



# The Dignity Digest

Issue # 181

April 2, 2024

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

	<p><b>*May require registration before accessing article.</b></p>
<p><b>DignityMA Zoom Sessions</b></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 <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>.</p>
<p><b>Spotlight</b></p> <p>By Richard Moore, DignityMA’s poet laureate (aka, Chair, DignityMA’s Legislative Workgroup), with an AI assist</p> <p>Editor’s note: MassHealth has issued a Request for Response (RFR) regarding the procurement for an Independent Assessor Entity (IAE) [<a href="#">RFR for IAE</a>].</p> <p>DignityMA is advocating that the RFR process be suspended to provide an opportunity for public input prior to proceeding with the process.</p>	<p><b><i>The Wisdom of Humpty Dumpty</i></b></p> <p><i>Humpty Dumpty, policy bold, Sat on a wall, so we're told. A vision of streamlining, a central core, For long-term care, they'd have us explore.</i></p> <p><i>All the Governor's horses, men and women, Would centralize forms, again and again. No more local helpers, with faces so kind, Just a distant voice, leaving many behind.</i></p> <p><i>Humpty Dumpty, a network so vast, May lose the connections that truly hold fast. The workers who know, and the people who need, A system familiar, a comforting seed.</i></p> <p><i>Can't all Healey's fixes, with logic so grand, Leave a fragile system, scattered like sand? Perhaps gentle tweaks, and a network that thrives, Can keep good support for the rest of our lives.</i></p> <p><i>So, ponder, dear leaders, with budgets so tight, If shiny and new might dim a warm light. For sometimes the answer, though simple and small, Is the human connection, the greatest of all.</i></p>
<p><b>Spotlight</b></p> <p>Alex Green teaches at the Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and Brandeis University Lurie</p>	<p><b><a href="#">Governor Healey’s budget proposal threatens 50 years of disability rights</a></b></p> <p><b>*Boston Globe</b> March 28, 2024 By Alex Green</p> <p><i>Her proposal to slash fundamental personal care services for the disabled is baffling.</i></p>

Every day, more than 40,000 Massachusetts residents wake up in their own beds and go about their lives thanks to a personal care attendant. These workers chop and blend food for people who cannot chew. They help people shower, bathe, and brush their teeth. They assist people who need help using the bathroom. Often, they are all that stands between a disabled person's life in the community and their consignment to an expensive and dehumanizing long-term care facility.

These jobs are on the chopping block [in the proposed budget](#) put forward by Governor Maura Healey as she stares down a looming series of budget deficits.

The [personal care attendant program](#) is one of the main pillars of the independent living movement, a disability-led civil rights push that began in the 1960s as a fight to ensure that disabled people could live as free from discrimination and the threat of institutional incarceration as anyone else. Over the years, its supporters have weathered challenge after challenge by using the modest language of consumer choice to prove, time and again, that independent living is not just the morally right choice but always the least expensive one for state and federal health providers.

Healey [knows this](#), which is why her proposal to slash [the fundamental personal care services](#) for the disabled is baffling, especially as an opening salvo in her attempt to grapple with a sudden budget crisis. Yet that is exactly what she has put on the table. If the Legislature agrees, an estimated 6,000 people will lose as many as 20 hours of weekly supports that make it possible for them to live with dignity, in some cases keeping them from being thrust into facilities, while also freeing up their loved ones to work their own jobs.

Undoubtedly, the governor faces difficult, unenviable decisions, but few could better resemble the phrase penny-wise and pound-foolish than this proposal. As attorney general, [Healey prosecuted](#) the kinds of private long-term assisted living facilities that MassHealth will have to pay to house disabled individuals if they cannot live independently. She brought those suits because the owners of these facilities were guilty of fraud, abuse, and neglect.

While these kinds of facilities would benefit from the crisis Healey's cuts would create, disability advocacy organizations estimate that [4,000 workers will lose their jobs](#). When their incomes disappear, it will be felt in their communities, which need every dollar they can get. It is a stunning reversal, coming only months after [the Healey administration notably agreed](#) to raise the paltry \$18 per hour that these attendants received to a figure that will eventually be as much as \$25.65 per hour for experienced workers.

	<p>The administration has told advocates that disabled people will be able to find existing services elsewhere to make up for these losses. But when the cuts themselves are so nonsensical, vague promises are a cause for serious concern. For instance, it is likely that the replacement services will not be controlled by the people who use them and the state will not be reimbursed at 50 percent by Medicaid the way it currently is. This means that the state will give up federal money while depriving people of one of the key aspects that makes the personal care attendant program a success.</p> <p>Given the notoriously complex bureaucracy that disabled people must navigate for services, it is likely that the only cost-savings will come from the most cynical of outcomes. Many people will simply give up and not find a paid replacement for what they lose. Instead, attendants — <a href="#">mostly immigrants and women of color</a> who face significant adversity — will probably end up doing this work unpaid. They'll do it for free because they either can't stand to watch it or realize that if they don't address it, it makes the remaining work completely futile. After all, what attendant would do someone's laundry and take them to the doctor but not feel compelled to address the daily issues, like incontinence, which can lead to soiled clothes and infections?</p> <p>It did not have to be this way. When entering office last year, Healey <a href="#">had the chance</a> to bring disabled people who understand these issues into senior positions in her administration but chose not to.</p> <p><b>The result is an Executive Office of Health and Human Services that is staggeringly out of touch with the needs of people using PCA services, putting forward an unacceptable and shortsighted proposal that encroaches on the health, well-being, and dignity of people with complex disabilities and health conditions. Rescinding these proposed cuts would send a signal that the administration sees this as something more than business as usual. It's a matter of human rights.</b></p>
<p>Quotes</p>	<p><i>[Governor Healey's] proposal to slash fundamental personal care services for the disabled is baffling. . . it is likely that the replacement services will not be controlled by the people who use them and the state will not be reimbursed at 50 percent by Medicaid the way it currently is. This means that the state will give up federal money while depriving people of one of the key aspects that makes the personal care attendant program a success.</i></p>

Alex Green, [Governor Healey's budget proposal threatens 50 years of disability rights](#), \*Boston Globe, March 28, 2024

*Investors have a vast interest in frail elderly and disabled Americans institutionalized in the disgraceful U.S. nursing home system. They can get by with a minimal, substandard, quality of care while extracting and pocketing optimal amounts of cash. It is a shabby business carried out by sleazy businessmen in a weakly regulated government funded skilled nursing system.*

[Russia & the United States: Two Different Countries, Two Different Styles of Kleptocracy](#), Tallgrass Economics, March 30, 2024

*Propaganda works. The industry lobby has an effective PR campaign that leads the public to believe that it is tough to make money running nursing homes. They rely on the lack of financial literacy among most people by noting a general low operating margin reported by most facilities.*

[Russia & the United States: Two Different Countries, Two Different Styles of Kleptocracy](#), Tallgrass Economics, March 30, 2024

*"For the low-income fares to work well, the House and Senate must ensure that funding is included in the final state budget. We look to Beacon Hill to ensure ongoing, consistent and permanent revenue support for the low-income fare program through the coming years."*

Transportation for Massachusetts Executive Director Reggie Ramos, [Half-Priced Fares Coming To All T Service Modes](#), State House News, March 29, 2024

*Death remains my intimate shadow partner. It has been with me since birth, always hovering close by. I understand one day we will finally waltz together into the ether. I hope when that time comes, I die with the satisfaction of a life well-lived, unapologetic, joyful, and full of love.*

