



The Dignity Digest

Issue # 185

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

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

DignityMA Zoom Sessions

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

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Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.

As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.

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Spotlight

[America's graying. We need to change the way we think about age.](#)

The Harvard Gazette

By Alvin Powell

April 25, 2024

People in their 70s, 80s, and even 90s run marathons, write books, and go to work daily. But the predominant national conversation on aging focuses on disability rather than ability, something experts say is a problem as participation of America's older adults grows more important, economically and socially, as the nation ages.

And it's not just the young with the attitude problem. Caitlin Coyle, director of UMass Boston's Center for Social & Demographic Research on Aging, said some of the biggest

perpetuators of negative stereotypes are those growing older themselves.

“How we talk about it is powerful,” Coyle said Wednesday, as part of a discussion of the topic at the [Harvard T.H. Chan School of Public Health](#). “We do a lot of internalized ageism with self-talk like ‘Oh, I feel so old today,’ or ‘I can’t do that,’ ‘I’m too old for that,’ or ‘I can’t stay up late.’ I think if we start to engage people in thinking about how they talk about aging outwardly — and also how they think about aging internally — we can really start to shift the societal narrative.”

The panelists at the event [“A reexamination of aging: Living longer, happier, and healthier”](#) agreed attitudes about aging set expectations for ourselves and others, but what’s also important are programs and policies crafted to encourage healthy aging — via prevention and risk-factor reduction, along with involvement in society, through work, volunteerism, family relationships, religious organizations, or other ways of engaging that can bring meaning to life.

“We are expecting to live much longer than our parents and grandparents. And the structures we put in place to support healthy aging are really crucial,” said New York City Health Commissioner Ashwin Vasan, a Chan School graduate and member of the panel. “At every turn, we are not just looking at the averted negative consequences of unhealthy aging, but looking at the aspirational, forward-looking indicators of healthy aging.”

The discussion hosted by [The Studio](#) at the Chan School was moderated by Kay Lazar, a reporter at *The Boston Globe*, and also featured Marisol Amaya, executive director of La Alianza Hispana, and Andrew Scott, professor of economics at London Business School and author of the book *“The Longevity Imperative: How to Build a Healthier and More Productive Society to Support Our Longer Lives.”*

Panelists acknowledged that declining health and rising disability are part of the landscape as one grows old, but Scott said it seems that when people think about aging they “go straight to the end” where those factors take on greater importance.

He attributed part of that to the “medicalization” of aging, which focuses on health problems and death. But what’s lost in between are, for many, years of increased life satisfaction, greater acceptance of oneself and others, decreased pressure to live up to ideals of how to look and behave, greater emotional stability during crises, and new opportunities to learn and develop new skills.

“The trouble with aging is we tend to go straight to the end of life. And that’s one of the reasons why we don’t like to think about a longer life being about having more future,” Scott said.

“How do you think about that? How do you prepare for it? We see aging as an event — you’re 65 years old — but it’s a process that is relevant to all ages. What can you do to manage that process and how do you make sure you make the most of it?”

The tendency to view aging through a medical lens is not the only issue, however. Family structure in the nation has changed as people have fewer children and multigenerational living arrangements grow less common. This has led to an increasing tendency to segregate society by age and worsened the problem of isolation among the elderly.

At La Alianza Hispana, a social service agency focused on the Latinx community of Greater Boston, the elderly are provided programming based on individual preferences — bingo, for instance, isn’t for everyone and should be reserved for those who love it, Amaya said. Others want to play instruments, others to learn something new, and still others to teach.

Accordingly, the nonprofit’s elder-services program emphasizes flexibility, even hiring people still willing to work and able to draw on a lifetime of experience. Some are lacking in computer and other tech skills, but those can be taught, which the organization does, she said.

“We are flexible. We always encourage them to do more, empower them, because they see barriers and say, ‘I cannot do it,’” Amaya said.

As we create a society that is more elderly-friendly, Scott said thinking about the economics of living longer is important, since many fear outliving their resources.

But it’s also important to think about how to allow people to stay productive longer, which has to begin earlier in life by guarding one’s health through better habits, thinking about how to make jobs more age-friendly, and perhaps shifting roles from those that require strength to those that emphasize skill and experience.

A significant amount of attention must also be paid, panelists agreed, to reducing inequality in healthful aging. The trend toward healthier aging is not universal, with Black and brown communities making up a disproportionate number of those who die before 65, Vasana said. That highlights the importance of addressing preventative health in those communities in the decades before 65.

“I think inequity is a real missing piece in the dialogue, the public narrative, around longevity and aging,” Vasana said. “How do we create a civic expectation that healthier, longer lives are more equitably experienced? These are not mutually exclusive agendas. The equity agenda is central to the life expectancy agenda. There is no path that doesn’t go through

	<p>equity. Addressing the causes of premature death gets us to healthier, longer lives for everybody.”</p> <p>Video link to panel discussion: “A reexamination of aging: Living longer, happier, and healthier”</p>
<p>Quotes</p>	<p><i>“We have a massive aging population, but we’re decreasing the number of people who want to take care of them. This work is killing [the caregivers].”</i></p> <p>Christopher Marte, a councilman representing Lower Manhattan who introduced a bill to end the 24-hour shifts, Home Care Aides Fight to End 24-Hour Shifts: ‘This Work Is Killing Them’, New York Times (free access), March 7, 2024</p> <p><i>Demographic shifts and a preference for in-home services are fueling the growth [of home care]. Between 2021 and 2040, while New York State’s overall population is expected to grow 3 percent, the number of people 65 and older is projected to grow 25 percent, and the 85-and-older population could jump nearly 75 percent, according to a City University of New York study.</i></p> <p><i>In New York City, nearly 90 percent of home care workers are women. They are often immigrants, and tend to skew older, with more than half over 45 years. Almost 10 percent are 65 or older.</i></p> <p>Home Care Aides Fight to End 24-Hour Shifts: ‘This Work Is Killing Them’, New York Times (free access), March 7, 2024</p> <p><i>Medicaid represents \$1 out of every \$6 spent on health care in the U.S. and is the major source of financing for states to provide health coverage and long-term services and supports for low-income people. . . Medicaid provides health coverage to nearly 17 million people with disabilities and older adults. . . Medicaid covers 23% of adults with mental health conditions and 21% of adults with substance use disorder (SUD), a combined estimate of 13.9 million people.</i></p> <p>Medicaid Awareness Month, National Health Law Program, April 2024</p>

“I think if we start to engage people in thinking about how they talk about aging outwardly — and also how they think about aging internally — we can really start to shift the societal narrative.”

[America’s graying. We need to change the way we think about age.](#)
The Harvard Gazette, April 25, 2024

There is an urgent need to reform vaccination policies to reflect the increased risk to vaccine-preventable diseases that long term care residents have, as a mechanism to protect their right to health, independence, and functional ability.

[Improving Vaccination Policies in Long-Term Care Settings](#), The Global Ageing Network, April 5, 2024

Emergency rooms simply are not designed to treat mental health crises. “It’s a great place to be if you’re having a heart attack or if you’re in sepsis. If you’re having a psychiatric emergency, it’s claustrophobic, it’s scary, there’s uniformed personnel running around, you can’t get anyone’s attention. It’s not a good place to be when you’re in that level of distress.”

Scott Zeller, vice president of acute psychiatry at the health care partnership Vituity and past president of the American Association for Emergency Psychiatry, [Mental health crisis centers and EmPATH units: offering care that busy ERs can’t](#), STAT News, April 26, 2024

Across the country, boarding can be especially lengthy for children, for whom inpatient placements are scarce. Inpatient facilities often cherry-pick which patients they will take, preferring those who speak English and have robust private insurance and stable housing and declining those who have developmental disabilities or autism or who are transgender.

[Mental health crisis centers and EmPATH units: offering care that busy ERs can’t](#), STAT News, April 26, 2024

“If you had people with a broken leg spending a week in the ER because there was no orthopedic bed, how long do you think everybody would put up with that?”

Joe Parks, medical director for the National Council for Mental Wellbeing, [Mental health crisis centers and EmPATH units: offering care that busy ERs can't](#), **STAT News**, April 26, 2024

“In their unchecked quest for profits, the nursing home industry has created its own problems by not paying adequate wages and benefits and setting heavy nursing workloads that cause neglect and harm to residents and create an unsatisfactory and stressful work environment.”

Charlene Harrington, a professor emeritus at the nursing school of the University of California-San Francisco, [Biden Administration Sets Higher Staffing Mandates. Most Nursing Homes Don't Meet Them](#), **KFF News**, April 24, 2024 (updated)

“My whole life, no one ever told me I couldn't do anything I wanted to, until I tried to join the military. I don't want to be treated like I'm special. I just want to be treated like everyone else.”

