



The Dignity Digest

Issue # 187

May 14, 2024

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

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

DignityMA Zoom Sessions

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

Support Dignity Alliance Massachusetts during May, *Older Americans Month*.

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

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

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.

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Thank you for your consideration!

Spotlight

Editor's note:
Joe Tringali was a 45-year member of the Amherst-based Stavros Center for Independent Living. He was also an active participant with Dignity Alliance Massachusetts. He died on

[A Massachusetts disability rights warrior's posthumous last battle against estate recovery](#)

By Jason Laughlin

***Boston Globe**

May 12, 2024

In more than four decades of fighting for the rights of people with disabilities, Joe Tringali never got angry. But he sure was persistent.

December 27, 2023 at the age of 71.

He called, emailed, called again, relentlessly, until he got legislators to listen.

Most recently, Tringali's steady but forceful activism focused on a practice by MassHealth, the state's Medicaid program, of claiming the assets of clients after they die to recoup the cost of long-term care, what's known as estate recovery. The practice robs people with significant disabilities of the power to accumulate savings and other assets they can leave to their families, Tringali argued.

He had been instrumental in shaping legislation now under consideration that could significantly restrict the state's ability to recover those assets.

Paralyzed as a teenager after diving into the shallow end of a swimming pool, Tringali spent his career working in advocacy, much of it for the Stavros Center for Independent Living in Amherst. But he didn't live to see the outcome of his recent lobbying. He died in December at age 71.

Now, some of his estate will likely be subject to the very policy he fought. The possibility worries his partner of more than 20 years, Kathy Edgell.

"It would definitely affect my future ability to support myself," she said.

The cost of Tringali's care to MassHealth likely was in the millions, Edgell said.

In addition to providing health insurance to low-income and other eligible populations, MassHealth supports non-medical long-term care services, including personal assistance necessary for people with significant disabilities to live in their own homes. Medicaid programs nationwide are required to seek reimbursement from estates of the deceased who received long-term care from age 55 or older, including those who lived at home, or people of any age who permanently lived in a long-term care or medical facility.

The policy affects a small number of the millions who use MassHealth; the state collected from 3,440 estates between July 2016 and December 2018, for example. But few states pursue assets as aggressively as Massachusetts. It puts no limits on how much it can recoup, and for some the bill can total hundreds of thousands of dollars.

Estate recovery holds unique risks for people with significant disabilities, said Katherine Howitt, director of the Massachusetts

Medicaid Policy Institute, because they have little choice but to participate in some form of MassHealth.

"In many ways estate recovery penalizes people with disabilities for seeking the services that they need," Howitt said.

Tringali, a quadriplegic, needed assistance with daily tasks such as bathing, cooking, and dressing. But private insurance rarely covers that kind of non-medical home care. Home assistance is too expensive to pay out of pocket, and relying on a relative or loved one could deprive that person of their own living.

MassHealth allows people such as Tringali who earn too much to qualify for Medicaid to essentially buy equivalent coverage through a program called CommonHealth. While they can pay hundreds a month for the coverage, CommonHealth enrollees are still subject to estate recovery. When he died, Tringali's premium was about \$200 a month, Edgell said.

"Imagine paying a premium for insurance and having the insurance company take your house when you die?" Tringali wrote in a 2023 letter to the Daily Hampshire Gazette about what he called a "horrible, mean-spirited Medicaid regulation." Despite being treated for cancer in recent years, Tringali, and his lifelong friend and fellow advocate, Charles Carr, successfully pushed for language in the legislation, now before the Senate Ways and Means Committee, which excludes the estates of CommonHealth participants from asset recovery efforts. State officials are open to limiting recovery to the federal government's minimum requirements, said Mike Levine, assistant secretary for MassHealth.

"We welcome input on how to further promote transparency and enable intergenerational wealth transfer for families in an equitable manner," he said.

MassHealth officials noted a carveout contained in the legislation would benefit only wealthier people.

Tringali and Carr met as roommates at Mass General Hospital 56 years ago, both paralyzed in nearly identical accidents, two teenagers whose young bodies were suddenly, catastrophically altered.

"We were just devastated," Carr remembered. "We didn't talk about it because it was too painful."

Instead, he said, they watched TV and exchanged jokes.

As older men, Tringali and Carr worried their physical limitations were a hardship to their partners.

"We talked about who was a bigger burden, me and him," Carr said. "We got really deep."

Edgell and Carr's wife would dismiss that talk.

"We loved each other and that was enough," said Edgell.

Tringali wasn't immediately drawn to activism, those close to him said. Mostly, he wanted to ensure his disability never kept him from the life he wanted. As a student at Boston University, he fought successfully for a wheelchair-accessible dormitory. He centered his work in Western Massachusetts, where accessible transportation and housing options for people with disabilities are far more limited than in the Boston area. He embraced an inclusive, broad definition of disability.

"He was really open-minded," said Brianna Zimmerman, who worked with Tringali at Stavros and has ADHD and mental health challenges. "He never made me feel like I was a fraud in the movement."

In Amherst, he fought to make the town's sidewalks accessible to wheelchairs, recalled Angelina Ramírez, Stavros' executive director. He grew a Stavros program to build wheelchair ramps into an initiative that made 1,100 homes in Western Massachusetts accessible.

Tringali ultimately became a leading advocate in Massachusetts' independent living movement.

"He's one of those people who was just unstoppable in his commitment to right the wrongs of state policy," said state Senator Joanne Comerford, a Democrat of Northampton and sponsor of the bill to change recovery rules. "Joe held us accountable."

He met his partner, Edgell, following a tragedy. She was close friends with Tringali's previous partner, Susan Gipperich, and when she died of cancer in 2002, Edgell and he consoled each other over games of cribbage. Over six months, the friendship turned romantic.

"He was funny, he was incredibly intelligent," Edgell said, while sitting on her back porch overlooking woodlands of slender trees.

It was one of Tringali's favorite spots, she said, where he would watch birds on sunny days. Last winter, he marveled over a family of bears that had settled nearby. A son of Sicilian immigrants, born in Boston's West End and raised in Medford, Tringali was easygoing, and loved the Patriots, shots of Crown

	<p>Royal with friends, and fishing. Edgell noted he lived 36 years longer than doctors had predicted after his accident.</p> <p>Tringali’s passion for reforming MassHealth’s practices, as with his initial foray into advocacy, stemmed from personal concerns. Tringali and Carr were both shocked, Carr recalled, about after learning a disabled friend’s family received a bill for \$300,000 from the state after his death 10 years ago.</p> <p>Estate recovery can only claim assets reported in probate, said Karen Jackson, of Holyoke, an elder law attorney who worked with Tringali and Edgell to protect their assets. Their home is securely in Edgell’s name, Jackson said. The couple hoped other assets would be protected and be left to Edgell or to the daughter of Tringali’s late partner. However, they are unsure what still might be vulnerable. She expects to at least lose the value of a wheelchair-accessible van likely worth about \$40,000, and some savings.</p> <p>“He worked very hard. I worked very hard, and he didn’t know what was going to be left for me,” Edgell said.</p> <p>By November, Tringali was cancer-free, Edgell said. In December, a urinary tract infection sent him to the hospital. He died there in what a medical examiner ruled an accidental death, a result of complications from Tringali’s quadriplegia.</p> <p>“Once I’m dirt napping, after 35 years of working, the state will try to recapture my home, savings, and retirement,” Tringali wrote last year about estate recovery. “Hopefully I’ll be able to keep my name and reputation because that’s all my family will get.”</p> <p>Tringali rallied friends and colleagues in Western Massachusetts and at independent living centers statewide to reform estate recovery. If the legislation that he and others pushed for passes, it would be “a crowning achievement in Joe’s legacy,” said Carr. “It’ll shine a light on Joe’s incredible tenacity, his insight, how much he cared about people’s lives,” he said.</p>
<p>Quotes</p>	<p><i>“[Passage of the estate recovery bill will be] a crowning achievement in Joe [Tringali’s] legacy. It’ll shine a light on Joe’s incredible tenacity, his insight, how much he cared about people’s lives.”</i></p> <p>Charles Carr, former Commissioner, Massachusetts Rehabilitation Commission (now MassAbilities) and a Dignity Alliance Massachusetts participant, A Massachusetts disability rights</p>

[warrior's posthumous last battle against estate recovery](#) (***Boston Globe**, May 12, 2024)

"Once I'm dirt napping, after 35 years of working, the state will try to recapture my home, savings, and retirement. Hopefully, I'll be able to keep my name and reputation because that's all my family will get."

