



The Dignity Digest

Issue # 190

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

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

DignityMA Zoom Sessions

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

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

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

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Spotlight

John and Terri Hale own The Hale Group, an Iowa-based firm advocating for high-quality nursing home care for everyone, all the time.
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[Caring for your loved ones is their business, not their concern](#)

By John and Terri Hale

***The Gazette**

June 2, 2024

The Biden Administration recently finalized a rule that would require nursing homes in America to have a minimum level of staff on duty at all times.

As advocates for consumers in nursing homes and other settings for over 18 years, we see the rule as necessary,

achievable, and long overdue. It will allow nursing home residents to be better served and lead better lives.

The nursing home industry has chosen to go to war over it, using all the ammunition they have to convince governors (including Iowa Gov. Kim Reynolds) and congressional members to assist them in either killing the rule or perpetually delaying it. They've also filed suit in federal court to block it.

We marvel that opponents of the rule choose to ignore decades of research (and common sense) showing that residents are safer and healthier when there are more staff keeping their eyes on them, helping them, talking with and comforting them. Ignoring those facts is proof of what many have come to believe about far too many in the industry: caring for your loved ones is their business, not their concern.

Here's what the *industry is saying about the rule*, and our response:

The rule is unconscionable. What's unconscionable is the nursing home industry's failure to police itself; allowing far too many of our friends, neighbors and loved ones to be treated inhumanely, to be neglected and abused, and to die due to inadequate numbers of, or poorly trained, staff.

The new goal is unattainable. Not true. Over 50% of facilities in Iowa and across the nation already meet the minimum standard. Many more would if the industry promoted and adopted the best practices of facilities that are better staffed and provide better care.

Finding needed staff will be impossible. The industry could address this problem by looking at the reasons tens of thousands of nurses and direct care workers have left, and continue to leave, their nursing home jobs.

Remember during the COVID crisis when these employees were called “heroes?” If they were treated as such with competitive pay, benefits, training, career pathways, manageable workloads and a workplace culture that respected them, many who’ve left would return, fewer current staff would leave, and new recruits would come on board. *We can’t afford to implement the rule.* An estimated \$100 billion in tax dollars flow to nursing homes in the nation every year; well over \$800 million of that goes to Iowa facilities. There’s plenty of money in the system; it’s just being used for the wrong things.

Examples: Hundreds of millions of dollars are spent on the high costs of turnover — over 50% of nursing home staff leave annually. More millions are spent to pay exorbitant fees to temporary agencies for staff to fill-in for those who have left. Untold millions of dollars are spent on excessive salaries for industry executives and lobbyists, for stock buybacks and profit for investors. Millions more will be spent to tie the staffing rule up in the courts.

Facilities will be forced to close. Closures were occurring long before this new staffing rule. They’ve closed, and will continue to, not solely due to staff shortages, but because owners and investors aren’t happy with the profits being generated, there aren’t enough residents to justify keeping them open, people are choosing to live in assisted living facilities rather than nursing homes, and because individuals want to be served in their own homes and communities vs. an institutional setting.

It’s a one-size-fits-all approach that won’t work. The rule is a bare minimum standard that facilities are free to, and should, exceed. Child care centers have minimum staff requirements. So do airlines. The standards exist to ensure

	<p>those they serve will be safe. Nursing home residents deserve no less.</p> <p>If the industry is successful in killing the proposal in the courts or with the aid of boosters among governors and members of Congress (to whom they donate lots of campaign cash), where does that leave us? With more years of the status quo; with too many facilities operating with too few staff and providing inadequate, if not horrendous, care. That’s unacceptable, and shame on the nursing home industry and its supporters for asking the public to accept it.</p>
<p>Quotes</p>	<p><i>What’s unconscionable is the nursing home industry’s failure to police itself; allowing far too many of our friends, neighbors and loved ones to be treated inhumanely, to be neglected and abused, and to die due to inadequate numbers of, or poorly trained, staff.</i></p> <p>John and Terri Hale, Caring for your loved ones is their business, not their concern, *The Gazette, June 2, 2024</p> <p><i>“All of the evidence we’re tracking at AARP tied to this rule points to the urgency behind implementation. The rule has bipartisan support, it’s long overdue and it should help save lives. Any attempt to shortchange older Americans of this baseline level of care is short-sighted and risks the health of well over one million people living in nursing homes today — and in the years to come.”</i></p> <p>AARP Vice President Sarah Lovenheim, State pays nursing home bills now, gets repaid later by selling your house, Herald Review, May 26, 2024</p> <p><i>“The status quo in too many nursing homes unacceptably endangers residents and drives workers into other professions.”</i></p> <p>Department of Health and Human Services spokeswoman, State pays nursing home bills now, gets repaid later by selling your house, Herald Review, May 26, 2024</p>

The decision Ms. [Heather] Hancock and Mr. [Craig] Blackburn, [both recipients of SSI benefits] faced illustrates a profound contradiction in the lives of people with disabilities. Employment and community involvement are encouraged, but only up to a point. You can save, but only so much. You can work, but only so many hours a week before you earn too much. You can marry, but only if you're willing to give up a significant portion of your income. These rules send the message that those with disabilities have to choose between help with living independently and their freedom as adult Americans to marry, to make decisions about where they live and to earn a living wage. The current system won't allow them to have both.

*[Disabled Adults Shouldn't Have to Pay This Price to Marry](#), *New York Times, May 12, 2024*

“Since its passage, the Older Americans Act has served as the foundation for community social services for older adults — from funding Meals on Wheels to local senior centers to home and community-based caregiving.”

U.S. Senator Bob Casey (D-PA), [Sen. Casey holds hearing on local impact of the Older Americans Act](#), Times Leader, May 25, 2024

Overall, the philosophy of independent living emphasizes empowerment, choice, and community inclusion for individuals with disabilities. It is a rejection of the medical model and exemplifies consumer control, choice and the dignity of risk.

*Charles Carr, **Bureaucratic Efficiency Versus Independent Living Philosophy***

“The COVID-19 pandemic made clear that our communities need stronger mental health workforces that serve all who need care.”

Massachusetts Commissioner of Higher Education Noe Ortega, [Healey-Driscoll Administration Awards Middlesex Community College and UMass Boston \\$170,000 to Strengthen and Diversify the Behavioral Health Workforce](#), Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 29, 2024

“An accessible, just public transit system allows anyone, including seniors and people with disabilities, to call themselves a rider. This funding represents a critical step toward transit and disability justice, allowing riders to take advantage of the Green Line and the wealth of opportunities it provides.”