Hannah Cvancara, 28-year-old registered nurse who uses a prosthetic leg and wants to join the military, [Losing a Foot Never Held Her Back. Until She Tried to Join the Military](#), **New York Times (free access)**, April 26, 2024 (updated)

Do the residents [who are subject to bullying] deserve this fate because they are poor, elderly, and disabled?

Jerry Halberstadt, Coordinator of the Stop Bullying Coalition, **Let's Stop Blaming Tenants**

Even a small raise with an inflation adjustment [in the Personal Needs Allowance for nursing home residents] can make a big difference in their lives.

Former State Senator Richard T. Moore, **A Case of Forgotten Needs, Stalled Support: The Fight for Dignity**

It's clear to me that sharing our shortcomings and weaknesses with each other is our greatest strength. Our salvation.

Steve Gleason, [Letter by Letter, Steve Gleason Typed His Memoir With His Eyes](#), **New York Times** (free access), April 28, 2024

"[The Section 1115 Demonstration] approval allows the [Healey-Driscoll] Administration to build directly upon our existing efforts to advance health equity and ensure Massachusetts residents are universally insured."

Assistant Secretary for MassHealth Mike Levine, [MassHealth Receives Federal Authority to Expand Eligibility for Individuals and Lower Insurance Costs for Massachusetts Families](#), **Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, April 19, 2024

Getting old, as we're now doing like never before thanks to the age wave, is big money if you know where to lay your bets. And investors, including venture capitalists, private equity firms and real estate interests, have flocked like gold diggers, panning for the billions in taxpayer dollars paid to nursing homes each year by Medicare and Medicaid.


Nursing home operators often have multiple related companies that do business with one another, said Ashvin Gandhi, a professor and faculty associate at the UCLA Center for Health Policy Research, and they sometimes use "tunneling" practices to obscure true profitability.

[As some nursing homes cry poverty, what can be done about increased staffing requirements?](#), **Los Angeles Times**, April 28, 2024

"Folks that live in skilled nursing need a champion to take on this powerful industry and improve regulatory enforcement and oversight."

[Molly Davies](#), president and CEO of Wise & Health Aging, [As some nursing homes cry poverty, what can be done about increased staffing requirements?](#), (**Los Angeles Times**, April 28, 2024

	<p><i>We have publicly available data through which we can identify facilities that are chronically understaffed but nothing happens to them. ... There has never been any push to enforce our state standard, so compliance has always been spotty.”</i></p> <p>Tony Chicotel, senior staff attorney at California Advocates for Nursing Home Reform, As some nursing homes cry poverty, what can be done about increased staffing requirements?, Los Angeles Times, April 28, 2024</p>
<p>Guide to news items in this week’s Dignity Digest</p>	<p>FY 2025 State Budget</p> <p>Nursing Homes As some nursing homes cry poverty, what can be done about increased staffing requirements? (Los Angeles Times, April 28, 2024) Biden Administration Sets Higher Staffing Mandates. Most Nursing Homes Don’t Meet Them (KFF News, April 24, 2024 (updated)) Improving Vaccination Policies in Long-Term Care Settings (The Global Ageing Network, April 5, 2024)</p> <p>Health Care Telehealth startups see an opportunity in long-ignored, complex chronic diseases (*STAT News, April 25, 2024)</p> <p>Private Equity Study shows increased patient risks at private equity-owned hospitals (Axios, January 4, 2024)</p> <p>Behavioral Health Mental health crisis centers and EmPATH units: offering care that busy ERs can’t (STAT News, April 26, 2024)</p> <p>Medicaid Medicaid Awareness Month (National Health Law Program, April 2024)</p> <p>MassHealth Nearly 200,000 People Off MassHealth In Last Two Months (State House News, April 29, 2024) MassHealth Receives Federal Authority to Expand Eligibility for Individuals and Lower Insurance Costs for Massachusetts Families (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, April 19, 2024)</p> <p>Covid / Long Covid COVID-19 Continuous Coverage and Public Health Emergency (PHE) Unwinding Resources (National Health Law Program, April 22, 2024)</p> <p>Disability Topics Letter by Letter, Steve Gleason Typed His Memoir With His Eyes (New York Times (free access), April 28, 2024) Losing a Foot Never Held Her Back. Until She Tried to Join the Military (New York Times (free access), April 26, 2024 (updated))</p> <p>Ageing Topics</p> <p>End of Life</p>

	<p><u>'Harvard Thinking': Facing death with dignity</u> (The Harvard Gazette, March 27, 2024)</p> <p>Caregiving <u>Home Care Aides Fight to End 24-Hour Shifts: 'This Work Is Killing Them'</u> (New York Times (free access), March 7, 2024)</p> <p>Workforce <u>Global Perspectives on Foreign-Born Workers Panel Discussion</u> (The Global Ageing Network, April 16, 2024)</p>
	<p>May is Older Americans Month</p> <p>IN MASSACHUSETTS, LET DIGNITY ALLIANCE BE YOUR CONNECTION</p> <p>Every May, the Administration for Community Living leads the nation's observance of Older Americans Month (OAM). The 2024 theme is Powered by Connection, which recognizes the profound impact that meaningful relationships and social connections have on our health and well-being. We will explore the vital role that connectedness plays in supporting independence and aging in place by combatting isolation, loneliness, and other issues.</p> <p>Join us in promoting the benefits of connecting with others. Here are some ways you can participate.</p> <ul style="list-style-type: none"> • Share facts about the mental, physical, and emotional health benefits of social connection and how it contributes to overall well-being. • Promote resources that help older adults engage, like community events, social clubs, and volunteer opportunities. • Connect older adults with local services, such as transportation, which can help them overcome obstacles to achieving or maintaining meaningful relationships. • Encourage partners to host a connection-centric event or program focused on older adult mentors to youth, peer-to-peer support, or similar efforts. • Challenge professional and personal networks to prioritize meaningful social connections and share the benefits. • Inspire older adults to share what connection means to them on social media using the hashtag #PoweredByConnection
<p>Commentary by Dignity Alliance Massachusetts participants</p>	<p>A Case of Forgotten Needs, Stalled Support: The Fight for Dignity By Former State Senator Richard T. Moore <i>Let's Finally Set a Fair Personal Needs Allowance for Nursing Homes Residents</i></p>

Many rely on nursing homes for care, but a crucial aspect of their well-being is often overlooked: the Personal Needs Allowance (PNA). This is a small amount of money residents keep from their income to purchase personal items like toiletries, clothing, and other necessities that contribute to their dignity and quality of life.

The Problem: Inflation Erodes PNA Value

The PNA hasn't been adjusted for inflation in Massachusetts since 2005. This means the \$72.80 residents receive today buys much less than it did back then. Imagine trying to maintain your dignity with such limited resources.

A Modest Proposal, Buried in Bureaucracy

Representative Michael Soter proposed a small increase in the PNA, from \$72.80 to \$80.08. This wouldn't break the bank, but it would make a real difference in residents' lives. Shockingly, this seemingly simple amendment got lost in a three-day political hustle. It was shuffled between unrelated budget categories, in a bizarre shell game, ultimately leading to its demise.

A Fair Outcome – Adjust to Inflation

To account for inflation, the **Consumer Price Index-U (CPI-U)**, which measures changes in the cost of living over time should be used. Some states, such as Illinois, have enacted legislation so that the PNA for nursing home residents in that state received allowances adjusted for inflation [based on a 3% increase in the CPI-U](#) of the preceding 12 months of the calendar year.. However, specific adjustments may vary by state. Under this formula, using the cumulative inflation rate from 2005 to 2024, assuming a **3% annual inflation rate**, the inflation-adjusted PNA of the current \$72.80, would be approximately, \$138.14, or about double the rate per month.

A Call to Action: Let's Prioritize Dignity

The baffling journey of the PNA amendment exposes a larger issue: the lack of focus on residents' well-being in budget discussions.

We urge lawmakers to prioritize residents' needs and pass a meaningful increase in the PNA. Even a small raise with an inflation adjustment can make a big difference in their lives.

Let's Stop Blaming Tenants

By Jerry Halberstadt, Coordinator of the Stop Bullying Coalition.

Paul Leighton reports in "I Hate Where I Live" ([Salem News, e-edition, April 22, 2024](#)) that a culture of fear and bullying at Apple Village, a subsidized housing development in Beverly, has been on public display before Housing Court Chief Justice Timothy Sullivan. One tenant is facing eviction and the former manager of the property is no longer there.

