



The Dignity Digest

Issue # 186

May 7, 2024

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

	<p>*May require registration before accessing article.</p>
<p>DignityMA Zoom Sessions</p>	<p>Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.</p>
<p>Support Dignity Alliance Massachusetts during May, Older Americans Month.</p> <p>Please Donate!</p>	<p>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.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
<p>Spotlight</p>	
<p>Quotes</p>	<p><i>Biden administration officials said the new [nursing home minimum staffing] rule is necessary to limit cases of resident neglect or delays in care, a lingering issue that was exposed when more than 200,000 nursing home residents and staff died from COVID-19 in the first two years of the pandemic. A USA TODAY analysis found just 160 skilled nursing facilities out of about 14,500 would have</i></p>

met the new requirements every day last summer. (Emphasis added.)

[Democratic lawmakers demand answers on nursing homes' staffing, corporate spending](#), USA Today, May 6, 2024

[L]etters, signed by [U.S. Sens. Elizabeth Warren, Bernie Sanders, and Richard Blumenthal and U.S. Reps. Jan Schakowsky and Lloyd Doggett], said National Healthcare Corp., the Ensign Group, Inc., and Brookdale Senior Living Inc. spent nearly \$650 million on executive pay, stock buybacks and dividends since 2018.

[Democratic lawmakers demand answers on nursing homes' staffing, corporate spending](#), USA Today, May 6, 2024

*“She wasn’t mobilized, she had nothing to cognitively engage her, she hadn’t eaten, and she became increasingly agitated, trying to get off the stretcher and arguing with staff. **After a prolonged hospital stay, she left the hospital more disabled than she was when she came in.**” . (Emphasis added.)*

Maura Kennedy, Mass General’s chief of geriatric emergency medicine, describing an 80-something woman with a respiratory infection who languished in the ER for more than 24 hours after physicians decided she needed inpatient hospital care, [Stranded in the ER, Seniors Await Hospital Care and Suffer Avoidable Harm](#), KFF Health News, May 6, 2024

“You walk through ER hallways, and they’re lined from end to end with patients on stretchers in various states of distress calling out for help, including a number of older patients.”

Hashem Zikry, an emergency medicine physician at UCLA Health, [Stranded in the ER, Seniors Await Hospital Care and Suffer Avoidable Harm](#), KFF Health News, May 6, 2024

In 2010, [Massachusetts’] hospitals collectively had 3,132 licensed beds, 88 percent of which were staffed. . . In 2020, the [state] had 3,148 licensed beds, with only 82 percent staffed.

[New DPH Guidance Extends Temporary Hospital Beds](#), **State House News**, May 2, 2024

"I know [amyotrophic lateral sclerosis (ALS)] is a very tough issue for folks, but in my heart, and my mind, and my soul, I know we're going to cure ALS. I know we're going to do that. I know we have the bandwidth, and we have the minds, and we have the political will to make that happen."

State Senator Sal DiDomenico, whose mother died from ALS in October, [Providers, Families Seek Legislative Urgency to Support ALS Treatment](#), **State House News**, May 2, 2024

Lift-assist 911 calls from assisted living and other senior homes have spiked by 30 percent nationwide in recent years to nearly 42,000 calls a year. . . That's nearly three times faster than the increase in overall 911 call volume during the same 2019-2022 period, the data shows.


The growth has infuriated first responders who say these kinds of calls — which involve someone who has fallen and is not injured but can't get up — unfairly burden taxpayers and occupy firefighters with non-emergencies that should be handled by staff at facilities that charge residents as much as \$7,000 a month.

[Senior homes refuse to pick up fallen residents, dial 911. 'Why are they calling us?'](#), **Washington Post**, May 3, 2024

"Interpersonal aggression is common in assisted living facilities and staff are inadequately trained to deal with it. Residents are vulnerable to psychological distress and physical injury from other residents, and that's something we need to take very seriously."

[Karl Pillemer](#), the Hazel E. Reed Professor of Psychology in Cornell's College of Human Ecology (CHE) and professor of gerontology in medicine at Weill Cornell Medicine, [Cornell University Study Finds Resident-to-Resident Aggression Common in Assisted Living Facilities](#), **India EducationDiary.com**, May 4, 2024

	<p><i>“If you're taking the money to work with kids with disabilities, it shouldn't be a lot to ask to have some transparency.”</i></p> <p>Ben Tobin, education advocate, Potential conflicts of interest widespread at Mass. special ed schools, WBUR, May 6, 2024</p> <p><i>The for-profit health care system that has become the biggest boogeyman in Massachusetts announced overnight its move to seek bankruptcy proceedings.</i></p> <p>Steward crisis lurches into the next phase with bankruptcy filing, MassterList, May 6, 2024</p> <p><i>“What this little piece of legislation has uncovered is a huge problem — elder care is a big, big mess.”</i></p> <p>Illinois State Representative Terra Costa Howard, States Across the Country Are Reforming Guardianship. New York Is Not One of Them, ProPublica, April 30, 2024</p> <p><i>Ultimately, there are not enough affordable housing options to meet the needs of older adults with limited budgets and accessibility needs, and personal care services are not always comprehensive or adequate. Fully scaled rental subsidies, home modification programs, personal care assistance, and service coordination are all key to ensuring the housing stability of older Boston residents.</i></p> <p>Advanced Age Can Increase Risk of Housing Insecurity and Homelessness (Harvard Joint Center for Housing Studies, May 6, 2024)</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>FY 2025 State Budget Senate Budget Release (State House News, May 3, 2024)</p> <p>FY 2024 State Budget Supplement (H4582) Healey Signs Shelter Funding, Stay Limit Bill (State House News, April 30, 2024)</p> <p>Steward Health Care Steward Health Care seeks bankruptcy protections (WBUR, May 6, 2024) Steward crisis lurches into the next phase with bankruptcy filing (MassterList, May 6, 2024)</p> <p>Nursing Homes</p>

	<p><u>Nursing home resident aggression represents widespread concern (McKnights Long Term Care News, May 6, 2024)</u> <u>Democratic lawmakers demand answers on nursing homes' staffing, corporate spending (USA Today, May 6, 2024)</u></p> <p>Assisted Living <u>Cornell University Study Finds Resident-to-Resident Aggression Common in Assisted Living Facilities (India EducationDiary.com, May 4, 2024)</u> <u>Senior homes refuse to pick up fallen residents, dial 911. 'Why are they calling us?' (*Washington Post, May 3, 2024)</u></p> <p>Health Care <u>Stranded in the ER. Seniors Await Hospital Care and Suffer Avoidable Harm (KFF Health News, May 6, 2024)</u> <u>New DPH Guidance Extends Temporary Hospital Beds (State House News, May 2, 2024)</u> <u>Providers, Families Seek Legislative Urgency to Support ALS Treatment (State House News, May 2, 2024)</u> <u>Philips Agrees to Pay \$1 Billion to Patients Who Say They Were Injured by Breathing Machines (ProPublica, April 30, 2024)</u> <u>A Doctor at Cigna Said Her Bosses Pressured Her to Review Patients' Cases Too Quickly. Cigna Threatened to Fire Her. (ProPublica, April 29, 2024)</u></p> <p>Guardianship <u>States Across the Country Are Reforming Guardianship. New York Is Not One of Them. (ProPublica, April 30, 2024)</u></p> <p>Medicaid <u>Ensuring Access to Medicaid Services Final Rule (Centers for Medicare and Medicaid Services, April 22, 2024)</u></p> <p>Disability Topics <u>Potential conflicts of interest widespread at Mass. special ed schools (WBUR, May 6, 2024)</u> <u>Passage of H.R. 485 is a Milestone, Bipartisan Senate Support Now Needed to Ban QALY (Alliance for Aging Research, February 7, 2024)</u></p> <p>Aging Topics <u>2024 Elder Law Guide for Older Adults (15th edition) (Massachusetts Bar Association)</u></p> <p>Homelessness <u>Advanced Age Can Increase Risk of Housing Insecurity and Homelessness (Harvard Joint Center for Housing Studies, May 6, 2024)</u></p> <p>Financial Exploitation <u>Suit: Store scammed elderly woman (*Salem News, May 6, 2024)</u></p> <p>Transportation <u>Accessibility Updates from the MBTA—Requesting Assistance in Stations (Massachusetts Bay Transportation Authority, May 6, 2024)</u></p>
	<p>May is Older Americans Month</p> <p>IN MASSACHUSETTS, LET DIGNITY ALLIANCE BE YOUR CONNECTION</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.

Join us in promoting the benefits of connecting with others. Here are some ways you can participate.

- 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

My Story



Penny Shaw is a Dignity Alliance Massachusetts participant. She has lived in a nursing home in Massachusetts for about two decades and is a renowned advocate for residents in long-term care. Penny was a policy

Disability, Nursing Home Life and Meaningful Relationships
By Penny Shaw

After becoming unexpectedly disabled and living in a nursing home, I became aware of the importance of meaningful relationships.

