



The Dignity Digest

Issue # 192

June 18, 2024

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

***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.

Spotlight

[The Beauty of Embracing Aging](#)

By Charles M. Blow

New York Times (free access)

June 6, 2024

As Evelyn Couch said to Ninny Threadgoode in Fannie Flagg’s “Fried Green Tomatoes at the Whistle Stop Cafe”: “I’m too young to be old and too old to be young. I just don’t fit anywhere.”

I think about this line often, this feeling of being out of place, particularly in a culture that obsessively glorifies youth and teaches us to view aging as an enemy.

No one really tells us how we’re supposed to age, how much fighting against it and how much acceptance of it is the right balance. No one tells us how we’re supposed to feel when the body grows softer and the hair grayer, how we’re supposed to consider the creping of the skin or the wrinkles on the face that make our smiles feel unfortunate.

The poet Dylan Thomas told us we should “rage, rage against the dying of the light,” that “old age should burn and rave at close of day.” He died, sadly, before turning 40. . .

No matter how young you may look or feel, time refuses to rest. It forges on. I’m now right around the age my parents were when I first considered them old.

I’m not sure when the world will consider me old — maybe it already does — but I do know that I’m no longer afraid of it. I welcome it. And I understand that the best parts of many books are their final chapters. . .

I have no intention of raging against my aging. I intend to embrace it, to embrace the muscle aches and the crow’s feet as the price of growing in wisdom and grace; to understand that age is not my body forsaking me but my life rewarding me.

Aging, as I see it, is a gift, and I will receive it with gratitude.

[Growing Old, With Grace and Aches](#)

Older readers offer a range of perspectives in response to a column by Charles M. Blow.

New York Times (free access)

June 15, 2024

Jonathan Silin, Toronto:

At 80, I find myself riding a roller coaster of emotions. One day I am filled with gratitude for all the material and social resources from which I have benefited. On the next I find myself raging against a body that can no longer be relied upon and is clearly wearing out. Sociologists tell me that some who reach old-old age experience a calming withdrawal from the kinds of complicated emotions marking the start of my ninth decade. Till then, I'm holding on tight, still thankful that the exhilarating, sometimes scary ride is not yet over.
Victoria Hudes Cavaseno, Brookline, Mass.:
 The best advice I have received on how to age successfully was from my gynecologist. We discussed this about 15 years ago as I was approaching retirement age. Here is what she said:
 Don't gain weight.
 Exercise, exercise, exercise.
 Make friends with younger people.
 My own suggestion is to fight against it with grace and tenacity.
Felicia Nimue Ackerman, Providence, R.I.:
 I've been welcoming my gray hair by using it as an opportunity to realize my lifelong dream of being a redhead, and I figure that muscle aches are bad enough without my going through mental contortions in an attempt to "embrace" them.
David S. Cantor, Los Angeles:
 Aging is a gift, a chance to keep growing, learning and experiencing life in new ways. It's about defying limitations and embracing the possibilities that lie ahead. So, for anyone else pondering the future, remember: It's not about passively accepting age, it's about actively living each day to the fullest, wrinkles and all.
Kathleen Burns, Pleasant Prairie, Wis.:
 As Mr. Blow so eloquently suggests, how many times will I play like this with my grandson? How much longer will he want to play with me? At my age, it is a gift to play.
Shirley Smithberg, New York:
 Life is not as great as it used to be, but complaining about it makes it worse.

Quotes

Aging, as I see it, is a gift, and I will receive it with gratitude.
 Charles M. Blow, [The Beauty of Embracing Aging](#), **New York Times** (free access), June 6, 2024

Aging is a gift, a chance to keep growing, learning and experiencing life in new ways. It's about defying limitations and embracing the possibilities that lie ahead. So, for anyone else pondering the future, remember: It's not about passively accepting age, it's

about actively living each day to the fullest, wrinkles and all.

David S. Cantor, [Growing Old, With Grace and Aches](#), **New York Times** (free access), June 15, 2024

Life is not as great as it used to be, but complaining about it makes it worse.

