



The Dignity Digest

Issue # 191

June 11, 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.

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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

[AG Campbell Announces \\$4 Million Settlement With Nursing Home Chain For Significant Staffing And Care Failures Resulting In Resident Neglect](#)

Office of Massachusetts Attorney General Andrea Campbell

June 10, 2024

As part of the AG's largest ever nursing home settlement, Next Step Healthcare will pay \$4 million to resolve allegations, improve staffing levels, and agree to an independent compliance monitor.

Attorney General Andrea Joy Campbell today announced a \$4 million settlement with Next Step Healthcare, LLC (“Next Step”), a Woburn-based long-term care management company that operates sixteen nursing homes in Massachusetts. The settlement, which is the largest nursing home settlement ever reached by the AG’s Office, resolves allegations that Next Step deliberately failed to properly staff the nursing homes it owned and operated, resulting in resident harm and neglect. As part of the settlement, most of Next Steps’ facilities will be required to be overseen, at Next Steps’ own expense, by an independent compliance monitor.

The settlement follows a years-long investigation by the AG’s Office, which investigated reports of substandard care or regulatory violations at Next Step’s nursing homes based on complaints and referrals received from the Department of Public Health (“DPH”).

“For years, Next Step prioritized profit over care by failing to adequately staff its nursing homes,” said **AG Campbell**.

“I am proud of my team’s efforts in securing this settlement, the largest of its kind, which will send a message that this conduct will not be tolerated and ensure that Next Step’s facilities comply with staffing requirements moving forward, assuring that vulnerable elderly residents receive the proper care they need.”

“We have an obligation to create a safe and caring environment for some of our most vulnerable residents in Massachusetts,” said **Secretary of Health and Human Services Kate Walsh**. “I am grateful to the Attorney General’s Office for their work to ensure protections and appropriate measures are taken when patients can’t speak up for themselves.”

Next Step, co-founded and co-owned by Damien Dell’Anno and William Stephan, owns, operates, and manages 16 nursing homes throughout Massachusetts, including in Attleboro, Fall River, Fitchburg, Lee, Malden, Melrose, Middleborough, Norwood, Plymouth, Taunton, Walpole, West Newton, Westborough, and Worcester.

Under the terms of the settlement agreement, Next Step agrees to budget staffing at state-mandated levels and pay an additional \$4 million to resolve the allegations. \$750,000 of those settlement funds will be paid to the Commonwealth, which will evenly distribute the amount to MassHealth and the Long-Term Care Facility Quality Improvement Fund, a DPH-operated fund that aims to improve the quality of care delivered to residents of long-term care facilities. The remaining \$3.25 million will be overseen by the independent compliance monitor and must be used for additional staffing improvements, recruitment, retention, additional benefit costs, bonuses, overtime, wage increases, and/or other staffing-related initiatives over the next three years.

In addition to the monetary penalties, Next Step has also agreed to hire, at its own expense, an independent compliance monitor, who will oversee the improvement of Next Step's staffing levels and ensure that Next Step's facilities comply with state staffing requirements. The compliance monitor will also be responsible for reviewing the quality of care delivered to residents at eight Next Step facilities. As part of the settlement, the compliance monitor will conduct on-site reviews of Next Step's facilities and will submit compliance reports to the AG's Office every six months.

The settlement resolves the AG's Office's allegations that Next Step implemented staffing reductions in April 2019, despite its facilities already struggling to ensure adequate staffing levels to meet the needs of residents. Those staffing reductions included reductions of both certified nursing assistant ("CNA") positions and non-CNA positions. The AG's Office alleges that Next Step implemented such reductions without consideration of patient needs.

The AG's Office further alleges that Next Step continued to understaff its facilities even after state regulations went into effect in April 2021 requiring certain staffing requirements. As a result, many of Next Step's nursing

	<p>facilities had staffing levels that ranked in the bottom 10% of their counties.</p> <p>The AG’s Office alleges that the low staffing levels at Next Step’s facilities led to resident neglect and harm.</p> <p>The AG’s Office contends that Next Step’s submission of claims to MassHealth for these substandard services were false claims, in violation of the Massachusetts False Claims Act, and that this conduct also violated the Massachusetts Consumer Protection Act, and a state statute protecting elders from abuse and neglect in nursing homes.</p> <p>Members of the public who are aware of similar practices at Next Step’s facilities and/or by other nursing homes or health care providers should call the Attorney General’s Medicaid Fraud Division at (617) 963-2360 or file a complaint through DPH’s website.</p>
<p>Spotlight</p> <p><i>John O’Connor is editorial director for McKnight’s Long-Term Care News</i></p>	<p><u>Is long-term care evolving or devolving?</u></p> <p>By John O’Connor</p> <p>McKnight’s Long-Term Care News</p> <p>June 9, 2024</p> <p>With the midyear mark rapidly approaching, this might be a good time to consider the current state of long-term care. But rather than make an argument whether conditions for operators are getting better or worse, perhaps it would be more helpful to consider this question: Is long-term care evolving or devolving?</p> <p>Compelling arguments can be made either way. First, let’s look at some of the positive ways operators in this field are changing with the times. In my view, here’s the first among equals: person-centered care models have emerged as never before. There is no denying that many, if not most, skilled care operators have shifted to embrace care that focuses on respecting and responding to residents’ preferences, needs, and values. Here are some other ways the sector has made notable strides:</p> <p>Enhanced infection control protocols</p> <p>In the wake of COVID-19, long-term care facilities have significantly improved their infection control measures. This includes better staff training, use of personal protective equipment (PPE), and more rigorous cleaning and disinfection practices.</p> <p>Reduced reliance on antipsychotics</p>

There is clearly a growing trend toward reducing the use of antipsychotic medications in favor of non-pharmacological interventions. This approach prioritizes the mental and emotional well-being of residents, addressing the root causes of agitation and behavioral issues rather than merely sedating them.

Harnessing technology-driven tools

The adoption of advanced technologies, such as electronic health records, telehealth services, and remote monitoring systems, has improved the efficiency and quality of care. These tools facilitate better communication, timely interventions and personalized care plans.

Better staff training and education

Investing in the continuous education and professional development of staff has become a universal priority. These enhanced training programs aim to equip caregivers with the latest skills and knowledge, improving care delivery and resident outcomes.

Integration of palliative and end-of-life care

There is an increasing recognition of the importance of palliative and end-of-life care within long-term care settings. Integrating these services ensures that residents receive compassionate and appropriate care that aligns with their wishes and needs during their final stages of life.

If only that were the whole story.

Unfortunately, there are also some not-so-subtle reminders that the long-term care field might be regressing.

Let's start with the obvious: There are simply not enough employees in this field doing the work that must be done. This was readily apparent when I began covering long-term care more than three decades ago. The only thing that has really changed is that the problem continues to worsen.

Frankly, the industry has done a much better job of explaining the factors behind this challenge than in actually fixing it. The reason why the problem persists is not too hard to understand: More workers cost more money – and someone has to pay those extra expenses. Regardless, when AARP and other major consumer groups are calling for minimum staffing requirements as never before, it's hard to conclude that conditions are improving.

Here are some additional challenges where progress has moved at a snail's pace, or worse:

A lingering reputation for substandard care

Long-term care facilities generally continue to suffer from a poor reputation. All too often, they are still viewed as places of last resort rather than environments where residents can thrive.