In acute care at first, a colleague and friend from UMass/Boston - where we both taught - was by my side continuously. Then when I ended up in the nursing facility where I now live I was taught how to use a computer and email. I was able to stay connected with her. Sadly, she died some years ago at age 96.

Another friend who lived near me when I still lived in the community has been with me my entire medical journey - from unexplainable falling through life support and paralysis. Today, she is my power of attorney and healthcare proxy.

advisor to the Centers for Medicare and Medicaid Services (CMS) and was part of the White House's Coronavirus Commission for Safety and Quality in Nursing Homes.

A colleague - I taught with at Boston University - has been by my side for over twenty years now. She reconnected with me after my disappearance into life support and a rehabilitation hospital. She visits me frequently in person. Once when she was on vacation she actually emailed me from a cruise ship!

Before becoming paralyzed, my friends and I used to go to theaters to see plays or to a concert. Now - since my only sense of movement is when I move about in my wheelchair - I prefer activities where I do not have to stay still for a long time.

Other meaningful people in my life - that I had not been able to communicate with for a few years - were able to reconnect with me. They bring back memories of my earlier life. One I have known since kindergarten. Several from my college years. Another was a teaching assistant in French with me when I was working on my doctoral degree.

I worked in Santo Domingo, Dominican Republic in the 1970's. I shared a house with a woman who became a friend. Back in the U.S. she connected me with her sister in New York - because both of us are advocates. I am now a friend with her as well.

Although I am unable to see most of these people in person, we remain close. We stay in touch via the internet and the U.S. Postal Service. I do not have phone calls with them because my shoulders don't work properly. I am unable to hold a phone up to my ear long enough with just my elbow.

One friend and her husband send me an incredible annual update at year's end of their travels, work, and leisure activities like cross country skiing. Even about how there are deer in their backyard.

I would like to visit these individuals in person, but I live in Massachusetts and my out-of-state friends are in Minnesota, Michigan, Georgia, and Florida. Even with the progress regarding travel for people who use wheelchairs like me, this is insufficient. An accessible plane and hotel room are not enough. I am a two-person-assist for care. I also need access to 24-hour care and equipment such as a Hoyer lift. So, I must stay in the nursing home.

I return to my home state of Michigan through memories and internet visits.

As I am a nursing home resident with a disability, I have made new friends and colleagues among long-term care and disability advocates. One taught me my rights as a nursing home resident. Becoming both a friend and mentor. She has supported my becoming an advocate. She is always available for support, advice, and strategies for problem-solving the many challenges of nursing home life.

Another meaningful relationship I have is with a prominent advocate for older adults who is a nationally-known RN PhD. She is a scholar and former Secretary of the Office of Elder Affairs in Massachusetts. She was also the Director of the Division of Nursing Homes in the Centers for Medicaid and Medicare Services. She is always available to me for advice and support.

In the disability community, I have new friends and colleagues. I am a member of the board of a disability advocacy organization here in Massachusetts. Unfortunately, board and committee calls occur at dinner time in my facility when I'm not available. This has hampered my ability to be a fully active member of the board.

Then there are friends and neighbors I see in person. One uses an electric wheelchair like me. She once used her chair - attaching a small plow - to clear sidewalks of snow for me. She advises me on my rights to architectural access in our community. She improved leg supports on a new wheelchair by making them higher up so my legs wouldn't slide off. She invited me to be a plaintiff in a Title II lawsuit against our Town for noncompliance with the ADA [Americans with Disabilities Act].

A couple who lives near me assisted me by putting my legs back on a new wheelchair which had fallen off. I often run into them. There are also acquaintances I see regularly at my local public library.

In the facility where I live I have made friends with staff. One who was an aide here. I would never have been befriended by such a fine person had I not been disabled living in a facility. Sadly, she died unexpectedly. I gave the eulogy at her funeral service. Her obituary said she touched many lives and will forever remain in our hearts. Both of these are true.

	<p>A couple of other staff have become friends with me. One is at the management level. We have a range of topics we like to talk about. Another actually accompanied me outside and put the required special glasses on me - so I could see the once-in-my lifetime solar eclipse in 2024.</p> <p>Friends make sure I have everything I need with gift cards or by bringing me items in person. Their generosity assures me that I do not lack essential material possessions.</p> <p>People with whom I have significant relationships are all individuals I trust and have confidence in. I am often frustrated by how much they do for me and how little I am able to do for them in return.</p> <p>Meaningful relationships are thus a crucial element in my living a full life. They benefit me emotionally, physically, socially and instrumentally. They are essential to my survival. In my 80's now I ask myself whether I will continue to make more relationships like these.</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=blJaVzkzblp6aml0YjRPYmNLMzlhUT09 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> <ul style="list-style-type: none"> • Brief overview of MA's housing environment • Breakout groups for attendees to discuss top housing challenges and potential solutions • Attendees reconvene for closing remarks <p>Schedule:</p>

	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 (UTECE)	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
	<p>Downloads</p> <ul style="list-style-type: none"> • Statewide Housing Plan Regional Listening Sessions Overview Presentation • Data from North Shore Regional Listening Session 				
Webinars and Other Online Sessions	<p>3. Gray Panthers of NYC – Transformation Tuesdays Tuesday, May 21, 2024, 1:15 p.m. Energizing Action Against Ageism This webinar is an official side event of the United Nations Open-Ended Working Group on Ageing.</p>				

	<p>Presenters:</p> <ul style="list-style-type: none"> • Tracey Gendron, Chair, Dept of Gerontology, Virginia Commonwealth University • Ken Dychtwald, Founder/CEO Age Wave • Jordan Evans, Co-Founder, Art Against Ageism <p>4. National Paralysis Resource Center Wednesday, May 22, 2024, 3:00 p.m. Preventative Cancer Screenings While Living With Paralysis Preventative cancer screenings can provide life-saving early detection. For women living with paralysis, accessing these screenings can be a very difficult and frustrating experience. The Preventative Cancer Screenings While Living with Paralysis webinar will feature a panel discussion among two women living with paralysis who are cancer survivors and an oncologist. The panelists will explore the importance of preventative cancer screenings, the physical and attitudinal barriers to accessing them, strategies for overcoming these barriers, including self-advocacy, how to find a provider who offers accessible screenings, and what questions to ask when making an appointment. Audience members will gain an understanding of the shared challenges women with paralysis face when accessing preventative cancer screenings and be empowered to obtain the screenings they need to remain healthy. Register for the webinar</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><i>Request for Information</i></p> <p>Responses must be submitted electronically no later than 3:00 p.m. May 28th, 2024.</p>	<p>5. 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>6. State House News May 3, 2024 Senate Budget Release Senate Ways and Means Committee plans to release Senate</p>

	<p>With the benefit of knowing what the governor and House have already embraced, the Senate will roll out its spending plan next week for fiscal year 2025. The budget year that starts July 1 is expected to be a relatively tight one. The governor, House and Senate agreed in January to build their fiscal 2025 budgets on a consensus revenue forecast of \$40.202 billion plus an additional \$1.3 billion in surtax revenue, which represents "essentially flat" growth, Administration and Finance Secretary Matt Gorzkowicz said at the time. To keep up with the state's heightened appetite for spending and a desire to continue making investments, the governor and House embraced the use of one-time revenue sources and the Senate is likely to do much of the same. Healey's budget relied on \$1.1 billion in one-time revenue and the House budget would use about \$1.03 billion in one-time money. The House and governor are also in agreement on allowing the use of up to \$375 million in "excess" capital gains tax revenues (should they materialize) to be spent instead of automatically stashed into savings next year. Despite the fiscal constraints, the Senate is expected to promote its budget as making needed investments across the commonwealth. Senate President Karen Spilka is pushing to make community college tuition-free universally, something the House has not shown an interest in. Spilka is also expected to promote a public-private partnership in the budget to create additional child care seats across Massachusetts. Child care was also a focus of investment in the House budget, but representatives voted to legalize online Lottery sales to generate \$100 million a year for early education and care. Spilka (and the Senate under her leadership) have not been keen on the idea of online Lottery sales in the past. Amendments will be due Friday afternoon and the Senate plans to start debate on its budget on Tuesday, May 21.</p>
<p>FY 2024 State Budget Supplement (H4582)</p>	<p>7. State House News April 30, 2024 <u>Healey Signs Shelter Funding, Stay Limit Bill</u> By Sam Doran Gov. Maura Healey signed into law a new nine-month limit on how long families can live in Massachusetts emergency shelters and stamped her approval on the Legislature's plan to pull up to \$426 million from a savings account to pour into the ongoing migrant housing crisis. Outside provisions include:</p> <ul style="list-style-type: none"> • Amended provisions relative to licensed practical nurses to establish that an individual who graduated from a registered nursing or practical nursing program approved by the board or who is a senior nursing student attending the last semester of a registered nursing or practical nursing program approved by the board may practice nursing; provided, that certain conditions are met. • Delays a requirement from the 2021 Covid-19 emergency bill, which extends the authority nurses employed by an assisted living residence to provide skilled nursing care
<p>Steward Health Care</p>	<p>8. WBUR May 6, 2024</p>

[Steward Health Care seeks bankruptcy protections](#)

By Elisabeth Harrison

Steward Health Care Files for Bankruptcy, Massachusetts Scrambles to Ensure Stability

Steward Health Care, the biggest for-profit hospital chain in the US, has filed for Chapter 11 bankruptcy. This move aims to restructure their debt while keeping hospitals operational, including 8 locations in Massachusetts.

