	<p>and by supporting early career investigators to embark on collaborations across NIA Centers.</p> <p>Population Reference Bureau https://www.prb.org/what-we-do/focus-areas/aging/ Aging populations present a growing challenge for governments, families, and health service providers. Through original analysis and dissemination of research by others, PRB raises awareness of issues related to population aging and explains implications for decisionmakers.</p> <p>Organize https://www.organize.org/ Organize is a non-profit patient advocacy organization focused on reforms to increase the supply of transplantable organs every year, with particular focuses on health equity, patient safety, anti-monopolism, and anti-corruption. They publish research focused on the need for accountability and transparency, and regularly serve as a technical resource to Congressional offices as well as investigative journalists.</p>		
Blogs	<p>Aging is Happening Blog https://gero.usc.edu/news-home/aging-is-happening/ Research and Aging Knowledge from USC Leonard Davis Experts</p> <p>Inside NIA A Blog for Researchers https://www.nia.nih.gov/research/blog Weekly updates on NIA funding policies and research priorities.</p>		
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>		
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>		
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>		
Contact information for reporting complaints and concerns	<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>
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Nursing Home Closures (pending)	<p>Massachusetts Department of Public Health <i>Benjamin Healthcare Center, Roxbury</i> Closure date: July 1, 2024 Public hearing: Tuesday, March 12, 2024, 6:00 p.m. Dial in Phone #: 800-857-5123 Participant Code: 8554964</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p><i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024 Public hearing: Tuesday, February 20th, 2024, 6:00 p.m. Dial in Phone #: 888-469-1662 Participant Code: 8243949</p>		

	<ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p><i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024</p> <ul style="list-style-type: none"> • Notice of Intent to Close and Draft Closure and Relocation Plan (PDF) (DOCX) <p><i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p>For more information about each individual facility, please use the Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website.</p>
Nursing Home Closures	<p>Massachusetts Department of Public Health</p> <p><i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024</p> <p><i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023</p> <p><i>Willimansett East, Chicopee</i> Closure date: June 6, 2023</p> <p><i>Willimansett West, Chicopee</i> Closure date: June 6, 2023</p> <p><i>Chapin Center Springfield</i> Closure date: June 6, 2023</p> <p><i>Governors Center, Westfield</i> Closure date: June 6, 2023</p> <p><i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure February 10, 2022</p> <p><i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022</p> <p><i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021</p> <p><i>Wingate at Chestnut Hill, Newton, MA</i> Closure date: October 1, 2021</p> <p><i>Halcyon House, Methuen</i> Closure date: July 16, 2021</p> <p><i>Agawam HealthCare, Agawam</i> Closure date: July 27, 2021</p> <p><i>Wareham HealthCare, Wareham</i> Closure date: July 28, 2021</p> <p><i>Town & Country Health Care Center, Lowell</i> Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health</p> <p><i>Temporary admissions freeze</i></p> <p>There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health	<p>Massachusetts Department of Public Health</p> <p><i>Determination of Need Projects: Long Term Care 2023</i></p>

<p>Determination of Need Projects</p>	<p><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 – Quaboag</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. What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.

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

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://somersetridge rehab.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare
<https://www.nextstephcc.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.geneshcc.com/glenridge>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225523>
- Hathaway Manor Extended Care (1)
<https://hathawaymanor.org/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225366>

	<ul style="list-style-type: none"> • 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> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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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.</p> <p>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.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts</p>

	Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	Workgroup	Workgroup lead	Email
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	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
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	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
The Dignity Digest	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/</p> <p>Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Wynn Gerhard • Chris Hoeh • Dick Moore • Brianna Zimmerman <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</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:</i> https://dignityalliancema.org/dignity-digest/</p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			