U.S. Senator Edward J. Markey (D-MA), [MBTA Wins \\$67 Million Federal Grant to Improve Green Line Accessibility for People with Disabilities](#), Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 30, 2024

“The [Massachusetts] Executive Office of Elder Affairs was established more than 50 years ago and was one of the nation’s first state agencies dedicated to addressing the needs of older people. Today, the agency has evolved to offer programs and services that support 1.7 million older residents and nearly 1 million family caregivers. Our administration is committed to meeting the changing needs of today’s older adults

Governor Maura Healey, [Governor Healey Files Legislation to Rename the Executive Office of Elder Affairs to ‘Executive Office of Aging & Independence’](#), Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 28, 2024

“The new name, Executive Office of Aging & Independence, mirrors the values and goals of our older adult population and our commitment to support the vibrancy, independence and dignity of our family members, friends, and neighbors as they age.”

Massachusetts Health and Human Services Secretary Kate Walsh, [Governor Healey Files Legislation to Rename the Executive Office of Elder Affairs to ‘Executive Office of Aging &](#)

[Independence](#), Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 28, 2024

Massachusetts has more than 43,000 units of housing in its state-managed public housing system with over 70,000 residents living in those public housing buildings. The Affordable Homes Act filed by the Healey-Driscoll Administration last fall includes historic funding increases to public housing. Included in the bill's \$4 billion in spending and 28 policy changes, the Affordable Homes Act authorizes \$1.6 billion to rehabilitate the state's public housing.

[This is What the Future of Public Housing Looks Like in Massachusetts](#), Executive Office of Housing and Livable Communities, May 23, 2024

"[The Center for Medicare and Medicaid Services' (CMS)] long overdue rule to require minimum staffing levels in nursing homes will help protect the basic rights of residents to live in dignity. It is shameful that nursing homes receiving taxpayer dollars through Medicare and Medicaid haven't been required to provide adequate care through specific federal minimum staffing standards until now. Far too many residents and their families have experienced tragic consequences because of poorly staffed facilities."

Megan O'Reilly, AARP vice president of government affairs, health and family, [AARP blasts 'shameful' attempts to repeal nursing home staffing mandate](#), McKnights Long-Term Care News, June 2, 2024

"It's important to note that these are minimum staffing standards. They represent the floor, not the ceiling, and many nursing homes will need more than the minimum staff to adequately meet the care needs of the residents they serve. So, I find it shameful that Congress is considering overturning nursing home staffing standards."

	<p>Mark Miller, Washington, DC, long-term care ombudsman, AARP blasts 'shameful' attempts to repeal nursing home staffing mandate, McKnights Long-Term Care News, June 2, 2024</p> <p><i>“One of the social determinants of health is social interaction. It sounds like Carehaus, [a unique intergenerational housing model under construction in Baltimore,] is creating an environment for all residents to have that ongoing social interaction and an opportunity to create a sense of community within the building.”</i></p> <p>Caitlin Coyle, director of the Center for Social and Demographic Research on Aging at UMass Boston’s Gerontology Institute, Introducing a New Kind of Intergenerational Care-Based Cohousing, AARP, April 10, 2024</p>
<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>Executive Office of Elder Affairs Message from EOHHS Secretary Walsh (Change in Elder Affairs Leadership, June 3, 2024) Message from EOEI Secretary Chen (June 3, 2024) Governor Healey Files Legislation to Rename the Executive Office of Elder Affairs to ‘Executive Office of Aging & Independence’ (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 28, 2024) Healey Recommends Name Change For "Elder Affairs"(*State House News, May 28, 2024)</p> <p>At the State House Major Bills Remain Hung Up In Conference Talks (*State House News, June 3, 2024)</p> <p>Nursing Homes AARP blasts ‘shameful’ attempts to repeal nursing home staffing mandate (McKnights Long-Term Care News,)June 2, 2024) Sector vows ‘confidence’ in staffing rule lawsuit success: consumer advocates press forward with complaints (McKnights Long-Term Care News, May 27, 2024)</p> <p>Assisted Living ‘Booming’ assisted living industry places increasing burden on long-term care ombudsman programs, GAO finds (McKnights Senior Living, May 28, 2024) Senior Living Operators Grow Services With Higher-Acuity Residents in Mind (Senior Housing News, May 27, 2024) Extra fees drive assisted-living profits (*Herald Review, May 26, 2024)</p> <p>Older Americans Act Sen. Casey holds hearing on local impact of the Older Americans Act (Times Leader, May 25, 2024)</p> <p>Behavioral Health Healey-Driscoll Administration Awards Middlesex Community College and UMass Boston \$170,000 to Strengthen and Diversify</p>

	<p><u>the Behavioral Health Workforce</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 29, 2024)</p> <p>Ombudsman Program</p> <p><u>Long-Term Care: Information on the Ombudsman Program</u> (GAO (U.S. Government Accountability Office), May 2024)</p> <p>Medicaid</p> <p><u>State pays nursing home bills now, gets repaid later by selling your house</u> (Herald Review, May 26, 2024)</p> <p>Housing</p> <p><u>This is What the Future of Public Housing Looks Like in Massachusetts</u> (Executive Office of Housing and Livable Communities, May 23, 2024)</p> <p><u>Introducing a New Kind of Intergenerational Care-Based Cohousing</u> (AARP, April 10, 2024)</p> <p>Disability Topics</p> <p><u>Disabled Adults Shouldn't Have to Pay This Price to Marry</u> (*New York Times, May 12, 2024)</p> <p>Climate Change</p> <p><u>The Heat Wave Scenario That Keeps Climate Scientists Up at Night</u> (*New York Times, June 3, 2024)</p> <p>Transportation</p> <p><u>MBTA Wins \$67 Million Federal Grant to Improve Green Line Accessibility for People with Disabilities</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 30, 2024)</p> <p>From Other States</p> <p><u>Local nursing home shut down, residents relocated</u> (The Times Tribune, June 1, 2024)</p> <p><u>Maine's health department rarely investigates when residents wander away from their care facilities</u> (Maine Monitor, May 26, 2024)</p>
<p>Commentary by Dignity Alliance Massachusetts participants</p> <p>Charles Carr is the Legislative Liaison for the Disability Policy Consortium. He was Commissioner for the Massachusetts Rehabilitation Commission (now MassAbilities).</p>	<p><i>Bureaucratic Efficiency Versus Independent Living Philosophy</i></p> <p>By Charles Carr</p> <p>There are seven reasons why the MassHealth proposal for an Independent Assessment Entity (IAE) clashes with independent living philosophy and will result in a failed outcome for Personal Care Management (PCM) agencies operated by Independent Living Centers (ILC).</p> <p>Background and context: Overall, the philosophy of independent living emphasizes empowerment, choice, and community inclusion for individuals with disabilities. It is a rejection of the medical model and exemplifies consumer control, choice and the dignity of risk.¹ A centralized clinical organization making eligibility decisions done by nurses who have no background in independent living most likely will not align with these principles and could impede progress toward achieving true independence and inclusion. While centralized systems may offer administrative efficiency, they risk overlooking the nuanced needs and rights of individuals with</p>

¹ <https://www.independentliving.org/docs5/Osterwitz.html>

disabilities. Independent living advocates have consistently fought for decades² for more inclusive and participatory approaches which involve people with disabilities to ensure fair and equitable access to personal care assistant (PCA) services in order to live independently outside of an institution.