Key Points:

- **Financial Troubles:** Steward has faced financial difficulties for months, impacting service quality and causing supply shortages.
- **State Response:** Massachusetts officials anticipated this and are committed to maintaining patient access to care. A press conference is planned to address the situation.
- **Patient Impact:** Steward facilities will remain open with continued health plan coverage.
- **Employee Impact:** Steward promises continued employment for its workers.
- **Uncertain Future:** The long-term ownership of Steward's Massachusetts hospitals is unclear. Complexities include a lease agreement and a potential physician network sale.
- **Financial Transparency:** The bankruptcy process might reveal the reasons behind Steward's financial woes. The company has previously been criticized for its lack of financial transparency.
- **Potential Reforms:** This situation has renewed calls for stricter hospital regulations in Massachusetts.

Massachusetts' Focus:

- Maintaining a stable healthcare system.
- Finding new ownership for Steward's Massachusetts hospitals.

9. MassterList

May 6, 2024

[Steward crisis lurches into the next phase with bankruptcy filing](#)

By Ella Adams, Chris Lisinski

Steward Health Care filed for Chapter 11 bankruptcy, jettisoning its financial crisis into a new phase.

The for-profit health care system that has become the biggest boogeyman in Massachusetts announced overnight its move to seek bankruptcy proceedings, which it said would help restructure debt.

"Steward does not expect any interruptions in its day-to-day operations, which will continue in the ordinary course throughout the Chapter 11 process," the company wrote in a [press release](#) published early Monday morning. "Steward's hospitals, medical centers and physician's offices are open and continuing to serve patients and the broader community and our commitment to our employees will not change."

As part of the new announcement, Steward leaders said they are finalizing "debtor-in-possession" financing terms with Medical Properties Trust, the real estate investment trust that owns Steward's hospital properties in Massachusetts. That deal would provide \$75 million in initial funding and another \$225 million if Steward fulfills "certain conditions acceptable to Medical Properties Trust."

	<p>Steward CEO Ralph de la Torre, who has drawn intense criticism in recent months from policymakers and regulators, blamed the system's financial woes on the reimbursement rates it receives from public insurers and a "delay" in closing a deal to sell Steward's physician network.</p> <p>Days before Steward announced its bankruptcy filing, the Healey administration launched an incident command system to coordinate the state's response to any Steward upheaval and protect patient care.</p> <p>According to Health and Human Services Secretary Kate Walsh, the Healey administration is "working with Steward" and other partners to support an "orderly transfer of ownership" without losing access to care or jobs.</p> <p>The Massachusetts Nurses Association said the bankruptcy declaration should "embolden" the Legislature, administration and health care industry at large to "immediately take whatever steps are needed to ensure the preservation of these facilities and the safe transition to more stable and responsible not for profit ownership."</p>
<p>Nursing Homes</p>	<p>10. McKnights Long Term Care News May 6, 2024 Nursing home resident aggression represents widespread concern By Donna Shryer</p> <p>In the first large-scale study on resident-to-resident elder mistreatment (RREM) in nursing homes, researchers found a one-month prevalence of all RREM types of 20%.</p> <p>The sample consisted of 2,011 residents in 10 facilities in New York. Breaking down mistreatment, the study cited verbal aggression as most common at 9%, followed by physical aggression at 5%, other forms of mistreatment at 5%, and sexual mistreatment at 0.6%. These findings shed light on a prevalent yet often underreported issue in long-term care facilities.</p> <p>To reduce the RREM consequences, including physical injury, psychological distress and increased staff burnout, the study identified potential solutions. Nursing homes might implement targeted interventions for residents with milder cognitive impairment, behavioral symptoms, and those residing in special care units for dementia — all groups at higher risk of RREM involvement. Additionally, ensuring adequate staffing levels would allow for personalized strategies focused on residents, although increasing staff is not always a viable option.</p> <p>Key takeaways:</p> <ol style="list-style-type: none"> 1. RREM aggression ranges from verbal abuse, such as name-calling or threats, to physical altercations, like hitting or shoving, and even sexual mistreatment in some cases. 2. Residents with milder dementia, behavioral symptoms and better functional abilities were more likely to be involved in RREM incidents. Those with more severe cognitive impairment were less prone to instigating or being involved in mistreatment. 3. Special care units for dementia have an elevated risk for RREM due to a greater number of residents with cognitive and behavioral problems, like wandering, yelling, and rummaging through others' belongings.

This study's lead author, Karl Pillemer, the Hazel E. Reed Professor of Psychology in Cornell's College of Human Ecology (CHE) and professor of gerontology in medicine at Weill Cornell Medicine, emphasized a need for next steps. "Interpersonal aggression is common in assisted living facilities and staff are inadequately trained to deal with it. Residents are vulnerable to [psychological](#) distress and physical injury from other residents, and that's something we need to take very seriously."

11. USA Today

May 6, 2024

[Democratic lawmakers demand answers on nursing homes' staffing, corporate spending](#)

By Ken Alltucker

Three U.S. senators and two U.S. representatives have called out the corporate spending of three large nursing home companies amid the industry's opposition to the Biden administration's rule to set minimum staffing levels.

In letters sent Sunday to executives of three large chains, U.S. Sens. Elizabeth Warren, [Bernie Sanders](#), and Richard Blumenthal and U.S. Reps. Jan Schakowsky and Lloyd Doggett questioned the nursing homes' spending on executive compensation, stock buybacks, and dividends as the industry protests a new staffing rule for nursing homes.

The letters, signed by the four Democrats and Sanders, a Vermont Independent, said National Healthcare Corp., the Ensign Group, Inc., and Brookdale Senior Living Inc. spent nearly \$650 million on executive pay, stock buybacks and dividends since 2018. The lawmakers said such spending undermines "the claim that nursing homes cannot afford to pay for enough staff" to meet the new rule. . .

Demanding answers on corporate spending, nurse compensation, and turnover

Despite industry concerns about nursing and caregiver shortages, the three senators and two representatives said the number of nurses passing licensing tests has grown steadily since 2017.

"Turnover is high due to poor working conditions, understaffing of facilities, and low pay – conditions that you are in a position to rectify," the letters said.

According to the letter, the three publicly traded nursing home chains spent the following amounts from 2018 through 2023 on non-care expenses:

- National HealthCare Corp. spent more than \$210 million on stock buybacks and dividends and \$26.5 million on executive compensation.
- Ensign Group spent \$145.2 million on stock buybacks and dividends and \$144.8 million on executive compensation
- Brookdale Senior Living spent \$67.7 million on stock buybacks and dividends and \$48.9 million on executive compensation.

The senators and representatives demand the three companies answer how they determine executive pay and bonuses and whether such compensation is influenced by quality of care or profits. The letter also seeks answers on the three companies' average pay and tenure for their registered nurses and nurse aides.

	<p>The letters also demand that the companies provide any complaints or comments submitted by their nurses over staffing levels and pay. The elected officials also asked the companies to detail lobbying or advocacy spending, including payments that may have been used to advocate against a minimum federal staffing rule.</p>
<p>Assisted Living</p>	<p>12. India EducationDiary.com May 4, 2024 Cornell University Study Finds Resident-to-Resident Aggression Common in Assisted Living Facilities Aggression Common in Assisted Living Facilities, Study Finds A new study reveals a surprising prevalence of resident-to-resident aggression in assisted living facilities. Here are the key takeaways:</p> <ul style="list-style-type: none"> • Prevalence: Nearly 1 in 6 residents (15.2%) experience some form of aggression (verbal, physical, sexual) in a typical month. • Risk factors: Dementia significantly increases the risk, especially in memory care units. Residents with better mobility and senses are also at higher risk. • Comparison to nursing homes: The rate of aggression is similar to nursing homes, despite assisted living residents having more independence. • Impact: Aggression can cause physical and emotional harm, reducing residents' quality of life. • Solutions needed: Staff training on recognizing and de-escalating aggression, along with clearer facility policies, are crucial. <p>The study highlights the importance of addressing resident-to-resident aggression to ensure a safe and supportive environment in assisted living facilities.</p> <p>13. *Washington Post May 3, 2024 Senior homes refuse to pick up fallen residents, dial 911. 'Why are they calling us?' By Todd C. Frankel Lift Assists: Straining Firefighters and Senior Care Resources This article explores the growing controversy surrounding lift-assist calls from assisted-living facilities to fire departments. Here's a breakdown of the key points:</p> <p>The Problem:</p> <ul style="list-style-type: none"> • Lift-assist calls involve firefighters helping residents who have fallen but are not injured. • These calls have surged nationally, with a 30% increase in recent years. • Fire departments argue such calls strain resources and should be handled by assisted-living staff. <p>Reasons Behind the Surge:</p> <ul style="list-style-type: none"> • Assisted-living facilities often have "no-lift" policies to avoid back injuries and liability. • Staff shortages and cost-cutting measures at these facilities may contribute to the reliance on firefighters. <p>Impact on Fire Departments:</p> <ul style="list-style-type: none"> • Firefighters see these calls as non-emergencies, taking them away from real fires and medical emergencies. • The increased volume strains already stretched resources.