	<p>Alice Wong, disability activist, <a href="#">Living With Muscular Dystrophy at 50 Makes Death My Shadow Partner</a> (<b>Time</b>, March 27, 2024)</p> <p><i>“There has been a broader shift in demographics of individuals residing in ALFs, [assisted living facilities]. More and more folks with more care needs are going to ALFs when they would traditionally go for skilled nursing facilities.”</i></p> <p>Hari Sharma, Ph.D., an assisted living researcher and assistant professor of Health Management and Policy at the University of Iowa, <a href="#">Assisted living facilities are the new nursing homes. Oversight falls short.</a> <b>New Mexico in Depth</b>, April 1, 2024</p> <p><i>“We’re concerned that our residents’ needs won’t be met if additional [nursing] facilities close.”</i></p> <p>Emily Shea, Commissioner, Boston’s Age Strong Commission, at the March 26, 2024 hearing on the closure of the Benjamin Healthcare Center, <a href="#">Boston nursing home prepares to shut down</a>, <b>CommonWealth</b>, April 1, 2024</p>
<p><b>Careers in Aging Month</b></p> <p>DignityMA salutes and thanks all who are dedicated caregivers.</p>	<p><b>Gerontological Society of America</b> <a href="#">Careers in Aging Month</a></p> <p>The world’s population is aging, and the demand for skilled professionals in aging-related fields is growing!</p> <p>Businesses, clinics, universities, and organizations worldwide unite to showcase the incredible career possibilities in aging. GSA highlights this rising need during Careers in Aging Month (CIAM) each March. It’s all about raising awareness and highlighting the diverse opportunities in this dynamic field!</p> <p><a href="#">Comments on the Moving Forward website</a></p>
<p><b>Closure of the Benjamin Healthcare Center</b></p> <p><i>A hearing on the petition is scheduled for Tuesday April 2, 2024 at 2:00 p.m. in Suffolk Superior Court (Three Pemberton Square), 3d Floor, courtroom 304.</i></p>	<p><b>Lawyers for Civil Rights</b> <a href="#">Lawsuit Against The Benjamin Demanding Receivership</a></p> <p>Family members of residents at the <b>Edgar P. Benjamin Healthcare Center</b> filed a <u>petition</u> in Suffolk Superior Court, asking for the immediate appointment of a receiver to take over management of the facility, to avoid imminent harm to patients. The non-profit facility known as “the Benjamin” – created nearly 100 years ago – serves approximately 70 patients, mostly Black and Latinx seniors in the Mission Hill neighborhood of Boston.</p> <p>The <u>petition</u>, filed on behalf of the families by <b>Lawyers for Civil Rights</b> and supported by numerous staff at the facility, including the Director of Nursing, cites a litany of dangerous problems caused by mismanagement. . .</p> <p>The <u>petition</u> pins the blame for the current conditions on mismanagement of the facility, noting that as recently as two years ago the facility was flush with revenue that nursing homes received due to the COVID-19 pandemic, and continues to receive substantial revenue today. Earlier this year, 34 residents, guardians, and staff</p>

asked the Massachusetts Attorney General and the Massachusetts Department of Public Health to intervene to oust the facility's Administrator, Tony Francis, citing numerous "red flags" about his tenure. . .

The case filed is *Owens v. Edgar P. Benjamin Healthcare Center*, Docket No. 2637311, in Suffolk Superior Court.

- Click [here](#) to download the petition.
- Click [here](#) to download Proposed Order for Appointment of Receiver.
- Click [here](#) to download the affidavit of Adam Owens.
- Click [here](#) to download the affidavit of Alvin Walker.
- Click [here](#) to download the affidavit of Velma Brinson.
- Click [here](#) to download the affidavit of Marise Colsoul.
- Click [here](#) to download the affidavit of Leslie Joseph-Henderson.
- Click [here](#) to download the affidavit of Katherine Blicher.
- Click [here](#) to download the affidavit of Helen Walker.
- Click [here](#) to download the affidavit of Liz Miranda.
- Click [here](#) to download the affidavit of Oren Sellstrom.
- Click [here](#) to download the Summons & Order of Notice.
- Click [here](#) to download the Memorandum.

### **CommonWealth**

#### [Boston nursing home prepares to shut down](#)

By Marina Villeneuve

April 1, 2024

**THE EDGAR P. BENJAMIN** Healthcare Center, a Boston home to roughly 70 Black and Latino seniors, is on the verge of shutting down, which would make it the nineteenth nursing home in Massachusetts to close voluntarily since 2021.

Residents, family members, and employees are worried a July 1 closure is a foregone conclusion – but are still fighting to delay the shutdown to give residents more time to find new placements (they say nearby nursing homes have months-long or years-long waits amid [capacity challenges](#)). The organization Lawyers for Civil Right [filed a lawsuit](#) on Thursday alleging the facility has been mismanaged and calling for a judge to order a [receivership](#), where the state would bring in a new operator.

"We're concerned that our residents' needs won't be met if additional facilities close," said Emily Shea, a commissioner of Boston's Age Strong Commission, at a hearing on the Benjamin last week before the Department of Public Health, which has until April 9 to rule on the nursing home's closure plan.

Nursing home closures have become more commonplace, particularly in New England. A 2023 [study in the Journal of Health Affairs Scholar](#) found New England, along with the south central region of the US, saw the highest rates of nursing home closures from 2011 to 2021. Shea said Boston has lost about 175 long-term care beds in recent years.

The Benjamin's financial woes are part of an industry trend, but the nursing home also has had its own unique problems, some of them self-inflicted it would appear.

Nursing home leaders often blame closures on financial challenges – and low occupancy can stress balance sheets. Indeed, the Benjamin

home was built for over 200 beds, but only 70 residents live there currently.

Still, employees like Leslie Henderson, the Benjamin's director of admissions, said focusing on the home's potential capacity is misleading. For starters, a Roxbury charter school paid \$869,256 in 2020 alone to rent part of the nursing home, according to a [cost report](#) filed with the Center for Health Information and Analysis. Henderson also wants officials to investigate how the nursing home has managed a recent influx in federal funds: including \$4 million in stimulus funding reported in [2020](#).

Tony Francis, the current CEO and board president of the Benjamin facility, has stirred controversy. He got the job in 2014 and a year later his salary was \$206,742, according to a 2015 cost report. By 2020, his salary was up to \$723,217 and his entire compensation package, including pension, exceeded \$932,000, according to a [2020 cost report](#).

The nonprofit nursing home's board of directors has dwindled from 13 in 2015 to three members currently. Former board member and state lawmaker Royal Bolling Jr. [told Boston 25](#) he was voted off the board for raising questions about Francis's pay.

Boston 25 also obtained board meeting minutes indicating the nursing home lost \$100,000 in a crypto exchange – and that board members approved paying back Francis at 12 percent interest for his loans to the nursing home. The nursing home also owes hundreds of thousands of dollars in overdue utility bills, according to Boston 25. Marise Col soul, director of nursing at the Benjamin facility said at least 20 patients have seen significant weight loss since December – and she points to the lack of a regular, on-site dietitian. The nursing home ran out of colostomy bags at one point, and staff resorted to wrapping an elderly resident in a towel to prevent feces from spreading everywhere, according to the Lawyers for Civil Rights lawsuit.

Nonprofits in Massachusetts are overseen by the attorney general's office and any nonprofit with more than \$500,000 in annual revenue is required to file audited financial statements.