Apple Village in Beverly has two HUD-subsidized apartment buildings for elderly and disabled. In June, 2023, tenants of Apple Village alleged they were the targets of harassment, abuse, bullying, and deliberate actions to create stress. Each of the two rival tenant associations accused the other of bullying. Some blamed and some praised the manager. The problems were pervasive. The situation was hostile environment

harassment. [Report, June 24, 2023](http://stopbullyingcoalition.org/apple)
<http://stopbullyingcoalition.org/apple>

“Hostile environment harassment” consists of unwelcome conduct creating a situation that makes it difficult or impossible for victims to have the peaceful enjoyment of their residency.

Apple Village is vulnerable to bullying, mobbing, and hostile environment harassment like many other public and subsidized housing developments. The housing system does not provide guidance and support for landlords, nor does it protect the rights of tenants through effective oversight.

The symptoms of hostile environment harassment include bullying; scapegoating and labeling someone as “not belonging here;” eviction of a targeted person; and groups competing for dominance and the support of management. People are deprived of their rights.

The landlord is legally responsible for preventing and eliminating bullying and harassment and assuring the right of peaceful enjoyment. Tenants can’t hold the landlord accountable because bringing a civil suit is usually beyond their means. There is no agency with the authority to intervene. It is indeed rare that these problems are considered by a court because the court may only see the eviction case without a perspective of the social context. At Apple Village, it took a public trial and reporting by Paul Leighton and the Salem News to finally galvanize the landlord’s management company, APT Management Inc., to do something. Tenants have established legal rights, which are detailed in the 2018 [Attorney General Advisory: All Tenants Have a Right to Be Free from Harassment and Intimidation](#).

It is unlawful for landlords or other housing providers to allow harassment or intimidation by one tenant against another tenant. A failure by housing providers—including property owners, managers, and real estate agents—to comply with these laws may result in significant legal liability.

However, there is no effective oversight and very rare enforcement of the rights of tenants.

We need legislation to create new programs that can help to prevent and remedy mobbing and hostile environment harassment.

Supported by many of the 92,000 elderly and disabled tenants of public and subsidized housing in the Commonwealth, I have as Coordinator of the Stop Bullying Coalition partnered with legislators including Senator Joan Lovely and Representatives Tom Walsh, Sally Kerans, and Jerald Parisella as well as other tenant advocacy groups to create a law to ensure our rights as tenants and citizens. We worked together to establish the 2017 Commission on Bullying where I served as a commissioner representing the Stop Bullying Coalition, carrying out extensive research to identify the nature and causes of harassment in housing.

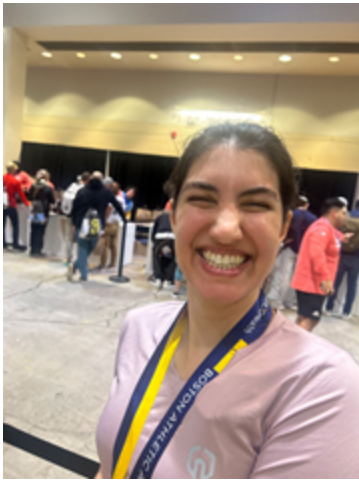
Yet, after a decade of advocacy, we remain without a law to create an [office of the tenant advocate within the Office of the Attorney General](#) to provide accountability for landlords and the prevention

of hostile environment harassment and a complementary law to establish best practices, training, and resources for landlords. Tenants urgently need both these measures to ensure their rights and prevent the chaos and abuse that leads people to fear their neighbors and hate their homes.

“Getting rid of” one or two people will not solve the problem because the turmoil and pain at Apple Village result from the disruption of community life and the failure of the landlord to meet their legal responsibility rather than the alleged bad acts of any individual. Apple Village is an example of a failure of governance and oversight throughout the system of public and subsidized housing.

Do the residents deserve this fate because they are poor, elderly, and disabled?

My Story



Annahita Forghan after finishing the BAA 5K inside the Hynes Convention Center.



Annahita Forghan with her boyfriend, Adam prior to running the BAA 5K. Annahita ran without a guide. Adam was the guide for their blind friend Eric.

Why I Run

By Annahita Forghan

On Friday, April 12, Annahita Forghan was contacted by the Boston Athletic Association and offered an appointment later that same day for classification. What does it mean to be nationally classified in running? Here is the story in Annahita's own words.

“I have been running long distance since I was eight years old, and I began racing for recreation in track and field when I was in middle school. I joined my school's running team because my teacher recommended it. It became a part of me. I was addicted to running and couldn't function in life without it. I loved running on my own; it was a form of meditation and adventure. I also enjoyed community races. I went on to complete half marathons in my twenties, and I promised myself I wouldn't ever stop running.

But in November 2019, I wanted to know why I lost my hearing in both ears. Why was it becoming harder to walk and run? Why I was falling so much, losing my vision, and taking longer to do everything? The results of testing came in January 2020, right before the pandemic kept us in lock down. I learned I had a mutation on the ABHD12 gene that causes the condition called PHARC. This stands for Polyneuropathy, Hearing loss, Ataxia, Retinitis pigmentosa, and Cataracts. It is a progressive condition and there is no treatment for it. I only believed it because my brother had the same thing. He committed suicide when he learned about it.

I was devastated over my diagnosis. My body was attacking my nerves and there was nothing I could do about it. The stress made it progress faster. It is a vicious cycle. I started needing one cane to walk, and then two. I couldn't keep my balance standing still. I couldn't run without knee pads, elbow



Annahita Forghan with running friends Eric Strong and Mike Fitzgerald after the BAA 5K at the Hynes Convention Center.



This one shows how my arms did more work than my legs when lifting off the ground- my arms were sorer than my legs after this Stew Chase race in Lynn, MA



pads, and gloves, because I fell so hard each time when running, and I was losing too much blood. But I wouldn't stop running, until I caught covid and lost all my muscle strength. I am recovering from covid slowly, it's been two years since I caught it. I don't know how much I can recover but it has been getting slightly easier to run. I am not tripping every step I take any more. I tried a couple of 5K races. I was still running like a penguin and used all my energy just to try not to fall. And then I found some hope.

To be classified in running means to be considered part of a group that I might be able to compare myself more equally with in races, based on my limitations. There are only 24 “classifiers” in the United States, so I was very lucky to get this appointment. My boyfriend Adam--an elite runner whom I met over two years ago while he was volunteering to guide disabled runners—and I made our way to the Hynes Convention Center in Boston. The classifiers performed a few tests on me to see various things: my range of motion, muscle tightness, how I move, etc. They classified me as a “T-35” which means my body is with the most limitations when running by feet (vs. competing with a wheelchair).

It is much harder for me to run at all compared to others. They told me that if I want to be classified for 'field' events, such as discus and shot-put, I would be split-classified as a T-35 (for track, on my feet) and also F-34 (for field, in a chair because I can't keep my balance while standing). They told me that there is no record of a T-35 being able to run more than 800 meters on a track. In the Paralympics, there are only two events that I would be able to do as a T-35: the 100-meter race, and the 200-meter race. It is a rarity for anyone with a T-35 classification to run much, because in my case I fatigue too quickly with the ataxia. I also have polyneuropathy, meaning I don't have much feeling in my feet. And I am Deaf, but that will only work against me in a race because I can't have a guide unless I am blind. I decided I was going to run the classifying 5K race the next day.

I woke up early and was all excited! I ran with all I could, but I fell behind fast. Other runners were far ahead and walkers were far behind. I felt like a performer on a stage when it was just me for a while with all the people watching the race cheering. I knew I had my challenges, and they could see it, too. A former physical therapist even shouted my name while he was running by and we had a nice conversation until I felt bad for holding him back, and then he ran ahead. Many

<p><i>Here, at the Stew Chase, I spread my arms out for the picture, because they were already out far enough, so why not take advantage of it and go all the way? Ha. My feet were barely leaving the ground here.</i></p>	<p>runners bumped into me throughout the race—I didn't hear them coming. A few even stepped on my shoe even though they had space to go around me. I almost fell each time, but somehow made it without falling to the ground. About halfway through the race, they played a Zumba song that I know, I didn't even have to hear the words, just the rhythm to know what part was playing. So, I tried dancing while running, which maybe wasn't the best idea, but it gave me energy for a few seconds! I finished the race.</p> <p>When I checked my results, I was grouped with one other person with limitations, someone classified as a T-38 (the greater the number, the less limitations they have running). I came in second place to the woman classified as T-38! We were the only ones in our category. They grouped us based on both our classification and our gender. Since there was no other female T-35 runner in that 5K race, they classed me with someone at a more functional level though still with some limitations, in order to give me a competitor. My classification helped me feel I accomplished something. There are also Para classifications for vision impairment, intellectual impairment, etc. These are national athletic divisions. I would love to try for the Paralympics, but that will require international classification, which I may need to go abroad for. The national classification I have may allow me to qualify to run the Boston Marathon one day...if I can go the distance... the hope makes all the difference.”</p>
<p>Dignity Alliance Study Session</p>	<p>1. Massachusetts Coalition for the Homeless Wednesday, May 8, 2024, 1:00 p.m. <i>Presenter: Julia Garvey, Community Organizer & Legislative Advocate</i> Julia will cover priority public policy issues and legislative proposals addressing the needs of persons who are homeless or at the risk of being homeless. (https://mahomeless.org/) Zoom link: https://us02web.zoom.us/j/83099952952?pwd=blJaVzkzblp6aml0YjR PYmNLMzlhUT09 Meeting ID: 830 9995 2952 Passcode: 415206</p>
<p>Listening Sessions</p>	<p>2. Massachusetts Executive Office of Housing and Livable Communities <u>Statewide Housing Plan Regional Listening Sessions</u> Governor Healey has directed the Executive Office of Housing and Livable Communities (EOHLC) to develop a five-year strategic Statewide Housing Plan – the first in MA in over 40 years! To ensure the Plan captures the voices of MA constituents and housing stakeholders, EOHLC is holding several Regional Listening Sessions across MA to seek input on the Plan. Regional Listening Sessions Agenda</p>