Shirley Smithberg, [Growing Old, With Grace and Aches](#), **New York Times** (free access), June 15, 2024

“The new rule is far from perfect but lots of research supports the idea that many U.S. nursing homes often operate at levels that pose risks to the health and safety of their residents. I would rather have seen members work to improve the legislation to strengthen staffing rather than work to overturn it.”

David Grabowski, professor of health policy, Harvard Medical School. [Congress takes aim at White House nursing home staffing quotas](#), **The Hill**, June 11, 2024

“Human beings really like the comfort of their home, and if they can get health care in a friendly and familiar environment — it’s much less stressful.”

Jiang Li, Vivalink CEO, [Hospital At Home’s Popularity Among Patients Is The Best Thing Going For The Model](#) (**Home Health Care News**, June 13, 2024)

Perhaps it goes without saying, but dealing with a terminal illness often feels desperately sad — a steady march toward an inevitable demise. It’s easy to feel sorry for yourself, to focus on everything you’re losing. If you’re not careful, it will consume you. Finding a way to revel in the moments of joy or weirdness or humor, however small, was a matter of survival.

Cornelia Channing, [Learning to Love My Father as His Mind Unraveled](#), **New York Times** (free access), June 15, 2024

Rather than investing millions of dollars in opposition and litigation, the nursing home industry should seek to address the job quality crisis that plagues it. The average annual turnover for a nursing home in the

	<p><i>United States is 53% each year. Poor job quality, including low wages, inadequate benefits, impossible workloads, and inadequate training, has driven workers from the field. It is time for the industry to invest in the workforce and in turn, nursing home residents.</i></p> <p><u>Consumer Voice Statement on H.J. Res. 139 – A Resolution to Block Staffing Standards in Nursing Homes</u>, The National Consumer Voice, June 2024</p> <p><i>“We’ve successfully housed many of those folks who had cycled previously, like out of the hospital, to the street, to a nursing home, to jail, back to a hospital, back to the street, back to a nursing home.”</i></p> <p>Catherine Hayes, a nurse practitioner and cofounder of OakDays, a former motel that offers permanent housing to homeless individuals with disabilities or health conditions like terminal cancer, <u>How a Repurposed Oakland Hotel Is Saving Lives and Easing Hospital ER Overcrowding</u>, KQED, June 17, 2024</p> <p><i>Americans age 60 and older <u>lost more than US\$3 billion</u> to scammers in 2023, according to the FBI.</i></p> <p><u>Elder fraud has reached epidemic proportions – a geriatrician explains what older Americans need to know</u>, The Conversation, June 17, 2024</p>
<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>FY 2025 State Budget</p> <p>Nursing Homes</p> <p><u>Proposed Senate Repeal of Nursing Home Staffing Mandate Has “Significant Chance of Passing”</u> (American Bar Association, June 14, 2024)</p> <p><u>Congress takes aim at White House nursing home staffing quotas</u> (The Hill, June 11, 2024)</p> <p><u>Concerns Remain About Safeguards To Protect Residents During Facility-Initiated Discharges From Nursing Homes</u> (USHHS Office of the Inspector General, March 29, 2024)</p> <p><u>Nursing Home Residents With Endangering Behaviors and Mental Health Disorders May Be Vulnerable to Facility-Initiated Discharges</u> (USHHS Office of the Inspector General, March 29, 2024)</p> <p>Home Health Care</p> <p><u>Hospital At Home’s Popularity Among Patients Is The Best Thing Going For The Model</u> (Home Health Care News, June 13, 2024)</p> <p>Housing</p> <p><u>MA AG’s Office Co-leads Multistate Coalition Supporting Proposal To Reduce Barriers To HUD- Assisted Housing For People With Criminal Records</u> (Office of Massachusetts Attorney General Andera Campbell, June 13, 2024)</p> <p>Homelessness</p>