A 2019 audit found the Benjamin home was facing ongoing financial challenges in 2017 that “raise substantial doubt about its ability to continue.” The audit found “inadequacies in the organization's accounting records” and said the home's future depended on management's “plans to increase revenue and decrease expenses.”

Nursing homes must submit annual cost reports to state and federal authorities, but those reports don't have to be audited. Under [state regulation](#), the state's Center for Health Information and Analysis “and the MassHealth agency may conduct desk audits or field audits to ensure accuracy and consistency” of cost reports.

A spokesperson for the Center for Health Information and Analysis said the agency has not conducted an audit of the Benjamin nursing home's cost report at any point over the last decade.

Paul Lanzikos, co-founder of Dignity Alliance Massachusetts, said the lack of financial auditing is troubling – particularly when lives, and millions of dollars in taxpayer funding, are on the line.

	<p>“If the financial oversight was being done properly by the state agencies, they would have caught the mismanagement of funds much earlier,” Lanzikos said.</p> <p>Sharon Magnus, who works at homeless service provider Pine Street Inn, said her mother, who lives at the Benjamin, asked: “Can I get a bed where you work at?”</p> <p>“Ma, you don’t want to stay here,” Magnus recounted answering. “I’m not gonna allow you to.”</p>
<p><b>Public Hearings</b></p>	<p><b>Joint Committee on Bonding, Capital Expenditures and State Assets</b>  <b><i>Second hearing on the Affordable Homes Act</i></b> (<a href="#">H.4138</a>)  Tuesday, April 2, 2024, 1:00 p.m.  State House, Room A-2  <a href="#">Agenda and Livestream</a></p> <p><b>U.S. Senate Committee on Health Education, Labor and Pensions</b>  <b><i>Hearing: When Health Care Becomes Wealth Care: How Corporate Greed Puts Patient Care and Health Workers at Risk</i></b>  Wednesday, April 3, 2024, 11:00 a.m.  Gardner Auditorium, State House, Boston  Chaired by Senator Ed Markey with Senator Elizabeth Warren participating  <a href="#">Livestream video</a></p>
<p><b>Opportunity for Comment</b></p>	<p><b>Centers for Medicare &amp; Medicaid Services</b>  <b><i>Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2025</i></b></p> <p>SUMMARY: This rule proposes changes and updates to the policies and payment rates used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for FY 2025. First, we are proposing to rebase and revise the SNF market basket to reflect a 2022 base year. Next, we are proposing to update the wage index used under the SNF PPS to reflect data collected during the most recent decennial census. Additionally, we are proposing several technical revisions to the code mappings used to classify patients under the Patient Driven Payment Model (PDPM) to improve payment and coding accuracy. Finally, this proposed rule includes a Request for Information (RFI) on potential updates to the Non-Therapy Ancillary (NTA) component of PDPM. This rulemaking also proposes to update the requirements for the SNF Quality Reporting Program and the SNF Value-Based Purchasing Program. We are also proposing to expand CMS’ enforcement authority for imposing civil money penalties (CMPs). Finally, this proposed rule includes proposals to strengthen nursing home enforcement requirements.</p> <p>DATES: To be assured consideration, comments must be received at one of the addresses provided below, by May 28, 2024.</p> <p>This document is scheduled to be published in the Federal Register on 04/03/2024 and available online at <a href="https://federalregister.gov/d/2024-06812">https://federalregister.gov/d/2024-06812</a>, and on <a href="https://govinfo.gov">https://govinfo.gov</a></p> <p>ADDRESSES: In commenting, please refer to file code CMS-1802-P. Comments, including mass comment submissions, must be submitted in one of the</p>



	<p>following three ways (please choose only one of the ways listed):</p> <ol style="list-style-type: none"> <li>1. Electronically. You may submit electronic comments on this regulation to <a href="http://www.regulations.gov">http://www.regulations.gov</a>. Follow the "Submit a comment" instructions.</li> <li>2. By regular mail. You may mail written comments to the following address ONLY: Centers for Medicare &amp; Medicaid Services, Department of Health and Human Services, Attention: CMS-1802-P, P.O. Box 8016, Baltimore, MD 21244-8016 Please allow sufficient time for mailed comments to be received before the close of the comment period.</li> <li>3. By express or overnight mail. You may send written comments to the following address ONLY: Centers for Medicare &amp; Medicaid Services, Department of Health and Human Services, Attention: CMS-1802-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850</li> </ol> <p><b>American Hospital Association</b> <b><u><a href="#">CMS proposes 4.1% payment update for SNFs and revise nursing home enforcement authority in FY 2025</a></u></b></p> <p>The Centers for Medicare &amp; Medicaid Services March 28 issued a <a href="#">proposed rule</a> for fiscal year 2025 for the skilled nursing facility prospective payment system, which would increase aggregate Medicare spending by 4.1% or \$1.3 billion compared with FY 2024. This reflects a proposed 2.8% market basket update, a 1.7 percentage-point increase to counter the agency's market basket error in FY 2023, and a 0.4 percentage-point productivity decrease. CMS proposes to revise regulations regarding its nursing home enforcement authority to allow the agency to impose additional financial penalties on facilities where health and safety deficiencies are identified.</p> <p>While CMS does not propose to adopt or remove any quality measures from the SNF Quality Reporting Program, the agency proposes to adopt and modify certain patient assessment items related to health-related social needs; SNFs would be required to collect and report specific data elements related to living situation, food and utilities beginning with the FY 2027 SNF QRP. CMS also proposes to adopt a data validation process for the SNF QRP beginning the same year.</p> <p>CMS proposes a number of operational updates to the SNF Value-based Purchasing program, including policies regarding measure removal and review and corrections. The agency also proposes an update to the case mix methodology used to calculate the Total Nurse Staffing measure.</p> <p>CMS will accept public comments on the proposed rule through May 28.</p>
<p><b>BCIL 50th anniversary kick-off event</b></p>	<p><b>Boston Center for Independent Living</b> <b><u><a href="#">50th Anniversary Kick Off Event</a></u></b></p>