Joe Tringali, disability rights advocate, commenting about MassHealth's estate recovery policy, [A Massachusetts disability rights warrior's posthumous last battle against estate recovery](#) (***Boston Globe**, May 12, 2024)

"In many ways estate recovery penalizes people with disabilities for seeking the services that they need."

Katherine Howitt, director of the Massachusetts Medicaid Policy Institute, [A Massachusetts disability rights warrior's posthumous last battle against estate recovery](#) (***Boston Globe**, May 12, 2024)

One resident purchased a bullhorn with a siren to get nurses' and aides' attention because he was often left sitting in his own stool.

[Biden's nursing home staffing rule surfaces horror stories.](#) (***Washington Post**, May 8, 2024)

"I think people just might have a bias that, well, this person already has a disability, so it's not as important."

Eileen Quinn, mother of Sara Smythe who has a diagnosis of Downs Syndrome, [A mystery illness stole their kids' personalities. These moms fought for answers.](#), **Washington Post (free access)**, May 12, 2024

[T]he House will take up comprehensive legislation to address gaps in our regulatory process that Steward exploited, to stabilize the health care system, and to address the rising cost of health care."

House Speaker Ron Mariano, [Steward Bankruptcy Filing Rattles Mass. Health Care](#) (**State House News**, May 6, 2024)

"We are contacting you to seek an explanation for the discrepancy between Brookdale Senior Living Inc.'s massive payouts in executive salaries, stock buybacks and dividends, and the nursing home industry's simultaneous opposition — based on claims that they are too expensive — to new rules to increase staffing and protect nursing home residents. These two competing claims do not add up."

Text in letter from Sens. Richard Blumenthal (D-CT), Bernie Sanders (I-VT) and Elizabeth Warren (D-MA) as well as Reps. Lloyd Doggett (D-TX) and Jan Schakowsky (D-IL) to the CEO of Brookdale Senior Living, [Brookdale finds itself in the midst of another federal inquiry, this time about skilled nursing](#), **McKnights Senior Living**, May 7, 2024

"We recognize the current system of having residents spend down their assets and then qualify for Medicaid in order to stay in their assisted-living home is broken. Residents shouldn't have to impoverish themselves in order to continue receiving assisted-living care."

LaShuan Bethea, executive director of the National Center for Assisted Living, [Extra Fees Drive Assisted-Living Profits](#), **New York Times (free access)**, November 19, 2023

"We still receive many complaints about staffing shortages and services not being provided as promised. Some residents have reported to us they called 911 for things like getting in and out of bed."

Aisha A. Elmquist, until recently the deputy ombudsman for long-term care in Minnesota, a state-funded advocate, [Extra Fees Drive Assisted-Living Profits](#), **New York Times (free access)**, November 19, 2023

"I think it is really repugnant that providers are arguing that they should not be held accountable for

falls, pressure sores, and other outcomes of gross neglect. The government did not declare open season on nursing home residents when it implemented COVID policies.

Richard Mollot, executive director of the Long Term Care Community Coalition, [Nursing homes wield pandemic immunity laws to duck wrongful death suits](#), **ABC News**, May 11, 2024

“For far too long, staffing shortages at nursing homes have meant that seniors in Pennsylvania and around the nation are not getting the high-quality care that they need and deserve. We must do everything we can to ensure every nursing home is meeting that high-quality threshold, and that means investing in the workers who care for our seniors and are currently overworked and underpaid.”

U.S. Senator Bob Casey (D-PA), [Nursing home concerns bigger than Casey, McCormick squabble](#), **MyHomeTownToday.com**, May 10, 2024

“Housing is a workforce issue and a public health issue. Study after study has shown the enormous influence stable housing has on the health of individuals and their ability to succeed. As we build solutions to our housing crunch, we’re also giving Massachusetts residents the ability to lead healthier and happier lives.”

Lieutenant Governor Driscoll, [Healey-Driscoll Administration Gathers Health Care Leaders to Discuss Housing’s Impact on Public Health](#), **Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, May 9, 2024

“Our healthcare professionals see first-hand the heavy toll housing insecurity plays on those living in the communities we serve each and every day.

Affordable and stable housing is critical to our ability to improve and sustain the health and well-being of our most at-risk populations."

Michael Dandorff, Chief Executive Officer, Tufts Medicine, [Healey-Driscoll Administration Gathers Health Care Leaders to Discuss Housing's Impact on Public Health](#), **Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, May 9, 2024

"The public is rightly frustrated right now, and I share their concerns. My office is working to get answers and we intend to seek accountability for any laws that may have been violated. We expect the bankruptcy process to bring about transparency and stability, as well as greater legal oversight over Steward's operations than before.

Attorney General Andrea Joy Campbell, [Healey-Driscoll Administration announces steps to protect patients, workers, and access to care as Steward Health Care enters bankruptcy](#) (**Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, May 6, 2024)


"[Certified Nursing Assistants (CNAs)] are the unsung heroes, tirelessly working on the front lines of our facilities, ensuring the well-being and comfort of our cherished residents. It's high time we acknowledge their invaluable contributions and grant them the wages they rightfully deserve.

Secretary Jon Santiago, Executive Office of Veterans Services, [Executive Office of Veterans Services Signs Historic Agreement to Establish Career Advancements for Nursing Assistants at Veterans Homes](#), **Executive Office of Veterans Services**, April 5, 2024

"Social and Supportive Day programs are essential to support our most vulnerable aging adults. These programs provide a safe space for those with

	<p><i>Alzheimer's and related dementias to gather, stimulate conversation, and foster connections.</i></p> <p>Secretary of Elder Affairs Elizabeth Chen, Healey-Driscoll Administration Awards \$2.4 Million in Grants to 20 Organizations to Expand Supportive and Social Day Programs for Older Adults, Executive Office of Elder Affairs, May 8, 2024</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>FY 2025 State Budget Senate Ways and Means Budget Released (Senate Ways and Means Committee, May 7, 2024)</p> <p>Steward Health Care System Healey-Driscoll Administration announces steps to protect patients, workers, and access to care as Steward Health Care enters bankruptcy (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 6, 2024) Steward Bankruptcy Filing Rattles Mass. Health Care (State House News, May 6, 2024)</p> <p>Nursing Homes Nursing homes wield pandemic immunity laws to duck wrongful death suits, ABC News, May 11, 2024 Nursing home concerns bigger than Casey, McCormick squabble (MyHomeTownToday.com, May 10, 2024) Biden's nursing home staffing rule surfaces horror stories (*Washington Post, May 8, 2024) CNA Lockout Bill Passes Out of House Committee (U.S. House Ways and Means Committee, May 8, 2024) Brookdale finds itself in the midst of another federal inquiry, this time about skilled nursing (McKnights Senior Living, May 7, 2024)</p> <p>Assisted Living States With the Highest and Lowest Assisted Living Costs (JDSupra, May 10, 2024) Federal bill targeting private equity would have 'chilling effect' on assisted living investment, access, leaders say (McKnights Senior Living, May 7, 2024) Extension of Skilled Nursing Services in Assisted Living Residences (Chapter 88 of the Acts of 2024 (Massachusetts General Laws), April 30, 2024) The Most and Least Expensive States for Assisted Living in 2024 (Seniorly Resource Center, January 25, 2024) Extra Fees Drive Assisted-Living Profits (New York Times (free access), November 19, 2023)</p> <p>Home and Community Based Services</p>