1. **Lack of Representation:** A single Independent Assessment Entity most likely will not adequately represent the diverse needs and experiences of people with disabilities across the state.

Different types of disabilities require different types and levels of personal care, and a one-size-fits-all approach does not address these variations. Time to Task (TTT) is one of several examples.

The time it takes a PCA to brush the teeth of a person with spastic athetoid Cerebral Palsy generally takes longer than somebody with a Spinal Cord Injury and doesn't fit within the allotted time given for that function. PCM agency nurse evaluators, whether they are contracted or on staff, understand these individual differences and embrace the independent living philosophy. It is a requirement as a result of onboarding training and working in an ILC controlled by disabled people.

2. **Limited Understanding:** Nurses may not always have a comprehensive understanding of the daily physical requirements and needs faced by individuals with disabilities. This lack of understanding most likely will result in eligibility criteria decisions that are too restrictive or fail to capture the full scope of assistance required. This is painfully underscored by trying to effectively apply a single set of eligibility criteria to over 400 agencies with very different disability populations and living arrangements.

3. **Potential Bias:** Depending solely on a single entity to determine eligibility most likely will lead to biases or subjective judgments that disadvantage individuals with disabilities especially those from marginalized disability groups and who live in inner city/rural poverty areas. Independent living values community involvement and peer support. A centralized agency can't, and probably won't, adequately involve local communities and disability advocacy organizations in decision-making processes, leading to decisions that are out of touch with the lived experiences and needs of individuals with disabilities.

4. **Risk of Bureaucracy and Delay:** A centralized agency may introduce bureaucratic processes and delays in accessing services, hindering the timely provision of support needed for independent living. This can create barriers to full participation in society for individuals with disabilities as required by law.³

² https://www.ilru.org/sites/default/files/History_of_Independent_Living.pdf

³ <https://www.hhs.gov/civil-rights/for-individuals/special-topics/community-living-and-olmstead/index.html>

	<p>5. Reduced Flexibility: A centralized system may lack the flexibility needed to accommodate changes in an individual's condition or circumstances over sporadic periods of time. This could result in delays or difficulties in accessing essential care and support services.</p> <p>6. Loss of Autonomy: Placing eligibility determination solely in the hands of a single entity diminishes the autonomy of people with disabilities to advocate for their own needs and preferences in accessing personal care assistance services. Independent living philosophy emphasizes self-determination, control and autonomy for individuals with disabilities. Relying on a centralized agency to make eligibility decisions jeopardizes the ability of individuals to control their lives. This philosophy is the backbone of the PCA program and the concept of independent living.</p> <p>7. Potential for Institutionalization: Centralized systems can sometimes lead to institutionalization or segregated care settings, which go against the principle of independent living that promotes integration and inclusion of people with disabilities into mainstream society.</p>
<p>Webinars and Other Online Sessions</p>	<p>1. LGBTQ+ Elders in an Ever-Changing World Conference Thursday, June 20, 2024, 9:00 a.m. to 3:30 p.m. <i>13th Annual Virtual Conference:</i> <i>Bridges to Belonging: Fostering Inclusivity and Identity in LGBTQ+ Aging</i> A virtual one-day conference focusing on interdisciplinary practice and community engagement for people working with lesbian, gay, bisexual, transgender, queer/questioning + older adults, and caregivers. LGBTQ+ people interested in their own aging or caregiving needs are invited to attend. 2024 Keynote Speaker: Robyn Ochs Educator, speaker, grassroots activist, and editor of Bi Women Quarterly and two anthologies: the 42-country collection Getting Bi: Voices of Bisexuals Around the World and RECOGNIZE: The Voices of Bisexual Men. Keynote Speaker Bio and Presentation</p> <p>WORKSHOPS Choose one workshop from each session. Session 1: 10:30-11:45 a.m. (EST)</p> <ul style="list-style-type: none"> • The RISE Registry: Alzheimer’s Disease and the Importance of Research Inclusion. • Wisdom Beyond the Binary: Gender Conversations across Generations. • Bridging Connections: Addressing Social Isolation through End-of-Life “Doula Pride” Care.

	<p>For a description of each workshop/presenter bios CLICK HERE.</p> <p>Session 2: 12:00-1:15 p.m. (EST)</p> <ul style="list-style-type: none"> Evidence-based CBT group intervention reducing psychological distress among LGBTQ people living with HIV. Unexplored Territory: The Concerns of Aging Transgender Men and their Friends. Building Perspective through Intergenerational Storytelling. <p>For a description of each workshop/presenter bios CLICK HERE.</p> <p>Session 3: 2:00-3:15p.m. (EST)</p> <ul style="list-style-type: none"> How to create a competent LGBT Aging Program. The Need for Community Among Trans and Gender Diverse Elders. Dancing Queerly with Steps in Time® for Belongingness and Community. <p>For a description of each workshop/presenter bios CLICK HERE.</p> <p>CONFERENCE TICKETS</p> <p>\$95 - Ticket includes 5 CEUs \$75 - Regular Ticket- does NOT include CEUs \$25 - Seniors/Students Tickets</p> <p>REGISTRATION CLOSES WEDNESDAY, JUNE 19, 3:00 p.m.</p> <p>Registration Now Open!</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Independent Assessment Entity</p> <p><i>Request for Information</i></p> <p>Responses must be submitted electronically no later than 3:00 p.m. June 28th, 2024.</p>	<p>2. COMMBUYS <i>Executive Office of Health and Human Services</i> Independent Assessment Entity Request for Information</p> <p>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>Executive Office of Elder Affairs</p>	<p>3. Change in Elder Affairs Leadership June 3, 2024 Message from EOHHS Secretary Walsh I'm writing today to share news of a leadership change. As of this weekend, Elizabeth Chen has moved on from her position as Secretary. In the interim, Robin Lipson has graciously agreed to serve as Acting Secretary of Elder Affairs. We are grateful for Secretary Chen's five years of service to older adults in Massachusetts and wish her well on her future endeavors. I am also truly grateful to Robin for so kindly agreeing to step into this interim role. EOEAE is in good hands – I'm confident this will be a stable transition. I want to thank each of you for your hard work on behalf of our state's older adults. I know how passionate and dedicated this team is; you make such a difference helping our older adults age with dignity and respect in Massachusetts. There's a lot of really great work happening at Elder Affairs right now – including meaningful progress on your strategic initiatives – and I'm very much looking forward to our continued work together in the months and years to come. Message from EOEAE Secretary Chen June 3, 2024 Friday, May 31st was my last day at EOEAE. I would have liked more time to make the usual "round of goodbyes" and personally thank each of you. Instead, I take this moment to share my gratitude for our time together. I believe in public service. I believe in the work each of you do every day for older people in the Commonwealth. I admire your dedication, your commitment to doing the right thing – always keeping in mind how our work will help 1.7 million older people and their 1.0 million family caregivers in the Commonwealth. I hope the important work we started together will continue—that is, to bring missing voices to the table, to make sure our information is interpretable regardless of language, physical, or cognitive abilities; to make sure that access to state-funded services is not determined by where you live; and to make certain that the quality of services each person receives is not related to <i>who</i> you are, <i>how</i> you identify, or <i>where</i> you live; to <i>minimize bias in data</i> used for operational decisions, policymaking, as well as celebrations of our successes. And importantly, to hold contracted service providers accountable because we are stewards of the public trust. We have accomplished a great deal together in my five years as Secretary of EOEAE and two years prior as Assistant Commissioner at DPH—too many to enumerate at this time. We have been through some very tough and history-making times together through the worst of the COVID years. Like a phoenix rising from ashes, EOEAE (the future Executive Office of Aging and Independence) is poised for even more greatness.</p>