	<p>Thursday, May 16, 2024, 1:00 to 4:00 p.m.</p> <p>2024 marks a major milestone for BCIL: celebrating its 50th Anniversary. As one of the first Independent Living Centers in the country, BCIL plays a transformative role in creating and advocating for equal access to health care, affordable housing, accessible transportation, job and educational opportunities, and ADA compliance for residents of Greater Boston and beyond. To amplify this momentous year with reflection, celebration, and action, they are hosting a virtual event, “ BCIL 50 Years In: Wins, Lessons and What’s Next for Independent Living,” on May 16, 2024, from 1:00 pm to 4:00 pm ET. Speakers will reflect on the independent living movement nationwide and here in Boston exploring the future we are creating together.</p> <p>This event will include: • Facilitator Dr. Lisa Iezzoni, disability rights advocate, Harvard Medical School professor, and BCIL Board Member, Boston. • Keynote speaker Maria Town, CEO of the American Association of People with Disabilities, Washington, DC. • Panelist Karen Tamley, President and CEO of Access Living, Chicago. • Panelist Alex Green, Advocate/Scholar, Harvard Kennedy School, Boston. • Panelist Dr. Anjali Forber-Pratt, Director of the National Institute on Disability, Independent Living and Rehabilitation Research, Washington, DC. Additionally, we will have a conversation with two disability activists, on where they believe IL must go. Joining us will be: • Moderator Dianna Hu, Disability Activist, Google Engineer, BCIL Board Chair • Panelist Felix Jordan, BCIL Organizer on Housing Issues and Climate Change • Panelist Giovanni Velasquez, BCIL Pre-Employment Training Services Coordinator.</p> <p>CART and ASL will be available.</p> <p><a href="#">Register</a></p>
<p><b>Elder Justice Coordinating Council: Seeking Recommendations for Promoting Elder Justice</b></p>	<p><b>National Center on Law &amp; Elder Rights</b></p> <p><a href="#"><u><i>Elder Justice Coordinating Council: Seeking Recommendations for Promoting Elder Justice</i></u></a></p> <p>The Administration for Community Living has released a Federal Register Notice seeking information on recommended area(s) and or issue(s) for which elder justice stakeholders believe the Elder Justice Coordinating Council (Council) can be the most beneficial to promoting elder justice and have the greatest positive impact for survivors of elder abuse, neglect, and exploitation and their communities.</p> <p>The Council invites comment from the American public, researchers, practitioners, and especially survivors of elder abuse, neglect, and exploitation to know what the EJCC should prioritize over the next decade. To read about this Request for Information, please see the <a href="#"><u>Federal Register Notice titled "Request for Information: Elder Justice Coordinating Council Priorities"</u></a>.</p> <p>Comments should be submitted electronically to <a href="mailto:ejpubliccomments@acl.hhs.gov"><u>ejpubliccomments@acl.hhs.gov</u></a> with “EJCC Priorities” in the subject line. To be assured consideration, comments must be received by 04/24/2024.</p>

<p><b>Guide to news items in this week's <i>Dignity Digest</i></b></p>	<p><b>Assisted Living</b>  <a href="#"><u>Assisted living facilities are the new nursing homes. Oversight falls short.</u></a> (New Mexico in Depth, April 1, 2024)</p> <p><b>Housing</b>  <a href="#"><u>Prefabricated panels made ADU construction a breeze</u></a> (*Boston Globe, March 31, 2024)</p> <p><b>Alzheimer's / Dementia</b>  <i>Calling Dementia Caregivers!</i> <b>Massachusetts Alzheimer's Advisory Council</b></p> <p><b>Covid / Long Covid</b>  <a href="#"><u>Failure to Define Long Covid Will Impede Research Progress</u></a> (Undark, March 28, 2024)</p> <p><b>Transportation</b>  <a href="#"><u>Half-Priced Fares Coming To All T Service Modes</u></a> (State House News, March 29, 2024)</p> <p><b>Disability Topics</b>  <a href="#"><u>Living With Muscular Dystrophy at 50 Makes Death My Shadow Partner</u></a> (Time, March 27, 2024)  <a href="#"><u>Where graduation rates for students with disabilities are improving</u></a> (Marker, Undated)  <b>Veterans</b>  <a href="#"><u>Charlie Baker's signature on Bennett Walsh's hiring is part of his legacy</u></a> (*Boston Globe, March 27, 2024)</p> <p><b>Demographics</b>  <a href="#"><u>US changes how it categorizes people by race and ethnicity. It's the first revision in 27 years</u></a> (AP News, March 28, 2024)</p> <p><b>From Around the Country</b>  <a href="#"><u>'I still pray every night.' Troubled Fort Worth nursing home faces uncertain future</u></a> (*Fort Worth Star Tribune, March 29, 2024)</p> <p><b>From Our Colleagues from around the Country</b>  <a href="#"><u>Russia &amp; the United States: Two Different Countries. Two Different Styles of Kleptocracy</u></a> (Tallgrass Economics, March 30, 2024)</p> <p><b>Public Meetings</b> (Details: See section below)</p> <ul style="list-style-type: none"> <li>• Massachusetts Commission for the Blind</li> <li>• Policy Committee of the Massachusetts State Rehabilitation Council meets virtually</li> <li>• Executive Committee of the Massachusetts State Rehabilitation Council</li> <li>• Community Behavioral Health Commission</li> </ul>
<p><b>Webinars and Other Online Sessions</b></p>	<p><b>1. Consumer Voice</b>  Wednesday, April 10, 2024, 2:00 to 3:00 p.m.  <a href="#"><u>Hidden Profits in the Nursing Home Industry</u></a>  Consumer Voice has long been a proponent of increased transparency and accountability in nursing home finances. Data and research show that roughly 75% of nursing homes use related party transactions. These common transactions permit some nursing home owners to hide how profitable their facilities really are. On March 4, 2024, a new paper, "Tunneling and Hidden Profits in Health Care" was published by Dr. Ashvin Gandhi and Dr. Andrew Olenski. Their paper looked specifically at related party transactions in nursing homes and "tunneling." Tunneling is the process by which nursing home providers "covertly extract profit by</p>