	<p><u>Healey-Driscoll Administration Awards \$2.4 Million in Grants to 20 Organizations to Expand Supportive and Social Day Programs for Older Adults</u> (Executive Office of Elder Affairs, May 8, 2024)</p> <p><u>Attorney General's Office Distributes \$1.1 Million To Community Programs That Help Residents Pay Heating Bills</u> (Office of the Attorney General Andrea Campbell, May 7, 2024)</p> <p>Housing</p> <p><u>Healey-Driscoll Administration Gathers Health Care Leaders to Discuss Housing's Impact on Public Health</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 9, 2024)</p> <p>Hospice</p> <p><u>GAO Finds CMS Statutory Oversight of Hospices Not Fully Implemented</u> (Government Accountability Office (GAO), May 8, 2024)</p> <p>MassHealth</p> <p><u>A Massachusetts disability rights warrior's posthumous last battle against estate recovery</u> (*Boston Globe, May 12, 2024)</p> <p>Veterans Services</p> <p><u>Executive Office of Veterans Services Signs Historic Agreement to Establish Career Advancements for Nursing Assistants at Veterans Homes</u> (Executive Office of Veterans Services, April 5, 2024)</p> <p>Disability Topics</p> <p><u>A mystery illness stole their kids' personalities. These moms fought for answers.</u> (Washington Post (free access), May 12, 2024)</p> <p><u>HHS Finalizes Rule Strengthening Protections Against Disability Discrimination</u> (U.S. Department of Health and Human Services (HHS), May 1, 2024)</p> <p>Health Care Public Policy</p> <p><u>House health care bill needs some work</u> (CommonWealth, May 12, 2024)</p> <p>Legal Services</p> <p><u>AG Campbell Co-Leads Bipartisan Multistate Effort Urging U.S. House And Senate Leaders To Appropriate Robust Funding For Legal Services Corporation</u> (Office of the Attorney General Andrea Campbell, May 7, 2024)</p> <p>Caregiving</p> <p><u>21 Highly Rated Apps for Family Caregivers</u> (Seniorly Resource Center, July 13, 2023)</p>
	<p>May is Older Americans Month</p> <p>IN MASSACHUSETTS, LET DIGNITY ALLIANCE BE YOUR CONNECTION</p> <p>Every May, the Administration for Community Living leads the nation's observance of Older Americans Month (OAM). The 2024</p>

	<p>theme is Powered by Connection, which recognizes the profound impact that meaningful relationships and social connections have on our health and well-being. We will explore the vital role that connectedness plays in supporting independence and aging in place by combatting isolation, loneliness, and other issues.</p> <p>Join us in promoting the benefits of connecting with others. Here are some ways you can participate.</p> <ul style="list-style-type: none"> • Share facts about the mental, physical, and emotional health benefits of social connection and how it contributes to overall well-being. • Promote resources that help older adults engage, like community events, social clubs, and volunteer opportunities. • Connect older adults with local services, such as transportation, which can help them overcome obstacles to achieving or maintaining meaningful relationships. • Encourage partners to host a connection-centric event or program focused on older adult mentors to youth, peer-to-peer support, or similar efforts. • Challenge professional and personal networks to prioritize meaningful social connections and share the benefits. • Inspire older adults to share what connection means to them on social media using the hashtag #PoweredByConnection
<p>Commentary by Dignity Alliance Massachusetts participants</p>	
<p>My Story</p> 	<p>The nursing facility where I live was recently bought by a new company. For the 22 years this facility has been my home it was called Braintree Manor Healthcare. The new company - Affinity Healthcare - named us after themselves: Affinity Healthcare. They took over direct management a few weeks ago - but only this week did our new administrator and director of nursing start.</p> <p>As our staff say, "Affinity has upended care and life in many ways for both them and for residents."</p> <p>For myself, what changed dramatically at first was the complete takeover of our reception area. This was a lovely large space near</p>

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 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.

our front door. I could charge my cell phone there. I liked to look outside our main doors at the sky to see if the weather permitted me to go out. Friends visited me in this reception area. Family members would wait there for their residents to be brought downstairs when taking them out.

While my phone was charging I could check with our scheduler to make sure on the 3 -11 shift there was a staff person who knew how to charge my electric wheelchair. I could see if I got any mail. As the area had a table at wheelchair height I could work while my cell phone charged there.

It was a lovely welcoming space with beautiful artwork on the wall and several chairs. Family members and visitors could stop there to chat.

But a member of Affinity's corporate team informed me that the space would no longer be available in the same ways. That - because of confidentiality concerns - the administrator's and director of nursing's office would be there - so no one could sit in that area.

She told me I could charge my phone on my unit or I could go to our main dining room. Was I supposed to be a prisoner on my unit and be denied access to other areas? Or was I expected to go to our main dining room where I cannot get in or out in my wheelchair independently?

Our reception area was redone. The beautiful art was removed. Truly ugly very dark-leaved plants were put in. A tall black table - legally inaccessible as not at wheelchair height - was put there with important documents like state survey results. One staff person said our reception area now looked like a funeral parlor - dark and gloomy. I agree.

Our new admin and DON finally started this week. I was troubled by one telling me she did not want to have to close doors to have confidentiality - which is one reason no one can now sit in this area.

The same one brought her dog to work with her - telling me her dog is a therapy dog. This dog has a dog bed for her in our

	<p>reception area for her comfort. Whereas yesterday I had to sit in the hall - away from the reception area - and uncomfortably balance my work on my lap while in my wheelchair.</p> <p>Staff are complaining about the conditions Affinity has created for them as well. Staff told me they think Affinity is the worst owner we've had. Affinity took away rooms used for other purposes and converted them into bedrooms to increase daily reimbursements. Supposedly to have more money to better run the facility.</p> <p>Affinity also cut back the number of mental health counselors on our neuropsychiatric behavioral units where residents often get out of control - and their job is to redirect these residents.</p> <p>On my unit we have a resident who is highly behavioral, assaulting both residents and staff. I made sure that staff at the Affinity Healthcare corporate level were aware that this resident needs more care tailored to his needs - but nothing has been done to provide these for him.</p> <p>Subsequent to drafting this piece I learned that I could no longer find out on our ground level when going out for the day which staff would be on my unit for the evening shift upon my return. I need to be assured that there are aides who can safely transfer me to bed, that there is one staff person who can safely charge my electric wheelchair and that, if needed, there is a nurse who knows how to provide my medical care when needed.</p> <p>In closing, I note that it is important for me to go public on these matters - as facility owners often retaliate against individuals who voice concerns advocating - but are viewed as complaining.</p>
<p>Class Action Potential</p>	<p>1. ClassAction.org Last Updated on February 1, 2024 Wheelchair Accessibility This Alert Affects: Wheelchair users who've experienced issues accessing nursing care or medical services due to a facility's failure to properly accommodate them. What's Going On? Attorneys working with ClassAction.org are looking into whether lawsuits can be filed against nursing homes, assisted living facilities and other healthcare establishments across the United States that may</p>

lack the necessary policies, equipment and procedures to provide wheelchair users equal access to services.

How Could a Lawsuit Help?

A successful case could force the facility to make changes that would ensure accessibility for wheelchair users. It could also provide patients with compensation for violations of their rights under state and federal disability laws.

What You Can Do

If you've faced an accessibility issue at a skilled nursing facility, nursing home, assisted living home, rehabilitation center, doctor's office, hospital or other healthcare establishment, fill out the form on this page to learn more about the investigation. After you get in touch, an attorney or legal representative may reach out to you directly to explain how you may be able to help get a lawsuit started.

Listening Sessions

2. Massachusetts Executive Office of Housing and Livable Communities

[Statewide Housing Plan Regional Listening Sessions](#)

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

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

Schedule:

Date:	Location:	City:	Time:	RSVP:
Thursday, April 11	North Shore Community College	Lynn	1pm-3pm	<u>Register here</u>
Tuesday, April 23	Springfield Technical C.C.	Springfield	9am-11am	<u>Register here</u>
Tuesday, April 30	UMass Dartmouth	Dartmouth	11am-1pm	<u>Register here</u>
Friday, May 3	Massasoit Community College	Brockton	2pm-4pm	<u>Register here</u>

	<p>Thursday, May 9 UMass Boston Boston 10am-12pm Register here</p> <p>Wed. May 15 Berkshire Community College Pittsfield 2pm-4pm Register here</p> <p>Thursday, May 16 Greenfield Community College Greenfield 2pm-4pm Register here</p> <p>Monday, May 20 Virtual ZOOM 5:30pm-7:30pm Register here</p> <p>Tuesday, May 21 Blackstone Visitor Center Worcester 10am-12pm Register here</p> <p>Thursday, May 23 United Teen Equality Center (UTEC) Lowell 1pm-3pm Register here</p> <p>Wed. May 29 Virtual ZOOM 5:30pm-7:30pm Register here</p> <p>Friday, May 31 Framingham State University Framingham 1pm-3pm Register here</p> <p>Monday, June 3 Cape Cod Community College Barnstable 10am-12pm Register here</p> <p>Tuesday, June 4 Oak Bluffs Library Martha's Vineyard 1pm-3pm Register here</p> <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. Massachusetts Health & Hospital Association and PointClickCare Wednesday, May 22, 2024 11:00 a.m. Addressing the Capacity Crisis Through Cross-Continuum Collaboration Health systems nationwide are continuing to struggle with capacity issues. Patients are likely to spend more time in the ED and patients on inpatient floors who need the next level of care are facing discharge delays due to bed shortages in post-acute facilities. These trends are intertwined with ongoing labor shortages, particularly in the skilled nursing facilities and home health settings. Given this perfect storm of challenges, it's more important than ever for hospitals and post-acute providers to prioritize collaboration across care settings. In partnership with the Massachusetts Health & Hospital Association, PointClickCare is hosting a webinar on Wednesday, May 22, from 11:00 a.m. to 12:00</p>