	<p>Solutions Explored:</p> <ul style="list-style-type: none"> • Some cities and towns are implementing lift-assist fees for repeat offenders (assisted-living facilities). • Legislation is proposed in Illinois to allow such fees statewide. • Industry groups representing assisted-living facilities oppose the fees, arguing it's a resident's home and should be treated the same as any residence. <p>Additional Considerations:</p> <ul style="list-style-type: none"> • Assisted-living facilities are less regulated than nursing homes, raising concerns about service limitations. • High staff turnover at these facilities may contribute to the reliance on external help. <p>The Debate:</p> <ul style="list-style-type: none"> • Fire departments argue they shouldn't be a "stopgap" for assisted-living facilities with inadequate staffing or resources. • Assisted-living facilities claim lift-assist fees unfairly target them and ultimately burden residents with the cost. <p>The Future:</p> <ul style="list-style-type: none"> • The issue highlights the challenges of caring for an aging population with limited resources. • Finding a balance between resident safety, assisted-living facility costs, and efficient use of emergency services remains a challenge.
<p>Medicaid</p>	<p>14. Centers for Medicare and Medicaid Services April 22, 2024 Ensuring Access to Medicaid Services Final Rule Ensuring beneficiaries can access covered services is a critical function of the Medicaid program and a top priority of the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS). Executive Order 14009 in 2021 established the policy objective to protect and strengthen Medicaid and the Affordable Care Act (ACA), and to make high-quality health care accessible and affordable for every American.^[1] In 2022, Executive Order 14070 directed agencies to identify ways to continue to expand the availability of affordable health coverage, to improve the quality of coverage, to strengthen benefits, and to help more Americans enroll in quality health coverage.^[2] The <i>Ensuring Access to Medicaid Services (Access rule)</i> final rule advances access to care and quality of care, and will improve health outcomes for Medicaid beneficiaries across fee-for-service (FFS) and managed care delivery systems, including home- and community-based services (HCBS) provided through those delivery systems.</p>
<p>Health Care</p>	<p>15. KFF Health News May 6, 2024 Stranded in the ER, Seniors Await Hospital Care and Suffer Avoidable Harm By Judith Graham Every day, the scene plays out in hospitals across America: Older men and women lie on gurneys in emergency room corridors moaning or suffering silently as harried medical staff attend to crises. Even when physicians determine these patients need to be admitted to the hospital, they often wait for hours — sometimes more than a</p>

day — in the ER in pain and discomfort, not getting enough food or water, not moving around, not being helped to the bathroom, and not getting the kind of care doctors deem necessary.

“You walk through ER hallways, and they’re lined from end to end with patients on stretchers in various states of distress calling out for help, including a number of older patients,” said Hashem Zikry, an emergency medicine physician at UCLA Health.

Physicians who staff emergency rooms say this problem, known as ER boarding, is as bad as it’s ever been — even worse than during the first years of the covid-19 pandemic, when hospitals filled with desperately ill patients.

While boarding can happen to all ER patients, adults 65 and older, who account for nearly 20% of ER visits, are especially vulnerable during long waits for care. Also, seniors may encounter boarding more often than other patients. The best estimates I could find, published in 2019, before the covid-19 pandemic, suggest that 10% of patients were boarded in ERs before receiving hospital care. About 30% to 50% of these patients were older adults.

“It’s a public health crisis,” said Aisha Terry, an associate professor of emergency medicine at George Washington University School of Medicine and Health Sciences and the president of the board of the American College of Emergency Physicians, which sponsored a summit on boarding in September.

What’s going on? I spoke to almost a dozen doctors and researchers who described the chaotic situation in ERs. They told me staff shortages in hospitals, which affect the number of beds available, are contributing to the crisis. Also, they explained, hospital administrators are setting aside more beds for patients undergoing lucrative surgeries and other procedures, contributing to bottlenecks in ERs and leaving more patients in limbo.

Then, there’s high demand for hospital services, fueled in part by the aging of the U.S. population, and backlogs in discharging patients because of growing problems securing home health care and nursing home care, according to Arjun Venkatesh, chair of emergency medicine at the Yale School of Medicine.

The impact of long ER waits on seniors who are frail, with multiple medical issues, is especially serious. Confined to stretchers, gurneys, or even hard chairs, often without dependable aid from nurses, they’re at risk of losing strength, forgoing essential medications, and experiencing complications such as delirium, according to Saket Saxena, a co-director of the geriatric emergency department at the Cleveland Clinic.

When these patients finally secure a hospital bed, their stays are longer and medical complications more common. And [new research](#) finds that the risk of dying in the hospital is significantly higher for older adults when they stay in ERs overnight, as is the risk of adverse events such as falls, infections, bleeding, heart attacks, strokes, and bedsores.

Ellen Danto-Nocton, a geriatrician in Milwaukee, was deeply concerned when an 88-year-old relative with “stroke like symptoms” spent two days in the ER a few years ago. Delirious, immobile, and unable to sleep as alarms outside his bed rang nonstop, the older man

spiraled downward before he was moved to a hospital room. “He really needed to be in a less chaotic environment,” Danto-Nocton said. Several weeks ago, Zikry of UCLA Health helped care for a 70-year-old woman who’d fallen and broken her hip while attending a basketball game. “She was in a corner of our ER for about 16 hours in an immense amount of pain that was very difficult to treat adequately,” he said. ERs are designed to handle crises and stabilize patients, not to “take care of patients who we’ve already decided need to be admitted to the hospital,” he said.

How common is ER boarding and where is it most acute? No one knows because hospitals aren’t required to report data about boarding publicly. The Centers for Medicare & Medicaid Services retired a measure of boarding in 2021. New national measures of emergency care capacity have been proposed but not yet approved.

“It’s not just the extent of ED boarding that we need to understand. It’s the extent of acute hospital capacity in our communities,” said Venkatesh of Yale, who helped draft the new measures.

In the meantime, some hospital systems are publicizing their plight by highlighting capacity constraints and the need for more hospital beds. Among them is [Massachusetts General Hospital](#) in Boston, which announced in January that ER boarding had risen 32% from October 2022 to September 2023. At the end of that period, patients admitted to the hospital spent a median of 14 hours in the ER and 26% spent more than 24 hours.

Maura Kennedy, Mass General’s chief of geriatric emergency medicine, described an 80-something woman with a respiratory infection who languished in the ER for more than 24 hours after physicians decided she needed inpatient hospital care.

“She wasn’t mobilized, she had nothing to cognitively engage her, she hadn’t eaten, and she became increasingly agitated, trying to get off the stretcher and arguing with staff,” Kennedy told me. “After a prolonged hospital stay, she left the hospital more disabled than she was when she came in.”

When I asked ER doctors what older adults could do about these problems, they said boarding is a health system issue that needs health system and policy changes. Still, they had several suggestions.

“Have another person there with you to advocate on your behalf,” said Jesse Pines, chief of clinical innovation at US Acute Care Solutions, the nation’s largest physician-owned emergency medicine practice.

And have that person speak up if they feel you’re getting worse or if staffers are missing problems.

Alexander Janke, a clinical instructor of emergency medicine at the University of Michigan, advises people, “Be prepared to wait when you come to an ER” and “bring a medication list and your medications, if you can.”

To stay oriented and reduce the possibility of delirium, “make sure you have your hearing aids and eyeglasses with you,” said Michael Malone, medical director of senior services for Advocate Aurora Health, a 20-hospital system in Wisconsin and northern Illinois.

“Whenever possible, try to get up and move around.”

Friends or family caregivers who accompany older adults to the ER should ask to be at their bedside, when possible, and “try to make

sure they eat, drink, get to the bathroom, and take routine medications for underlying medical conditions,” Malone said. Older adults or caregivers who are helping them should try to bring “things that would engage you cognitively: magazines, books ... music, anything that you might focus on in a hallway where there isn’t a TV to entertain you,” Kennedy said. “Experienced patients often show up with eye masks and ear plugs” to help them rest in ERs with nonstop stimulation, said Zikry of UCLA. “Also, bring something to eat and drink in case you can’t get to the cafeteria or it’s a while before staffers bring these to you.”

16. State House News

May 2, 2024

[New DPH Guidance Extends Temporary Hospital Beds](#)

By Alison Kuznitz

New Law Eyes Permanent Place In Workforce For Nursing Students

Massachusetts hospitals are dealing with overcrowding. To address this, the state Department of Public Health (DPH) extended a policy allowing them to use temporary adult medical/surgical beds in designated areas until April 1, 2025.