	<p>making inflated payments for goods and service to commonly owned related parties.” This paper, a first of its kind, found that in 2019, 63% of nursing home profits were “hidden” in related party transactions. In other words, the reported profits by the industry are roughly 1/3 of what they truly are.</p> <p>Join Consumer Voice in welcoming the authors of this groundbreaking study to discuss their methodology, findings, and what steps they recommend be taken to address the lack of transparency and accountability that allows nursing homes to continuously claim poverty as to why they are unable to provide high-quality care.</p> <p>This timely study pulls back the curtain on nursing home finances and challenges the industry narrative that they are not paid enough in Medicare or Medicaid dollars. Importantly, it shows that when money is diverted away through “tunneling” reforms such as a minimum staffing standard face uphill challenges, as the industry claims it cannot do better with more money.</p> <p><a href="#">REGISTER</a></p> <p><b>2. National Council on Aging</b>  Tuesday, May 7, 2024, 10:00 a.m. to 5:00 p.m.  <a href="#">7th annual Older Adult Mental Health Awareness Day Symposium</a>  This event is co-sponsored with the U.S. Administration for Community Living, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration. Registration is free and includes a full day of sessions on how to best meet the mental health needs of older adults. In partnership with Rush University’s E4 Center of Excellence for Behavioral Health Disparities in Aging, NCOA anticipates offering free continuing education credit for several professions.  Please visit the Continuing Education page for more information.</p>
<p><b>Previously posted webinars and online sessions</b></p>	<p>Previously posted webinars and online sessions can be viewed at:  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p><b>Assisted Living</b></p>	<p><b>3. New Mexico in Depth</b>  April 1, 2024  <a href="#">Assisted living facilities are the new nursing homes. Oversight falls short.</a>  By Bryant Furlow</p> <p>This article exposes issues with the safety and oversight of assisted living facilities (ALFs) in New Mexico. Here are the key points:</p> <ul style="list-style-type: none"> <li>• <b>The Case of a Neglected Resident:</b> The story opens with a man in an assisted living facility who suffered a fractured hip but didn't receive timely medical attention. This case exemplifies a wider problem of neglect in these facilities.</li> <li>• <b>Focus on Complaints and Incidents, Not Regular Inspections:</b> Unlike nursing homes, ALFs in New Mexico are not inspected regularly. The state investigates complaints and critical incidents but doesn't have a program for routine on-site inspections.</li> <li>• <b>ALFs Catering to Higher Needs Residents:</b> Originally designed for independent living with some assistance, ALFs now house residents with more complex needs, including dementia patients, who may require care similar to nursing homes.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Cost as a Driving Factor:</b> The higher cost of nursing homes may be pushing some residents towards ALFs, even if their needs are better suited to a nursing home environment.</li> <li>• <b>Lack of Federal Oversight:</b> The federal government does not require regular inspections or data reporting from ALFs, leaving oversight largely to states.</li> <li>• <b>Incomplete State Database:</b> The state database of inspections and investigations appears to be incomplete, raising concerns about the effectiveness of oversight.</li> <li>• <b>Calls for Stronger Regulations:</b> Experts and advocates argue for stricter regulations and regular inspections of ALFs to ensure resident safety.</li> <li>• <b>Unanswered Questions:</b> The article concludes by highlighting unanswered questions about how the state ensures deficiencies found during inspections are actually corrected.</li> </ul> <p>The article argues that the current system fails to adequately protect residents in assisted living facilities. It calls for federal and state reforms to include regular inspections, stricter regulations, and a more robust system for ensuring compliance.</p>
Housing	<p>4. <b>*Boston Globe</b>  March 31, 2024  <a href="#">Prefabricated panels made ADU construction a breeze</a>  By Sheri Koones</p>
Alzheimer's / Dementia	<p>5. <b>Massachusetts Alzheimer's Advisory Council</b>  <i>Calling Dementia Caregivers!</i>  The Massachusetts Alzheimer's Advisory Council would like to improve its understanding of the financial implications of dementia. The Council is asking for your help in identifying dementia caregivers or their loved ones to discuss this topic with them. Volunteers will be asked to speak for 5 minutes or less by answering just a couple of questions at the Council's next meeting, which will be convened on Zoom on Tuesday, May 7 at 3:00 PM.  To volunteer to participate or ask any questions about this opportunity, please contact Pam MacLeod at the Executive Office of Elder Affairs at <a href="mailto:Pam.MacLeod@mass.gov">Pam.MacLeod@mass.gov</a>.</p>
Covid / Long Covid	<p>6. <b>Undark</b>  March 28, 2024  <a href="#">Failure to Define Long Covid Will Impede Research Progress</a>  By Leonard A. Jason  This article argues that the lack of a clear definition for long Covid is hindering research and causing problems for patients. Here are the key points:</p> <ul style="list-style-type: none"> <li>• <b>Importance of Case Definitions:</b> Clear definitions are crucial to ensure researchers are studying the same illness. This is important for accurately measuring prevalence, identifying biomarkers, and developing treatments.</li> <li>• <b>The Problem with Long Covid Definitions:</b> There are currently many different case definitions for long Covid, leading to confusion. This mirrors the situation with ME/CFS, another post-viral illness.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Flawed Data Collection:</b> Most long Covid surveys only ask "yes" or "no" questions about symptoms. This doesn't tell us how often or how severe the symptoms are, making it difficult to distinguish long Covid from other conditions.</li> <li>• <b>An Example:</b> The influential RECOVER case definition relies heavily on "loss of smell or taste" as a key symptom. However, research suggests this symptom is less frequent and severe than others.</li> <li>• <b>The Importance of Frequency and Severity:</b> Studies that consider symptom frequency and severity find different results. This highlights the need for better data collection methods.</li> <li>• <b>Blurring Symptoms and Functionality:</b> Some definitions require a decline in daily functioning to diagnose long Covid. However, some patients have severe symptoms without a major impact on daily life. These patients shouldn't be excluded from a diagnosis.</li> <li>• <b>The Risk of Stigma:</b> Similar to ME/CFS, focusing too much on functionality could lead to the misconception that long Covid is psychological. This could stigmatize patients.</li> <li>• <b>The Need for a Solid Foundation:</b> Without a clear case definition, research on long Covid is built on shaky ground.</li> </ul>
<p><b>Transportation</b></p>	<p><b>7. State House News</b>  March 29, 2024  <a href="#">Half-Priced Fares Coming To All T Service Modes</a>  By Chris Lisinski  Years after public transit advocates launched a campaign to roll out a widespread low-income fare at the T, the agency's board of directors stamped its approval on a formal plan that will provide an option to riders who earn less than their peers but do not qualify for one of the more narrowly-tailored existing programs. . .  Riders who earn less than 200 percent of the federal poverty level -- which in 2024 is about \$30,120 annually for a single person or \$62,400 for a family of four -- will qualify for MBTA fares at half the usual cost. . .  The original proposal excluded the RIDE's premium service area, but board members agreed via an amendment that Tibbits-Nutt offered to add that into the mix, too. . .  MBTA officials have estimated the program could cost roughly \$25 million in fiscal 2025, then rise to between \$52 million and \$62 million per year once fully implemented by fiscal 2029. Once demand ramps all the way up, the T projects about 62,000 train, bus and ferry riders will take advantage, plus 28,000 people who use the RIDE paratransit service. They said Thursday that expanding the option to the RIDE premium service would add another \$4 million annually to the cost and impact about 45,000 trips.</p>
<p><b>Disability Topics</b></p> <p>Alice Wong is a disabled activist. She is the author of a bestselling memoir, <i>Year of the Tiger</i>; the founder and director of the Disability Visibility Project—an online community dedicated to creating, sharing, and amplifying disability media and culture</p>	<p><b>8. Time</b>  March 27, 2024  <a href="#">Living With Muscular Dystrophy at 50 Makes Death My Shadow Partner</a>  By Alice Wong  I am an Aries through and through—bold, ambitious, fiery, and confident. Today, March 27, marks my 50th year on this planet, something I could never have imagined. I was diagnosed with an undetermined type of muscular dystrophy as a young child, and doctors told my parents I wouldn't live to become an adult. My immigrant parents cried when they heard the news. Even though this news was devastating, they never</p>

	<p>treated me like a fragile egg about to break. In fact, as the first-born child of three girls, I had a lot of responsibilities and expectations which only reinforced my Aries tendencies. . .</p> <p>Two years ago, I experienced the most harrowing and traumatic <a href="#">series of medical crises that led to weeks in the ICU</a> which left me without the ability to speak due to a tracheostomy, a tube in the throat connected to a ventilator, and the ability to swallow and eat or drink by mouth. . .</p> <p>Death remains my intimate shadow partner. It has been with me since birth, always hovering close by. I understand one day we will finally waltz together into the ether. I hope when that time comes, I die with the satisfaction of a life well-lived, unapologetic, joyful, and full of love.</p> <p><b>9. Marker</b> Undated <a href="#">Where graduation rates for students with disabilities are improving</a> By Dom DiFurio, Data Work By Emma Rubin <a href="#">Marker Learning</a> used <a href="#">NCES</a> data to illustrate graduation rate gains made by students with disabilities around the U.S.</p>
<p><b>Veterans</b></p>	<p><b>10. *Boston Globe</b> March 27, 2024 <a href="#">Charlie Baker's signature on Bennett Walsh's hiring is part of his legacy</a> By Joan Vennoch <i>With his plea, Walsh does at least take some personal responsibility for actions that led to veteran deaths at the Holyoke Soldiers' Home. Baker still hasn't taken personal responsibility for hiring someone with no qualifications for the job.</i></p> <p>This article details the fallout from the COVID-19 outbreak at the Holyoke Soldiers' Home in Massachusetts, which resulted in the deaths of at least 76 veterans. The key points are:</p> <ul style="list-style-type: none"> <li>• <b>Bennett Walsh, with no healthcare experience, was appointed by Governor Charlie Baker.</b> His family has deep political ties, raising concerns about political favoritism.</li> <li>• <b>Walsh faced criminal charges for elder neglect related to the outbreak.</b> He eventually admitted to sufficient facts for a guilty verdict but received only probation, a decision seen as lenient.</li> <li>• <b>Governor Baker has not taken full responsibility.</b> He initially claimed not to know Walsh before the appointment, then changed his story after evidence emerged. He also hasn't acknowledged his direct role in appointing Walsh despite documented management issues at the home.</li> <li>• <b>Maura Healey, former Attorney General, led the prosecution.</b> She emphasized the tragic deaths and the responsibility of leadership for the decisions that put veterans at risk.</li> <li>• <b>Legal battles ensued.</b> While initial charges were dismissed, the state Supreme Court allowed them to proceed. However, the judge ultimately dropped the charges against Walsh.</li> <li>• <b>Legislative reforms aim to prevent similar tragedies.</b> These reforms require future superintendents to have relevant experience. However, political influence may still play a role in appointments.</li> <li>• <b>The author criticizes Baker's lack of full accountability.</b> While Baker acknowledged the event as a low point for the state, he hasn't addressed the role his appointment of Walsh played in it.</li> </ul>