- Brief overview of MA's housing environment
- Breakout groups for attendees to discuss top housing challenges and potential solutions
- Attendees reconvene for closing remarks

Schedule:

Date:	Location:	City:	Time:	RSVP:
Thursday, April 11	North Shore Community College	Lynn	1pm-3pm	Register here
Tuesday, April 23	Springfield Technical C.C.	Springfield	9am-11am	Register here
Tuesday, April 30	UMass Dartmouth	Dartmouth	11am-1pm	Register here
Friday, May 3	Massasoit Community College	Brockton	2pm-4pm	Register here
Thursday, May 9	UMass Boston	Boston	10am-12pm	Register here
Wed. May 15	Berkshire Community College	Pittsfield	2pm-4pm	Register here
Thursday, May 16	Greenfield Community College	Greenfield	2pm-4pm	Register here
Monday, May 20	Virtual	ZOOM	5:30pm- 7:30pm	Register here
Tuesday, May 21	Blackstone Visitor Center	Worcester	10am-12pm	Register here
Thursday, May 23	United Teen Equality Center (UTEK)	Lowell	1pm-3pm	Register here
Wed. May 29	Virtual	ZOOM	5:30pm- 7:30pm	Register here
Friday, May 31	Framingham State University	Framingham	1pm-3pm	Register here
Monday, June 3	Cape Cod Community College	Barnstable	10am-12pm	Register here
Tuesday, June 4	Oak Bluffs Library	Martha's Vineyard	1pm-3pm	Register here

Downloads

- [Statewide Housing Plan Regional Listening Sessions Overview Presentation](#)

	<ul style="list-style-type: none"> • Data from North Shore Regional Listening Session
Public Appointment Opportunity	<p>3. Massachusetts Board of Nursing <i>Consumer Seat</i></p> <p>The MA Board of Nursing is seeking qualified individuals to be appointed to two vacant consumer seats on the Board. The statute which established the Board requires that the consumer board member be knowledgeable in consumer health concerns and shall neither be, nor ever have been, associated directly or indirectly with the provision of health care.</p> <p>Board members are appointed by the Governor to a term of three years.</p> <p>The Board meets monthly on the second Wednesday of the month and conducts a Complaint Committee meeting twice a month. The members are expected to attend the monthly Board meetings as well as at least three Complaint Committee meetings a year. Both the Board meeting and Complaint Committee meetings are held virtually. All meeting materials are distributed to the members via a secure electronic document sharing system two weeks in advance of the meeting.</p> <p>The full statute may be found at: General Law - Part I, Title II, Chapter 13, Section 13 (malegislature.gov)</p> <p>Apply via email to Heather Cambra, Executive Director, at heather.j.cambra@mass.gov indicating your interest in a consumer seat and provides. Attach your most recent resume/CV.</p>
Recruitment	<p>4. Elizabeth Freeman Center <i>Executive Director</i></p> <p>The successful candidate will be a dynamic, collaborative, and skilled nonprofit leader who brings vision, authenticity, and compassion to this high-stakes work serving Berkshire County,</p> <p>5. The Center for Health Information and Analysis <i>Manager, Health Informatics and Reporting</i></p>
Webinars and Other Online Sessions	<p>6. Centers for Medicare and Medicaid Services</p> <p>Tuesday, April 30, 2024, 1:00 to 2:00 p.m. National Stakeholder Calls with the CMS Administrator</p> <p>Join the Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, and her leadership team, who will provide an update on CMS' recent accomplishments and how our cross-cutting initiatives are advancing the CMS Strategic Plan. The second National Stakeholder Call with the CMS leaders in 2024 will provide a more in-depth look at our recent policy announcements and an opportunity to learn how you can partner to help implement the Strategic Plan and key initiatives.</p> <p>CMS Speakers:</p> <ul style="list-style-type: none"> • Administrator, Chiquita Brooks-LaSure • Deputy Administrator and Director, Center for Medicare, Dr. Meena Seshamani • Deputy Administrator and Director, Center for Medicaid and CHIP Services, Dan Tsai • Chief Medical Officer and Director, Center for Clinical Standards and Quality, Dr. Dora Hughes • Deputy Administrator and Director, Center for Medicare and Medicaid Innovation, Dr. Elizabeth Fowler

RSVP: Click [HERE](#)

7. U.S. Access Board

Thursday, May 2, 2014, 2:30 to 4:00 p.m.

Webinar: Doors and Gates

Doors and gates are a significant aspect of almost all accessible routes within a site connecting buildings, rooms, and spaces. The [Americans with Disabilities Act \(ADA\)](#) and [Architectural Barriers Act \(ABA\) Accessibility Standards](#) address the many components to make a door accessible, including opening [Register](#), hardware, and maneuvering clearances. Access Board Accessibility Specialists will review the requirements for manual, automatic, and power-assisted doors, doorways, and gates as part of an accessible route. For more information or to register, visit [Great Lakes ADA Center's Doors and Gates webinar webpage](#).

8. Harvard T.H. Chan School of Public Health

Monday, May 6, 2024, 10:00 a.m.

[*The political determinants of health: How policy choices impact our well-being*](#)

It's long been clear that societal forces affect health, from neighborhood demographics to school quality to the selection of products on sale in our corner stores. But what's behind those forces? Daniel Dawes, a renowned scholar and attorney, will unpack the political determinants of health, exploring how relationships, resources, policies, and power structures exert enormous influence on our environments — and, in turn, on our well-being. In this fireside chat, he'll discuss how the political determinants of health have exacerbated inequities in the U.S. and share ideas for more equitable policymaking and a healthier country. Dawes will also discuss his work in launching the nation's first school of global public health at a historically Black college or university, which grew out of the Global Health Institute at Meharry Medical College.

Speaker

Daniel Dawes

Senior Vice President, Global Health, and Founding Dean and Professor, School of Global Health, Meharry Medical College

Moderator

David Williams

Chair, Department of Social and Behavioral Sciences, and Florence Sprague Norman and Laura Smart Norman Professor of Public Health, Harvard T.H. Chan School of Public Health

9. STAT

Wednesday, May 8, 2024, 1:00 p.m.

[*Navigating a New Era in Alzheimer's Treatment*](#)

It took decades for scientists to come up with treatments that could slow the progression of Alzheimer's disease. Now patients and physicians face a new challenge: actually getting the medicines to people who might benefit from them.

Join us for a conversation with practicing neurologists about overcoming current hurdles involved in diagnosing, treating, and monitoring patients in a new era for Alzheimer's disease.