	<p><u>How a Repurposed Oakland Hotel Is Saving Lives and Easing Hospital ER Overcrowding</u> (KQED, June 17, 2024)</p> <p>Dementia <u>Learning to Love My Father as His Mind Unraveled</u> (New York Times (free access), June 15, 2024) <u>I Think My Husband Has Dementia. Can I Leave Him Before It Worsens?</u> (*New York Times, June 14, 2024)</p> <p>Age Friendly <u>CSDRA supports expanded Activating Boston program to strengthen neighborhood connections</u> (UMass Boston’s Center for Social and Demographic Research on Aging (CSDRA))</p> <p>Medicare <u>Biden administration to recalculate Medicare Advantage quality ratings and bonuses</u> (*STAT+, June 14, 2024)</p> <p>Protective Services <u>Elder fraud has reached epidemic proportions – a geriatrician explains what older Americans need to know</u> (The Conversation, June 17, 2024)</p> <p>Veterans <u>Older men die by suicide at steep rates. Here’s how the VA is trying to change that</u> (*The Baltimore Sun, June 15, 2024)</p> <p>Ageism <u>The Silver Lining Of Ageism: A Path To Self-Discovery And Purpose</u> (*Forbes, June 11, 2024)</p> <p>From Our Colleagues Around the Country <u>Consumer Voice Statement on H.J. Res. 139 – A Resolution to Block Staffing Standards in Nursing Homes</u> (The National Consumer Voice, June 2024) <u>If We Forget Our COVID Pandemic History, We Will be Forced to Relive it.</u> (Tallgrass Economics, June 16, 2024)</p> <p>From Other States <u>Cuomo Faulted for Pandemic Leadership but Not for Nursing Home Deaths</u> (*New York Times, June 14, 2024) <i>Lawsuit Seeks to Hold Maryland Accountable for Nursing Home Neglect (Justice in Aging)</i></p> <p>Public Sessions <i>Regulatory Hearing: Self-Determination and Self-Directed Services (Department of Developmental Services, Wednesday, June 18, 2024, 1:00 p.m.)</i></p>
<p>Commentary by Dignity Alliance Massachusetts participants</p>	<p><i>Work Group on Veterans Small Homes and Tiny Homes Missing in Senate Bill</i> By Richard T. Moore Chair, DignityMA Legislative Work Group and Coordinating Committee Member. He is also a former Massachusetts State Senator</p> <p>The Massachusetts Senate recently passed a major improvement in the state’s veterans benefit program, already one of the most robust tributes to the selfless service of American veterans. However, the Legislature missed an important opportunity to advance the proposal for long-term care small homes for aging veterans and to promote the new “tiny homes for veterans’ concept to address veterans’ homelessness. Failure to include, an</p>

amendment offered by Sen. Lydia Edwards and others, a plan to site, build and operate such facilities leaves a large hole in what should be a genuine way to honor those who are true heroes. The proposal:

Fulfills the Vision of the Senate: The Massachusetts Senate allocated \$200 million specifically for veterans' small homes, reflecting a clear vision for a more resident-centered approach to veterans' care. A work group would honor this vision by creating a plan to implement it. It's been three years since passage of the bond bill, but no progress has been made on the veterans' small home concept.

Addresses Urgent Needs: Veterans, especially older veterans and those experiencing homelessness, need improved housing options. Small homes and tiny homes offer promising solutions that prioritize veteran well-being and could potentially reduce homelessness among veterans.

Cost-Effective Solution: The work group proposal requires no new funding. It focuses on developing a plan to utilize the already allocated \$200 million effectively.

Improves Quality of Care: Research suggests small house models offer several advantages over traditional LTC facilities, including person-centered care, greater resident autonomy, and a more home-like environment.

Responds to New Challenges: The work group can explore the feasibility and benefits of tiny homes as a solution for veterans experiencing homelessness, a growing concern.

Collaboration and Innovation: A work group composed of representatives from different agencies can leverage combined expertise to develop a comprehensive plan that considers siting, building, and operating veterans' small homes and tiny homes.

Transparency and Accountability: A work group would be tasked with creating a plan with a clear timeline and reporting back to the legislature. This fosters transparency and keeps the project accountable.