	<p>The article argues that political connections trumped qualifications in Walsh's appointment, leading to a deadly outcome. While some accountability measures have been taken, the author believes Governor Baker has avoided taking full responsibility for his role in the tragedy.</p>
<p><b>From Around the Country</b></p>	<p><b>11. *Fort Worth Star Tribune</b>  March 29, 2024  <a href="#"><u>'I still pray every night.' Troubled Fort Worth nursing home faces uncertain future</u></a>  By Ciara McCarthy</p> <p>It had been 18 hours, and a resident at Remarkable Healthcare of Fort Worth was still sitting in the same pair of soiled briefs. The resident, who had Parkinson's disease and was bedridden, called her sister-in-law, Jean, to ask for help. It was a federal holiday — Martin Luther King Jr. Day in 2022 — and the nursing home was short staffed. No one had checked on the resident or her roommate in hours, Jean said. Jean asked to go by her middle name out of respect for her sister-in-law's privacy and legacy. Jean sent emails and calls to nursing home staff and administrators and didn't hear back. She decided to change the briefs herself, and drove to the nursing home, at 6649 N. Riverside Drive. She rang the doorbell and knocked at the main entrance. She called again. But no one responded, she said. After 20 minutes, Jean left, defeated. Her sister-in-law's briefs were eventually changed later that evening. In total, the woman had spent 20 hours in the same soiled pair. The experience was one of several Jean complained about to state regulators during the two and a half years her sister-in-law lived at the Fort Worth nursing home before her death in September 2023. Most of the issues, Jean said, stemmed from the fact that the nursing home didn't have enough staff. There simply weren't enough people to clean the hallways, prepare meals, or help bedridden residents like her sister-in-law go about the activities of daily living. On average, about 76 residents live at the Fort Worth nursing home on a given day. Nursing facilities throughout the U.S. are struggling to determine how to recruit and retain enough staff to keep residents safe and staff workloads manageable, particularly since the early COVID-19 pandemic began. But Remarkable Healthcare's staffing crisis is compounded by the company's financial woes, which have gotten worse in recent months, according to current and former staff members and filings in bankruptcy court. The nursing home's management, which operates four nursing homes in North Texas, filed for bankruptcy March 20, and is headed toward an uncertain future as the nursing home's parent company, its lenders and multiple creditors attempt to negotiate a resolution that will keep employees in their jobs and patients safely in their nursing homes. The company that manages the Fort Worth facility as well homes in Seguin, Carrollton, and Dallas owes millions of dollars in unpaid bills to its landlord and vendors, as well as to a financial firm that has been loaning it money since 2019, according to filings in bankruptcy court. The company's complicated financial situation has meant that employees of the four locations have repeatedly received their paychecks late in recent months, according to court filings and five current and former employees the Star-Telegram interviewed. In addition, employees who received their health insurance through their jobs also lost their coverage because the company could not pay the premiums, leaving some with large medical bills, according to interviews and court filings. The instability has left some</p>



	<p>of the Fort Worth nursing home’s lowest paid employees in crisis. “Right now I’m living paycheck to paycheck,” said a certified nursing assistant at Remarkable. While she was waiting for her paycheck, she said she wasn’t sure how she’d get to her next shift, because she couldn’t afford gas. The Star-Telegram interviewed five current and former employees at the nursing home or its parent company. All employees asked to remain anonymous, because they worried that leadership at Remarkable Healthcare would retaliate against them or that discussing conditions at the nursing home would hurt their future job opportunities.</p>
<p><b>From Our Colleagues from around the Country</b></p>	<p><b>12. Tallgrass Economics</b>  <a href="#"><u>Russia &amp; the United States: Two Different Countries, Two Different Styles of Kleptocracy</u></a>  March 30, 2024  By Dave Kingsley  <i>Stealing from Taxpayers is Kleptocratic Behavior in Any Government</i>  The kleptocrats of Russia merely took what they wanted right out in the open. U.S. kleptocrats applied an abstruse intellectual justification for weakening government checks and balances, dismantling regulatory agencies, and privatizing government services. . . .  Medicare is undergoing rapid privatization, and an increasing amount of public funds are diverted from care to a bevy of private for-profit financial intermediaries. This has increased the cost of Medicare. But this increased expenditure is not devoted to better care. Rather it is siphoned off into shareholder earnings and benefits a few wealthy individuals. . . .  <b>Nursing Home Kleptocrats</b>  Investors have a vast interest in frail elderly and disabled Americans institutionalized in the disgraceful U.S. nursing home system. They can get by with a minimal, substandard, quality of care while extracting and pocketing optimal amounts of cash. It is a shabby business carried out by sleazy businessmen in a weakly regulated government funded skilled nursing system.  A richly funded propaganda machine and political contributions are responsible for a veil of secrecy around the corruption of an industry with little interest in optimal care of the people in their charge and from whom they are expropriating assets that would otherwise be passed to their heirs, thereby causing even more maldistribution of wealth. While tunnelling excess amounts of government provided revenue through subsidiaries and shell companies, they have effectuated a first-class propaganda machine that has sold lies about financial hardship and underfunding from government. I even see this lie promoted in peer reviewed journals – mostly from economists.  Propaganda works. The industry lobby has an effective PR campaign that leads the public to believe that it is tough to make money running nursing homes. They rely on the lack of financial literacy among most people by noting a general low operating margin reported by most facilities. These misleading statements regarding nursing home facility cost reports submitted to state regulators and CMS are often taken at face value by academics, the media, and advocates. Consequently, supposedly peer reviewed publications include findings from data dumps of information taken from facility-specific reports. . . .</p>