I am grateful for the opportunity to have worked with you. I have had a career in private industry, in academia, and now in state government. By far, I have encountered the largest numbers of highly effective, selfless, and humble people during these seven years in state government.

Thank you for being you. I appreciate you. I have learned much from you, feel heartened by your spirit, your commitment to public service, your focus on being good people on this planet. You, the work you do every day, are a gift to the people of the Commonwealth.

It has been an honor and a privilege of a lifetime to serve with you. And now, as one among the 1.7 million in the Commonwealth, thank you, thank you, thank you for your service to older adults.

4. Office of Governor Maura Healey and Lt. Governor Kim Driscoll
May 28, 2024

[Governor Healey Files Legislation to Rename the Executive Office of Elder Affairs to 'Executive Office of Aging & Independence'](#)

Massachusetts Governor Maura Healy is proposing to change the name of the Massachusetts Executive Office of Elder Affairs to the Executive Office of Aging & Independence. This is to better reflect the values and preferences of older adults in the state. Research showed older adults prefer terms like "aging" and "older adults" instead of "elder" which they associate with frailty. The new name emphasizes independence, a value that is important to older adults.

In addition to the name change, the agency is also updating terminology used in legislation to be more inclusive and respectful. The new mission statement focuses on supporting older adults to live safely and independently.

To usher in a new, more expansive, model for older adults aging in community, the agency also unveiled a new mission, vision, and tagline:

- Mission: Together, we support aging adults to live and thrive safely and independently – how and where they want.
- Vision: We envision a state in which every person has the tools, resources, and support they need to fully embrace the aging experience.
- Tagline: Your partners in aging.

The name was selected following significant research that included focus groups, surveys, and conversations with older adults, caregivers, service providers, and advocacy organizations. This research revealed that aging adults do not connect with the term "elder," and often associate the term with someone who is at the end of their life. Instead, residents prefer neutral terms such as "aging" and "older people." Additionally, research showed older adults deeply value the ability to maintain their independence through the aging journey. From these findings, the agency developed a new name to more accurately reflect its programs and services, and better connect with eligible adults.

5. *State House News
May 28, 2024

[Healey Recommends Name Change For "Elder Affairs"](#)
By Alison Kuznitz

	<p>Gov. Maura Healey wants to change the name of an executive office in state government, saying the switch will remove stigma for older Bay Staters.</p> <p>Under Healey's newly filed legislation, the Executive Office of Elder Affairs would be renamed as the Executive Office of Aging & Independence, the governor's office announced late Tuesday afternoon.</p> <p>The proposal, which coincides with Older Americans Month in May, is a result of "significant research" that found aging adults do not resonate with the term "elder," Healey's office said. Rather, they prefer terms such as "aging" and "older people."</p> <p>"The Executive Office of Elder Affairs was established more than 50 years ago and was one of the nation's first state agencies dedicated to addressing the needs of older people," Healey said in a statement.</p> <p>"Today, the agency has evolved to offer programs and services that support 1.7 million older residents and nearly 1 million family caregivers. Our administration is committed to meeting the changing needs of today's older adults, and I am thrilled that this name change better reflects those that we serve."</p> <p>The bill is meant to reduce stigma around getting older, normalize the aging process, and emphasize that older individuals value their independence and self-determination, according to the administration, which also says the new name will help the agency reach more people.</p> <p>The proposal would remove language -- including the terms "elder," "elderly person(s)" and "handicapped" -- and replace those terms with "older adult(s)" and "adult with a disability," in addition to using gender-neutral language, Healey's office said.</p> <p>"The Executive Office of Aging & Independence better describes our agency's work, and why it matters, in a way that engages and excites older people, caregivers, and advocates across the Commonwealth," Elder Affairs Secretary Elizabeth Chen said. "Officially changing our name will be a positive step towards changing the perception around aging. We are grateful to the stakeholders who engaged with us during this process, and we look forward to working with our legislative partners to make it official."</p> <p>Healey's team made a similar pitch when the governor filed legislation renaming the Massachusetts Rehabilitation Commission to MassAbility, as officials looked to remove stigma surrounding the disability community. The House in early April passed a redrafted version of the bill, which remains in the custody of the Senate Ways and Means Committee.</p>
<p>At the State House</p>	<p>6. *State House News June 3, 2024 Major Bills Remain Hung Up In Conference Talks Sam Drysdale Democrats who have been haggling for weeks or in some cases months over important bills did not reach agreements over the weekend on any of the five large bills that remain hung up in private House-Senate talks. Both branches are scheduled to meet this week in the type of formal sessions where major bills might surface, but proposals advanced by</p>

	<p>large margins in both branches remain held up in conference committees that each have four Democrats and two Republicans. House and Senate negotiators have been charged with coming to consensus on bills banning revenge porn (H 4241 / S 2703), leveraging interest from the state's rainy day fund to attract more federal dollars into Massachusetts (S 2554 / H 4446), reforming the state's gun laws (H 4139 / S 2584), increasing wage transparency (H 4109 / S 2484), and agreeing on joint rules by which the Legislature is supposed to operate -- which they have failed to come to a consensus on now for almost two full sessions (H 2025 / S 21).</p> <p>On Monday morning, legislative clerks told the News Service that no conference committee jackets had been picked up. The jacket is the blank form used to gather signatures from House and Senate negotiators to finalize a deal. Retrieving an unsigned jacket from the clerk's office usually indicates that a six-person negotiating committee is close to final agreement.</p> <p>The committee tasked with finding a compromise on wage transparency first met on Nov. 13. With 203 days to talk, negotiators haven't come to a consensus on the 12-page bill.</p> <p>The gun law reform bill was sent to conference on Feb. 29 -- though lawmakers waited almost a full month to meet for the first time. Their first March 20 meeting kicked off negotiations that are now on day 75. The federal matching funds bill, sent to conference on March 25, has not yet had a meeting of negotiators; and conferees waited until May 15 to meet for the first time on revenge porn and coercive control, despite being passed unanimously through both branches by March.</p>
<p>Nursing Homes</p>	<p>7. McKnights Long-Term Care News June 2, 2024 AARP blasts 'shameful' attempts to repeal nursing home staffing mandate By Josh Henreckson AARP pressed Congress on Friday to forge ahead with a 'long overdue' nursing home staffing mandate, vowing to advocate against any measures to overturn the rule. The seniors advocacy group acknowledged some concerns that long-term care sector leaders have raised since the Centers for Medicare & Medicaid Services finalized the rule in April. Speakers, however, repeatedly maintained that the 3.48-hour level of care per resident per day required by the mandate is a necessary change that should have been implemented years earlier. . . . O'Reilly elaborated on AARP's plans to oppose these attempts — including running a campaign to get their members to contact congressional leaders, taking out ads and having a truck mounted with a pro-mandate billboard circling Capitol Hill. In the last several weeks, AARP members have sent 160,000 emails to their representatives, she said.</p> <p>8. McKnights Long-Term Care News May 27, 2024 Sector vows 'confidence' in staffing rule lawsuit success: consumer advocates press forward with complaints By Kimberly Marselas</p>