Here are the key points:

- **Reason for Temporary Beds:** Hospitals are exceeding their capacity due to a rise in patients, longer stays, and staffing shortages.
- **Details of the Policy:**
 - Temporary beds can be used until April 1, 2025.
 - These beds are placed in alternative care spaces like recovery units.
 - Specific types of beds (maternity, pediatric) cannot be replaced by temporary beds.
 - New, permanent guidance on surge beds is coming.
 - 541 temporary beds have been approved, with 275 currently occupied.
- **Concerns:**
 - Southeastern Massachusetts and Cape Cod are particularly impacted.
 - The potential closure of Steward hospitals due to financial struggles could worsen the situation.
- **Potential Solutions:**
 - The recent budget may provide staffing help for hospitals.
 - A permanent policy allowing more nurses to practice could ease staffing shortages.

Overall, this policy extension aims to provide some relief to overwhelmed hospitals in Massachusetts while longer-term solutions are developed.

17. State House News

May 2, 2024

[Providers, Families Seek Legislative Urgency to Support ALS Treatment](#)

By Alison Kuznitz

- Massachusetts ALS patients and researchers gathered at the State House to urge lawmakers for more funding and faster action on legislation.

- Challenges include high out-of-pocket costs and insurance barriers to treatment.
- Several bills aimed at reducing costs and improving access are stalled in committees.
- Despite the urgency, advocates highlighted promising research developments in Massachusetts, including the recent FDA approval of a new ALS drug.
- Researchers are optimistic about progress in early diagnosis and targeted therapies, but additional resources are needed.

Key points:

- Funding needed for patient care and research.
- Faster legislative action on bills easing access to treatment.
- Highlighting progress in Massachusetts research despite funding limitations.

18. ProPublica

April 30, 2024

[Philips Agrees to Pay \\$1 Billion to Patients Who Say They Were Injured by Breathing Machines](#)

By Debbie Cenziper, ProPublica; Michael D. Sallah, Pittsburgh Post-Gazette; and Julian Andreone, Medill Investigative Lab

The proposed settlement will effectively end more than 700 lawsuits filed after the 2021 recall of millions of the company's widely used sleep apnea devices and ventilators.

Philips Settles Lawsuit Over Faulty Sleep Apnea Machines

Philips has agreed to a settlement of over \$1 billion to resolve lawsuits from people who claim health problems linked to their recalled sleep apnea machines and ventilators.

Key Points:

- Over 700 lawsuits stemmed from the 2021 recall of millions of Philips machines due to potentially toxic foam.
- The settlement covers medical monitoring for concerned users and compensates some for-machine costs.
- Philips maintains they are not admitting fault despite the settlement.

Concerns and Investigations:

- Plaintiffs allege Philips knew about problems with the foam for years but delayed action.
- An investigative report revealed Philips withheld safety complaints and downplayed potential health risks.
- The FDA questioned Philips' safety claims and continues to investigate their oversight of the recall.

Moving Forward:

- Philips faces ongoing criminal investigations and stricter oversight from the U.S. government.
- Medical experts say the long-term health effects remain unclear, but Philips should have been more transparent.

19. ProPublica

April 29, 2024

[A Doctor at Cigna Said Her Bosses Pressured Her to Review Patients' Cases Too Quickly. Cigna Threatened to Fire Her.](#)

By Patrick Rucker, [The Capitol Forum](#), and [David Armstrong](#), ProPublica

	<p><i>Cigna tracks every minute that its staff doctors spend deciding whether to pay for health care. Dr. Debby Day said her bosses cared more about being fast than being right: "Deny, deny, deny. That's how you hit your numbers," Day said.</i></p> <p>Key Points:</p> <ul style="list-style-type: none"> • Dr. Day reviewed requests for costly procedures and medications for 15 years at Cigna. • She believes pressure to meet quotas led some doctors to make hasty decisions without proper checks. • Cigna reportedly used a "productivity dashboard" that measured review speed, not quality. <p>Cigna's Rebuttal:</p> <ul style="list-style-type: none"> • The company denies these claims, emphasizing thorough and accurate reviews by medical directors. • They claim the dashboard is for workload management, not individual performance evaluation. • Cigna argues faster reviews wouldn't lead to more denials, as approving everything would be quicker. <p>Evidence Supporting Dr. Day:</p> <ul style="list-style-type: none"> • A term like "click and close" suggests quick denials based on nurses' recommendations. • Cigna's bulk denial program raises quality control concerns. • Time limits on the productivity dashboard pressured doctors to work faster. <p>Potential Consequences:</p> <ul style="list-style-type: none"> • Rushed decisions could lead to wrongful denials of critical care. • Prior authorization delays can worsen the situation. • Inaccurate reviews by offshore nurses add complexity. <p>Unresolved Issues:</p> <ul style="list-style-type: none"> • It's unclear how Cigna addressed Dr. Day's concerns internally. • The impact of her complaints on Cigna's practices remains unknown. <p>The Takeaway:</p> <ul style="list-style-type: none"> • This case raises concerns about prioritizing speed over accuracy in healthcare decisions. • More oversight is needed for insurance companies' review processes, especially prior authorization and medical director reviews.
<p>Guardianship</p>	<p>20. ProPublica April 30, 2024 <u>States Across the Country Are Reforming Guardianship. New York Is Not One of Them.</u> By Jake Pearson <i>New York's system for caring for the sick and elderly is in shambles, experts say. But while lawmakers in other states are overhauling their</i></p>

	<p><i>approaches to guardianship, New York only budgeted \$1 million to address its deep-seated problems.</i></p> <p>New York Fails to Address Broken Guardianship System for Vulnerable Adults</p> <p>Across the US, states are reforming guardianship laws to better protect elderly and disabled adults. However, New York lags behind, despite a growing crisis in its system.</p> <p>The Problems:</p> <ul style="list-style-type: none"> • Over 28,000 New Yorkers rely on court-appointed guardians for care. • Lack of funding leaves many, especially low-income individuals, without proper guardians. • Weak oversight of guardians increases the risk of abuse and neglect. • New York's aging population will further strain the system. <p>What Other States Are Doing:</p> <ul style="list-style-type: none"> • Pennsylvania requires professional guardians to be certified. • Illinois is making it harder for guardians to exploit vulnerable individuals financially. <p>New York's Inaction:</p> <ul style="list-style-type: none"> • The recent state budget included no new funding for guardianship services, despite pleas from advocates. • A request for \$5 million to help low-income individuals was denied. • No powerful advocates are championing reform for the voiceless wards. <p>Possible Solutions Ignored:</p> <ul style="list-style-type: none"> • Increased funding for guardianship services, especially for low-income individuals. • Stronger oversight to prevent abuse and neglect. <p>The Future:</p> <ul style="list-style-type: none"> • Reform seems unlikely before the legislative session ends in June. • A key advocate is leaving the Senate, adding uncertainty. <p>Key Points:</p> <ul style="list-style-type: none"> • New York's inaction leaves many vulnerable adults at risk. • The state's approach to guardianship falls behind national trends of reform. • A modest investment could significantly improve the system.
<p>Disability Topics</p>	<p>21. WBUR May 6, 2024 <i>Potential conflicts of interest widespread at Mass. special ed schools</i> By Patrick Madden</p> <p>Special Ed Schools in Massachusetts: Conflicts and Lack of Oversight</p> <p>A WBUR investigation revealed widespread conflicts of interest and financial mismanagement at private special education schools funded by taxpayers in Massachusetts.</p> <p>Conflicts of Interest:</p> <ul style="list-style-type: none"> • Family Ties: Many schools employ relatives of school leaders or board members, raising concerns about nepotism. • Board Member Deals: Over half the schools awarded contracts or jobs to board members' relatives between 2 and 2023. • Lack of Transparency: How schools make hiring and spending decisions remains unclear.