[Register](#)

10. National Adult Protective Services Training Center (NATC)

	<p>Thursday, May 23, 2024 3:00 to 4:00 p.m. Mental Health and Older Adults: What APS Needs to Know It is estimated that at least one in four older adults is living with a mental health condition. The impact of these conditions will range in severity, depending on the person and the diagnosis. Still, it will often affect most aspects of a person’s life, including physical health, relationships, and their ability to care for themselves. APS frequently becomes involved with cases involving mental health, and workers often describe these situations as particularly challenging. In this webinar, participants will gain a better understanding of the most common mental health disorders for older adults and how the symptoms may impact their cases. This webinar will provide strategies for APS professionals on how they can adapt their communication and case planning to better accommodate people who are experiencing symptoms of mental health conditions. Webinar presenter: Katie Wilson, MS Katie Wilson is the Lead Instructional Designer for the National Adult Protective Services Training Center (NATC), where she designs and develops training for APS professionals across the US. Katie has over 15 years of experience in the protective services field, working for several years as an APS worker before moving into training and curriculum development. Over the years, Katie has been involved with various projects and presentations involving mental health topics, including volunteering as a support group facilitator for death, dying, and bereavement issues. She has an M.S. in Clinical Mental Health Counseling, specializing in grief counseling. REGISTER NOW</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Independent Assessment Entity</p>	<p>11. COMMBUYS <i>Executive Office of Health and Human Services</i> Independent Assessment Entity Request for Information MassHealth is exploring whether an Independent Assessment Entity (IAE) can improve the MassHealth member experience by simplifying and streamlining the clinical assessment process for certain long-term services and supports. The IAE would conduct required assessments for personal care attendant services (PCA), Adult Day Health (ADH), Group Adult Foster Care (GAFC), Adult Foster Care (AFC), Day Habilitation, Senior Care Options (SCO), PACE, and One Care. Currently, more than 400 entities administer clinical eligibility assessments and/or rating category assessments for these LTSS programs. Responses must be submitted electronically. Questions should be answered in order of appearance and numbered according to the RFI question number. Respondents are invited to respond to a subset or all the RFI questions; please respond to as many as you feel are appropriate. Questions regarding COMMBUYS should be directed to the OSD Help Desk at OSDHelpDesk@mass.gov.</p>
<p>FY 2025 State Budget</p>	<p>12. State House News April 26, 2024</p>

[Most Republicans Join In Passing \\$58 Billion House Budget](#)

By Michael P. Norton and Chris Lisinski

Mariano: "Extraordinary Measures" Taken To Temper Expectations

The Massachusetts House of Representatives approved a \$58 billion spending plan for the next fiscal year, prioritizing education, childcare, and public transportation. This budget now moves to the Senate for further deliberation.

Key Points:

- **House Approval:** The House voted overwhelmingly (153-4) for the budget. Notably, most Republicans supported it.
- **Spending Increase:** This plan proposes a 3.3% increase in spending, around \$2 billion, compared to the prior year.
- **Rainy Day Fund:** The budget aims to significantly boost the state's savings reserve (rainy day fund) to nearly \$9 billion.
- **Budget Process:** Negotiations on amendments happened largely behind closed doors, with minimal public debate.
- **Cautious Approach:** Lawmakers were mindful of potential revenue shortfalls and aimed for a balance between new investments and responsible spending.
- **Governor's Role:** Governor Healey may need to adjust spending further based on upcoming tax collection data.
- **Legislative Priorities:** After the budget, healthcare and housing legislation are top priorities for the House Speaker.

Looking Ahead:

- The Senate will debate the budget proposal next month.
- Unsure economic conditions may necessitate further adjustments to the final budget.

13. FY '25 Budget House Budget Final – DignityMA Wrap Up

Debate on the House version (H4600) of the Governor's FY '25 State Budget (H2) was enacted on April 26, 2024 in the Massachusetts House of Representatives. Here's a final report on how Dignity's budget priorities fared.

Dignity Alliance endorsed - As reported by the House Committee on Ways and Means

4000-0300 Includes language proposed by Dignity Alliance and SEIU 1199 to authorize no less than the amount and services available in the current fiscal year to preserve the PCA program

4000-0601 Includes language for nursing home bed hold as recommended by Dignity Alliance.

4513-1076 Includes language to respond to increasing older adult suicides as recommended by Dignity Alliance

9110-9002 Includes increasing Council on Aging grants from \$14 to \$15 per person over age 65 as recommended by Dignity Alliance and Mass COA.

Dignity Alliance endorsed - As APPROVED by the full House during debate

Item #1168 - PACE Workforce Elder Service Plan (in Consolidated Amendment B ADOPTED) Increases line item by \$150,000 for Harbor Health for the operation of its PACE program in Mattapan, Brockton and any communities with Harbor Health service contracts.

	<p>Item #621 – Senior Nutrition, Meals on Wheels – increased by \$50,000, but not as much as requested. (in Consolidated Amendment B – ADOPTED)</p> <p>Item # 9110-1900 \$160,000 to Outstanding Life, Inc. for the operation of a statewide virtual senior center for LGBTQIA+ older adults, plus other senior center earmarks in various communities. (in Consolidated Amendment B – ADOPTED)</p> <p>Item #358 – Funding for the above line item increased by the referenced \$160,000. (in Consolidated Amendment B – ADOPTED)</p> <p>Item #788 – Veteran Center funding for multiple outreach centers, overall line item also supports older adults and people with disabilities in crisis. (Consolidated Amendment A – ADOPTED)</p> <p>Section 49A - Directs Mass Health to notify each individual age 55 and over of options for enrolling in voluntary programs including PACE, SCO and OneCare if approved by CMS (in Consolidated Amendment B - ADOPTED)</p> <p>Section 49A-Directs Mass Health to provide each beneficiary aged 65 and over with annual notice of enrolling in voluntary programs including PACE, SCO and OneCare if approved by CMS (in Consolidated Amendment B - ADOPTED)</p> <p><u>Dignity Alliance endorsed - As included by reference in a Consolidated Amendment, but not actually included in the budget.</u> This means they are no longer under consideration.</p> <p>Items 70 – clarifying rate-setting processes for home health and home care agencies, 854 – Roadmap to health care safety, , 1042 asset limit for seniors MassHealth, 1168, 182 – senior planning retirement curriculum, 382 increased funding for EMHOTs, 427 -elder supportive housing, 428- home care purchase of services, 432 – home care case management, 1364 – public participation for process (IAE), 1293 – Requip, 1407 – Independent Living Center. 1312 – Personal Needs Allowance, 1367 – Study on impact of extreme heat on older adults 380 HST Advisory Committee, 667 – AHVP, 1158 – increase of PNA.</p> <p><u>NEXT STOP – SENATE WAYS AND MEANS AND THE FULL SENATE!</u></p>
<p>Nursing Homes</p>	<p>14. Los Angeles Times April 28, 2024 <i>As some nursing homes cry poverty, what can be done about increased staffing requirements?</i> By Steve Lopez Increased Nursing Home Staffing Requirements: A Fight for Quality Care Key Points:</p> <ul style="list-style-type: none"> • The Biden administration mandated higher minimum staffing levels in nursing homes. • The nursing home industry argues this will be too expensive and may lead to closures. • Critics believe these claims are exaggerated and profits are being hidden. • Increased transparency and stricter enforcement are needed to ensure quality care. • California already has a 3.5-hour minimum staffing requirement, but enforcement is weak.

- There are long delays in a report analyzing oversight lapses in L.A. County nursing homes.
- Advocates for reform call for stricter enforcement and better funding for oversight.

The Issue:

The nursing home industry is resistant to increased staffing requirements due to potential cost increases.

Possible Solutions:

- Stronger data transparency to identify hidden profits.
- Stricter enforcement of existing regulations.
- Increased funding for oversight agencies.

The Human Cost:

Understaffing can lead to pressure ulcers, higher mortality rates, and overall lower quality of care for residents.

15. KFF News

April 24, 2024 (updated)

[Biden Administration Sets Higher Staffing Mandates. Most Nursing Homes Don't Meet Them.](#)

By Jordan Rau

The Biden administration implemented new federal regulations for nursing homes, aiming to improve resident care through increased staffing. Here's a breakdown:

Key Points:

- **Most Significant Change in Decades:** These are the strongest federal nursing home staffing regulations in over 30 years.
- **Focus on Staffing Levels:** The rules mandate minimum staffing hours per resident, with most facilities needing to hire more nurses and aides.
- **Phased Implementation:** Homes are given time to adjust, with deadlines spread over two to five years.
- **Industry Pushback:** The nursing home industry claims the regulations are unrealistic and unaffordable.
- **Advocates Divided:** While some view this as a step forward, others believe it falls short of ideal staffing levels.

Impact on Facilities:

- **Increased Staffing:** An estimated 80% of nursing homes will need to add staff.
- **Financial Strain:** Facilities might need to cut costs or raise prices to cover additional staff.
- **Rural Challenges:** Rural areas have more time to comply due to potential staffing shortages.

Breakdown of New Standards:

- **Total Staffing:** At least 3.48 hours of daily care per resident (average).
- **Registered Nurses (RNs):** Minimum of 0.55 hours of daily care per resident within 3 years.
- **Certified Nursing Assistants (CNAs):** Minimum of 2.45 hours of daily care per resident within 3 years.
- **24/7 RN Presence:** An RN must be on-site 24/7 within 2 years (previously required only 8 hours/day).