	<p>Industry and legal experts are expressing confidence in a lawsuit filed last week that aims to kill a federal nursing home staffing mandate, with some boldly predicting a fairly straight-forward defeat for the Biden administration.</p> <p>The American Health Care Association, The Texas Health Care Association and three Texas providers brought their case Thursday in the US District Court for the Northern District of Texas.</p> <p>It argues that the rule exceeds the regulatory authority of the Centers for Medicare & Medicaid Services and applies arbitrary and capricious standards that will potentially put nursing home operators out of business.</p> <p>“This action is both well-conceived and well-crafted,” said attorney Mark Reagan of Hooper Lundy Bookman, general counsel to provider associations in California and Massachusetts and one of the long-term care sector’s most seasoned litigators. . .</p> <p>The legal action follows at least three efforts in Congress to revoke or block the mandate, all of them also with bipartisan support.</p> <p>The Supreme Court is also expected to rule next month on two related cases regarding the Chevron deference, which compels federal courts to defer to a federal agency’s interpretation of statutes on which Congress has been unclear. SCOTUS is widely expected to limit the doctrine, if not strike it down — ushering in a change that could undercut CMS arguments in support of the staffing rule.</p>
<p>Assisted Living</p>	<p>9. McKnights Senior Living May 28, 2024 <u>‘Booming’ assisted living industry places increasing burden on long-term care ombudsman programs, GAO finds</u> By Kimberly Bonvissuto A new report by the US Government Accountability Office (GAO) highlights the strain on state long-term care ombudsman programs. These programs are tasked with advocating for residents in assisted living facilities and nursing homes. The main challenges identified are:</p> <ul style="list-style-type: none"> • Increased workload: The number of assisted living facilities is booming, leading to more residents needing ombudsman services. This growth hasn't been met with additional funding or staff. • More complex cases: Residents are facing increasingly complex issues like mental health problems and substance abuse. • Fewer resources: While staffing levels are recovering from the pandemic, the number of volunteers has been steadily declining. <p>The report acknowledges that the pandemic initially reduced workload but emphasizes the ongoing need for increased resources to meet the growing demand in the assisted living sector.</p> <p>10. Senior Housing News May 27, 2024 <u>Senior Living Operators Grow Services With Higher-Acuity Residents in Mind</u> By Andrew Christman</p> <p>11. *Herald Review May 26, 2024 <u>Extra fees drive assisted-living profits</u> By Jordan Rau</p>

<p>Ombudsman Program</p>	<p>12. GAO (U.S. Government Accountability Office) May 2024 Long-Term Care: Information on the Ombudsman Program The residents of long-term care (LTC) settings are often vulnerable individuals in need of high-quality care from the nursing home, assisted living, or other care settings where they live. The Long-Term Care Ombudsman Program is an independent, consumer-protection service focused on protecting the health, safety, welfare, and rights of LTC facility residents. Authorized under the Older Americans Act, the LTC Ombudsman Program has a unique role in that it represents the interests of residents rather than those of the state and has a public policy advocacy function. The Administration for Community Living (ACL) within the Department of Health and Human Services administers the program. All 50 states, as well as the District of Columbia, Puerto Rico, and Guam, have an Office of the State LTC Ombudsman, headed by a full-time State LTC Ombudsman. We were asked to review the LTC Ombudsman Program. This report describes how workload and staffing of state LTC ombudsman programs have changed in recent years and reported challenges these programs face in providing services. GAO Report: Ombudsman Program</p>
<p>Older Americans Act</p>	<p>13. Times Leader May 25, 2024 Sen. Casey holds hearing on local impact of the Older Americans Act By Bill O’Boyle At a U.S. Senate Special Committee on Aging hearing, Chairman Casey highlighted how programs funded by the Older Americans Act (OAA), such as Meals On Wheels, senior community centers, and home- and community-based services, play a critical role in keeping American seniors active, healthy and connected to their communities. Older Americans experience disproportionate levels of loneliness, isolation and difficulty accessing meals and health care services, and OAA-funded programs provide a lifeline for seniors struggling to meet these needs.</p>
	<p>14. Change in Elder Affairs Leadership June 3, 2024 Message from EOHHS Secretary Walsh I’m writing today to share news of a leadership change. As of this weekend, Elizabeth Chen has moved on from her position as Secretary. In the interim, Robin Lipson has graciously agreed to serve as Acting Secretary of Elder Affairs. We are grateful for Secretary Chen’s five years of service to older adults in Massachusetts and wish her well on her future endeavors. I am also truly grateful to Robin for so kindly agreeing to step into this interim role. EOEA is in good hands – I’m confident this will be a stable transition. I want to thank each of you for your hard work on behalf of our state’s older adults. I know how passionate and dedicated this team is; you make such a difference helping our older adults age with dignity and respect in Massachusetts. There’s a lot of really great work happening at Elder Affairs right now – including meaningful progress on your</p>

strategic initiatives – and I’m very much looking forward to our continued work together in the months and years to come.

Message from EOEA Secretary Chen

Friday, May 31st was my last day at EOEA. I would have liked more time to make the usual “round of goodbyes” and personally thank each of you. Instead, I take this moment to share my gratitude for our time together.

I believe in public service. I believe in the work each of you do every day for older people in the Commonwealth. I admire your dedication, your commitment to doing the right thing – always keeping in mind how our work will help 1.7 million older people and their 1.0 million family caregivers in the Commonwealth.

I hope the important work we started together will continue—that is, to bring missing voices to the table, to make sure our information is interpretable regardless of language, physical, or cognitive abilities; to make sure that access to state-funded services is not determined by where you live; and to make certain that the quality of services each person receives is not related to *who* you are, *how* you identify, or *where* you live; to *minimize bias in data* used for operational decisions, policymaking, as well as celebrations of our successes. And importantly, to hold contracted service providers accountable because we are stewards of the public trust.