	<p>Financial Mismanagement:</p> <ul style="list-style-type: none"> • Case Study: Broccoli Hall: This school exemplifies the issues. The founder's family holds the top 3 highest-paid positions. • Undocumented Spending: The school used the credit card excessively with missing receipts and faced issues with personal charges. • Lax Oversight: The state rarely scrutinizes the schools' finances, allowing problems to persist. <p>Systemic Issues:</p> <ul style="list-style-type: none"> • Limited State Oversight: The state Department of Education (DESE) doesn't routinely review financial audits. • Opaque Board Practices: Board meeting minutes are not publicly accessible, hindering accountability. • Stalled Reforms: Legislation requiring more financial transparency hasn't passed yet. <p>Impact:</p> <ul style="list-style-type: none"> • Potential Misuse of Taxpayer Funds: Financial mismanagement and nepotism raise concerns about how public funds are used. • Lack of Public Trust: • The secrecy surrounding decision-making erodes trust in the schools. • Calls for Reform: Advocates and lawmakers are pushing for stricter oversight and financial reporting. • The investigation highlights a need for increased transparency and accountability in Massachusetts' private special education schools funded by public dollars. <p>22. Alliance for Aging Research February 7, 2024 <u>Passage of H.R. 485 is a Milestone, Bipartisan Senate Support Now Needed to Ban QALY</u> The U.S. House of Representatives passed a bill (H.R. 485) prohibiting the use of QALYs (Quality-Adjusted Life Years) in government-funded healthcare programs. QALYs: Consider both length and quality of life when evaluating healthcare interventions. Opponents argue they undervalue the lives of elderly, disabled, and chronically ill people. The Bill: Aims to prevent discrimination in healthcare access based on age, disability, or illness. Extends existing protections for Medicare to Medicaid, Veterans Affairs, and other programs.</p>
Aging Topics	<p>23. Massachusetts Bar Association <u>2024 Elder Law Guide for Older Adults</u> (15th edition) The <u>Elder Law Education Guide</u> is the Massachusetts Bar Association's resource guide on a wide range of legal issues affecting the lives of older adults. The guide, prepared by attorneys, is made possible due to the participation, generous assistance and continued</p>

	<p>collaboration of the Massachusetts Chapter of the National Academy of Elder Law Attorneys. Topics include:</p> <ul style="list-style-type: none"> • Estate Planning • Veterans Benefits • MASSHEALTH (Medicaid) • Reverse Mortgages • Medicare • Healthcare Decisions, Medical Information and End-of-Life Decisions • Residents' Legal Rights in Long-Term Care • Retirement Planning
<p>Homelessness</p>	<p>24. Harvard Joint Center for Housing Studies May 6, 2024 <u>Advanced Age Can Increase Risk of Housing Insecurity and Homelessness</u> By Samara Scheckler With a <u>growing number of older adults experiencing homelessness</u> across the US, we interviewed housing, aging, and homelessness service providers in Boston to examine factors unique to older adults. In our report, <u>Pathways into and out of Housing Insecurity and Homelessness</u>, Jennifer Molinsky, Chris Herbert, and I explain that often, people who became unhoused for the first time at age 50 or older had struggled for many years to maintain their housing. Age-related experiences such as retirement, new chronic health conditions, or changes in ability then strained tenuous housing arrangements until they broke. While researchers have documented numerous factors that increase risk of homelessness, this research illuminates the ways age-related changes in income, health and ability, and networks exacerbate these risks.</p>
<p>Financial Exploitation</p>	<p>25. *Salem News May 6, 2024 <u>Suit: Store scammed elderly woman</u> By Caroline Enos Beauty Store Accused of Scamming Elderly Woman A beauty store named Beauty & Science (also known as Forever Flawless) is facing a lawsuit for allegedly scamming a 71-year-old woman out of over \$40,000. The Allegations:</p> <ul style="list-style-type: none"> • The lawsuit claims store employees targeted the woman due to her age and trust. • They allegedly convinced her a skincare package (worth under \$1,000) was actually worth over \$44,000 because of a fake discount. • The package included an LED light machine (typically \$200-\$500) that they falsely claimed used NASA technology and cost \$159,000. • The woman was pressured into paying with a check to avoid a credit card dispute process. <p>Not an Isolated Incident:</p> <ul style="list-style-type: none"> • The Massachusetts Attorney General's office has received 33 complaints against the company since 2017.

	<ul style="list-style-type: none"> • Similar complaints are reported online, including an 80-year-old woman allegedly scammed for \$9,000. <p>The Takeaway:</p> <ul style="list-style-type: none"> • The lawsuit is ongoing, but it raises concerns about the store's business practices. • The Attorney General's Office advises customers with complaints to file a chargeback with their credit card company.
<p>Transportation</p>	<p>26. Massachusetts Bay Transportation Authority May 6, 2024 Accessibility Updates from the MBTA—Requesting Assistance in Stations Topics covered:</p> <ul style="list-style-type: none"> • Common reasonable requests for assistance • How MBTA staff are trained • Station staffing levels and coverage decisions • Ways to request assistance—even if no station staff are nearby • Requesting to board using a bridge plate • What to do if something goes wrong <p>Identify and address issues with accessible service at the T by submitting an online Customer Support form on mbta.com. Under the Additional Details heading, be sure to check the box that says "This is an ADA/accessibility complaint/feedback" to ensure it goes to the right place. You can also call Customer Support at 617-222-3200 (voice or VRS) or 711 (TTY).</p>
<p>From Our Colleagues from around the Country</p>	<p>27. Tallgrass Economics May 5, 2024 A Discussion of Morals and Values in Institutional Care for the Elderly: How we Justify the Unjustifiable: Part I By Dave Kingsley Corporate Neglect and Abuse of Nursing Home Patients: A Low Risk-High Reward Practice Why do nursing home corporations provide suboptimal and neglectful care while earning robust profits?^[i] Because they can. Although the “law” is merely the codification of our morals, values, and ethics, it is of little consequence when it is not respected and enforced. Joe Sopcich’s article that accompanies this post indicates how laws and regulations designed to protect patients in nursing homes are pervasively ignored by providers while agencies of government fail to pursue remedies and hold culprits accountable.</p> <p>Joe writes about what desperate family members experience when they seek help from agencies charged with enforcing the rights of nursing home patients and families. This happens to poor and affluent families alike.^[ii] His late mother was a patient in the skilled nursing facility of a continuing care residential community (CCRC) – one of those retirement places where people can live through and receive services from independent and assisted living to skilled-long-term nursing home care. The experience described in the article is quintessential. Neglect of this type is pervasive while agency enforcement of codified patient rights is weak and ineffective.</p> <p>The industry benefits financially from lack of oversight and accountability. Understaffing and low pay results in lower costs and increased cash flow – that is, unjustifiable cost cutting enhances and</p>

protects shareholder value. Furthermore, the industry has successfully disseminated and sold a false narrative constructed on a “financial hardship” theme that has no relationship to reality. Their message is that nursing homes are “running on a thin net,” or earning skimpy amounts for shareholders. This is nonsense but has not been adequately confronted by advocates and the media.

The Larger Context of Industry Neglect and Government Nonfeasance

Agencies can fail to hold tax-funded nursing home businesses accountable because the elderly have been devalued by media misinformation/disinformation, junk science, and even by the most prominent scholars and influencers in the field of bioethics. Furthermore, medical technology and science have increased life expectancy while social attitudes toward the elderly have evolved in a rather disturbing way. Older Americans are now seen as a problem for and even a threat to younger age cohorts.

According to many highly influential economists and bioethicists, the United States simply can't afford to provide all the healthcare needed by the growing elderly and disabled cohorts in a population of 330 million residents (approximately, based on 2020 Census). Medicare has been demonized as a budget busting monster robbing young people of needed healthcare. This is not true. Medicare expenditures are not an economic burden and threat to the U.S. economy.

More disturbing than the harmful misinformation generated by the economists and bioethicists is the lack of interest in and discourse concerning the morals and values of care of such low quality that it amounts to euthanasia by neglect. This post is the first in a series of posts that will call attention to the nature of a cruel, inhumane, institutional care system for frail patients needing skilled nursing care in the context of current medical and societal values and ethics. It is the entire money-driven system and the absence of discourse regarding morality that is harming patients and shortening their lives unnecessarily. It is to that issue we want to call attention and about which we want to stimulate discourse.

Our point of departure in this discussion is the necessity of dehumanizing groups of people before they can be scapegoated and harmed by government policy with the approval of the broader society.

[\[i\]](#) Apart from The Ensign Group, which owns and/or operates approximately 300 facilities, nursing home corporations are closely held. Therefore, it is not possible to obtain the exact net operating revenue from facility cash flow. Based on my analysis of cost reports, I would estimate that “free cash flow” or “owners’ earnings” ranges from 10 to 15 percent. For instance, In 2023, the Ensign Group had net operating revenue of \$376.7 million on \$3.7 billion in revenue or 10% in free cash flow. The distribution of earnings to investors are increased through avoidance of capital gains taxes. Furthermore, the operations side of the industry is separate from the lucrative commercial real estate side. The Ensign Group is sheltering the corporation from capital gains taxes due to property appreciation by forming a captive REIT or by transferring property to an UPREIT. A

large number of executives and investors have individual or family trust for sheltering their compensation and assets. Black Rock, Vanguard, State Street and other major asset managers are the dominant investors in the Ensign Group, REITs, and private equity groups. See: [0001125376-24-000018 \(d18rn0p25nwr6d.cloudfront.net\)](https://d18rn0p25nwr6d.cloudfront.net), page 96.

[\[iii\]](#) Joe is the former president of one of the best community colleges in the United States.

28. Tallgrass Economics

May 5, 2024

[*Her teeth were black, she was dying of thirst...and paying \\$400 per day to live there*](#)

By Joe Sopchich

This incident occurred in the state of Kansas. I made the decision to reach out to KDADS (Kansas Department for Aging and Disability Services) to report the details of my mom's experience regarding her care, or rather the lack of care. It was recommended to the family that we make contact with KDADS to report the details of our experience and observations regarding our mother's care, rather the lack of care. Upon reading this report, you will not have learned much, if anything, about how this agency is supposed to advocate for patients in the confines of eldercare businesses within the state. The descriptions of mission and purpose on their website makes all the proclamations one would expect. Despite the advice of many, I filed my complaint.