Unresolved Issues:

	<ul style="list-style-type: none"> • Funding: The plan doesn't include additional Medicare/Medicaid payments, potentially forcing facilities to absorb extra costs. • Worker Shortage: The industry argues that low wages make it difficult to attract and retain staff. • Profit Concerns: Advocates suspect some facilities can afford higher staffing levels despite claims of financial hardship. <p>Overall Significance: These regulations represent a step towards improved nursing home care through mandated staffing increases. However, questions remain about funding, worker shortages, and the true financial health of facilities. The long-term impact on resident care and the industry's ability to comply will be closely monitored.</p> <p>16. The Global Ageing Network April 5, 2024 Improving Vaccination Policies in Long-Term Care Settings By GlobalAgeing The International Federation on Ageing released the findings of the “Improving Adult Vaccination Policy in Long-Term Care Settings” project. Despite the existence of aged care plans and policies in all 19 countries, immunization policies were scarce.</p> <ul style="list-style-type: none"> • Immunization was absent from 80% of national aged care strategies and was only evident in Australia, Italy, the United Kingdom, and Thailand. • About two-thirds (68%) of the countries studied referenced long-term care facilities in their national/provincial aged care plans; however, there were fewer countries where legislation, regulations, and policies governed the standards and delivery of services within these facilities. • No countries studied included specific guidelines for LTCFs in their national immunization plan or aged care strategies and no national peak organizations across any of the countries advocated for or provided explicit vaccination recommendations for long-term care residents. <p>There is an urgent need to reform vaccination policies to reflect the increased risk to VPDs that LTC residents have, as a mechanism to protect their right to health, independence, and functional ability. Learn more at the Improving Adult Vaccination Policy in Long-Term Care Settings project website.</p>
<p>Behavioral Health</p>	<p>17. STAT News April 26, 2024 Mental health crisis centers and EmPATH units: offering care that busy ERs can't By Grace Rubenstein Patient advocates and emergency care providers alike are sounding the alarm about the gaps between emergency rooms' capabilities and the mental health needs they're expected to meet, especially as surging mental illness and the Covid-19 pandemic have strained health care systems in recent years. Yet as national awareness of mental illness rises and innovative care models emerge, many advocates now see a rare opportunity to remake mental health crisis care for the better.</p>

	<p>Nearly 6 million adults went to the emergency room for mental health emergencies in 2021, the Centers for Disease Control and Prevention reports — up 1 million since 2017. Among children and young adults, emergency room mental-health visits increased an average of 8% per year in the decade from 2011-2020, a study published in the Journal of the American Medical Association estimates. . .</p> <p>In a letter to the White House in 2022, ACEP and more than 30 other medical associations and advocacy groups warned that boarding in hospital emergency departments (EDs) “has become its own public health emergency.” ACEP cites numerous studies showing a link between boarding and an increased risk of illness and death for patients with either physical or mental health emergencies. “When ED beds are already filled with boarded patients,” signers of the White House letter wrote, “other patients are decompensating and, in some cases, dying while in ED waiting rooms during their tenth, eleventh, or even twelfth hour of waiting to be seen by a physician.”. . .</p> <p>Innovators around the country are introducing layers of services that can treat people across the continuum from mild to severe crisis. Many of these efforts are happening outside the hospital setting, where mobile crisis teams respond instead of (or in tandem with) police to evaluate and assist people in the field, while community mental health centers and crisis “receiving centers” help people stabilize. . .</p> <p>[A] growing number of hospitals are finding ways to provide dedicated psychiatric crisis care within their own walls. One model is the EmPATH unit, short for Emergency Psychiatry Assessment, Treatment and Healing.</p> <p>The design centers on a “milieu room,” an open area where patients rest in recliner chairs, similar to those at the Crisis Response Center in Tucson. They can walk around, play board games, or lean their recliner back and nap. This social interaction supports stabilization. Snacks, beverages, and phone calls are available to patients anytime. Staff can see every patient from the central nurses’ station, eliminating the need for one-to-one sitters.</p>
<p>Medicaid</p>	<p>18. National Health Law Program April 2024 Medicaid Awareness Month Every year, the National Health Law Program (NHeLP) spends the month of April celebrating the lifesaving program that is Medicaid. Medicaid provides quality health care to more than 90 million people in the nation. Medicaid is essential to the health of families, children, people with disabilities, and seniors not only because health care is essential, but also because its structure allows it to expand as necessary – for example, during a public health emergency or during an economic downturn that leaves many without private insurance. Watch the Medicaid Awareness Month video</p>
<p>MassHealth</p>	<p>19. State House News April 29, 2024 Nearly 200,000 People Off MassHealth In Last Two Months By Chris Lisinski</p> <ul style="list-style-type: none"> • Over 350,000 people lost MassHealth coverage since April 2023 (down to 2.04 million).

- Most lost coverage due to not providing enough information (541,500) or being unreachable (15,200).
- 259,400 were confirmed ineligible.
- This is part of a national trend after the end of COVID-19 pandemic era Medicaid enrollment restrictions.
- MassHealth expects enrollment to stay higher than pre-pandemic levels (1.76 million in Feb 2020).
- Some who lost MassHealth coverage obtained plans through the MA Health Connector marketplace (122,000).
- Final data on the year-long review won't be available until June.

20. Office of Governor Maura Healey and Lt. Governor Kim Driscoll

April 19, 2024

[MassHealth Receives Federal Authority to Expand Eligibility for Individuals and Lower Insurance Costs for Massachusetts Families](#)

Approved 1115 Waiver Amendment will Make Health Care More Accessible, Equitable and Affordable for Hundreds of Thousands of Residents

The Healey-Driscoll Administration announced today that it received [federal approval](#) for MassHealth, Massachusetts' Medicaid and Children's Health Insurance Program (CHIP), to amend its Section 1115 Demonstration ("1115 waiver"). The new federal authority will make health care more accessible, equitable, and affordable for hundreds of thousands of Massachusetts residents.

The 1115 waiver, approved by the Centers for Medicare and Medicaid Services (CMS) through December 2027, supports continued progress toward comprehensive, equitable health care for the agency's more than 2 million members, with a focus on expanding coverage and addressing health-related social needs. It provides federal authority for Massachusetts to expand health insurance subsidies to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs.

Through the newly approved amendment, CMS authorized MassHealth to:

- Provide pre-release MassHealth services to individuals in certain public institutions.
- Expand marketplace (Health Connector) subsidies to additional individuals.
- Provide 12 months of continuous eligibility for adults and 24 months of continuous eligibility for members experiencing homelessness who are 65 and over.
- MassHealth has the authority to extend 12 months of continuous eligibility to all adults aged 19 and over. Continuous eligibility for children under age 19 began in January of 2024, so this amendment would extend 12 months of continuous eligibility to all MassHealth members. Continuous eligibility means that members will retain coverage for the appointed period even if they experience changes in their circumstances that would otherwise affect eligibility.
- MassHealth will also extend 24 months of continuous eligibility for members experiencing homelessness age 65 and over.

	<ul style="list-style-type: none"> • Implement three months of retroactive eligibility. • MassHealth will implement three months of retroactive coverage from the day of application for all members. • Include short-term post hospitalization housing (STPHH) as an allowable health related social needs service. • The amendment permits MassHealth to cover up to six months of short-term post-hospitalization/pre-procedure housing (also known as medical respite) as a health related social needs service. • Through this amendment, MassHealth seeks to ensure that members experiencing homelessness are discharged from hospitals to a safe space and, by doing so, avert further intensive medical interventions and reduce the total cost of care. • Include temporary housing assistance for pregnant members and families as allowable health related social needs services. • This amendment authorizes temporary housing assistance and supportive services for clinically eligible families and pregnant individuals who are enrolled in comprehensive MassHealth coverage and who are receiving services through the Commonwealth's Emergency Assistance Family Shelter Program. • Increase the expenditure authority for the health-related social needs integration fund. • MassHealth's current 1115 Demonstration includes authority for \$8 million in infrastructure investments for organizations providing health related social needs services to MassHealth members. • This expanded authority allows MassHealth to claim up to an additional \$17 million in funding, for a total amount of \$25 million for infrastructure investments. • Increase the income limit for Medicare Savings Program Benefits for members on MassHealth standard to the state statutory limit. • The amendment extends the Medicare Savings Program by tying federal eligibility to the income limit in state law. This would mean that more low-income individuals would qualify for assistance in paying for their Medicare premiums. <p>Further information is available online: The October 16, 2023 1115 waiver demonstration request can be found at: 1115 MassHealth Demonstration ("Waiver") Mass.gov</p>
<p>Covid / Long Covid</p>	<p>21. National Health Law Program April 22, 2024 COVID-19 Continuous Coverage and Public Health Emergency (PHE) Unwinding Resources By Kimberly Lewis, Alicia Emanuel, Sarah Grusin, and Michelle You Executive Summary Comprehensive list of Public Health Emergency (PHE) and continuous coverage unwinding guidance and resources for advocates. Resources have been compiled from the Centers for Medicare & Medicaid Services (CMS), other federal agencies, and advocacy organizations, including the National Health Law Program. TABLE OF CONTENTS <u>FEDERAL AGENCY (CMS) KEY RESOURCES</u> 1. CMS CONTINUOUS COVERAGE UNWINDING GUIDANCE 2. CMS PHE FLEXIBILITIES GUIDANCE 3. CMS PLANNING TOOLS & TEMPLATES</p>