We have accomplished a great deal together in my five years as Secretary of EOEA and two years prior as Assistant Commissioner at DPH—too many to enumerate at this time. We have been through some very tough and history-making times together through the worst of the COVID years. Like a phoenix rising from ashes, EOEA (the future Executive Office of Aging and Independence) is poised for even more greatness.

I am grateful for the opportunity to have worked with you. I have had a career in private industry, in academia, and now in state government. By far, I have encountered the largest numbers of highly effective, selfless, and humble people during these seven years in state government.

Thank you for being you. I appreciate you. I have learned much from you, feel heartened by your spirit, your commitment to public service, your focus on being good people on this planet. You, the work you do every day, are a gift to the people of the Commonwealth.

It has been an honor and a privilege of a lifetime to serve with you. And now, as one among the 1.7 million in the Commonwealth, thank you, thank you, thank you for your service to older adults.

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

May 28, 2024

[Governor Healey Files Legislation to Rename the Executive Office of Elder Affairs to ‘Executive Office of Aging & Independence’](#)

Massachusetts Governor Maura Healy is proposing to change the name of the Massachusetts Executive Office of Elder Affairs to the Executive Office of Aging & Independence. This is to better reflect the values and preferences of older adults in the state. Research showed

	<p>older adults prefer terms like "aging" and "older adults" instead of "elder" which they associate with frailty. The new name emphasizes independence, a value that is important to older adults.</p> <p>In addition to the name change, the agency is also updating terminology used in legislation to be more inclusive and respectful. The new mission statement focuses on supporting older adults to live safely and independently.</p> <p>To usher in a new, more expansive, model for older adults aging in community, the agency also unveiled a new mission, vision, and tagline:</p> <ul style="list-style-type: none"> • Mission: Together, we support aging adults to live and thrive safely and independently – how and where they want. • Vision: We envision a state in which every person has the tools, resources, and support they need to fully embrace the aging experience. • Tagline: Your partners in aging. <p>The name was selected following significant research that included focus groups, surveys, and conversations with older adults, caregivers, service providers, and advocacy organizations. This research revealed that aging adults do not connect with the term "elder," and often associate the term with someone who is at the end of their life. Instead, residents prefer neutral terms such as "aging" and "older people." Additionally, research showed older adults deeply value the ability to maintain their independence through the aging journey. From these findings, the agency developed a new name to more accurately reflect its programs and services, and better connect with eligible adults.</p>
<p>Behavioral Health</p>	<p>16. Office of Governor Maura Healey and Lt. Governor Kim Driscoll May 29, 2024 <u>Healey-Driscoll Administration Awards Middlesex Community College and UMass Boston \$170,000 to Strengthen and Diversify the Behavioral Health Workforce</u></p> <p>The Massachusetts Healey-Driscoll Administration awarded grants to Middlesex Community College and UMass Boston to address a shortage of behavioral health professionals in the state.</p> <ul style="list-style-type: none"> • The grant aims to create a more culturally diverse workforce and improve access to mental health care. • Middlesex Community College will expand its Mental Health Peer Support Specialist program by adding a hands-on practicum experience. • UMass Boston will develop a framework for planning and growing the behavioral health workforce. • This initiative is part of a larger effort to improve access to mental health care in Massachusetts.
<p>Medicaid Editor's note: Estate recovery is the current policy of MassHealth. DignityMA has endorsed legislation which sets limits on the extent to which the state can pursue recovery</p>	<p>17. Herald Review May 26, 2024 <u>State pays nursing home bills now, gets repaid later by selling your house</u> By Terri Jo Neff When someone age 55 or older needs to permanently move into a nursing home but lacks insurance or the ability to self-pay the cost, the</p>

of the costs of health care provided to a MassHealth recipient [[H 1168](#) / [S 726](#)].

care facility may recommend the patient apply for the Arizona Health Care Cost Containment System's long term care program. But if that patient owns a home, AHCCCS can slap a lien on the patient's asset in order to obtain repayment from the patient's estate down the road. This can come as a big surprise to relatives expecting to inherit the home, especially if it is the patient's only significant asset.

It is a situation which can be complicated by the fact a patient may not understand the long-term care they are receiving is only being temporarily paid for by the State, and that state officials in most instances want that money back someday.

Public records show attorneys for AHCCCS have initiated a dozen civil actions in Cochise County Superior Court the last five years seeking to enforce liens against the estates of deceased property owners. Those liens total more than \$2.8 million, with one of the largest recorded for more than \$306,000 against a property in Willcox.

Long-term care system

The federal Tax Equity and Fiscal Responsibility Act of 1982 authorizes a lien to be recorded on behalf of AHCCCS against all real property owned by certain permanent nursing home residents.

The TERFA lien allows for repayment of AHCCCS's costs through the Arizona Medicaid Estate Recovery Program upon the person's death or upon the sale or transfer of the property, according to a January 2024 AHCCCS brochure.

The 12-page brochure uses a fictional 68-year-old Mr. Clark to explain how the program works under state and federal law. Clark, the brochure notes, spent almost two months in a hospital before being discharged to enter a nursing home.

Clark and his spouse, who still lived in the marital home, soon learned their Medicare coverage would not cover all of Clark's medical bills. But the couple did not have the income nor liquid assets to cover the remaining expenses.

The Clarks were then advised to apply to the Arizona Long Term Care System (ALTCS) for special assistance through Medicaid, a federal-state health insurance program.

AZ Estate Recovery

More often than not, AHCCCS seeks to recover what it paid on behalf of ALTCS members aged 55 or older who are receiving services through an adult group home, an assisted-living facility, and more traditional nursing home.

"In these cases, AHCCCS files claims and liens to secure its rights to members' estates and real property up to the amount of ALTCS payments made," according to AHCCCS, which recommends a close evaluation of the financial implications of accepting long-term care services.

"The applicant and family member should review whether it is better financially and medically for the applicant to pay for his/her needed medical services out-of-pocket... rather than enrolling in ALTCS and incurring a claim against their estate," AHCCCS advises.

But for many elderly people in Cochise County, there is no other option for getting the care they need.