	<p>p.m. featuring a panel discussion on the role of acute and post-acute collaboration in the context of the capacity crisis. Healthcare thought leaders will share their experiences with these challenges and strategies to overcome them.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • How to build and enhance relationships within your network • Opportunities to leverage technology to support more effective care coordination • The effect on length of stay, readmissions, and overall ability to serve patients <p>Panelists:</p> <ul style="list-style-type: none"> • Patricia Buiocchi, BSN,MBA Sr Vice President of Post Acute Care Services and Southcoast Health at Home • Alessio Miniello - Sherril House • Christina Della Croce - Atrius Health • Adam Delmolino - MHA • Rachel Burnard - Solution Design - PointClickCare • Cathy Guttman (Moderator) - PointClickCare
<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>4. COMMBUYS <i>Executive Office of Health and Human Services</i> <u>Independent Assessment Entity Request for Information</u> 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.</p> <p>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.</p> <p>Questions regarding COMMBUYS should be directed to the OSD Help Desk at OSDHelpDesk@mass.gov.</p>
<p>FY 2025 State Budget</p>	<p>5. Dignity Alliance Massachusetts May 13, 2024 <u>An Appeal to the Massachusetts State Senate to Make a Difference by Passing a FY'25 State Budget that's Age-Friendly, Able-Friendly</u></p>

	<p>Proposed Amendments to the state budget endorsed by Dignity Alliance Massachusetts.</p> <p>6. Senate Ways and Means Committee May 7, 2024 Senate Ways and Means Budget Released</p> <p>On Tuesday, May 7th, the Senate Committee on Ways and Means released its Fiscal Year 2025 budget. The \$57.9 billion budget proposal maintains level funding for nursing facility rates, with language directing rates to be set using 2019 costs. The House budget passed last month increases funding by \$50 million for nursing facility rate increases. Similar to the House budget, the Senate Ways and Means budget rejects the Governor's proposal to modify eligibility for PCA services. The SWM budget proposes using \$117.5 million in surtax revenue to offer community college free of tuition to all students. The full Senate will take up debate of the budget the week of May 20th.</p>
<p>Steward Health Care System</p>	<p>7. Office of Governor Maura Healey and Lt. Governor Kim Driscoll May 6, 2024 Healey-Driscoll Administration announces steps to protect patients, workers, and access to care as Steward Health Care enters bankruptcy</p> <p><i>Steward hospitals and outpatient facilities in Massachusetts are operating as usual; Patient hotline now live at 617-468-2189; Online resources available at www.mass.gov/StewardResources</i></p> <p>Since the beginning of this situation, the Healey-Driscoll Administration has been working with internal and external advisors and across government to ensure the continued stability of the state's health care system and protect patients' access to care as Steward seeks to address its financial challenges. Last week, the Department of Public Health (DPH) implemented its emergency operations protocol and incident command structure as a means of coordinating decision-making and response to the Steward situation in a thoughtful, collaborative, and timely way.</p> <p>Steward facilities are open and treating patients as usual. DPH will maintain its monitors in all Steward facilities. DPH has implemented an emergency operations and incident command structure to help guide the state's response during the Steward bankruptcy process and ensure bidirectional communication with everyone involved. This structure will help continue DPH's mission of protecting patients in health care facilities and supporting the health care workforce so they have the tools they need to provide care to the people of Massachusetts.</p> <p>8. State House News May 6, 2024 Steward Bankruptcy Filing Rattles Mass. Health Care By Sam Drysdale <i>State Urges People To Continue To Seek Care At Steward Hospitals</i></p>

	<p>Steward Health Care, the operator of eight hospitals in Massachusetts, filed for Chapter 11 bankruptcy. The company cited insufficient reimbursement from the government, labor costs, inflation, COVID-19, and delays in selling its physician network as reasons for the filing. The state of Massachusetts has launched a website and hotline to answer questions from patients and healthcare providers. Governor Healey assured residents that care would continue at Steward hospitals and that the state is sending legal representation to the bankruptcy proceedings.</p> <p>The Attorney General's office is investigating whether Steward executives can be held accountable for their actions. The House of Representatives plans to take up a healthcare reform bill next week. The Health Policy Commission is reviewing the proposed sale of Steward's physician network to OptumCare.</p> <p>Governor Healey has repeatedly called for Steward to exit Massachusetts. She said the bankruptcy filing is a step towards that goal.</p>
<p>Nursing Homes</p>	<p>9. ABC News May 11, 2024 <u>Nursing homes wield pandemic immunity laws to duck wrongful death suits</u> By Fred Schulte KFF Health News homes over COVID-related deaths. Here's a breakdown:</p> <p>The Problem: Hundreds of lawsuits allege nursing homes inadequately protected residents during the pandemic, leading to deaths.</p> <p>The Defense: Nursing homes claim immunity from lawsuits due to:</p> <ul style="list-style-type: none"> • Federal PREP Act: Offers protection for actions taken during public health emergencies. • State Immunity Laws: Many states passed laws shielding healthcare providers from COVID-related lawsuits. <p>The Hurdles for Families:</p> <ul style="list-style-type: none"> • PREP Act Exception: Proving "willful misconduct" by nursing homes is difficult. • Immunity Laws: Unclear interpretations and debates over retroactivity of repealed immunity laws delay cases. • Stalled Cases: Lengthy legal arguments and appeals clog the court system. <p>The Human Cost:</p> <ul style="list-style-type: none"> • Families grieve lost loved ones and face financial and emotional burdens. • Delays in resolving lawsuits prolong the pain and hinder closure. <p>The Focus of Disputes:</p> <ul style="list-style-type: none"> • Did nursing homes take proper precautions to prevent COVID outbreaks?

- Were families misled about the severity of outbreaks and resident health?
- Did nursing homes prioritize profits over resident safety?

The Legal Landscape:

- New York has seen the most lawsuits due to the early and severe COVID impact.
- Courts have mixed rulings on immunity claims, creating uncertainty.
- Nursing homes argue lawsuits rely on generic claims and lack evidence of "gross negligence."

A Troubled Industry:

- Some nursing homes with documented safety violations still claim immunity.
- Families question the ability of the industry to self-regulate during emergencies.

The Path Forward:

- Resolving the legal battles to determine accountability and provide closure for families.
- Ensuring clear standards and enforcement for nursing home safety in future crises.

The article paints a picture of a complex legal battleground where families fight for justice while nursing homes seek protection. The outcome has significant implications for accountability, future preparedness, and the well-being of those entrusted to nursing home care.

10. MyHomeTownToday.com

May 10, 2024

[*Nursing home concerns bigger than Casey, McCormick squabble*](#)

By The Center Square

A squabble between Sen. Bob Casey and his Republican challenger Dave McCormick over nursing homes reveals wider problems in the commonwealth's health care system.

While the focus is on staffing mandates, Pennsylvania health care across the board has worker shortages, funding issues and accessibility problems with which to deal.

11. *Washington Post

May 8, 2024

[*Biden's nursing home staffing rule surfaces horror stories*](#)

Analysis by Jordan Rau with research by McKenzie Beard

The Biden administration's plan to set [minimum staffing levels for nursing homes](#) prompted comments [from more than 46,500 people](#) and organizations — including residents of homes and nurses with harrowing stories about conditions inside.

- **One resident purchased a bullhorn with a siren** to get nurses' and aides' attention because he was often left sitting in his own stool, one commenter recounted.
- **Nurses at one facility declared a "med holiday,"** according to a dietitian, and threw away all the drugs for a shift because they didn't have time to pass them out.
- **A day shift nurse found a resident choking on vomit** and having seizures after a night when there had been only one nurse and one aide on duty — for **100** residents.

Hundreds of comments like these [cemented the resolve](#) of officials at the **Centers for Medicare and Medicaid Services** last month to stick to plans to set minimum numbers of registered nurses and nurse aides for homes, despite the industry's insistence it's infeasible. CMS added a third mandate for minimum total staffing.

The agency also toughened requirements for the self-assessments each home must perform to determine whether they have enough skilled workers to properly care for their residents. The assessment can mean a home with residents who are especially ill or in need of extensive assistance should exceed minimum staffing mandates.