Physical and infrastructure deterioration

	<p>Many skilled nursing facilities are now north of three decades in age. Moreover, new construction is pretty much zero. The result is an industry using old, ill-adaptive buildings to meet the changing needs of our aging population.</p> <p>Financial instability and funding challenges Many long-term care facilities face financial difficulties, exacerbated by rising operational costs, demanding investors and insufficient reimbursement. This economic strain continues to fuel cost-cutting measures that negatively impact care quality.</p> <p>Continuing arrests of providers for fraud and abuse Let's face it, more than a few operators are playing fast and loose with the rules. Whether the motivation is need or greed, this continuing saga is doing little to improve public trust.</p> <p>So, is long-term care evolving or devolving? The short answer is yes and yes. Which brings us to a more fundamental question: Can this dual reality withstand the test of what's to come?</p>
<p>Quotes</p>	<p><i>The latest data show that antipsychotic (AP) drugs are being administered to more than one in five (21.3%) nursing home residents. This is more than 10x the rate of the population that will ever have a clinical diagnosis that the federal government identifies as potentially appropriate for the use of these drugs, such as schizophrenia.</i></p> <p><i>Massachusetts ranks 7th highest with 25.26% resident population administered AP drugs (8,349 persons). The national rate is 21.32 %.</i></p> <p><i>Antipsychotic Drugs Administered to More Than One in Five Nursing Home Residents, Long Term Care Community Coalition, June 3, 2024</i></p> <p><i>So, is long-term care evolving or devolving? The short answer is yes and yes. Which brings us to a more fundamental question: Can this dual reality withstand the test of what's to come?</i></p> <p><i>John O'Connor, Is long-term care evolving or devolving?, McKnight's Long-Term Care News, June 9, 2024</i></p> <p><i>“My office is committed to using all of our tools to ensure more safe and affordable housing opportunities for all.”</i></p>

Attorney General Andrea Campbell, [AG Campbell Announces Esme Caramello As Director Of New Housing Affordability Unit](#), Office of Attorney General Andrea Campbell, May 28, 2024

“Not only did former Governor [Andrew Cuomo] put the elderly in harm’s way, but he also attempted to cover-up his failures by hiding the true nursing home death rate.”

U. S. Representative Brad Wenstrup (R-OH), Chair, the U.S. House Select Subcommittee on the Coronavirus Pandemic, [Cuomo to be questioned by COVID subcommittee for nursing home deaths](#) (*Washington Examiner, June 7, 2024)

“It took 96 years to find out what love is all about.”

Jeanne Swerlin, 96-year-old fiancée, of 100-year-old D-Day veteran, Harold Terens, [100-year-old vet returns to Normandy and marries bride, 96, near D-Day beaches](#), *Washington Post, June 9, 2024

“As private equity investments continue to rise in the healthcare industry, there has been an increase in bad actors using the healthcare system to make a quick profit at the expense of our hospital system. These predatory private equity companies have placed stakeholder profits squarely above the communities they are supposed to serve.”

U.S. Representative. Lori Trahan (D-MA), [Exploring impact of hospital ‘greed’](#), *Salem News, June 10, 2024

Roughly one in four Americans live with a disability, according to the [Centers for Disease Control and Prevention](#), and [studies suggest](#) that about 9% of Americans have a learning difference. Many of these differences and disabilities [are hidden or invisible](#). Meanwhile, 61% of disabled workers have experienced bias, mistreatment, and bullying on the job.

[How to Make Job Interviews More Accessible](#) (Harvard Business Journal, June 7, 2024)

<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>FY 2025 State Budget <i>FY25 Budget Conference Committee Named</i></p> <p>Nursing Homes 3.48-hour staffing rule finalized (McKnights Long-Term Care News, June 7, 2024) Antipsychotic Drugs Administered to More Than One in Five Nursing Home Residents (Long Term Care Community Coalition, June 3, 2024)</p> <p>Housing AG Campbell Announces Esme Caramello As Director Of New Housing Affordability Unit (Office of Attorney General Andrea Campbell, May 28, 2024)</p> <p>Private Equity Exploring impact of hospital 'greed' (*Salem News, June 10, 2024)</p> <p>Loneliness Loneliness Awareness Week, June 10 through 16, 2024</p> <p>Disability Topics How to Make Job Interviews More Accessible (Harvard Business Journal, June 7, 2024)</p> <p>Protective Services Scams targeting the elderly on the rise, bank says (^Salem News, June 10, 2024)</p> <p>Workforce Massachusetts Health Care Workforce Survey (Center for Health Information and Analysis, May 2024) Home services and nursing care struggle amid Mass. Health workforce crisis, new survey shows (*Boston Globe, June 7, 2024)</p> <p>From Other States Cuomo to be questioned by COVID subcommittee for nursing home deaths (*Washington Examiner, June 7, 2024)</p>
<p>Commentary by Dignity Alliance Massachusetts participants</p> <p>Jim Lomastro is a member of DignityMA's Coordinating Committee, Chairs the Veterans' Services Workgroup, and participates in several other workgroups. He has a PhD degree from Brandeis University. He lives in Conway, MA.</p>	<p><i>Per Capita Contribution to Health and social services -Framing the Issue of what can the state afford</i> By James A. Lomastro, PhD</p> <p>In thinking further about transformative care and the relative position of Massachusetts: When comparing per capita expenditures on healthcare and social services between U.S. states and European countries, we find significant variations in spending levels relative to income. In U.S. states like New York and California, expenditures on healthcare and social services account for a relatively lower percentage of per capita income compared to most European countries. For example, in New York, approximately 31.6% of income is spent on healthcare and social services, while in California, it's around 21.7%. On the other hand, European countries tend to allocate a higher percentage of per capita income to healthcare and social services, reflecting their comprehensive welfare systems and higher social spending. For instance, France</p>

	<p>devotes approximately 43.3% of per capita income to healthcare and social services, Germany allocates around 35.5% and Canada 27%.</p> <p>States like Texas, Florida, and Massachusetts in the U.S. spend a smaller portion of their income on healthcare and social services compared to European counterparts, indicating differing policy priorities and social spending structures. In Texas, for example, about 22.6% of income is spent on healthcare and social services, while in Massachusetts, it's around 17.9%.</p> <p>The per capita numbers are New York : \$23,694 California \$17,330 Massachusetts \$14,285 Texas \$13,544 and Florida \$12,339. Canada is \$15,019 in Canadian dollars.</p> <p>This comparison highlights the diverse approaches to social safety nets and public spending between the U.S. states and European countries, with implications for the accessibility and comprehensiveness of healthcare and social services in each context.</p> <p>While we have the highest per capita, we are below New York and California in healthcare and social services and slightly above Florida and Texas. The cost of living on average in New York and California is higher.</p> <p>So, what does it tell us about Massachusetts social safety net?</p>
<p>DignityMA Legislative Priorities</p> <p><i>“So Much to Do, So Little Time”</i> been prepared by the Chair of DignityMA’s Legislative Workgroup, former State Senator Richard T. Moore.</p> <p>This is an abbreviated version of DignityMA’s recommendations. The complete text is available on DignityMA’s website at “So Much to Do, So Little Time”.</p>	<p><i>“So Much to Do, So Little Time”</i> <i>John Gunther wrote about it; Louis Armstrong sang about it. What can be done about it?</i> <i>Priorities as the 2023-2024 Massachusetts Legislative Session Nears Its Conclusion</i></p> <p><i>Dignity Alliance Massachusetts has endorsed various bills during the current legislative session. As the Legislature approaches its formal conclusion on July 31, we are highlighting eighteen bills which deserve to be considered and enacted before adjournment including six which have been engrossed in one house.</i></p> <p>Preface</p> <p>Today, more than 1.26 million people living in the Commonwealth of Massachusetts are 65 years old or older. They represent approximately 18.1 % of our state’s population, and their numbers will continue to grow rapidly over the next thirty years.</p> <p>This trend gives us much to celebrate, as older adults contribute to our society in countless ways. Older adults provide wisdom, perspective, and experience to society. They form the backbone of many community programs that depend upon volunteers, accounting for nearly one-third of the total</p>

volunteer hours served in the U.S. in 2021. They care for grandchildren, in many cases making it possible for the children's parents to work, and provide the support that others depend upon to continue to live independently. They are mentors and advisors, and so much more.