Assets

	<p>AHCCCS, as the state's Medicaid agency, is responsible for managing Arizona's Estate Recovery Program with a contracted administrator, Health Management Systems. Assets which can be claimed against include real property owned by an ALTCS member at the time of death.</p> <p>The property — including land, vehicles, and annuities — must also be subject to Small Estate Affidavit or probate in order to be included in a lien.</p> <p>AHCCCS will not enforce an estate claim if a spouse, a child under 21, or a blind or permanently disabled child survives an ALTCS member. There are also situations when recovery can be delayed or the amount of lien reduced after the fact.</p> <p>Federal law also requires the state to waive an estate claim when an heir to the estate meets specific hardship criteria. Property which belongs to Native Americans, who are members of federally recognized Indian tribes, can also be treated differently.</p>
<p>Housing</p>	<p>18. Executive Office of Housing and Livable Communities May 23, 2024 <u><i>This is What the Future of Public Housing Looks Like in Massachusetts</i></u></p> <p>The Curtis Apartments, a 372-unit public housing complex in Worcester, Massachusetts, is being redeveloped into a modern living space with 529 new apartments. This project is part of the Healey-Driscoll Administration's statewide Housing Campaign to address the need for affordable housing.</p> <p>The new development will include energy-efficient buildings, green space, and easy access to public transportation. Construction will be completed in phases, with the first phase expected to be finished by February 2025.</p> <p>The total cost of the project is estimated at \$360 million. The state is supporting the project with \$13.6 million in tax credits, \$10 million in subsidies, and \$7.2 million from other programs.</p> <p>This project is a model for transforming public housing and meeting the needs of residents. It aligns with the Governor's housing strategy.</p> <p>19. AARP April 10, 2024 <u><i>Introducing a New Kind of Intergenerational Care-Based Cohousing</i></u> By Sally Abrahms</p> <p>Carehaus is a new type of senior housing community that is designed to be intergenerational.</p> <p>It will have a mix of older adults, some low-income and disabled, caregivers and their families living together. The goal is to create a community where everyone can interact and support each other. Here are some of the key features of Carehaus:</p> <ul style="list-style-type: none"> Affordable housing for older adults, with half of the units reserved for low-income residents. Caregivers will be paid above industry standards and will live on-site with their families. The building will have common areas where residents can socialize and participate in activities. The building will be designed to be accessible and meet the needs of residents with disabilities.

	<p>Carehaus is still under construction, but it is already generating interest from other communities. The co-founders believe that this model can be replicated in other cities and can help to redefine senior housing.</p>
<p>Disability Topics</p>	<p>20. Today Show (video report) May 16, 2024 Inside Rebecca Alexander's Awareness Campaign for Usher Syndrome NBC's Peter Alexander is joined by his sister, Rebecca, who was diagnosed with a rare genetic disorder called Usher Syndrome that causes deafness and blindness, to open up about her endless optimism and living a fulfilling life, because every second counts.</p> <p>21. *New York Times May 12, 2024 Disabled Adults Shouldn't Have to Pay This Price to Marry By Pepper Stetler The article discusses the challenges faced by people with disabilities on Supplemental Security Income (SSI) who want to get married. SSI provides financial support to people with disabilities and low income, but getting married can significantly reduce their benefits. This creates a difficult situation where people with disabilities must choose between financial security and having a married life. The author uses the example of Heather Hancock and Craig Blackburn, a couple with disabilities who cannot afford to get married because they would lose a substantial portion of their SSI income. The article argues that SSI asset and income limits need to be raised and marriage penalties eliminated. To receive the benefit in 2024, a person with a disability generally must earn less than \$1,971 per month and have no more than \$2,000 in assets. The income limits are a calculation of what someone in a particular financial situation needs to make ends meet. But the asset limitation for S.S.I. recipients hasn't been adjusted since 1989, and marriage between two S.S.I. beneficiaries results in a devastating decrease in financial support. In 2024, an individual may receive up to \$943 in federal S.S.I. a month, but a married couple may receive only \$1,415 and must have less than \$3,000 in assets. Marriage penalties derive from the assumption that when two people live together, their expenses are shared. And it's true that some expenses — like rent and household utilities — may be reduced in those circumstances. But the amount people with disabilities receive from S.S.I., even <i>single</i> people, is now too low to cover the basic needs of modern life. . . Individuals with special needs are one of the groups hit hardest by the government. . . But the truth is that she and other parents and caregivers are hit pretty hard too. Research shows that 80 percent of people with intellectual and developmental disabilities live with family members, many with aging parents who will soon need care of their own. It is part of a larger crisis in caregiving in America, in which families are provided with few options to improve the quality of life of their loved ones now and ensure that they will be cared for in the future.</p>
<p>Climate Change</p>	<p>22. *New York Times</p>

	<p>June 3, 2024 <u>The Heat Wave Scenario That Keeps Climate Scientists Up at Night</u> By Jeff Goodell What if, instead, the electricity goes out for several days during a blistering summer heat wave in a city that depends on air-conditioning in those months? In Dr. Chester’s scenario, a compounding crisis of extreme heat and a power failure in a major city like Houston could lead to a series of cascading failures, exposing vulnerabilities in the region’s infrastructure that are difficult to foresee and could result in thousands, or even tens of thousands, of deaths from heat exposure in a matter of days. The risk to people in cities would be higher because all the concrete and asphalt amplifies the heat, pushing temperatures as much as <u>15 degrees to 20 degrees</u> in the midafternoon above surrounding vegetated areas. . . The hotter it gets, the more difficult it is for our bodies to cope, raising the risk of heat stroke and other heat illnesses. And it is getting hotter across the planet. Last year was the warmest year on record, and the 10 hottest years have all <u>occurred</u> in the last decade.</p>
<p>Transportation</p>	<p>23. Office of Governor Maura Healey and Lt. Governor Kim Driscoll May 30, 2024 <u>MBTA Wins \$67 Million Federal Grant to Improve Green Line Accessibility for People with Disabilities</u> The Massachusetts Bay Transportation Authority (MBTA) received a \$67 million federal grant to improve accessibility on the Green Line. This grant will be used to make 14 stops on the B and C branches fully accessible by raising platforms, widening them, and installing better lighting. This project is part of a larger effort by the MBTA to improve accessibility across its system. Other recent accessibility improvements include new mini-platforms at Commuter Rail stations, funding for elevator construction at Symphony Station, and additional employee training on accessible service. Several Massachusetts public officials praised the grant and highlighted its importance for people with disabilities and riders with limited mobility.</p>
<p>From Other States</p>	<p>24. The Times Tribune June 1, 2024 <u>Local nursing home shut down; residents relocated</u> By Geri Gibbons A [Scranton PA] nursing home was shut down by the state Friday and residents were relocated, due to safety and health risks. All residents from Mountain View Nursing and Rehabilitation were safely relocated to other nearby facilities to receive the ongoing care they need. On April 4, the DOH posted its inspection results of the facility online, which indicated it was not in compliance with the state's licensure regulations. . . The state said the facility failed to submit an audited annual financial report. It noted the nursing home was going through a change in ownership and was under temporary management.</p>