President Biden's crackdown on nursing home staffing is among the most significant health-care regulatory moves he's pursuing in what could be his last year in the White House. That it comes in an election year, when the president is counting on improving his support among older voters and their families, only raises the stakes — though nursing homes have until 2026 to come into compliance. Labor unions representing nurses and aides have strongly backed the plan.

Still, CMS rebuffed calls from resident advocates to require all nursing homes to meet the new requirements.

The industry as well as rank-and-file nurses raised concerns about finding enough staff to meet the new federal requirement. A licensed practical nurse from rural Minnesota wrote: "We currently offer sign on bonuses, referral bonuses, higher wages than we have ever had, and still no applications are received."

CMS is allowing nursing homes exemptions from the staffing minimums if they are in areas with workforce shortages. CMS also will allow homes to request an exemption from one of the toughest mandates in the regulation: having a registered nurse on-site around-the-clock. If they're in an area with a shortage of RNs, they can request to have one on-site for just **16 hours** a day. (That's still double the existing requirement.) CMS estimates that a quarter of the nation's **15,000** nursing homes will end up obtaining exemptions from part or all of the staffing rules

The final regulation hasn't entirely pleased anyone. Most advocates for patients still think the staffing minimums are too low and will allow some homes to continue to provide substandard care.

And the nursing home industry says it can't find or afford the extra staff — and its lobbyists are working Congress, and probably the White House should Biden lose, to overturn the rules.

12. U.S. House Ways and Means Committee

May 8, 2024

[CNA Lockout Bill Passes Out of House Committee](#)

On May 8, the [House Ways and Means Committee](#) passed, by a vote of 25-18, legislation to address the nursing home two-year CNA training lockout that has remained in federal law for almost 40 years. The Committee passed an updated version of the [Ensuring Seniors' Access to Quality Care Act \(H.R. 8244\)](#) that was introduced on May 6 by Representatives Ron Estes (R-KS) and Gerry Connolly (D-VA) who introduced the original version of this bill. The updated CNA-lockout bill would allow nursing facilities to continue training CNAs even if they have received Civil Monetary Penalties (CMPs) above the \$12,924 threshold provided the citations are unrelated to direct resident care. The original version of the bill required the HHS Secretary to determine which nursing facilities could have their lockouts rescinded, whereas the updated bill text takes the Secretary out of the process. Another provision that was not included in the updated bill would have given Medicare and Medicaid providers access to the National Practitioner Data Bank to run background checks.

13. McKnights Senior Living

May 7, 2024

[Brookdale finds itself in the midst of another federal inquiry, this time about skilled nursing](#)

By Lois A. Bowers

The country's largest senior living company, Brookdale Senior Living, found itself the subject of an inquiry related to a new [federal minimum staffing mandate](#) for nursing homes. . .

In addition to Brookdale, letters were sent to The Ensign Group Executive Chairman Christopher R. Christensen and National HealthCare Corp.. .

The lawmakers asked Brookdale to answer questions by May 20 about how its board determines executive compensation; the average compensation of registered nurses and nurse aides who work for Brookdale; the turnover rate of nursing staff members at the organization; the amount spent annually to train caregivers; "any complaints or comments submitted to the company by nurses or other staff including the words 'under-staffed,' 'staffing,' and 'salary'"; and a list of all of Brookdale's lobbying or advocacy expenses, including contributions "that may have been used to lobby or advocate against the finalized nursing home staffing standards from January 2021

	<p>through the present.” The same questions were asked of the other two companies. .</p> <p>Brookdale also was the target of another letter from a federal lawmaker earlier this year.</p> <p>The company was one of three senior living providers that received a request from Senate Special Committee on Aging Chair Bob Casey (D-PA) in January for information and documents detailing how it communicates the cost of services to residents and their families, the rates it charges in each state, its schedules of services and costs, the average revenue per occupied unit it receives, statistics on elopement and injuries, how accessible information is about community complaints and citations, staffing levels, and employee job titles and pay rates.</p> <p>The request, which Casey also sent to Atria Senior Living and Sunrise Senior Living, followed the publication of articles in The Washington Post in December, as well as in The New York Times and KFF Health News in November, reporting on the deaths of residents with dementia who eloped from communities, the industry pricing structure, rate increases or the for-profit status of most providers.</p>
<p>Assisted Living</p>	<p>14. JDSupra May 10, 2024 States With the Highest and Lowest Assisted Living Costs By Chambliss, Bahner & Stophel, P.C. The National Center for Assisted Living reports that there are currently more than 30,600 assisted living facilities and 1.2 million licensed beds in the U.S. According to the National Investment Center for Seniors Housing and Care, the senior housing occupancy rate rose for the ninth consecutive quarter, just surpassing 84 percent in late 2023. (The pre-pandemic rate, as of the first quarter of 2020, was 87 percent.)</p> <p>15. McKnights Senior Living May 7, 2024 Federal bill targeting private equity would have ‘chilling effect’ on assisted living investment, access, leaders say By Kimberly Bonvissuto Proposed federal legislation targeted increased transparency and accountability for private equity in healthcare, if passed, would have a “chilling effect” on future investment in assisted living and would jeopardize access to the setting, according to senior living industry leaders. Sen. Ed Markey (D-MA) solicited stakeholder comments on a draft of the Health Over Wealth Act, which industry experts said inappropriately lumps assisted living in with more clinical healthcare settings. The proposal comes after the Federal Trade Commission, the Department of Health and Human Services and the Department of</p>

Justice launched a [cross-government public inquiry into private equity's role in healthcare](#), specifically mentioning home- and community-based services providers, nursing homes, home health agencies, hospice providers and other types of service providers.

16. Chapter 88 of the Acts of 2024 (Massachusetts General Laws)

April 30, 2024

[Extension of Skilled Nursing Services in Assisted Living Residences](#)

On April 30, 2024, Governor Healy signed [H4582](#), extending the following policies until March 31, 2025.

[Extension of Skilled Nursing Services](#)

In accordance with Section 13 of Chapter 88 of the Acts of 2024, Section 39 of Chapter 2 of the Acts of 2023, and Section 23 of Chapter 20 of the Acts of 2021, until March 31, 2025, a nurse employed or contracted by an ALR may provide skilled nursing care subject to the following provisions included in guidance previously issued by EOEA:

1. Skilled care may only be provided to Residents under an established plan of care.
2. The skilled care to be provided may include, but is not necessarily limited to, the application or replacement of simple non-sterile dressings, the application of eye drops, the application of ointments, the management of oxygen on a regular and continuing basis, and injections.
3. The nurse providing skilled care must hold a valid license to provide such care.
4. Any skilled care to be provided must be authorized by a physician or relevant medical professional.
5. Skilled care may only be provided if the setting is medically appropriate for such care and the proper equipment, medication, and supplies are readily available.
6. The Resident must be evaluated by the nurse before any skilled care may be provided.
7. Prior to the provision of skilled care, the ALR must obtain the consent of the Resident, the Resident Representative, or Legal Representative.
8. Any charges that may result from the provision of skilled care must be disclosed and accepted by the Resident, the Resident Representative, or Legal Representative.

Administrative Requirements are as follows:

1. An ALR providing skilled care must notify EOEA that it is to provide skilled care to Residents and submit reports on the skilled care provided as required by the Secretary of EOEA. ALR compliance with such reporting requirements is required as a condition for the provision of skilled care.

2. Documentation concerning medical orders for skilled care, Resident consent, Resident evaluations, notice of charges, and the skilled care provided must be included in the Resident's record.

Extension of Minimum Staffing Requirement Waiver

In accordance with Section 13 of Chapter 88 of the Acts of 2024, Section 39 of Chapter 2 of the Acts of 2023, and Section 23 of Chapter 20 of the Acts of 2021, the requirement that at least two staff members be on duty in a Special Care Residence (SCR), is suspended until March 31, 2025.

ALRs are required to always have sufficient staff to meet the scheduled and reasonably foreseeable unscheduled Resident needs. The ALR must track and document SCR staffing levels.

Extension of Training Requirement Waiver

In accordance with Section 13 of Chapter 88 of the Acts of 2024, Section 39 of Chapter 2 of the Acts of 2023 and Section 23 of Chapter 20 of the Acts of 2021, the training requirements for ALR staff, as described in 651 CMR 12.07, are waived until March 31, 2025, subject to the following:

1. All newly hired ALR employees must have adequate experience to fulfill the requirements of the position safely and professionally.
2. All newly hired employees must receive sufficient on-the-job training to familiarize them with the operational and administrative standards of the ALR, and to enable them to safely carry out their assigned duties.
3. ALRs must provide any critical training as necessary to protect the health, safety, and welfare of ALR Residents.