	<p>4. CMS BEST PRACTICES & STRATEGIES TO MAINTAIN COVERAGE</p> <p>5. CMS OVERSIGHT & MONITORING RESOURCES</p> <p>6. CMS COMPUTER & ELIGIBILITY SYSTEMS RESOURCES</p> <p>7. CMS MEDICAID/MARKETPLACE COORDINATION RESOURCES</p> <p>8. CMS GENERAL RESOURCES</p> <p>9. CMS DATA REPORTING</p> <p>10. IFR and CARR v. BECERRA LITIGATION</p> <p><u>KEY COVID-19 PUBLIC HEALTH EMERGENCY DECLARATIONS & LAWS</u></p> <p><u>OTHER RESOURCES (NON-CMS)</u></p> <p>1. NHeLP UNWINDING RESOURCES</p> <p>2. ADVOCACY ORGANIZATIONS UNWINDING RESOURCE & LANDING PAGES</p> <p>3. UNWINDING TRACKERS & DATA REPORTING</p> <p>4. UNWINDING COMMUNICATIONS RESOURCES</p> <p>5. UNWINDING BEST PRACTICES & STRATEGIES TO MAINTAIN COVERAGE</p> <p>6. UNWINDING RESOURCES ON IMPACTS & IMPLICATIONS</p> <p>7. UNWINDING GENERAL RESOURCES</p> <p>8. OTHER MEDICAID DATA SOURCES</p>
<p>Health Care</p>	<p>22. *STAT News</p> <p>April 25, 2024</p> <p>Telehealth startups see an opportunity in long-ignored, complex chronic diseases</p> <p>By Isabella Cueto</p> <p>Telehealth can open doors for patients who have been searching for a doctor who understands them.</p>
<p>Private Equity</p>	<p>23. Axios</p> <p>January 4, 2024</p> <p>Study shows increased patient risks at private equity-owned hospitals</p> <p>By Dan Primack</p> <p>Hospital patients are more likely to fall or acquire infections inside of private equity-owned facilities than in peer facilities, according to a study by Harvard Medical School and University of Chicago researchers.</p> <p>Why it matters: Private equity is coming under more scrutiny as it buys more health care providers, and that could lead to new regulations.</p> <p>Zoom out: Most research on PE-owned hospitals or physician groups has focused on operational metrics that impact patients indirectly, such as staffing levels.</p> <ul style="list-style-type: none"> • This one, which is based on over 1 million hospitalization records over an 11-year period (2009-2019), is specifically about quality of care. <p>Details: The researchers examined 51 PE-owned hospitals, matching each to up to eight different "control" hospitals that were picked via metrics like geography, size, and teaching status (a total of 259 "control" hospitals were included).</p>

	<ul style="list-style-type: none"> • They applied regression models to Medicare Part A claims data, including for three years before and after private equity acquired hospitals. • The top finding was a 25.4% increase in hospital-acquired adverse conditions at PE-owned hospitals versus pre-acquisition, with the control hospitals being used to normalize the data, including a 37.7% jump in central line-associated bloodstream infections. • Mortality was slightly lower at PE-owned hospitals, although the differential disappeared a month after discharge. • Data was presented as averages, although supplemental median data tracked similarly. <p>What they're saying: "The rates of these adverse conditions have been going down over time, which we obviously all want, but we found a significant difference between the private equity hospitals and the control hospitals," explains Harvard's Zirui Song, who conducted the study alongside Sneha Kannan and Joseph Dov Bruch.</p> <ul style="list-style-type: none"> • The researchers noted that their findings "heighten concerns about the implications of private equity on health care delivery," but that they "do not imply causation." • That last part, Kannan says, is because it's impossible to conduct a randomized clinical trial for such data, which would be needed to assert causation. <p>By the numbers: There are at least 386 U.S. hospitals owned by private equity, representing 9% of the total and 30% of for-profit hospitals, per the PE Stakeholder Project.</p>
Behavioral Health	<p>24. https://www.nytimes.com/2024/04/25/books/review/steve-gleason-a-life-impossible-als.html?unlocked_article_code=1.oE0.6o9v.mUXZQDKUKFLv&mid=url-share</p>
Disability Topics	<p>25. New York Times (free access) April 28, 2024 Letter by Letter, Steve Gleason Typed His Memoir With His Eyes <i>The former N.F.L. player has been living with A.L.S. for more than a decade. Sharing “the most lacerating and vulnerable times” in “A Life Impossible” was worth the physical and emotional toll, he says.</i> In a word ... everything. I type with my eyes, letter by letter, so to write this, it took a physical toll to write for several hours each day for two years. It took patience and discipline. People often talk about “writer’s block,” but I think I experienced something of the opposite thousands of times over the past couple years. Ordinary writers may have a wonderful idea to get on the page, then they quickly write it down. But I type so slowly that the wonderful idea that was so vivid and clear eventually slipped into the fog as I trudged and typed. It also took an emotional toll. To relive the most lacerating and vulnerable times of my life, then to share those experiences in a raw, truthful human way, rather than a heroic way, took an extraordinary amount of trust. It’s clear to me that sharing our shortcomings and weaknesses with each other is our greatest strength. Our salvation. . . What’s the last great book you read? When I was diagnosed, one of the first questions I asked in a journal entry was, “Can I discover peace of mind, even if this disease destroys my body?” That inquiry has been a guiding light for me the</p>

	<p>past 13 years. “The Good Life: Lessons From the World’s Longest Scientific Study of Happiness.” by Robert Waldinger and Marc Schulz, has real-life stories I could relate to, providing insights which have helped illuminate the path for me to live longer, and be grateful and content.</p> <p>26. New York Times (free access) April 26, 2024 (updated) Losing a Foot Never Held Her Back, Until She Tried to Join the Military By Dave Philipps Hannah Cvancara Fights to Serve as a Military Nurse The Story:</p> <ul style="list-style-type: none"> • Hannah Cvancara, an amputee, dreams of becoming a military nurse. • Despite her qualifications and fitness, she's been rejected by the military due to her prosthetic leg. • Cvancara is advocating for change through the "Hannah Cvancara Service Act," which would allow amputees to join the military as medical personnel. <p>The Issues:</p> <ul style="list-style-type: none"> • The military has strict physical standards that currently disqualify amputees. • The military is concerned about amputees' ability to perform in harsh environments. • Cvancara argues her skills and determination make her an asset, not a risk. <p>The Current Landscape:</p> <ul style="list-style-type: none"> • The military allows amputees who lose limbs while serving to stay and even deploys some with prosthetics. • Recruiting standards have relaxed in other areas due to personnel shortages. • Cvancara hopes her case and proposed bill will pave the way for amputees to serve. <p>The Stakes:</p> <ul style="list-style-type: none"> • Cvancara represents a broader issue of outdated standards and untapped potential. • The military may benefit from a more inclusive approach to recruitment.
<p>End of Life</p>	<p>27. The Harvard Gazette March 27, 2024 ‘Harvard Thinking’: Facing death with dignity In podcast episode, a chaplain, a bioethicist, and a doctor talk about end-of-life care. Nothing is certain except death and taxes. Yet when it comes to death, trying to avoid that certainty has created a culture of discomfort and poor care when it comes to helping people face the end of their lives. “Death is hidden from us,” said Tracy Balboni in this episode of “Harvard Thinking.” She’s a radiation oncologist and physician at Brigham and Women’s Hospital and Dana-Farber Cancer Institute. “<i>But death will come. As far as I know, no one has avoided it. And yet we’re largely divorced from how to embrace that as families, as</i></p>