	<p>Without a robust federal regulatory framework, the rights of Americans are now trampled by special interests who have been able to tilt the tax codes in their favor and takeover government services at costs higher than would be if the services were provided by federal agencies. One unfortunate result of this form of looting is that Americans are increasingly gouged by health insurers and paying more than their peers in Asia and Europe, but their overall health is worsening.</p> <p><b>Summary</b></p> <p>Acts of government sanctioned cheating and stealing from the American people are permeating the multi-trillion-dollar government funded healthcare system. As government funded medical care is increasingly privatized and corporations in the business become bigger and more powerful than the agencies regulating them, more funds will be diverted illegally from care into owners' pockets. For instance, I've noticed an increasing number of nursing home facilities maltreating and underpaying employees, which discourages applicants for work and induces turnover. At the same time, they contract for labor from subsidiaries of their parent/holding companies at an extremely high rate. We have examples of facilities contracting with related parties for 50 to 63 percent of their labor. State and federal agencies have failed to even notice let alone deal with this egregiously illicit practice.</p> <p>This example of labor contracting is only one of many, many forms of cheating. MCOs often deny authorization for physician prescribed treatment in their networks to keep their cost below capitation rates. Hiding and distorting information on cost reports, overcharging for services, upcoding therapy services, funneling funds through shell companies to hide excessive extraction of funds, and pressuring congress through bribes (campaign contributions) to unjustifiably increasing reimbursement, i.e., rent seeking are a few more examples of cheating and stealing. It should come as no surprise that the American people pay two to three times more per capita for healthcare than the people of our Asian and European peer countries with universal, single payer, government managed healthcare systems.</p> <p>My purpose in writing this blog post is to encourage attention to psycholinguistics in advocacy, scholarship, and public discourse in general. Professionals and scholars are reticent about applying terms such as kleptocratic to behaviors that are best described as that. The media avoids harsh and condemnatory terminology – even when it called for in describing events and acts.</p> <p>Stealing is stealing, thievery is thievery, whether they happen through a home/business break-in, or through cheating on forms submitted to the federal and state governments. White collar crime is unfortunately placed on a higher plane and is less punishable than street crime generally committed by the poor and powerless members of society. How we describe behaviors and what we call them has significant influence on how they are perceived and treated in political discourse and the criminal justice system.</p>
<p><b>Demographics</b></p>	<p><b>13. AP News</b>  March 28, 2024  <a href="#"><i>US changes how it categorizes people by race and ethnicity. It's the first revision in 27 years</i></a>  By Mike Schneider</p>

	<p>The US government is revising its racial and ethnic classification system for the first time in 27 years. This aims to better reflect the nation's growing diversity and how people identify themselves.</p> <p>Here's a breakdown of the key changes:</p> <ul style="list-style-type: none"> <li>• <b>New Combined Question:</b> Previously separate questions on race and ethnicity will be combined. People can now choose multiple categories (e.g., Black and Hispanic).</li> <li>• <b>Middle Eastern and North African Category:</b> A new category acknowledges people from this region who may not identify as white.</li> <li>• <b>Outdated Terminology Removed:</b> Terms like "Negro" and "Far East" are eliminated due to their negativity. "Majority" and "Minority" are also dropped as they don't capture the complexities of US demographics.</li> <li>• <b>Encouragement for Detailed Data:</b> The update encourages collecting more detailed data within racial and ethnic categories (e.g., Jamaican origin for someone who identifies as Black).</li> </ul> <p>These changes aim to:</p> <ul style="list-style-type: none"> <li>• <b>Improve Accuracy:</b> Reflect how people self-identify and capture a more nuanced picture of the population.</li> <li>• <b>Identify Disparities:</b> Detailed data allows analysis of issues within racial and ethnic subgroups (e.g., health outcomes).</li> <li>• <b>Empower Representation:</b> Seeing themselves reflected in data validates people's identities and potentially strengthens their voices.</li> </ul> <p>Challenges and Considerations:</p> <ul style="list-style-type: none"> <li>• <b>Impact on Politics:</b> Changes may affect redistricting, civil rights enforcement, and potentially voting demographics.</li> <li>• <b>Concerns about Reduced Representation:</b> Some Afro-Latinos fear their specific identity might be obscured by combining questions.</li> <li>• <b>Incomplete Categorization:</b> Some groups within the Middle Eastern and North African category feel their specificities are not captured.</li> </ul> <p>The revisions have been years in the making, gaining momentum under Obama, stalled under Trump, and revived under Biden. They will affect data collection across federal agencies, potentially influencing state and private sectors as well.</p> <p>This update highlights the evolving nature of racial and ethnic categories in the US, reflecting changing demographics and social attitudes. It remains to be seen how these revisions will ultimately impact policy, resource allocation, and the understanding of America's population.</p>
<p><b>Public Meetings</b></p>	<p><b>Massachusetts Commission for the Blind</b>  <i>Statutory Advisory Board meets virtually</i>  Tuesday, April 2, 2024 12:00 p.m.  <a href="#">Agenda and Livestream</a>)</p> <p><b>Massachusetts Rehabilitation Council</b>  <i>Policy Committee of the Massachusetts State Rehabilitation Council meets virtually</i>  Thursday, April 4, 2024, 11:00 a.m.  <a href="#">Agenda and Livestream</a>)</p> <p><b>Massachusetts Rehabilitation Council</b>  <i>Executive Committee of the Massachusetts State Rehabilitation Council meets virtually</i>  Thursday, April 4, 2024, 1:00 p.m.  <a href="#">Agenda and Livestream</a></p> <p><b>Community Behavioral Health Commission</b></p>

	<p><i>Virtual meeting</i>  Thursday, April 4, 2024, 3:00 p.m.  <a href="#">More Info and Livestream</a></p>	
<b>Dignity Alliance Massachusetts Legislative Endorsements</b>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a>  Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoores8473@charter.net">rmoores8473@charter.net</a>.</p>	
<b>Websites</b>		
<b>Blogs</b>		
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a>. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>	
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a>.</p>	
Websites of Dignity Alliance Massachusetts Members	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a></p>	
Contact information for reporting complaints and concerns	<b>Nursing home</b>	<p><a href="#">Department of Public Health</a></p> <ol style="list-style-type: none"> <li>1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a></li> <li>2. Fax completed form to (617) 753-8165</li> </ol> <p>Or  Mail to 67 Forest Street, Marlborough, MA 01752  <a href="#">Ombudsman Program</a></p>
Nursing Home Closures (pending)	<p><b><a href="#">Massachusetts Department of Public Health</a></b>  <i>Benjamin Healthcare Center, Roxbury</i>  Closure date: July 1, 2024</p> <ul style="list-style-type: none"> <li>• <a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Draft of Closure and Relocation Plan (PDF)</a>   <a href="#">(DOCX)</a></li> </ul> <p><i>Bridgewater Nursing &amp; Rehab, Bridgewater</i>  Closure date: May 24, 2024</p> <ul style="list-style-type: none"> <li>• <a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Draft of Closure and Relocation Plan (PDF)</a>   <a href="#">(DOCX)</a></li> </ul> <p><i>Savoy Nursing and Rehabilitation Center, New Bedford</i>  Closure date: April 3, 2024</p> <ul style="list-style-type: none"> <li>• <a href="#">Notice of Intent to Close and Draft Closure and Relocation Plan (PDF)</a>   <a href="#">(DOCX)</a></li> </ul> <p><i>New England Sinai Hospital Transitional Care Unit</i>  Closure date: April 2, 2024</p> <ul style="list-style-type: none"> <li>• <a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Draft of Closure and Relocation Plan (PDF)</a>   <a href="#">(DOCX)</a></li> </ul> <p>For more information about each individual facility, please use the <a href="#">Massachusetts Nursing Home Survey Performance Tool</a> and the <a href="#">CMS Nursing Home Compare website</a>.</p>	
Nursing Home Closures	<p><b><a href="#">Massachusetts Department of Public Health</a></b>  <i>South Dennis Health Care, Dennis</i>  Closure date: January 30, 2024  <i>Arnold House Nursing Home, Stoneham</i></p>	