Older adults also contribute significantly to our economy – nearly 20 percent of people 65 and older are employed – and the fastest growing segment of the U.S. workforce is people who are between 65 and 74.

At the same time, the aging of our population will create challenges. For example, nearly three quarters of Americans will need some type of assistance from caregivers to age in their communities. The demand for that assistance, which already far exceed the capacity of our systems to provide it, will only continue to grow as the number of older adults increases.

With thoughtful, intentional planning and action – at and across every level of government; across industry, philanthropy, and academia; and in partnership with older adults – we can address these challenges. We can improve the aging experience for the older adults of today and tomorrow and create age-friendly communities that appreciate the contributions of older adults, sustain health and well-being at all ages, recognize and support family caregivers, and value and reward the work of the professionals who provide in-home and community-based care.

Dignity Alliance Massachusetts respectfully urges the Legislature to enact the following bills before the end of formal sessions on July 31st. As each of these important bills gains enactment, the Commonwealth becomes more age-friendly and able-friendly. Massachusetts will then have much of the foundation necessary for older adults and people with disabilities to live productively in this communities with the services and supports necessary for the vision of independence throughout our adult lives.

BILLS ENGROSSED IN ONE BRANCH AND SHOULD BE ENACTED IN BOTH

- **H.4193 An Act to Improve Quality and Oversight of Long-Term Care** – Senate Committee on Ways and Means.
- **S. 2546 An Act to reform Wheelchair Warranties for people with disabilities.** Engrossed in the Senate referred by the House to Committee on Health Care Financing.
- **H.4707 The Affordable Homes Act** – Senate Committee on Ways and Means.
- **S.4/H.4601 An Act relative to the FY '25 State Budget** – Senate/House Budget Conference Committee.

	<ul style="list-style-type: none"> • H.4653 An Act Enhancing the Market Review Process (Comprehensive Health Reform) – Senate Committee on Ways and Means. • S2814 An Act to provide for the future information technology needs of Massachusetts. House Committee on Ways and Means <p>SIMPLE RENAMING BILLS THAT SHOULD BE PROMPTLY ENACTED</p> <ul style="list-style-type: none"> • S.2797 An Act to rename the Executive Office of Elder Affairs as the Executive Office of Aging and Independence. Committee on State Administration and Regulatory Oversight. • H.4161 An Act to rename the Massachusetts Rehabilitation Commission as MassAbility to reflect the self-determination and limitless possibilities for people with disabilities. Senate Ways and Means <p>BILLS THAT MERIT FAVORABLE REPORTS AND PROMPT ACTION</p> <ul style="list-style-type: none"> • S.2024 An Act to modernize the open meeting law – Committee on State Administration and Regulatory Oversight. • H.4722 An Act relative to strengthening Massachusetts Economic Leadership – Committee on Bonding, Capital Expenditures and Debt. • S.385 An Act relative to expanding the availability of personal care homes for older adults – Senate Committee on Ways and Means • S115 An Act increasing the personal care allowance for long term care residents – Senate Committee on Ways and Means. • S.726/H.1202 An Act Protecting the Homes of Seniors and Disabled People on Mass Health - The bill needs to be favorably reported by House Ways and Means, receive final approval in the House and engrossment in the Senate. • H.1201 An Act relative to supported decision-making - Committee on Children, Families, and Persons with Disabilities. • S.2499 An Act relative to pharmaceutical access, cost, and transparency Senate Committee on Bills in Third Reading. • S.799 An Act to Advance Health Equity – Senate Committee on Ways and Means. • S.2527 An Act relative to assisted living and basic health services – Senate Committee on Ways and Means • H.3031 An Act relative to the 401(k) CORE program – House Committee on Ways and Means
My Story	<p><i>Affinity Healthcare Part 3</i> By Penny Shaw</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

This is part 3 of s series of reports.

Both residents and staff in my facility have concerns about our new own Affinity Healthcare.

One evening a resident on my unit was having trouble breathing. A nurse called for an ambulance and life support. She told them to come to Braintree Manor Healthcare, our former name. The resident survived.

What if she'd said Affinity Healthcare and the first responders didn't know that the facility name had changed? Also, most responders know what our units are named - i.e., M1 - and where that unit is located. But Affinity intends to change the names of the units as well. Currently there is no delay in getting a resident to the hospital while giving explanations/directions. Recently mandatory staff meetings were held. Complaints I heard about included the following. Staff were given name badges to wear with cords.

Because ours is a behavioral facility where some residents are dangerous and would grab the cords and choke staff they are concerned. A previous Director of Staff training for our facility told staff the opposite. To never wear anything around their necks residents could grab!!!

Our mental health counselors have been told they must wear black scrubs to work. Did Affinity offer to buy these staff their new wardrobes?

Inspiration

[100-year-old vet returns to Normandy and marries bride, 96, near D-Day beaches](#)

***Washington Post**

By Kyle Melnick

June 9, 2024

Harold Terens first visited Normandy about 80 years ago, in the aftermath of D-Day, as a U.S. Army Air Forces corporal. Many of his friends had died storming Normandy’s beaches about two weeks earlier, and Terens was tasked with helping send German prisoners and freed American prisoners of war to England.

This year, Terens was in the region for a much more joyous reason: His wedding. After participating in the commemoration of the [80th anniversary of D-Day](#), Terens and his 96-year-old fiancée, Jeanne Swerlin, arrived at a stone building in Carentan-les-Marais on Saturday for what he called the best day of his life. . .

The couple kissed and exchanged rings, drank Champagne and said they felt like a king and queen when they waved from a second-floor window after the ceremony. Later, Terens and Swerlin were driven to Paris, where the country’s president, Emmanuel Macron, congratulated them during a speech at a [state dinner](#) with [President Biden](#). . .