Any questions should be directed to ALRHelp@mass.gov.

17. Seniorly Resource Center

January 25, 2024

The Most and Least Expensive States for Assisted Living in 2024

By Arthur Bretschneider

□ **Demand is high:** There are more seniors than ever before, and they are demanding senior housing. Occupancy rates in senior living communities are nearing pre-pandemic levels.

□ **Assisted living is expensive:** The national average cost is \$4,401 per month, but it can vary widely by state. New Hampshire is the most expensive at \$8,248 per month. Massachusetts is the seventh most expensive at \$5,517. Average costs are above \$5,000 per month in 10 states, mostly concentrated in New England and the Mid-Atlantic. Using today's earnings and savings rates, it would take the average American 17.2 years to save for a year of assisted living.

□ **Costs are rising:** Assisted living costs have increased in 30 states between 2021 and 2023.

	<p>□ In-home care can be cheaper: In most states, in-home care is less expensive than assisted living. However, New Hampshire is again the exception.</p> <p>□ It takes a long time to save for assisted living: The average American would need to save for 17.2 years to afford a year of assisted living.</p> <p>18. New York Times (free access) November 19, 2023 Extra Fees Drive Assisted-Living Profits By Jordan Rau Assisted Living: A Growing Burden for Seniors This article explores the escalating costs of assisted living facilities in the United States. Here are the key takeaways:</p> <ul style="list-style-type: none"> • High Costs: Assisted living is a popular option for seniors who can't live independently, but it's incredibly expensive. The national average cost is \$5,000 per month, with additional fees for services like medication management and showering assistance. • Profitable Industry: The assisted living industry is highly profitable, with some facilities boasting returns of 20% or more. This is partly due to ownership by real estate investment trusts seeking high returns. • Unpredictable Bills: Beyond base rent, residents face a barrage of extra charges, often determined by a point system based on required care. This makes it difficult to predict total costs. • Strained Families: Many families struggle to afford assisted living for their loved ones, leading to financial hardship and difficult choices. Even after spending down their savings, some residents may not qualify for Medicaid assistance. • Limited Options: There's a lack of affordable alternatives to assisted living. In-home care can be cheaper, but it's often unavailable or insufficient for those with high needs. • Call for Reform: The article highlights the need for reform in the assisted living industry. This could include changes to how facilities are funded, priced, and regulated. <p>The high cost of assisted living creates a significant burden for seniors and their families. The current system is unsustainable, and solutions are needed to ensure affordable long-term care options for the growing elderly population.</p> <p>19. f</p>
<p>Home and Community Based Services</p>	<p>20. Executive Office of Elder Affairs May 8, 2024 Healey-Driscoll Administration Awards \$2.4 Million in Grants to 20 Organizations to Expand Supportive and Social Day Programs for Older Adults</p>

	<p>On May 8th, the Healey-Driscoll Administration awarded approximately \$2.4 million to 20 organizations and communities across Massachusetts to broaden Supportive and Social Day Programs, enabling awardees to meet the needs of historically underserved populations, building on the Administration’s plan for Advancing Health Equity in Massachusetts.</p> <p>Funded by American Rescue Plan Act Home and Community-Based Services, the grant program is designed to help community organizations expand or launch Supportive and Social Day Programs for older adults and individuals with Alzheimer’s disease and related dementias in their community, enhancing the overall dementia-friendly infrastructure across Massachusetts.</p> <p>Grants range from \$15,000 to \$300,000. Grant projects will begin later this month and conclude in March 2025.</p> <p>21. Office of the Attorney General Andrea Campbell May 7, 2024 Attorney General's Office Distributes \$1.1 Million To Community Programs That Help Residents Pay Heating Bills</p> <p>Attorney General Andrea Joy Campbell’s Office has distributed \$1.1 million to 12 organizations as part of the Office’s Residential Energy Assistance Grant (REAG) program. REAG is funded through settlement agreements the AGO reached with National Grid and the Berkshire Gas Company.</p> <p>Over the last year, Massachusetts residents have faced record high utility bills. Approximately 400,000 Massachusetts residential customers currently receive a low-income discount rate on their electric and gas bills. . .</p> <p>Programs that provide direct subsidies for heat assistance may award, in the aggregate, up to \$1,000 for each eligible Massachusetts household per heating season.</p>
<p>Housing</p>	<p>22. Office of Governor Maura Healey and Lt. Governor Kim Driscoll May 9, 2024 Healey-Driscoll Administration Gathers Health Care Leaders to Discuss Housing’s Impact on Public Health</p> <p><i>Officials and subject matter experts discuss how to safeguard public health, recruit and retain health care workforce</i></p> <p>This press release details a roundtable discussion led by Governor Healey about the connection between affordable housing and healthcare in Massachusetts.</p> <p>Earlier this year, Massachusetts was selected as one of eight states to participate in a new federal initiative, the Housing and Services Partnership Accelerator. Massachusetts plans to use the Accelerator to create a map of housing-related services for people experiencing homelessness, to explore the ways that Medicaid and other federal funding can be leveraged in the implementation of a permanent</p>

	<p>supportive housing pool fund and to study the costs of building a permanent supportive housing program.</p> <p>Key takeaways include:</p> <ul style="list-style-type: none"> • High Housing Costs Impact Healthcare: The high cost and limited availability of housing make it difficult for healthcare facilities to recruit and retain staff. It also negatively affects patients' health outcomes due to housing insecurity. • Healey's Affordable Homes Act as a Solution: The Governor proposes a \$4 billion plan to increase affordable housing options. This includes funding for public housing rehabilitation, supportive housing creation, and energy-efficient housing development. • Support from Healthcare Leaders: Representatives from various healthcare institutions voiced their support for the plan, emphasizing the importance of housing for a healthy workforce and community. • The roundtable is part of the Healey-Driscoll Administration's Housing Campaign, which aims to address the housing crisis in Massachusetts.
<p>Hospice</p>	<p>23. Government Accountability Office (GAO)</p> <p>May 8, 2024</p> <p><u>GAO Finds CMS Statutory Oversight of Hospices Not Fully Implemented</u></p> <p>The Government Accountability Office (GAO) issued a <u>report</u> required by the Consolidated Appropriations Act (CAA) of 2021, found that the Centers for Medicare and Medicaid Services (CMS) has fully implemented five and partially implemented three of the eight provisions related to hospice oversight. Specifically, requirements for public reporting of the results of hospice surveys conducted by state survey agencies (SA) and accrediting organizations (AO) on the CMS website in a manner that is prominent, easily accessible, searchable, and readily understood and requirements for states to measure and reduce inconsistency in survey results among all surveyors. The third partially implemented provision required CMS to develop and implement a range of enforcement tools. Last week, CMS issued updated guidance in Chapter 10 of the State Operations Manual outlining for surveyors what remedies can be applied to non-compliant hospices. GAO also found that about 15 percent of hospices that had at least one standard survey in each 3-year reporting cycle between 2017 and 2022 were cited with serious quality deficiencies, and most were cited with multiple such deficiencies. However, only 18 hospices were terminated between 2017 and 2022. Additionally, the report highlighted a backlog of survey administration with about 10 percent of hospices overdue for a survey as of May 2023. Over one quarter of the overdue hospices had not had a standard survey in at least five years.</p> <p>Fast Facts</p>

Medicare is required to monitor hospices through surveys every 3 years. Surveys can find serious quality issues, raising concerns about the adequacy of care and triggering additional monitoring. About 15% of hospices were cited with serious quality issues from 2020 through 2022. Medicare is working on, but hasn't fully implemented, enforcement tools—such as fines—to help bring hospices like these into compliance. In addition, as of May 2023, about 10% of hospices were overdue for a survey—partly due to funding and staffing issues at the state agencies that conduct these surveys.

We [recommended](#) addressing these and other issues we found.

What GAO Found

Federal law defines the quality standards that hospices must meet to participate in the Medicare program. The Centers for Medicare & Medicaid Services (CMS) monitors compliance with these standards through inspections—referred to as standard surveys—to be carried out at least every 3 years. Serious quality deficiencies cited in a survey indicate the hospice may not have the capacity to furnish adequate care or may adversely affect the health and safety of patients. CMS has fully implemented five and partially implemented three of the eight provisions related to hospice oversight required through the Consolidated Appropriations Act, 2021 (CAA). For example, CMS has not issued planned internal guidance that would enable consistent use of new enforcement tools for hospices not complying with quality standards. Implementing these provisions would help ensure CMS meets its statutory obligations for hospice oversight.