The journal of events follows:

January 2023 – I am the patient's son. I thoroughly studied the KDADS website to learn their required procedures for communicating a grievance. It informed me that upon submitting a request for assistance, I would promptly receive an email that provided a case number to initiate the assistance process.

March 20, 2023 – I forwarded my complaint via registered mail to the KDADS office in Topeka. I followed all the protocols as required on the website.

April 11, 2023 – Having received no acknowledgement from KDADS, I called and left a message that I had not heard from them.

April 12, 2023 – I received a call at 8:50 AM informing me they had not received my complaint. I called the local Post Office, and they said it was delivered at 11:57 AM on March 21. I called KDADS at 10:36 MM to give them the exact date and time of delivery. The person looked for it, found it, and apologized for "misspeaking" earlier. I was told it was assigned to a "surveyor" and once the process was over I would be contacted. I figured my complaint was laying on a desk in the KDADS office for 22 days. A number was assigned to the case, #9003.

May 9, 2023 – Upon receiving no further contact from KDADS, two calls were placed during the day, neither of which were answered.

May 16, 2023 – Again, a call was placed and not answered. I left a message on the recorder. The call was returned at 1:45 PM to inform me that the investigation was ongoing. I was provided with the name, email address, and phone number of the KDADS regional manager.

June 22, 2023 – More than one month has passed with no contact or report from KDADS on the status or outcome of the investigation.

Another call was placed at 11:00 AM with a message left to ask for an update. The call was returned later in the day, and this time I was informed that a “surveyor” had not yet been assigned, despite being told two months earlier that an investigator was on the case. I was referred again to the regional director. It was three months since I filed my complaint.

June 23, 2023 – Frustrated, I wrote a letter to the Governor’s office including my original complaint and concerns. I never received an acknowledgement.

June 28, 2023 – I called the regional director’s office at 1:40 PM and left a message. The call was never returned.

July 11, 2023 – I received a call from KDADS. I missed the call. I thought maybe the Governor forwarded my complaint to the KDADS office, hence the call.

July 12, 2023 – I returned the call from the day before and again it was not answered.

July 18, 2023 – The call I referred to in the two previous entries was finally returned at 4:45 PM. The person asked, on the recording, “if there was anything they could do.” This occurred almost five months after I submitted my complaint.

July 19, 2023 – I returned the call again and had to leave a message due to no one answering. The call was never returned.

August 17, 2023 – Six months after filing the formal complaint, another call was placed to the KDADS office at 2:30 PM. This time I was informed that too much time had passed since my mother had expired when I originally filed the complaint. This was the first time I was told there was a time statute for such complaints, despite the fact that a case number was assigned and an investigation had been supposedly launched. I asked her to have the person I spoke with earlier to call me. I never received a call.

October 17, 2023 – I received a call in the late afternoon from the surveyor who had apparently been assigned to the case even though two months earlier I was informed the case was rejected due to the statute. Upon confirming the case number was correct she told me she was about to walk into the SNF facility to examine and review the information on file about my mom.

December 17, 2023 – Nine months after filing the complaint I received a letter from KDADS informing me that the investigation of the complaint had been completed and the facility was found to be in compliance with regard to all allegations. The case was closed. The letter also cited various state codifications related to the required confidentiality of the findings. They are not available to the public. All of the dates and details contained in this catalog are accurate according to my recollections. As the saying goes, you can’t make this stuff up. But most importantly, KDADS once again failed a citizen of Kansas, his loved ones, and, most importantly, my mother. The fact is that in the state of Kansas when it comes to finding accountable care facilities, you are on your own.

29. Tallgrass Economics

May 2, 2024

[*Stereotyping & Scapegoating Older Americans: A Worsening Tragedy*](#)

By Dave Kingsley

Blaming the Elderly for U.S. Economic & Fiscal Problems

As the first Baby Boomers hit retirement age in 2011, propaganda and misinformation regarding the impact of older Americans on federal spending began to accelerate. Some of the erroneous media presentations of the elderly were not only inaccurate, but they were also vicious.

In a *New Yorker* article entitled “Greedy Geezer,” well-known journalist James Surowiecki wrote that older Americans are too selfish to care about other age groups. Although he offered no empirical evidence – nor, I’m certain, did he have any – Surowiecki described the attitude of people old enough to receive Medicare as “I’ve got mine – good luck getting yours.”

(<https://www.newyorker.com/magazine/2010/11/22/greedy-geezer>).

The article included this cartoonish caricature of an angry elderly man chasing a younger man:



David Brooks, well known NPR and PBS commentator, wrote in a 2010 *New York Times* op. ed piece with the title, “Geezer Crusade”:

“Far from serving the young, the old are taking from them. First they are taking money. Second they are taking freedom. Third they are taking the opportunity.

New York Times, February 2, 2010

Brooks was still on his crusade against the elderly last week. In an *NYT* op. ed. on Thursday, he wrote that,

“We continue to go further into debt even though the baby boom generation is aging, making programs like Social Security and Medicare more and more costly. The federal government already spends \$6 on senior citizens for \$1 on children, which is not exactly investing in the future.”

“America is Gambling With Its Future,” New York Times, April 26, 2024

These opinions from Brooks and Surowiecki are a mere smattering of what we have been seeing in the mainstream media for the past 40 years. The knowledge of most journalists regarding federal budgeting and Social Security and Medicare programs is limited and shallow. They have a serious misunderstanding of the cost of these programs and their relationship to the federal budget. Consequently, well-known media personalities are misleading the public with erroneous information harmful to older Americans.

The Correct Information about Medicare & Social Security

As reported in the 2023 Medicare Trustee’s report, a small proportion of Medicare expenditures are funded by income tax – that is, they are funded only partially by a transfer from the U.S. Treasury. As the table below indicates, of the \$905.1 million in 2022 Medicare expenditures, only \$432.2 million (48%) is from “Government contributions” or, as we say, “on budget.” Most of the other 52% of MC expenditures was funded by beneficiaries in the form of payroll taxes, premiums, and taxes on benefits.

Table II.B1.—Medicare Data for Calendar Year 2022

	HI or Part A	SMI		Total
		Part B	Part D	
Assets at end of 2021 (billions)	\$142.7	\$163.3	\$19.7	\$325.7
Total income	\$396.6	\$467.6	\$124.3	\$988.6
Payroll taxes	352.8	—	—	352.8
Interest	4.1	3.6	0.1	7.9
Taxation of benefits	32.8	—	—	32.8
Premiums	4.8	131.3	17.6	153.7
Government contributions	1.1	329.7	92.4	423.2
Payments from States	—	—	13.7	13.7
Other	1.0	2.9	0.5	4.5
Total expenditures	\$342.7	\$436.7	\$125.7	\$905.1
Benefits	337.4	431.6	125.2	894.2
Hospital	142.6	63.0	—	205.5
Skilled nursing facility	28.3	—	—	28.3
Home health care	5.9	10.2	—	16.1
Physician fee schedule services	—	73.4	—	73.4
Private health plans (Part C)	169.3	234.0	—	403.3
Prescription drugs	—	—	125.2	125.2
Other ¹	-8.6	51.1	—	42.4
Administrative expenses	5.3	5.1	0.5	11.0
Net change in assets	\$53.9	\$30.9	-\$1.4	\$83.4
Assets at end of 2022	\$196.6	\$194.2	\$18.3	\$409.1
Enrollment (millions)				
Aged	56.7	52.2	44.8	57.1
Disabled	7.9	7.3	6.6	7.9
Total	64.7	59.5	51.4	65.0
Average benefit per enrollee ¹	\$5,217	\$7,255	\$2,437	\$14,908

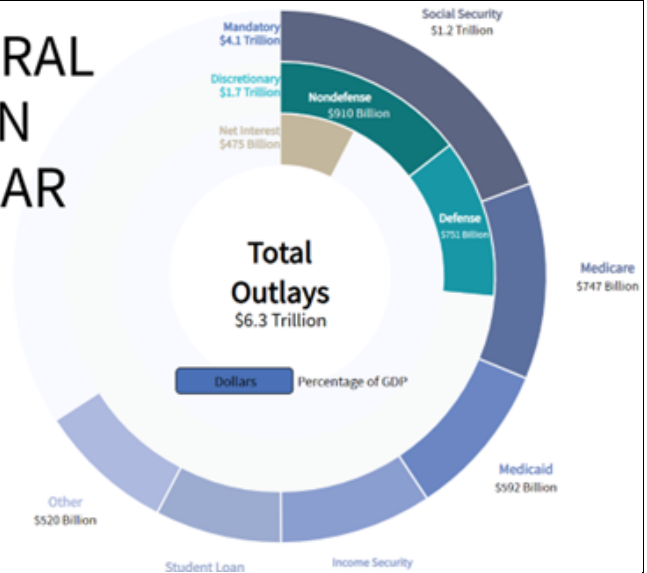
¹Includes repayments of \$33.4 billion and \$17.4 billion to Part A and Part B, respectively, for the Medicare Accelerated and Advance Payments Program.