Terens and Swerlin both grew up in New York City but didn’t meet until about three years ago. In 1942 — during World War II — Terens enlisted in the U.S. Army Air Forces and served as a radio repair

	<p>technician. On D-Day in 1944, Terens said he was stationed in Britain, where he helped repair planes to rejoin the battle in France. Swerlin, meanwhile, was friends with some U.S. military personnel who gave her souvenirs from the war, such as dog tags. After the war, they both started families and eventually moved to Florida. . .</p> <p>But Terens said his wife of 70 years, Thelma, died in 2018 after suffering from breast cancer and Alzheimer’s disease. The next year, Swerlin said, her fiancé, Sol, died while he was in the shower after they were together for 24 years. Neither thought they would find love again.</p> <p>In 2021, Terens’s and Swerlin’s friends set them up on a date at Seasons 52 in Boca Raton, Fla.</p> <p>On Saturday morning, dozens of people stood outside Carentan-les-Marais’s town hall when Terens, in a light-blue suit, and Swerlin, wearing a pink dress and holding a bouquet of flowers, arrived.</p>
<p>Recruitment</p>	<p>1. The Arc of Massachusetts <i>Director of Government Affairs</i> About the role: The Director of Government Affairs (GA) leads the advocacy efforts at the Massachusetts State House. This individual will advance The Arc’s mission by:</p> <ul style="list-style-type: none"> • Empowering The Arc constituents, including families, self-advocates and professionals to engage with the legislature, through advocacy trainings and webinars on the state budget and the legislative process • Developing strong and trusted relationships with members of the legislature and their staff • Leading the GA team to successful state budget and legislative outcomes • Collaborating with the GA committee, Steering Committee, and other groups to ensure The Arc’s platform reflects the legislative and policy priorities of the organization. <p>To apply: Submit a cover letter with your resume to Kamundson@arcmass.org</p> <p>2. Massachusetts Health Policy Commission (HPC) <i>Director, Behavioral Health Workforce Center</i> The Massachusetts Health Policy Commission (HPC) seeks a Director to lead a new Behavioral Health Workforce Center within the HPC, an independent state agency on the forefront of health care policy and cost containment in Massachusetts. This is an opportunity to establish a new team that will analyze and monitor the behavioral health workforce in Massachusetts, as mandated by the Massachusetts Legislature and in partnership with the Executive Office of Health and Human Services. More information and to apply: Director, Behavioral Health Workforce Center</p>
<p>Webinars and Other Online Sessions</p>	<p>3. Massachusetts Office on Disability <i>Workshop on Disclosing Disabilities</i> Wednesday, June 12, 2024, 9:30 a.m. Virtual workshop on whether people should disclose their disability at various points of the employment process and what type of information should be shared. There will be guided exercises as attendees learn</p>

about weighing the advantages and disadvantages of disclosing, how to describe their limitations, and how to handle specific situations where they may need to discuss their disability.

[More Info and Register](#)

4. Massachusetts Office on Disability

Workshop on Employment Accommodations

Wednesday, June 12, 2024, 11:00 a.m.

Massachusetts Office on Disability offers a virtual workshop focused on employment accommodations. Attendees will learn how to request reasonable accommodations, describe their limitations, and how to review a job listing to identify essential functions.

[More Info and Register](#)

5. Massachusetts Office on Disability

Workshop on Disability Discrimination in Employment

Wednesday, June 12, 2024, 2:30 p.m.

Massachusetts Office on Disability hosts a virtual workshop about disability discrimination in employment, including recognizing workplace interactions that constitute discrimination. By exploring hypothetical and real cases, attendees will learn how to define and prevent disability discrimination, as well as how to document potentially discriminatory situations, according to organizers.

[More Info and Register](#)

6. KFF

Monday, June 17, 2024, 12:00 p.m.

[What's Behind the Buzz about Site-Neutral Payments?](#)

With Congress looking for ways to cut health care costs for patients and the Medicare program, one approach drawing bipartisan attention involves site-neutral payments for outpatient services. The idea is for Medicare to pay the same amount for a service regardless of where it is provided – a departure from current Medicare reimbursement policy, which generally pays higher rates for services provided in hospital outpatient departments versus independent physician offices and ambulatory surgical centers.

On [Monday, June 17 at Noon ET](#), a panel of experts will join Larry Levitt, KFF's executive vice president for health policy, for a 45-minute discussion on the concept of site-neutral payments, including why it has become an issue for policymakers and private payers like insurers and employers, how Medicare payments currently work, how various proposals would change the law, and the potential impact of those changes.

Moderator

- [Larry Levitt](#), Executive Vice President for Health Policy, KFF

Panelists

- [Zack Cooper](#), Associate Professor of Public Health (Health Policy), Associate Professor of Economics, and Associate Professor in the Institution for Social and Policy Studies, Yale University
- [Zachary Levinson](#), Project Director, KFF Project on Hospital Costs, KFF
- [Ashley Thompson](#), Senior Vice President, Public Policy Analysis and Development, American Hospital Association

	<p>RSVP</p> <p>7. National Center on Law & Elder Rights Tuesday, June 18, 2024, 2:00 to 3:00 p.m. Addressing Elder Abuse through the Elder Justice Shelter Model Elder justice shelters, programs that provide short-term shelter catered to meet the needs of older adults experiencing abuse or exploitation, are critical resources in addressing cases of abuse efficiently and effectively for older survivors of abuse.</p> <p>Elder abuse is most commonly perpetrated by family members or caregivers, which means the home is often the primary location where harm takes place. Domestic violence shelters and homeless shelters are often inaccessible to older adults, as they sometimes cannot accommodate older adults’ medical needs or may not have service providers with expertise in assisting with benefits, entitlements, and resources relevant to older people.</p> <p>In this training, presenters will share a deeper look into the Weinberg Center for Elder Justice’s model to provide promising practices for the development of future elder justice shelters throughout the country. This webinar will also discuss the different types of elder justice shelter models, including those in the SPRiNG Alliance.</p> <p>The SPRiNG (Shelter Partners: Regional. National. Global.) Alliance was developed in 2013 as a community of practice for the growing national elder shelter movement. Today, the SPRiNG Alliance has twenty-five members throughout North America, all of whom represent shelter programs or community efforts to create shelters.</p> <p>Presenters: Jessica Brock, ABA Commission on Law & Aging Erica Costello, ABA Commission on Law & Aging Deirdre Lok, Weinberg Center for Elder Justice Registration: Addressing Elder Abuse through the Elder Justice Shelter Model</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>Request for Information</p> <p>Responses must be submitted electronically no later than 3:00 p.m. June 28, 2024.</p>	<p>8. COMMBUYS <i>Executive Office of Health and Human Services</i> Independent Assessment Entity Request for Information MassHealth is exploring whether an Independent Assessment Entity (IAE) can improve the MassHealth member experience by simplifying and streamlining the clinical assessment process for certain long-term services and supports. The IAE would conduct required assessments for personal care attendant services (PCA), Adult Day Health (ADH), Group Adult Foster Care (GAFC), Adult Foster Care (AFC), Day Habilitation, Senior Care Options (SCO), PACE, and One Care. Currently, more than 400 entities administer clinical eligibility assessments and/or rating category assessments for these LTSS programs.</p> <p>Responses must be submitted electronically. Questions should be answered in order of appearance and numbered according to the RFI</p>