	<p>communities, in a way that is honoring of both the person who is dying as well as the individuals who are losing a loved one.”</p> <p>For good reason, healthcare tends to be highly specialized. But the terminally ill often face a confusing mix of messages from their different providers. Mildred Solomon, a professor at Harvard Medical School and president <i>emerita</i> of The Hastings Center said that clinicians should think about care more holistically.</p> <p>“We need integrative team-oriented care, and we need some triggers for when such team care is especially important,” Solomon said.</p> <p>“When we just ask [the patient], ‘What do you want to do?’ That’s an irresponsible interpretation of autonomy.”</p> <p>Chris Berlin, an instructor in ministry and spiritual care at Harvard Divinity School, said that chaplains can provide spiritual support. Their role is not to make decisions for the patients, but to walk alongside them and help them navigate such an uncertain time.</p> <p>“In Buddhism, we have this term <i>Kalyāṇamitra</i>, which literally means spiritual companion. It’s like a friend on the path,” he said. “That is how I think of spiritual care.”</p> <p>In this episode, host Samantha Laine Perfas speaks with Balboni, Solomon, and Berlin about what end-of-life care is, and what it could be.</p> <p>Access podcast</p>
<p>Caregiving</p>	<p>28. New York Times (free access) March 7, 2024 Home Care Aides Fight to End 24-Hour Shifts: ‘This Work Is Killing Them’ By Stefanos Chen This article discusses the fight to ban 24-hour shifts for home care aides in New York City.</p> <p>The Problem:</p> <ul style="list-style-type: none"> • Home care aides are required to work 24-hour shifts for some patients but are only paid for 13 hours. • This leaves them sleep deprived and exhausted, harming their health and well-being. • Many aides are immigrants and older adults themselves. <p>The Fight to End It:</p> <ul style="list-style-type: none"> • Home care workers and advocates are pushing for a bill to ban 24-hour shifts. • They argue it will improve working conditions, attract more workers, and make the job sustainable. <p>The Opposition:</p> <ul style="list-style-type: none"> • Home care agencies worry the cost of care will increase if 24-hour shifts are banned. • The City Council says it's a state issue, not a city one. <p>The Stakes:</p> <ul style="list-style-type: none"> • New York's aging population needs more home care aides. • The industry is expected to grow significantly in the coming years. • But poor working conditions make it hard to attract and retain workers.
<p>Civil Rights</p>	<p>29. U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR)</p>

	<p>April 26, 2024 <u>HHS Releases Key Regulations To Protect Civil Rights in Health Programs</u> <i>Final “1557 Rule” includes important provisions for disabled people and older adults</i></p> <p>The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) <u>published a final rule</u> implementing Section 1557 of the Affordable Care Act (ACA), which prohibits discrimination based on race, color, national origin, sex, age, and disability in covered health programs and activities.</p> <p>This essential regulation helps to establish robust civil rights protections for people who use health programs and services funded by HHS, including many of ACL’s programs. The regulation includes a number of provisions that are particularly relevant for older adults and people with disabilities.</p> <p>OCR is finalizing this rule during a once-in-a-generation moment for civil rights regulations, particularly for people with disabilities. In addition to Section 1557, HHS is undertaking updates to its rule implementing <u>Section 504 of the Rehabilitation Act</u> (which protects people from discrimination based on disability). The departments of Education, Housing and Urban Development, and Justice have all also announced or undertaken actions related to Section 504, and the Access Board has taken action on five rules updating accessibility standards for people with disabilities over the past two years. To help you easily find the details on each of these actions, ACL has created a <u>website tracking developing disability-related regulations</u>.</p> <p>This final rule is a landmark achievement for health equity. It will help ensure that all people, regardless of race, color, national origin, sex, age, or disability, will have access to the health care they need, free from discrimination. ACL will be working with OCR to help educate older adults and people with disabilities about their rights under Section 1557 and to help our networks understand their obligations.</p> <p>Related Links</p> <ul style="list-style-type: none"> • <u>Read the HHS press release</u> • <u>Final rule in the Federal Register</u> • <u>OCR's Section 1557 webpage</u>
<p>Workforce</p>	<p>30. The Global Ageing Network April 16, 2024 <u>Global Perspectives on Foreign-Born Workers Panel Discussion</u> By GlobalAgeing</p> <p>A growing number of aging services providers are recruiting foreign-born immigrants and refugees to staff their care settings worldwide. . . . During the session, U.S. and Canadian colleagues explored current recruitment, training, and retention strategies employers use to attract foreign-born caregivers. The discussion included high-level perspectives on the ethics of these strategies, including the impact of worker migration on immigrants’ countries of origin. . . .</p> <p>Panelists asked participants to envision how provider organizations worldwide might come together to address global workforce challenges, while also supporting foreign-born caregivers through skills training, core competencies, and ethical recruitment standards.</p> <p>Foreign-Born Worker Survey</p>

	<p>The Global Ageing Network is actively working to help gather data from foreign-born workers worldwide that will help inform solutions to these widespread workforce shortages and challenges. The survey is brief, anonymous, and available in all world languages.</p> <p>Access the survey here.</p>
Public Sessions	<p>31. BOSTON DISABILITY FORUM Wednesday, May 1, 2024, 2:00 p.m. Suffolk University Law School, 120 Tremont St., Boston Boston holds its annual Disability Community Forum in hybrid fashion. City Disability Commissioner Kristen McCosh gives a brief presentation, then the remainder of the hour-and-a-half event is open for public comment and question-answer. "The purpose of the event is to provide an opportunity for Boston residents with disabilities to share their feedback on and ask questions about City services," Mayor Wu's office said. Virtual Access Info</p>
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
Websites	<p>National Health Law Program https://healthlaw.org/ The National Health Law Program defends and fights to expand health and civil rights of those most in need and those with the fewest resources. They strive to give a voice to low-income individuals and families in federal and state policy making, promote the rights of patients in emerging managed-care health care systems that too often put profits over people, and advocate for a health care system that will ensure all people have access to quality and comprehensive health care.</p> <p>The Global Ageing Network https://live-globalageing.pantheonsite.io/ "The world's only network of ageing service providers." The Global Ageing Network is a community of organizations that provide services to older adults wherever they call home. They are leaders in long term care, senior housing, community based.</p> <p>The National Council for Mental Well Being https://www.thenationalcouncil.org/ Fighting for a stronger, better-funded, more integrated approach to mental health and substance use care.</p> <p>Wise and Healthy Aging https://www.wiseandhealthyaging.org/ Wise & Healthy Aging, a community-based, nonprofit organization, advances the dignity and quality of life of older adults through leadership, advocacy and high-quality, innovative services.</p> <p>California Advocates for Nursing Home Reform (CANHR) https://canhr.org/ Since 1983, California Advocates for Nursing Home Reform (CANHR), a statewide nonprofit 501(c)(3) advocacy organization, has been dedicated to improving the choices, care and quality of life for California's long term care consumers. Through direct advocacy, community education, legislation and litigation it has been CANHR's</p>

	goal to educate and support long term care consumers and advocates regarding the rights and remedies under the law, and to create a united voice for long term care reform and humane alternatives to institutionalization.		
Blogs			
Podcasts	The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics. Consumer Voice Podcast Library		
Previously recommended websites	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> .		
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .		
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/		
Contact information for reporting complaints and concerns	<table border="1"> <tr> <td>Nursing home</td> <td> Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program </td> </tr> </table>	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
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Nursing Home Closures (pending)	Massachusetts Department of Public Health <i>Benjamin Healthcare Center, Roxbury</i> Closure date: July 1, 2024 <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024 <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) For more information about each individual facility, please use the Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website .		
Nursing Home Closures	Massachusetts Department of Public Health <i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024 <i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024 <i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024 <i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023 <i>Willimansett East, Chicopee</i> Closure date: June 6, 2023 <i>Willimansett West, Chicopee</i> Closure date: June 6, 2023 <i>Chapin Center Springfield</i> Closure date: June 6, 2023		

	<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>
<p>Nursing homes with admission freezes</p>	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>
<p>Massachusetts Department of Public Health Determination of Need Projects</p>	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care 2023</i> <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – 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</p>

<p>List of Special Focus Facilities</p>	<p><u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></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</p> <p>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.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>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. <p>Massachusetts facilities listed (updated March 29, 2023)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • Somerset Ridge Center, Somerset https://somersetridge rehab.com/ Nursing home inspect information: <u>https://projects.propublica.org/nursing-homes/homes/h-225747</u> • South Dennis Healthcare <u>https://www.nextstephc.com/southdennis</u> Nursing home inspect information: <u>https://projects.propublica.org/nursing-homes/homes/h-225320</u> <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough <u>https://tinyurl.com/MarlboroughHills</u>
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	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063</p> <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • 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 <p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • 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 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram
Nursing Home Inspect	ProPublica Nursing Home Inspect

	<p>Data updated November 2022</p> <p>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).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>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></p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</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></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple</p>																								

	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.																																													
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 Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																													
<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>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jiimlomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td>baskinfrank19@gmail.com cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jiimlomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	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	Housing	Bill Henning	bhenning@bostoncil.org	Veteran Services	James Lomastro	jiimlomastro@comcast.net	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jiimlomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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<p>Note of thanks</p>	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Wynn Gerhard • Jerry Halberstadt • Dick Moore <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> <i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i> <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> <i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i> https://dignityalliancema.org/dignity-digest/ <i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	