GAO also found that about 15 percent of hospices that had at least one standard survey in each 3-year reporting cycle between 2017 and 2022 were cited with serious quality deficiencies, and most were cited with multiple such deficiencies. CMS policy requires that these hospices undergo additional monitoring and face termination from the Medicare program without timely resolution; according to CMS officials, 18 hospices were terminated between 2017 and 2022.

As of May 2023, about 10 percent of hospices participating in Medicare for 36 months or more were overdue for a survey. Of the hospices with overdue surveys, over one quarter had not had a standard survey in at least 5 years. In addition, 17 percent had at least one previous serious quality deficiency, and about 11 percent had a previous complaint that was severe and substantiated. CMS defines survey priorities each year but does not provide any direction to prioritize among overdue surveys. CMS has noted that funding and staffing issues at state agencies, which conduct the surveys, as well as the COVID-19 public health emergency, have constrained the timely completion of surveys. Prioritizing overdue standard surveys for

	<p>hospices based on potential risk factors, such as previous quality issues, could help target such hospices.</p> <p>Highlights Page (1 page)</p> <p>Full Report (50 pages)</p>
<p>Veterans Services</p>	<p>24. Executive Office of Veterans Services</p> <p>April 5, 2024</p> <p>Executive Office of Veterans Services Signs Historic Agreement to Establish Career Advancements for Nursing Assistants at Veterans Homes</p> <p>The Executive Office of Veterans Services (EOVS) and the Service Employees International Union (SEIU) Local 888 announced the signing of a memorandum of agreement (MOA) to establish a career ladder for Certified Nursing Assistants (CNAs), at the Massachusetts Veterans Homes facilities in Chelsea and Holyoke. . .</p> <p>The memorandum of agreement (MOA) delineates the creation of position descriptions, staffing needs assessments at each facility, and the promotion process for eligible employees. Under this agreement, newly hired Nursing Assistants within EOVS will undergo a classification review after one year of employment, with the opportunity to advance a level. Similarly, current employees holding the Nursing Assistant job title for over one year will be reclassified to the next level.</p>
<p>Disability Topics</p>	<p>25. Washington Post (free access)</p> <p>May 12, 2024</p> <p>A mystery illness stole their kids' personalities. These moms fought for answers.</p> <p>By Richard Sima</p> <p><i>Their children's decline was precipitous and dramatic, with patients losing function in days or weeks, including the ability to talk, move or take care of themselves.</i></p> <p>For decades, there hadn't been a formal diagnosis for patients experiencing regression symptoms. In fact, parents say doctors often would dismiss concerns, saying the regression was just a normal part of Down syndrome.</p> <p>it was only in 2022 that the condition was finally given an official name: Down syndrome regression disorder, or DSRD. Though its prevalence is difficult to measure, DSRD is believed to affect between 1 to 5 percent of people with Down syndrome.</p> <p>Many believe a better understanding of Down syndrome, which occurs in approximately 1 in 800 births and is caused by an extra chromosome 21, could lead to advances in our overall understanding of cancer, autoimmune conditions and longevity. Remarkably, people with Down syndrome rarely develop hypertension as they age and almost never develop most solid tumor cancers. But they are far more</p>

	<p>likely to develop Alzheimer’s disease earlier in life. About 30 percent of people with Down syndrome develop dementia in their 50s. . . Santoro and Espinosa want to create more awareness of DSRD so doctors and patients can seek treatment sooner. They’ve conducted workshops with the Global Down Syndrome Foundation and the National Down Syndrome Society. To help, Quinn continues to offer resources through the Facebook group and has held webinars and podcasts with Santoro to help spread the word.</p> <p>Here is a 500-word summary of the article:</p> <p>26. U.S. Department of Health and Human Services (HHS) May 1, 2024 HHS Finalizes Rule Strengthening Protections Against Disability Discrimination</p> <p>On May 1, the U.S. Department of Health and Human Services (HHS) Office of Civil Rights announced a final rule that clarifies and enhances protections under Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in the provision of benefits and services to individuals served under federally funded health and human services programs. The final rule updates current Section 504 regulations to clarify areas not explicitly addressed in the current rule, including definition of what accessibility means with respect to websites and mobile applications, and revisions relating to the provision of community-based services to people with disabilities in the most integrated setting appropriate to their needs. LeadingAge is analyzing this new rule and will provide additional information and resources for members in the weeks ahead. This HHS webpage offers an overview, along with links to a pre-publication version of the rule, and a Fact Sheet. The rule will be effective on July 10 (60 days after its May 9 publication in the Federal Register).</p>
<p>Legal Services</p>	<p>27. Office of the Attorney General Andrea Campbell May 7, 2024 AG Campbell Co-Leads Bipartisan Multistate Effort Urging U.S. House And Senate Leaders To Appropriate Robust Funding For Legal Services Corporation</p> <p><i>Coalition of 39 Attorneys General Calls for Maximum Funding to Support LSC’s Critical Work Delivering Legal Services to Low-Income Americans and Expand Nationwide Equal Access to Justice</i></p> <p>Attorney General Andrea Joy Campbell, in partnership with D.C. Attorney General Brian Schwalb, Oklahoma Attorney General Gentner Drummond, and Georgia Attorney General Christopher Carr, co-sponsored a multistate letter sent by a bipartisan coalition of attorneys general calling on leaders of the U.S. House and Senate Appropriations Committees to allocate maximum funding for the Legal Services Corporation (LSC) in the FY2025 budget.</p>

	<p>LSC is a nonprofit legal services organization established by Congress in 1974 to promote equal access to justice for all Americans by funding independent nonprofit legal aid programs across the county. LSC provides millions of dollars in funding to legal aid organizations that serve and support low-income individuals, veterans and military families, seniors, survivors of domestic violence, victims of natural disasters, and disabled individuals. . .</p> <p>In Massachusetts, the organizations funded by LSC include Community Legal Aid, Northeast Legal Aid, South Coastal Counties Legal Services, and the Volunteer Lawyers Project of the Boston Bar Association.</p>
<p>Caregiving</p>	<p>28. Seniorly Resource Center July 13, 2023 21 Highly Rated Apps for Family Caregivers By Sushanth Ramakrishna</p> <p>In this article, the top apps are reviewed that make caregiving duties seem easier such as organizing schedules, managing meds, or simply staying connected. Covered tasks include:</p> <ul style="list-style-type: none"> • Physical Care: Assisting with daily activities such as bathing, grooming, mobility assistance, and home safety modifications. • Medication Management: Overseeing medication intake, arranging refills, and collaborating with medical professionals. • Medical Appointments: Organizing and attending medical appointments while maintaining and communicating relevant health records. • Emotional Support: Providing companionship and emotional comfort to their loved ones. • Household Management: Conducting household chores, meal planning, grocery shopping, and ensuring a safe living environment. • Financial Management: Handling bill payments, budgeting, insurance claims, and tracking expenses. • Safety and Security: Addressing potential home hazards and ensuring the loved one's well-being. • Communication and Coordination: Serving as the primary contact for family, healthcare professionals, and other caregivers. • Health Monitoring: Observing and recording changes in health conditions and maintaining comprehensive health records. • Transportation: Arranging and providing transportation for errands and outings. • Advocacy: Protecting the rights, needs, and preferences of their loved ones in healthcare and lifestyle decisions.
<p>Health Care Public Policy</p>	<p>29. Commonwealth May 12, 2024 House health care bill needs some work By Paul A. Hattis</p>

A health care reform bill headed for a debate and vote in the House next week has some very good elements, but it also has some worrisome provisions, in particular the well-intended but flawed effort to raise commercial prices paid to the lowest-paid hospitals. There is certainly a lot to like in the bill with respect to provisions giving the Health Policy Commission, the Center for Health Information and Analysis, and the attorney general more access to data and more review and oversight power over providers. Clearly the House is right with respect to wanting a better state understanding and deeper dive into the financial operations of an expanded group of providers—hopefully to learn about problems well before they reach the stage that Steward Health Care is manifesting right now.

Also, on target is wanting the Center for Health Information and Analysis, the Health Policy Commission, the attorney general, and the Department of Public Health to work together as a team to review and, as needed, to take action to protect against market transactions or provider expansions that increase health care costs or directly threaten a functioning market.