	<p>The state said in that report, ". . . there is no visual representation of ownership structure, no audited financial report and no supplement scheduled of annual gross revenues by payer type . . ."</p> <p>This isn't the first time the nursing care facility came under scrutiny. In September of 2021, it was given a one-star overall rating from the U.S. Centers for Medicare & Medicaid Services.</p> <p>Despite its overall rating, however Mountain View maintained a four-star rating when it came to the quality of resident care and deemed "above average" in that area.</p> <p>25. ProPublica May 28, 2024 <u><i>This Mississippi Hospital Transfers Some Patients to Jail to Await Mental Health Treatment</i></u></p> <p>26. Maine Monitor May 26, 2024 <u><i>Maine's health department rarely investigates when residents wander away from their care facilities</i></u> By Rose Lundy</p>
<p>Public Sessions</p>	<p>27. Massachusetts Commission for the Blind's Rehabilitation Council Wednesday, June 5, 2024, 1:00 p.m. Virtual meeting Agenda includes updates on the budget and an MCB survey, as well as discussion of a state workforce plan. <u>Agenda and Zoom</u></p> <p>28. The Health Equity Compact Thursday, June 6, 2024, 9:00 a.m. The Health Equity Compact, a coalition of more than 80 leaders of color looking to promote equitable health outcomes in Massachusetts, holds its second annual "Health Equity Trends Summit." Sen. Friedman and Rep. Lawn, co-chairs of the Joint Committee on Health Care Financing, deliver remarks, along with Sheila Och of the Lowell Community Health Center, Michael Curry of the Massachusetts League of Community Health Centers, and UMass Boston Chancellor Marcelo Suárez-Orozco. Other sessions deal with health care leadership, Boston Medical Center's Health Equity Accelerator, racial health equity in the age of artificial intelligence, and community collaboration to address equity. Secretary of Economic Development Yvonne Hao, Labor and Workforce Development Secretary Lauren Jones, and Health and Human Services Secretary Kate Walsh participate in a 1:30 p.m. session about state leaders collaborating to advance health equity. (Thursday, 9 a.m., UMass Boston Campus Center Ballroom, 100 William T. Morrissey Blvd., Boston <u>More Info and Register</u>)</p> <p>29. Policy Committee of the State Rehabilitation Council Thursday, June 6, 2024, 11:00 a.m. Virtual meeting <u>More Info and Zoom</u>)</p> <p>30. Department of Conservation and Recreation's Universal Access Program 2024 Accessible Recreation Fair Saturday, June 8, 2024, 10:00 a.m.</p>

	<p>Herter Park/Artesani Playground, 1255 Soldiers Field Road, Brighton Activities include cycling with an assortment of adaptive cycles, adaptive pickleball, adaptive golf and other equipment demonstrations, Great Dane service dog demonstrations, face painting, kite decorating, and sidewalk chalking. More info will be available on adaptive equipment like hiking wheelchairs, beach wheelchairs, and adaptive bikes and trikes.</p> <p>More Info</p>
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmooore8473@charter.net.</p>
Websites	
Blogs	
Podcasts	<p>The Consumer Voice <u>Pursuing Quality Long-Term Care</u> <u>A Resident Dialogue on Staffing</u></p> <p>The Centers for Medicare and Medicaid Service’s (CMS) new minimum staffing standard requires facilities to provide 3.48 hours of care per resident per day. That translates into three hours and 29 minutes of care over 24 hours for each resident. This number is lower than what Consumer Voice and other consumer advocates, nursing professionals, and nursing home residents have been advocating for, for years. This number is lower than what studies have shown, for decades, will keep nursing home residents safe, but it will still raise staffing levels at many facilities.</p> <p>In this episode, you will hear an important conversation between four nursing home residents about their personal experiences with understaffing, their thoughts on the new minimum staffing standard released by CMS, and their plans for advocating for themselves and others moving forward. The residents in this conversation are all part of Consumer Voice’s Consumer Advisory Council and we are grateful they made the time to share their thoughts with us.</p> <p>Special Guests:</p> <ul style="list-style-type: none"> • Maurice Miller; Long-Term Care Resident in Maryland • Sharon Wallace, Long-Term Care Resident in New York • Cindy Napolitan Long-Term Care Resident in Texas • Margarite Grootjes, Long-Term Care Resident in Ohio <p><u>Pursuing Quality Long-Term Care</u></p> <p>The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics.</p> <p><u>Consumer Voice Podcast Library</u></p>
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>

<p>Contact information for reporting complaints and concerns</p>	<p>Nursing home</p>	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
<p>Nursing Home Closures (pending)</p>	<p>Massachusetts Department of Public Health</p> <p><i>Marion Manor, South Boston</i> Closure date: September 11, 2024 Public hearing: Thursday, June 11, 2024, 6:00 p.m. Dial in Phone Number: 888-982-7414 Participant Passcode: 6158019</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) <p><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>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</p> <p><i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024</p> <p><i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024</p> <p><i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024</p> <p><i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024</p> <p><i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023</p> <p><i>Willimansett East, Chicopee</i> Closure date: June 6, 2023</p> <p><i>Willimansett West, Chicopee</i> Closure date: June 6, 2023</p> <p><i>Chapin Center Springfield</i> Closure date: June 6, 2023</p> <p><i>Governors Center, Westfield</i> Closure date: June 6, 2023</p> <p><i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure date: February 10, 2022</p> <p><i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022</p> <p><i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021</p> <p><i>Wingate at Chestnut Hill, Newton, MA</i> Closure date: October 1, 2021</p> <p><i>Halcyon House, Methuen</i></p>	

	<p>Closure date: July 16, 2021 <i>Agawam HealthCare</i>, Agawam Closure date: July 27, 2021 <i>Wareham HealthCare</i>, Wareham Closure date: July 28, 2021 <i>Town & Country Health Care Center</i>, Lowell Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health Determination of Need Projects: Long Term Care 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>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated March 29, 2023 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p>

To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.

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://somersetridge rehab.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:
<https://projects.propublica.org/nursing-homes/homes/h-225199>

	<p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • Charwell House Health and Rehabilitation, Norwood (15) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Glen Ridge Nursing Care Center (1) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • Hathaway Manor Extended Care (1) https://hathawaymanor.org/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366 • Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p>

	<p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <tr> <td># reported</td> <td>Deficiency Tag</td> </tr> <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> </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. 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. https://tinyurl.com/NursingHomeCompareWebsite</p>																								
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																								
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i> 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	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																																																																																											
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td>baskinfrank19@gmail.com cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu	Facilities (Nursing homes and rest homes)	Arlene Germain	agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Legislative	Richard Moore	rmoore8743@charter.net	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org	Interest Group	Group lead	Email	Housing	Bill Henning	bhenning@bostoncil.org	Veteran Services	James Lomastro	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	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td>baskinfrank19@gmail.com cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu	Facilities (Nursing homes and rest homes)	Arlene Germain	agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Legislative	Richard Moore	rmoore8743@charter.net	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org	Interest Group	Group lead	Email	Housing	Bill Henning	bhenning@bostoncil.org	Veteran Services	James Lomastro	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
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The Dignity Digest	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"> Charles Carr Wynn Gerhard Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</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.

Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.

The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.

Previous issues of The Tuesday Digest and The Dignity Digest are available at:

<https://dignityalliancema.org/dignity-digest/>

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.