	<p>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>1. FY25 Budget Conference Committee Named</p> <p>Now that the House and Senate have each passed their respective versions of the FY25 budget, a six-member conference committee has been named to reconcile differences and produce a compromise budget that will go to the full House and Senate for final approval. Conferees are Senate Ways and Means Chair, Michael Rodrigues, SWM Vice Chair, Cindy Friedman, Senator Patrick O'Connor, House Ways and Means Chair Aaron Michlewitz, HWM Vice Chair Ann-Margaret Ferrante and Rep. Todd Smola. Among the differences that need to be reconciled is spending for nursing facility rates which includes \$50 million in additional funding in the House budget. Fiscal Year 2025 begins on July 1, 2024.</p>
<p>Nursing Homes</p>	<p>2. McKnights Long-Term Care News</p> <p>June 10, 2024</p> <p>Workforce dip in May reignites nursing home worries about caregiver supply</p> <p>By Kimberly Marselas</p> <p>The number of workers in skilled nursing facilities declined in May, according to federal data published Friday. That stops a months-long positive trend for the sector.</p> <p>Healthcare in general added 68,000 jobs in May in line with average monthly gains of about 64,000 monthly for the last year, the US Bureau Labor of Statistics reported. Together, nursing and residential care facilities added more than 11,000 jobs.</p> <p>But the good news stopped at skilled nursing care facilities, for which the data reflected a loss of about 0.1% nationwide last month. While the one-month decline may not appear significant, it comes at a time when providers are trying to hold onto every worker they can and even ramp up with new federal staffing requirements to begin in 2026. . .</p> <p>Following major pandemic-era losses, a 2022 study found it would take nursing homes at least until 2026 to recover the initial workers. That was with facilities adding an average of 4,600 jobs per month. It also didn't take into account the additional 102,000 workers that would be required to meet the mandate's registered nurse and nurse aides rules.</p> <p>3. McKnights Long-Term Care News</p> <p>June 7, 2024</p> <p>3.48-hour staffing rule finalized</p> <p>By Kimberly Marselas</p> <p>The Centers for Medicare & Medicaid Services increased its hourly requirement for direct care in its final nursing home staffing rule but said it would exempt registered nurse coverage eight out of 24 hours a day "under certain circumstances."</p> <p>The April 22 rule boosted the required direct care per patient from 3.0 hours to 3.48 hours per day. Three hours must be split between RNs (at</p>

least 0.55) and CNAs (at least 2.45), with the rest provided by a mix of CNAs, RNs or licensed practical nurses.

4. McKnights Long-Term Care News

June 6, 2024

['Moment of decision' appears near on nursing home staffing rule](#)

By Kimberly Marselas

At a quickly pulled-together press conference Wednesday, Reps. Jan Schakowsky (D-IL) and Lloyd Doggett (D-TX) joined with union members and leaders from AARP and Consumer Voice in hopes of pressuring more Republicans to embrace a pro-mandate viewpoint.

Doggett said he was “very concerned” about the formal introduction Tuesday night of a Senate bill calling for a congressional review of the rule published by the Centers for Medicare & Medicaid Services on May 10. About 30 Senators, most Republicans, signed onto the resolution of disapproval, including sponsor James Lankford (R-OK) and Jon Tester (D-MT). . .

'Not a shortage'

Schakowsky and Doggett argued that there is no crisis in the direct care workforce.

“The workers who are standing with the residents of nursing homes are saying they want to be there. They want to have enough people to take care of everyone, and there is not a shortage of people who would do the job — except they need to get paid a decent wage,” Schakowsky said.

“But we also see there are nursing home owners who want to reduce the number of people they pay in nursing homes.”

Schakowsky attacked private equity investment in the sector, which has been shown to touch about 5% of all facilities. Doggett, meanwhile, criticized the sector’s historic profit margins and neglected to address the cost pressures of COVID, inflation and labor demand. He acknowledged that there is no funding to support the rule, which is expected to cost providers between \$4 billion and \$7 billion a year.

“If the nursing industry can make the case that it lacks the funds, despite all the studies showing the profits that they’re making, we’d be ready to go to bat to see that the funds are made available,” Doggett said. . .

Consumer advocates, however, continue to push the message that the only way to improve care is by supporting the CMS minimum staffing standard.

“These are final rules,” Megan O’Reilly, vice president of government affairs for AARP, said at Wednesday’s event outside the Capitol. “Any attempts to weaken them would be taking something away from residents and staff.”

5. Long Term Care Community Coalition

June 3, 2024

[Antipsychotic Drugs Administered to More Than One in Five Nursing Home Residents](#)

Each week, dangerous antipsychotic (AP) drugs are administered to approximately 250,000 nursing home residents, often without clinical justification. These medications pose significant risks for elderly individuals, including heart attacks, strokes, Parkinsonism, falls, and even death. Despite these severe adverse outcomes, too many nursing

	<p>homes routinely use AP drugs to sedate residents living with dementia instead of providing the appropriate care and services that these residents need and are entitled to under federal law. Because this problem is widespread and persistent, it is essential for the public to be aware of the AP drugging rates in nursing homes in their communities and states. These data can help families make informed care decisions and aid leaders in identifying and addressing substandard care, abuse, and fraud.</p> <p>Today, LTCCC is releasing antipsychotic drugging rates (non-risk-adjusted) for US nursing homes for Q4 2023. LTCCC obtains these data from the federal government (CMS) via a FOIA request. The latest data show that AP drugs are being administered to more than one in five (21.3%) nursing home residents. This is more than 10x the rate of the population that will ever have a clinical diagnosis that the federal government identifies as potentially appropriate for the use of these drugs, such as schizophrenia.</p> <p>LTCCC's user-friendly datasets can be sorted by nursing home name, provider number, county, zip code, and antipsychotic drugging rates.</p> <p>Selected highlights (Q4 2023)</p> <ul style="list-style-type: none"> • Antipsychotic drugging is trending up. Antipsychotic drugs were administered to 21.3% of nursing home residents, a 4.4% increase from the previous quarter. • Fewer facilities are providing these essential data to the federal government. The data set includes AP drugging data for only 12,334 nursing homes, a 10% decrease from the previous quarter (13,627). With only 80% of the 15,000 US nursing homes reporting their AP drugging data, how can we effectively address this serious problem? How can families know if a facility is safe? • AP drugging rates vary significantly by state and region. <ul style="list-style-type: none"> ○ Illinois (29.4%), Missouri (29.1%), and Louisiana (26.5%) had the highest rates of AP drugging in Q4 2023; Hawaii (12.8%), Delaware (14.3%), and D.C. (15.1%) had the lowest rates of AP drugging. ○ CMS Region 7 (Kansas City) had the highest regional rate (25.8%); CMS Region 6 (Texas) had the lowest (18.9%). <p><i>Note: LTCCC's latest AP drugging quarterly datasets, obtained via CMS by FOIA request, include Q4 2023, Q1 2023, and Q4 2022.</i></p>
Loneliness	<p>6. Loneliness Awareness Week June 10 through 16, 2024</p> <p>What is Loneliness Awareness Week?</p> <p>Loneliness Awareness Week is a week dedicated to raising awareness of loneliness. It's all about creating supportive communities by having open, honest conversations. Loneliness is a natural human emotion - we are hardwired to need social connections. By talking about it, we can support ourselves and others.</p> <p>The campaign centers on a powerful message which resonates with many. We've trended on Twitter, reached 271.5 million people in one week with the campaign, and each year we've seen tens of thousands of organizations, charities and individuals get involved, including the Royal</p>