One of the most positive aspects of the House bill is its call for moving away from a single-year examination of provider or insurer spending growth related to the benchmark to a review of performance over three years. This would allow someone with over-the-benchmark spending growth in a given year to take appropriate actions to correct the negative trend over the next two years; at the same time, it ought to give more courage to the Health Policy Commission to order remedial action by any provider contributing to excessive spending growth over a three-year period.

Finally, the House bill would grant a long-standing Health Policy Commission request to make hospitals, physician groups, and some other types of health care organizations directly accountable for their spending growth and possibly subject to performance improvement plans.

These are all very good and much needed updates to our regulatory scheme.

But there are also some items in the bill that don't make sense to me. First, the bill proposes a change in the composition of the Health Policy Commission board, reducing the number of members from 11 to 9, allowing the governor to appoint a majority of them, and giving them stipends. More troubling is the proposal to eliminate the current conflict-of-interest restrictions on who can become a board member. A commissioner under the House bill could be someone who has a current role with or interest in a particular provider or insurer. Imagine an employee of Children's Hospital being appointed to the Health Policy Commission board and then being asked to vote on whether

the hospital should be reined in under a performance improvement plan for out-of-control revenue growth. Very awkward.

It's unclear to me why such a change is needed. There is no evidence to date that board members have acted improperly. Perhaps current health industry market participants could be more active participants on the commissions proposed Technical Advisory Committee, a group that the House seems to want to give more deference to with respect to their policy recommendations on adjustments to the benchmark and other matters. That should be the limit of where people currently active in the market should be allowed to directly participate in policy-making decisions at the Health Policy Commission.

Another proposed change—worth losing sleep over if enacted into law --is the attempt to increase the flow of commercial insurance payments to struggling hospitals in the state. Though the provision is well intended, there are some real flaws in its execution.

The House wants to boost the commercial insurance revenue flowing to those providers that are paid the least and who often serve challenged patient care populations.

The draft bill would establish a minimum effective relative price level that would be used for commercial insurance payments made to hospitals and certain physician groups for which the Center for Health Information and Analysis has pricing data. For 2026, the proposed statute would set the minimum effective price paid at 85 percent of the state average. Starting in 2029 it would rise to 90 percent, go to 95 percent in 2032, and finally to 100 percent from 2035 to 2037.

At each step, hospitals receiving less than the minimum effective relative price would receive a payment adjustment from insurers at the end of the year. Once the minimum effective price hits 100 percent, every hospital would be receiving commercial payments at no less than the average payment level for all providers.

I am assuming, to avoid a continual ratcheting up of the average price level each year from setting these payment floors, that the average price would be calculated based on each previous year's negotiated price levels between providers and insurers, ignoring the portion tied to the end of the year subsidy boost paid to those who were under the target floor level in place at that time. To do otherwise would make no rational sense.

Perhaps an even more perverse aspect of this proposed scheme is that it would give the lowest-paid hospitals little incentive to negotiate increases in their pricing with insurers. Instead, they will be cheering on the rest of the hospital field to get paid as much as they can in order to raise the average relative price level for all hospitals and, in so doing, maximizing the additional subsidy that they would receive.

A key question with the proposal is how much the subsidies to hospitals with lower prices would cost. The most recent data available

	<p>on pricing is from 2021, when total acute hospital spending was \$10.65 billion. Assuming the House bill’s subsidy initiative had gone into effect in 2021, there would be about a dozen hospitals whose initial negotiated price fell below the effective minimum level. By my estimate, the supplementary payments they would be entitled to would have totaled nearly \$43 million in that first year. Updating that estimate to 2026, when the scheme come into operation would probably yield a higher total subsidy cost, probably in the \$55 million range.</p> <p>Over the following decade, the supplemental payment costs would keep increasing, as more and more hospitals fall below the minimum effective relative price which entitles them to a subsidy at the end of the year. The cost could run into the hundreds of millions of dollars, putting more upward pressure on premiums.</p> <p>One way to reduce the impact on overall premiums would be to offset the subsidies going to the lower-priced health care providers by reducing the payments going to the higher-priced providers.</p> <p>I could certainly imagine Mass General Brigham’s flagship hospitals: Massachusetts General and Brigham and Women’s, along with Children’s and Dana Farber, absorbing a combined total of \$55 million of annual revenue holdbacks. After all, Mass General Brigham was placed on a performance improvement plan for having \$50 million per year of over-the benchmark revenue growth tied to a portion of their commercial business. They are now in the process of foregoing about \$176 million in revenues over an eighteen-month period—apparently without any great challenge in operations while doing so.</p> <p>Even so, I wonder about the political viability of this proposed House scheme when one starts to look at a need to holdback each and every year, hundreds of millions of dollars to offset the subsidies given to those who become eligible for supplemental payments under the House scheme.</p> <p>For me, the Health Policy Commission’s suggestion to cap overall price levels by establishing some benchmark relative to Medicare prices is a much better approach. Such an approach could of course be combined with minimum levels of commercial prices, again built off of Medicare prices. Or, alternatively, one could use some of the savings from price caps to directly subsidize providers in need of support.</p> <p>I am heartened that the House is really trying to step up and take on some of the important health care policy challenges in front of us right now. I am hopeful that they, and ultimately their Senate colleagues as well, can get these aims accomplished in as effective a way as possible.</p>
<p>Dignity Alliance Massachusetts</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>

Legislative Endorsements	Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net .	
Websites	<p>The Massachusetts Medicaid Policy Institute https://www.bluecrossmafoundation.org/programs/massachusetts-medicaid-policy-institute</p> <p>The Massachusetts Medicaid Policy Institute (MMPI)—a program of the Blue Cross Blue Shield of Massachusetts Foundation—is an independent and nonpartisan source of information and analysis about the Massachusetts Medicaid program, “MassHealth.” MMPI’s mission is to promote the development of effective Medicaid policy solutions through research and policy analysis. MMPI promotes broad understanding of MassHealth and its interrelatedness with other health care programs for low-income people and seeks to create a rigorous and thoughtful public discussion of the program’s successes and the challenges ahead. It collaborates with a wide spectrum of policy makers, legislators, researchers, providers, advocacy groups, consumer organizations, business and other stakeholders.</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) 	

	<p>For more information about each individual facility, please use the Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website.</p>
<p>Nursing Home Closures</p>	<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> Closure date: April 2, 2024 <i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024 <i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023 <i>Willimansett East, Chicopee</i> Closure date: June 6, 2023 <i>Willimansett West, Chicopee</i> Closure date: June 6, 2023 <i>Chapin Center Springfield</i> Closure date: June 6, 2023 <i>Governors Center, Westfield</i> Closure date: June 6, 2023 <i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure February 10, 2022 <i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022 <i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021 <i>Wingate at Chestnut Hill, Newton, MA</i> Closure date: October 1, 2021 <i>Halcyon House, Methuen</i> Closure date: July 16, 2021 <i>Agawam HealthCare, Agawam</i> Closure date: July 27, 2021 <i>Wareham HealthCare, Wareham</i> Closure date: July 28, 2021 <i>Town & Country Health Care Center, Lowell</i> Closure date: July 31, 2021</p>
<p>Nursing homes with admission freezes</p>	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>

<p>Massachusetts Department of Public Health Determination of Need Projects</p>	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care</i> 2023 <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboag</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u> <u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram 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</p>

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?

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

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

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

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

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

	<p>https://projects.propublica.org/nursing-homes/homes/h-225199 Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • Charwell House Health and Rehabilitation, Norwood (15) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Glen Ridge Nursing Care Center (1) https://www.geneshicc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • Hathaway Manor Extended Care (1) https://hathawaymanor.org/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366 • Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram
<i>Nursing Home Inspect</i>	<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).</p>

	<p>Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p> <p>This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>																								
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify</p>																								

	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.																																	
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 																																	
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																	
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																	
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <td>Interest Group</td> <td>Group lead</td> <td>Email</td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu	Facilities (Nursing homes and rest homes)	Arlene Germain	agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Legislative	Richard Moore	rmoore8743@charter.net	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org	Interest Group	Group lead	Email	Housing	Bill Henning	bhenning@bostoncil.org
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Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<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"> • Charlie Carr • Wynn Gerhard • Jerry Halberstadt • Dick Moore • Penny Shaw 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 The Tuesday Digest and The Dignity Digest are available at:</i> https://dignityalliancema.org/dignity-digest/</p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			