	<p>Closure date: September 22, 2023  <i>Willimansett East</i>, Chicopee  Closure date: June 6, 2023  <i>Willimansett West</i>, Chicopee  Closure date: June 6, 2023  Chapin Center Springfield  Closure date: June 6, 2023  <i>Governors Center</i>, Westfield  Closure date: June 6, 2023  <i>Stonehedge Rehabilitation and Skilled Care Center</i>, West Roxbury  Closure February 10, 2022  <i>Heathwood Healthcare</i>, Newton  Closure date: January 5, 2022  <i>Mt. Ida Rest Home</i>, Newton  Closure date: December 31, 2021  <i>Wingate at Chestnut Hill</i>, Newton, MA  Closure date: October 1, 2021  <i>Halcyon House</i>, Methuen  Closure date: July 16, 2021  <i>Agawam HealthCare</i>, Agawam  Closure date: July 27, 2021  <i>Wareham HealthCare</i>, Wareham  Closure date: July 28, 2021  <i>Town &amp; Country Health Care Center</i>, Lowell  Closure date: July 31, 2021</p>
<p>Nursing homes with admission freezes</p>	<p><b>Massachusetts Department of Public Health</b>  <i>Temporary admissions freeze</i>  There have been no new postings on the DPH website since May 10, 2023.</p>
<p>Massachusetts Department of Public Health  Determination of Need Projects</p>	<p><b>Massachusetts Department of Public Health</b>  <b><i>Determination of Need Projects: Long Term Care 2023</i></b>  <a href="#"><u><i>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</i></u></a>  <a href="#"><u><i>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</i></u></a>  <b>2022</b>  <a href="#"><u><i>Ascentria Care Alliance – Laurel Ridge</i></u></a>  <a href="#"><u><i>Ascentria Care Alliance – Lutheran Housing</i></u></a>  <a href="#"><u><i>Ascentria Care Alliance – Quaboag</i></u></a>  <a href="#"><u><i>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</i></u></a>  <a href="#"><u><i>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</i></u></a>  <a href="#"><u><i>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</i></u></a>  <a href="#"><u><i>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</i></u></a>  <a href="#"><u><i>Next Step Healthcare LLC-Conservation Long Term Care Project</i></u></a>  <a href="#"><u><i>Royal Falmouth – Conservation Long Term Care</i></u></a></p>

	<p><a href="#"><u>Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc</u></a>  <b>2020</b>  <a href="#"><u>Advocate Healthcare, LLC Amendment</u></a>  <a href="#"><u>Campion Health &amp; Wellness, Inc. – LTC - Substantial Change in Service</u></a>  <a href="#"><u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u></a>  <a href="#"><u>Notre Dame Health Care Center, Inc. – LTC Conservation</u></a>  <b>2020</b>  <a href="#"><u>Advocate Healthcare of East Boston, LLC.</u></a>  <a href="#"><u>Belmont Manor Nursing Home, Inc.</u></a></p>
<p>List of Special Focus Facilities</p>	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram"><u>https://tinyurl.com/SpecialFocusFacilityProgram</u></a>  Updated March 29, 2023  CMS has published a new list of <a href="#"><u>Special Focus Facilities</u></a> (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.  <b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Post the list on your program’s/organization’s website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Massachusetts facilities listed (updated March 29, 2023)</b>  <b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• Somerset Ridge Center, Somerset  <a href="https://somersetridgerehab.com/"><u>https://somersetridgerehab.com/</u></a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225747"><u>https://projects.propublica.org/nursing-homes/homes/h-225747</u></a></li> <li>• South Dennis Healthcare  <a href="https://www.nextstephc.com/southdennis"><u>https://www.nextstephc.com/southdennis</u></a></li> </ul>

Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225320>

**Massachusetts facilities not improved**

- None

**Massachusetts facilities which showed improvement**

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

**Massachusetts facilities which have graduated from the program**

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

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

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

	<ul style="list-style-type: none"> <li>Vantage at South Hadley (12) No website Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225757">https://projects.propublica.org/nursing-homes/homes/h-225757</a> <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>																								
Nursing Home Inspect	<p><b>ProPublica</b> <b>Nursing Home Inspect</b> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies 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: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a> <b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td><a href="#">250</a></td> <td><a href="#">B</a></td> </tr> <tr> <td><a href="#">82</a></td> <td><a href="#">C</a></td> </tr> <tr> <td><a href="#">7,056</a></td> <td><a href="#">D</a></td> </tr> <tr> <td><a href="#">1,850</a></td> <td><a href="#">E</a></td> </tr> <tr> <td><a href="#">546</a></td> <td><a href="#">F</a></td> </tr> <tr> <td><a href="#">487</a></td> <td><a href="#">G</a></td> </tr> <tr> <td><a href="#">31</a></td> <td><a href="#">H</a></td> </tr> <tr> <td><a href="#">1</a></td> <td><a href="#">I</a></td> </tr> <tr> <td><a href="#">40</a></td> <td><a href="#">J</a></td> </tr> <tr> <td><a href="#">7</a></td> <td><a href="#">K</a></td> </tr> <tr> <td><a href="#">2</a></td> <td><a href="#">L</a></td> </tr> </tbody> </table>	# reported	Deficiency Tag	<a href="#">250</a>	<a href="#">B</a>	<a href="#">82</a>	<a href="#">C</a>	<a href="#">7,056</a>	<a href="#">D</a>	<a href="#">1,850</a>	<a href="#">E</a>	<a href="#">546</a>	<a href="#">F</a>	<a href="#">487</a>	<a href="#">G</a>	<a href="#">31</a>	<a href="#">H</a>	<a href="#">1</a>	<a href="#">I</a>	<a href="#">40</a>	<a href="#">J</a>	<a href="#">7</a>	<a href="#">K</a>	<a href="#">2</a>	<a href="#">L</a>
# reported	Deficiency Tag																								
<a href="#">250</a>	<a href="#">B</a>																								
<a href="#">82</a>	<a href="#">C</a>																								
<a href="#">7,056</a>	<a href="#">D</a>																								
<a href="#">1,850</a>	<a href="#">E</a>																								
<a href="#">546</a>	<a href="#">F</a>																								
<a href="#">487</a>	<a href="#">G</a>																								
<a href="#">31</a>	<a href="#">H</a>																								
<a href="#">1</a>	<a href="#">I</a>																								
<a href="#">40</a>	<a href="#">J</a>																								
<a href="#">7</a>	<a href="#">K</a>																								
<a href="#">2</a>	<a href="#">L</a>																								
Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b> <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"> <li><b>Staff turnover:</b> The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.</li> <li><b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																								



Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b>  <i>Data on Ownership of Nursing Homes</i>          CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>		
Long-Term Care Facilities Specific COVID-19 Data	<p><b>Massachusetts Department of Public Health</b>  <i>Long-Term Care Facilities Specific COVID-19 Data</i>  <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i>  <b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>		
DignityMA Call Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA.</a></b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements.</a></li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements.</a></li> <li>• <b>Join</b> our <a href="#">Work Groups.</a></li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>          Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>          Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>          LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>          Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>          Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>		
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></p> <p>Most workgroups meet bi-weekly via Zoom.</p>	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Lachlan Forrow	<a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes and rest homes)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Legal Issues	Jeni Kaplan	<a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	Assisted Living	John Ford	<a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a>
	Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>
Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>	

Interest Groups meet periodically (monthly, bi-monthly, or quarterly).  Please contact group lead for more information.	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
<b><i>The Dignity Digest</i></b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> <li>• Wynn Gerhard</li> <li>• Dick Moore</li> </ul> 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 <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</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:</i> <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			