	<p>Family, the Prime Minister, Major of London, NHS trusts, and all Government departments.</p> <p>What can the campaign achieve?</p> <p>Loneliness Awareness Week is vital in increasing awareness and understanding of loneliness and we can create a more connected society.</p> <p>Whilst we're seeing an increase in discussion on the subject, stigma remains and some key misconceptions still need to be challenged. Ask anyone to picture a lonely person and most will imagine an older person living on their own. As such, we often rebuke and dismiss feelings of loneliness because 'that doesn't apply to me.'</p> <p>By identifying and acknowledging all the times that we have personally felt and experienced loneliness, we can start to change our viewpoint, accept it and understand how to take action to manage the feeling (and our social connections) in the future.</p>
<p>Housing</p>	<p>7. Rhode Island Current June 10, 2024 Accessory dwelling units offer flexible housing, independence and dignity for older adults By Catherine Taylor and Elizabeth Howlett <i>They help families save time and money and older Rhode Islanders stay in their homes and communities where they want to be.</i> The housing crisis is here. This is not hyperbole. It is estimated that Rhode Island residents are facing a 24,000-unit affordable housing shortage. In fact, the latest AARP LTSS (Long-Term Supports and Services) Scorecard ranked Rhode Island 51st in the nation – dead last – when it comes to housing availability for older adults. The need to take decisive action could not be more urgent. Rhode Island lawmakers must address the state's housing shortage. As the session winds down, legislators must move forward on House Bill 7062 and Senate Bill 2630. The proposed legislation will expand housing options by easing barriers that prevent homeowners from creating an accessory dwelling unit (ADU) on their property. . . ADUs can help fill a desperate housing void. A small, cottage-like structure or addition to the existing home, an ADU can provide flexible living arrangements for families in many ways, including:</p> <ol style="list-style-type: none"> 1. Older homeowners can create an ADU on their property to move into and rent the larger house – or the opposite. 2. They can also offer the ADU or larger house to children or grandchildren so the family can live together, but with their own, separate spaces. 3. Family caregivers can offer Mom, Dad or other loved ones a place to call their own where they can maintain their independence while also receiving any help they may need, such as transportation, meal preparation or medication management. 4. Older residents can rent an ADU from another homeowner so they can stay in the community they know. <p>8. Office of Attorney General Andrea Campbell May 28, 2024</p>

	<p><u>AG Campbell Announces Esme Caramello As Director Of New Housing Affordability Unit</u></p> <p>Attorney General Andrea Joy Campbell announced today that Esme Caramello will lead the Office’s Housing Affordability Unit starting this July. Newly established under AG Campbell, the Unit will advance the statewide interest in expanding the availability of housing, and particularly affordable and multi-family housing, throughout the Commonwealth.</p> <p>Caramello’s appointment comes in the face of a statewide housing crisis, where residents continue to grapple with a high cost of living and a shortage of safe and affordable housing options. The Housing Affordability Unit will further AG Campbell’s strategic priority to expand access to safe and affordable housing by engaging in legal advocacy to support affordable and multi-family housing development, provide resources and guidance to municipalities and developers, and provide additional land use and zoning expertise to areas in which the AG’s Office already engaged.</p> <p>As part of this work, the Housing Affordability Unit will work to ensure that municipalities comply with existing housing and fair housing laws. This includes compliance with the MBTA Communities Law, a bipartisan law that serves as a tool to create more districts where more housing can be built. The Unit will also work with staff across the AG’s Office to ensure residents are protected from predatory or discriminatory housing practices.</p>
<p>Private Equity</p>	<p>9. *Salem News June 10, 2024 <u>Exploring impact of hospital ‘greed’</u> By Christian M. Wade</p> <p>The financial meltdown of Steward Health Care System is prompting federal and state regulators to look into the impact of private equity investment in community hospitals, nursing homes and other health care facilities, which critics say is leading to higher patient costs, poor care and reduced staffing.</p> <p>The Federal Trade Commission, U.S. Department of Justice, and Department of Health and Human Services have launched an investigation into the “impact of greed” in health care and plan to review details of recent transactions the agencies say may be harming patient health, worker safety and the quality of care for patients. . .</p> <p>Steward’s management has filed for bankruptcy. Last week, Judge Christopher Lopez ordered the company to put its 31 U.S. hospitals up for sale — including eight in Massachusetts — beginning this month to pay off liabilities owed to creditors.</p> <p>Rep. Lori Trahan, a Westford Democrat, is among those who support the investigation and wrote to federal regulators this week urging them to take “strong action” to address the issue of private equity at Steward and other health care operators. . .</p> <p>Trahan said the use of private equity practices “like sale-leaseback models, roll-up models, and dividend recapitalization by bad private equity actors has no place in the health care industry.”</p>

	<p>Specifically, she cited the role of the private equity firm Cerberus Capital Management in Steward’s finances in Massachusetts and other states. Cerberus created Steward after buying St. Elizabeth’s and five other Catholic hospitals in Massachusetts in 2010, according to the company’s website. . .</p> <p>Steward is the largest private for-profit hospital chain in the country. Among its eight hospitals in Massachusetts are Holy Family hospitals in Methuen and Haverhill. It is also one of the state’s largest employers with more than 30,000 workers, according to its website.</p>
<p>Disability Topics</p>	<p>10. Harvard Business Journal June 7, 2024 How to Make Job Interviews More Accessible By Rebecca Knight Summary: How can you make your job interviews fairer and more inclusive for disabled people and people with different learning styles? In this article, the author shares insights from two experts on how to set up an environment where all candidates have opportunities to demonstrate their strengths.</p>
<p>Protective Services</p>	<p>11. ^Salem News June 10, 2024 Scams targeting the elderly on the rise, bank says By News Staff With the number of scams targeting older residents on the rise, local banks are urging customers to be extremely diligent and use caution when managing their money. Employees at the Institution for Savings [in Newburyport] have seen a substantial increase in the number of customers who have been victims of scams involving gift cards. These scams start with a call, text, email or social media message demanding immediate payment for a variety of reasons: money is owed the government, they are from tech support and will fix a computer issue, the customer has won money, a family member, often a grandchild, or a new “friend” is in trouble. Scammers instruct the customer to purchase gift cards and then provide the redemption numbers on the cards to the scammer. The cards are then redeemed by the scammer and the customer loses those funds used to purchase the cards. Another scam that is prevalent recently is related to the use of bitcoin ATMs. Scammers call, impersonating government , law enforcement, utility or other officials and ask for money. Using fear and intimidation tactics, they then direct customers to withdraw money from their banks, investment, or retirement accounts, then direct them to Bitcoin ATMs. They then direct the customers to deposit their funds into the ATMs, sending the money to the scammers using QR codes they provide. The funds are then gone and untraceable in most instances. . . More information about current scams can be found on the Federal Trade Commission’s website: www.consumer.ftc.gov/scams.</p>
<p>Workforce</p>	<p>12. Center for Health Information and Analysis May 2024</p>

[Massachusetts Health Care Workforce Survey](#)

Massachusetts health and human service providers are experiencing unprecedented workforce shortages. Additionally, the lack of diversity in the health care workforce adversely affects the health outcomes of people of color. These distinct, but related issues of workforce capacity and diversity have clear consequences for access to care, quality of care, cost, and health outcomes.

CHIA launched its first Massachusetts Health Care Workforce Survey (MHCW) in May 2023 to collect information on staffing capacity and diversity across 10 key sectors. The data collected in this survey aim to provide a critical fact base to inform policies and programs and support ongoing monitoring of workforce trends in the health and human service sectors.

The inaugural survey completed fielding in January 2024. Sector-specific and cross-sector results are now available in the [dashboard below](#).

- [Executive Summary](#)
- [Databook \(Excel\)](#)
- [Interactive Dashboard](#)

13. *Boston Globe

June 7, 2024

[Home services and nursing care struggle amid Mass. Health workforce crisis, new survey shows](#)

By Jason Laugjlin

If he stops to catch his breath from time to time, 78-year-old Richard Antonino can provide nearly all the care his wife Marie needs. Alzheimer’s Disease left her unable to do much for herself, but Antonino is strong enough to get her out of bed, dress her, wash her, and feed her. He does need help getting Marie out of her wheelchair to use the bathroom—help he cannot consistently find. His body is not what it was, and COPD forces him to limit his exertion to short spurts.

“I need the help just to bail me out,” said Antonino, of Sagamore. “There definitely is a shortage of help on the Cape.”