Note: Totals do not necessarily equal the sums of rounded components.

Social Security has no impact on the federal budget. It is “off budget,” and receives no transfers from the U.S. Treasury. Indeed, with a trillion-dollar surplus in the SS Trust Fund, the federal government borrows money from SS (Special Issue bonds at 4% interest). These are not, as propagandists like to say, “IOUs that will never be repaid.” There is no incident in U.S. history in which the U.S. has failed to recognize the validity of or to pay any and all federal debt. It would, as a matter of fact, be unconstitutional to renege on debt incurred by the federal government.

I can find no accurate presentation of the federal budget. For instance, the Congressional Budget Office has issued the following graphic:

THE FEDERAL BUDGET IN FISCAL YEAR 2022



Source: [The Federal Budget in Fiscal Year 2022: An Infographic | Congressional Budget Office \(cbo.gov\)](https://www.cbo.gov/publication/56111)

This graphic is erroneous because it depicts the total federal budget as \$6.3 trillion with SS contributing \$1.2 billion and Medicare contributing \$747 billion. No doubt, all of these funds are expended through a federal program, but they are not budgeted. To reiterate, none of the SS amount is paid for by income tax and are not part of the budget and only about 48% or \$358 billion of MC is paid by a transfer from the treasury.

Tax expenditures are not included in every pie chart, line graph, and other type of federal budget graphic available. Nevertheless, the Budget Control & Reconciliation Act of 1974 requires inclusion of tax write downs for employer provided health insurance, depreciation, mortgage interest deduction, and other such deductions in the budget. These typically add approximately \$1.5 trillion to the federal budget but do not appear as they should in presentations regarding the budget, whereas the full amount of SS and MC do appear erroneously and inappropriately.

The Consequences of Scapegoating the Elderly for Budget Deficits and Federal Debt.

The elderly population is seen as a disaster rather than as a respected age cohort in our society. Rather than celebrating the increasing number of productive older Americans whose experience and wisdom are assets that enrich our civilization, we are dreading and fearing the 65+ population as a looming economic problem for younger generations – metaphorically as a tsunami.

The debasement and diminishment of a group’s humanness and belongingness can be subtle and unintentional. The silver tsunami metaphor can be heard in the mainstream media – including on PBS and NPR. Giving a talk at a center on bioethics, I raised the issue of this damaging moniker placed on the growing 65+ age group and was shocked to hear that this was a revelation to the leader of the center. She was chagrined about her own use of the metaphor.

In the United States, the elderly are now stereotyped as greedy, selfish, and underserving. Unjustifiable harm to groups is justified

	<p>through dehumanization of targeted groups such as the elderly and disabled. For instance, harmful treatment in a for-profit nursing home system or reduction in government benefits reduces the health and well-being of frail elderly people needing skilled nursing care. They are seen as getting all the help they deserve and more at the expense of the rest of the country – especially younger age cohorts.</p> <p>The U.S. can afford beneficial care for meeting the medical needs of all residents. However, the dominant view of leading bioethicists (who have joined forces with misguided neoliberal economists) is that the elderly need to forego beneficial medical care. Rationing of medical care based on age can only add an injustice to a medical care system that is already rationing care based on luck, failed government policy, and wealth.</p> <p>Political & Economic Context Cannot be Ignored: Propaganda and Objectification of the Elderly Lead to Discrimination & Harm</p> <p>Unjustifiable harm to members of ethnic, gay, gender, age, and other identifiable groups is justified through dehumanization and stereotyping. The elderly in the U.S. are now targeted as greedy, selfish, and underserving. For instance, harmful treatment in the nursing home system or reduction in government benefits reduces the health and well-being of frail elderly people needing skilled nursing care. They have been objectified as product for making money from investment in commercial real estate and around the clock skilled nursing and post-acute care rehabilitation.</p> <p>Social Security and Medicare benefits have been significantly reduced through changes in eligibility and other changes such as how the CPI is calculated. Social Security beneficiaries lost two years of eligibility in the mid-1980s after the Greenspan Commission recommended raising the age for full benefits from 65 to 67. An invalid CPI theory has been utilized for lower benefit increases in relation to cost of living increases. This keeps a large proportion of elderly Americans impoverished and struggling to meet their healthcare, housing, transportation, and other basic needs of living.</p> <p>To reiterate, the U.S. can afford needed care for all people regardless of age. As mentioned earlier, the dominant view in the field of bioethics is in sync with the views of neoliberal economists and conservatives. Distinguished bioethicists such as Zeke Emanuel, Daniel Callahan, and Norman Daniels have proposed healthcare rationing by withholding beneficial healthcare from the elderly. Zeke Emanuel claims that life is worthless past the age of 75 (see his article, “Why I Want to Die at 75”).</p> <p>Widespread denigration of older age groups and the sorry state of medical ethics are leading to a chilling and perverse acceptance of harm to frail elderly and disabled patients in nursing homes.</p> <p>Widespread tolerance of neglectful, abusive treatment for the purpose of enhancing and protecting shareholder value can only be explained by propaganda leading to devaluation of human beings.</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores8473@charter.net.</p>

Websites	<p>Massachusetts Bar Association 2024 Elder Law Guide for Older Adults (15th edition) The Elder Law Education Guide is the Massachusetts Bar Association's resource guide on a wide range of legal issues affecting the lives of older adults. The guide, prepared by attorneys, is made possible due to the participation, generous assistance and continued collaboration of the Massachusetts Chapter of the National Academy of Elder Law Attorneys.</p> <p>Massachusetts Bay Transportation Authority Accessibility issues Identify and address issues with accessible service at the T by submitting an online Customer Support form on mbta.com. Under the Additional Details heading, be sure to check the box that says "This is an ADA/accessibility complaint/feedback" to ensure it goes to the right place. You can also call Customer Support at 617-222-3200 (voice or VRS) or 711 (TTY).</p>	
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	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
Nursing Home Closures (pending)	<p>Massachusetts Department of Public Health <i>Benjamin Healthcare Center, Roxbury</i> Closure date: July 1, 2024</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p><i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024</p> <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	<p>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></p>	

	<p>Closure date: April 2, 2024 <i>South Dennis Health Care</i>, Dennis Closure date: January 30, 2024 <i>Arnold House Nursing Home</i>, Stoneham Closure date: September 22, 2023 <i>Willimansett East</i>, Chicopee Closure date: June 6, 2023 <i>Willimansett West</i>, Chicopee Closure date: June 6, 2023 Chapin Center Springfield Closure date: June 6, 2023 <i>Governors Center</i>, Westfield Closure date: June 6, 2023 <i>Stonehedge Rehabilitation and Skilled Care Center</i>, West Roxbury Closure February 10, 2022 <i>Heathwood Healthcare</i>, Newton Closure date: January 5, 2022 <i>Mt. Ida Rest Home</i>, Newton Closure date: December 31, 2021 <i>Wingate at Chestnut Hill</i>, Newton, MA Closure date: October 1, 2021 <i>Halcyon House</i>, Methuen Closure date: July 16, 2021 <i>Agawam HealthCare</i>, Agawam Closure date: July 27, 2021 <i>Wareham HealthCare</i>, Wareham Closure date: July 28, 2021 <i>Town & Country Health Care Center</i>, Lowell Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care 2023</i> <u><i>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</i></u> <u><i>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</i></u> 2022 <u><i>Ascentria Care Alliance – Laurel Ridge</i></u> <u><i>Ascentria Care Alliance – Lutheran Housing</i></u> <u><i>Ascentria Care Alliance – Quaboag</i></u> <u><i>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</i></u> <u><i>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</i></u> <u><i>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</i></u></p>

	<p><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</u> <u>Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated March 29, 2023 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated March 29, 2023) Newly added to the listing</p> <ul style="list-style-type: none"> • Somerset Ridge Center, Somerset https://somersetridge rehab.com/

	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225747</p> <ul style="list-style-type: none"> • South Dennis Healthcare https://www.nextstephc.com/southdennis <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320</p> <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 https://tinyurl.com/MarlboroughHills <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/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218</p> <ul style="list-style-type: none"> • Worcester Rehabilitation and Health Care Center, Worcester https://worcesterrehabcare.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225199</p> <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 <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208</p> <ul style="list-style-type: none"> • Glen Ridge Nursing Care Center (1) https://www.genesishcc.com/glenridge <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523</p> <ul style="list-style-type: none"> • Hathaway Manor Extended Care (1) https://hathawaymanor.org/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366</p> <ul style="list-style-type: none"> • Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412</p> <ul style="list-style-type: none"> • Mill Town Health and Rehabilitation, Amesbury (14) No website <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318</p> <ul style="list-style-type: none"> • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207</p> <ul style="list-style-type: none"> • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488</p>
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	<ul style="list-style-type: none"> • 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 																								
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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31	H																								
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<p><i>Nursing Home Compare</i></p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to</p>																								

	<p>know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>																								
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																								
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</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>	<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> </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
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Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
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	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Wynn Gerhard • Jerry Halberstadt • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			