Antonino is among the Massachusetts residents feeling the impact of a health care workforce crisis that has touched virtually every sector of the industry.

A [recent survey](#) from the state’s Center for Health Information and Analysis shows that well over half of all hospitals, behavioral health providers, nursing homes, and adult day cares responding to the survey reported an increase in patients waiting for services last year compared to 2022. A lack of staff caused almost two thirds of behavioral health providers and more than half of home care providers to reject clients. Shortages are widespread but most acute among lower paying positions, said Lauren Peters, CHIA’s executive director, leaving those who need the most frequent support, such as the elderly and those with disabilities, in a seemingly never-ending scramble for services.

In South Boston, Jim Wice, 63, who uses a wheelchair, was so desperate for assistance he once paid for a former aide to fly to Boston from Washington state to help him. He feels trapped in a cycle of hunting for backup care in case his primary caregivers fall through.

“I’m always networking,” he said, “I’m always looking around to see who might be a possible next PCA.”

Direct care workers, registered nurses, and social worker positions in home health care have vacancy rates ranging from 20 to 25 percent, the survey found. Direct care jobs at nursing homes and adult day cares are similarly understaffed.

“[Workers] can go seek alternative employment with an easier function or easier jobs,” Peters said. “I think it’s really no surprise that these roles are the hardest to fill, are the hardest to retain.”

The survey, which polled providers in health care sectors ranging from hospitals to dentistry from May 2023 to January 2024, also found shockingly high turnover in some jobs. Almost half of all registered nurses working in home health care and adult day care left their jobs within a year.

“They are being asked to see too many patients, and patients are going home sicker, and with complicated wounds,” said Katie Murphy, president of the Massachusetts Nurses Association and an ICU nurse at Mass General Brigham.

Jobs with the highest vacancies and turnover rates also tend to have the most non-white workers, Peters noted.

CHIA officials intend to run the survey every two years to track growth and contractions in the workforce.

“The impetus for this was really to get an objective fact base around workforce shortages across some of the key sectors in the health care industry,” Peters said.

The survey also looked at solutions. Many employers said they relied on better pay to boost hiring and retention; others turned to hiring bonuses, flexible hours, and student loan forgiveness.

“CHIA’s findings are further proof that diversity, flexibility, and wellbeing must continue to serve as the anchors of our workforce efforts here in the commonwealth,” said Steve Walsh, president and chief executive of the Massachusetts Health and Hospital Association, in a statement.

Inadequate labor is concerning if it puts added pressure on clinicians or prevents hospitals from admitting as many patients as they otherwise could, MHA reported. That is happening in some hospitals, said Sam Melnick, a spokesperson for the organization, making worker shortages an urgent concern.

Large hospital systems had the greatest number of vacancies among licensed practical nurses, the CHIA survey found. Unaffiliated hospitals struggled to fill medical technologist jobs.

Hospitals are also indirectly affected by a lack of workers at behavioral health and other specialized care providers that prevents them from accepting transfers from emergency departments, said Joseph Kopp, an emergency medicine physician with Mass General Brigham. The pileup of patients eligible for other types of care contributes to dangerous overcrowding and long waits.

The COVID-19 pandemic exacerbated already worrisome health care workforce numbers. In 2021, a national survey found widespread stress, anxiety and depression among nurses. Ten percent wanted out of their jobs entirely. Murphy, the nurses’ union president, emphasized there

	<p>isn't a shortage of RNs in Massachusetts. Rather, nurses leave hospitals due to overwhelming workloads, she said. Across all health care sectors, the survey found, 17 percent of registered nursing jobs are unfilled.</p> <p>In the health and human services sector, which includes behavioral health, day programs, and home care services, the state has committed significant money to addressing the paucity of labor. That includes \$46 million to support workforce development at 84 human services organizations and \$16.5 million for student loan repayments for direct care workers. The behavioral health industry is desperate for the release of close to \$200 million in federal funds, which includes another hefty loan repayment program.</p> <p>"The recent CHIA dashboard confirms that we are focused on the appropriate priorities," said Cecille Avila, a spokesperson for HHS, in a statement.</p> <p>The Healey administration also proposed a \$640 million commitment for human and social services reimbursement rates for the coming fiscal year.</p> <p>Cape Cod is particularly hard hit by the shortage of lower paid health care workers, many of whom can't afford to live there. Elder Services of Cape Cod and the Islands reported 369 people in Barnstable, Dukes, and Nantucket counties waiting for any home service or an increase in service, said Kim Nahas, the organization's clinical services officer. "It's very challenging work, and the pay is not where it needs to be," she said.</p> <p>Rita Barse, 83, of Oak Bluffs, on Martha's Vineyard, has been waiting since November 2022 for home care covered by Medicare, she said. Barse has had several health setbacks in recent years, including difficult knee replacement surgery and a stroke, but has mostly stayed independent. Showering is difficult, though, she said. She spends \$40 an hour out-of-pocket on a private service that provides help two to four hours per week. On days when no one comes, she may not shower at all. Barse's daughter, Elaine Barse, often helps, but is frustrated by the lack of options.</p> <p>"A lot of people think there's all these super wealthy people here," Elaine Barse said. "There's also the person who's on a fixed income. You're paying rent, and you're doing all this other stuff, and there's not a lot left over."</p> <p>Antonino, the Sagamore man, has someone assist his wife with toileting four days a week. The other three days, he does his best on his own. It complicates his situation, paradoxically, that he only needs help for about an hour a day. Most home aides won't accept such limited hours. Caring for Marie, his wife of nearly 60 years, is exhausting, he said. He tends to fall asleep when he has down time. But he won't put her in a nursing home. Those are understaffed too, he said, and the providers are overworked.</p> <p>"I'm doing my best to keep my wife out of there," he said.</p>
From Other States	14. *Washington Examiner June 7, 2024

	<p>Cuomo to be questioned by COVID subcommittee for nursing home deaths</p> <p>By Gabrielle M. Etzel Former New York Gov. Andrew Cuomo is slated to appear before Congress on Tuesday in a closed-door interview to answer for the outsized number of nursing home deaths in the Empire State during the COVID-19 pandemic. . .</p> <p>Cuomo issued an order on March 25, 2020, that prohibited nursing homes from denying readmission or admission on the basis of a positive COVID test. The former governor has publicly argued even after leaving office that the controversial order followed Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services guidance at the time.</p> <p>Evidence obtained during Cuomo’s impeachment inquiry found that the number of nursing home deaths from the New York State Department of Health report was significantly underestimated after having been significantly edited by the governor’s office.</p> <p>Initial drafts of the nursing home deaths report counted the figure as 9,844 attributable to the policy instead of the 6,432 that were in the final report.</p> <p>New York Attorney General Letitia James reported in 2021 that the number of nursing home deaths may have been undercounted by as much as 50%.</p>
<p>Public Sessions</p>	<p>15. PCA Workforce Council Tuesday, June 11, 2024, 2:00 p.m. <i>PCA Quality Workforce Council meeting</i> PCA Program Updates MassHealth Update</p> <ul style="list-style-type: none"> • EVV Update including available data on Wave 1 and 2 • PCA ID Card RFR • Complex Care Survey • Independent Assessment Entity <p>ForHealth Update</p> <ul style="list-style-type: none"> • Recruiting Pilot Expansion • Status of Mass PCA Directory Accessibility Issues <p>Join Zoom Meeting https://zoom.us/j/3208032481?omn=99779353143 Meeting ID: 320 803 2481</p> <p>16. Public Health Council Wednesday, June 12, 2024, 9:00 a.m. <i>Virtual meeting</i> Public Health Commissioner Robbie Goldstein provides updates, including a review of data from the biannual opioid report. The council will consider a determination-of-need request from Boston Outpatient Surgical Suites, LLC. There will also be an informational presentation on the New England Pathogen Genomics Center of Excellence. Agenda and Zoom</p> <p>17. The Jenks Center: Elder Abuse Awareness Wednesday, June 12, 2024, 12:00 p.m. The Jenks Center, 109 Skillings Road, Winchester</p>

	<p>Middlesex District Attorney Ryan participates in a panel hosted by the Jenks Center for Elder Abuse Awareness Day.</p> <p>18. Health Policy Commission Thursday, June 12, 2024, 12:00 p.m. Health Policy Commission Board meets, starting with a status update on the proposed sale of Steward Health Care's physician network to Optum, a subsidiary of UnitedHealth Group. During a meeting last month, HPC Executive Director David Seltz said the agency was still waiting on key information to launch its formal 30-day review process. The board will then hear a presentation about the Chapter 11 bankruptcy process, including asset sales in bankruptcy proceedings. A bankruptcy judge this week approved a June 24 deadline for bids on Steward's Massachusetts hospitals. The meeting will also explore pharmacy innovation trends and implications for health care costs. Dr. Rena Conti of Boston University's Questrom School of Business is slated to give a presentation on the outlook for pharmaceutical innovations. Livestream</p> <p>19. Massachusetts Rehabilitation Council Thursday, June 12, 2024, 1:00 p.m. Business and Employment Opportunities Committee of the State Rehabilitation Council meets virtually. More Info and Access</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
<p>Websites</p>	<p>Massachusetts Health Council https://mahealthcouncil.org/</p> <p>The Massachusetts Health Council leads a broad group of stakeholders to foster a strong culture of health in Massachusetts. They promote policies and programs that enable healthier lifestyles, wellness, and preventative care so all people and their communities can thrive.</p> <p>Loneliness Awareness Week https://www.lonelinessawarenessweek.org/</p> <p>Loneliness Awareness Week is a week dedicated to raising awareness of loneliness. It's all about creating supportive communities by having open, honest conversations. Loneliness is a natural human emotion - we are hardwired to need social connections. By talking about it, we can support ourselves and others.</p> <p>The Spring Alliance https://www.springalliance.org/</p> <p>The mission of the SPRING Alliance is to create a network of regional elder abuse shelters and other similar service models with close working relationships, shared resources and technical assistance, common standards of excellence and a vibrant community of support.</p>
<p>Blogs</p>	
<p>Podcasts</p>	<p>The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics.</p>

	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)	Massachusetts Department of Public Health <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 <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) <i>Benjamin Healthcare Center, Roxbury</i> Closure date: July 1, 2024 <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) For more information about each individual facility, please use the Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website .	
Nursing Home Closures	Massachusetts Department of Public Health <i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024 <i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024 <i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024 <i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024 <i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023 <i>Willimansett East, Chicopee</i> Closure date: June 6, 2023 <i>Willimansett West, Chicopee</i> Closure date: June 6, 2023 <i>Chapin Center Springfield</i> Closure date: June 6, 2023	

	<p><i>Governors Center, Westfield</i> Closure date: June 6, 2023</p> <p><i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure February 10, 2022</p> <p><i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022</p> <p><i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021</p> <p><i>Wingate at Chestnut Hill, Newton, MA</i> Closure date: October 1, 2021</p> <p><i>Halcyon House, Methuen</i> Closure date: July 16, 2021</p> <p><i>Agawam HealthCare, Agawam</i> Closure date: July 27, 2021</p> <p><i>Wareham HealthCare, Wareham</i> Closure date: July 28, 2021</p> <p><i>Town & Country Health Care Center, Lowell</i> Closure date: July 31, 2021</p>
<p>Nursing homes with admission freezes</p>	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>
<p>Massachusetts Department of Public Health Determination of Need Projects</p>	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care 2023</i> Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022 Ascentria Care Alliance – Laurel Ridge Ascentria Care Alliance – Lutheran Housing Ascentria Care Alliance – Quaboag Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation Next Step Healthcare LLC-Conservation Long Term Care Project Royal Falmouth – Conservation Long Term Care Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020 Advocate Healthcare of East Boston, LLC.</p>

<p>List of Special Focus Facilities</p>	<p>Belmont Manor Nursing Home, Inc.</p> <p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated April 24, 2024</p> <p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • 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.nextstephpc.com/southdennis Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320 <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough
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<https://tinyurl.com/MarlboroughHills>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225063>

Massachusetts facilities which have graduated from the program

- The Oxford Rehabilitation & Health Care Center, Haverhill

<https://theoxfordrehabhealth.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225218>

- Worcester Rehabilitation and Health Care Center, Worcester

<https://worcesterrehabcare.com/>

Nursing home inspect information:

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

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

- AdviniaCare Newburyport (3)

<https://www.adviniacare.com/adviniacare-country-center/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225332>

- Charwell House Health and Rehabilitation, Norwood (27)

<https://tinyurl.com/Charwell>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225208>

- Fall River Healthcare (9)

<https://www.nextstephc.com/fallriver>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225723/>

- Glen Ridge Nursing Care Center, Medford (13)

<https://www.geneshihcc.com/glenridge>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225523>

- Mill Town Health and Rehabilitation, Amesbury (26)

No website

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225318>

- Parkway Health and Rehabilitation Center, West Roxbury (7)

<https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225497>

- Pioneer Valley Health & Rehabilitation Center, South Hadley (24)

<https://pioneervalleyhealth.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225757>

- Plymouth Harborside Healthcare (4)

<https://www.nextstephc.com/plymouth>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225284/>

- Plymouth Rehabilitation and Health Care Center (22)

<https://plymouthrehab.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225207>

	<ul style="list-style-type: none"> Royal Norwell Nursing & Rehabilitation Center (4) https://norwell.royalhealthgroup.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225482/ <p>Massachusetts Facilities that have graduated from the program</p> <ul style="list-style-type: none"> Marlborough Hills Rehabilitation & Health Care Center, Marlborough https://marlboroughhillsrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063/ Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/ <p>No longer operating</p> <ul style="list-style-type: none"> South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram 																																																
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica Nursing Home Inspect Data updated April 24, 2024</p> <p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Facilities</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>284</td> <td>198</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>108</td> <td>85</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>7,496</td> <td>1,469</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,965</td> <td>788</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>656</td> <td>317</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>568</td> <td>384</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>44</td> <td>33</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>3</td> <td>2</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>57</td> <td>27</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>8</td> <td>5</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>5</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated April 24, 2024</p>	Deficiency Tag	# Deficiencies	in # Facilities	MA facilities cited	B	284	198	Tag B	C	108	85	Tag C	D	7,496	1,469	Tag D	E	1,965	788	Tag E	F	656	317	Tag F	G	568	384	Tag G	H	44	33	Tag H	I	3	2	Tag I	J	57	27	Tag J	K	8	5	Tag K	L	5	2	Tag L
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<p>Nursing Home Compare</p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p>																																																

	<ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>									
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>									
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 									
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 									
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>									
Participation opportunities with	<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> </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
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<p>Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	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
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	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
The Dignity Digest	<p>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</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Wynn Gerhard • Chris Hoeh • James Lomastro • Dick Moore <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></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>			