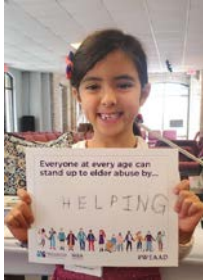


World Elder Abuse Awareness Day (WEAAD) (June 15)

Finish the Sentence for #WEAAD

People of all ages can champion elder justice! Participate in our Finish the Sentence campaign to encourage everyone, regardless of age, to stand up to elder abuse by raising awareness, promoting education, and advocating for the rights of older adults. Incorporate this activity into your own public awareness activities and campaigns for WEAAD, and beyond!

1. **Download the template:** [English](#) | [Spanish](#) | [Chinese](#) | [Korean](#)
2. **Finish this Sentence:** *Everyone at every age can stand up to elder abuse by...*
3. **Spread the Word:** Capture a photo with your finished sentence and share it on social media using #WEAAD and/or upload it to [Dropbox](#).



4. Start Conversations: Discuss the campaign, share resources, and engage your community to participate! World Elder Abuse Awareness Day (WEAAD) was launched by the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations. The purpose of WEAAD is to provide an opportunity for communities around the world to promote a better understanding of abuse and neglect of older persons by raising awareness of the cultural, social, economic and demographic processes affecting elder abuse and neglect.

[WEAAD HOME](#) | [TOOLS & TIPS](#) | [TAKE ACTION](#) |

My Story



Penny Shaw is a Dignity Alliance Massachusetts participant. She has lived in a nursing home in Massachusetts for about two decades and is a renowned advocate for residents in long-term care. Penny was a policy 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 4 of a series of reports.

Affinity Healthcare Part 4

By Penny Shaw

Affinity Healthcare continues to be the worst owner of the nursing facility where I live for me personally - and for many staff.

Being paralyzed, I am cold intolerant and Affinity insists on keeping the A/C on 24 hours a day on my unit whether the temperature outside is hot or not. When I am trying to sleep at night, my room is often 60 degrees and I cannot sleep. Previous owners had the A/C turned off at night and then turned on during the next day if it was hot outside. This can be done by a nurse on my unit.

And there is the very challenging daily saga of my trying to get food for dinner I can actually eat. Because of my physical disability - my shoulders don't work - I cannot eat a lot of food. This is because I cannot use a spoon without food like soup or other food sliding off.

I also have medical conditions which affect what I can eat. I have a skin condition that when I eat greasy food like fried chicken or French fries or sauteed vegetables irritates my skin. I'm a mild diabetic so I have to avoid food with added sugar. I'm old with some bad teeth. So, for a sandwich, for example I need to know if the meat is thinly sliced so I can chew it.

Our corporate office does not want me to order my meals myself as I have done with all previous owners!!!! So, I have to look for a staff person who can go to the kitchen, ask my questions, report back to me, and then return to the kitchen to place my order.

I just came back from being out for a while. I checked the posted menu for dinner tonight. Here is what is posted.

	<p>Split Pea Soup. I cannot eat soup with a shoulder that doesn't work - because I can't use a spoon for liquids. Same reason I can't eat dry cereal with milk for breakfast.</p> <p>Roasted Beef Sandwich. I have bad teeth and cannot chew thick beef.</p> <p>3 Beans Salad. This salad has added sugar which as a mild diabetic I cannot eat.</p> <p>Fruit Cup. Not enough information to decide. Is this canned fruit with sugar? I can't eat this as a mild diabetic. I would need to ask questions about this.</p> <p>Reuben Sandwich. I need more information about this. Is the meat thinly sliced enough for me to chew? Is there cheese which I cannot eat with my skin condition?</p> <p>Chips. I definitely cannot eat chips with my skin condition as chips are greasy.</p> <p>For dinner, I also need to order my 2 ice creams (no chocolate as I have an allergy to chocolate) - and 2 small bottles of water. I cannot drink large bottles as I cannot raise my shoulder enough to tilt a tall bottle.</p> <p>I will look for someone who can order my dinner for me.</p> <p>We never had any of these crazy policies with previous owners.</p>
<p>Webinars and Other Online Sessions</p>	<ol style="list-style-type: none"> <p>1. Administration on Community Living Thursday, June 20, 2024, 2:00 to 4:00 p.m. Virtual DOJ-HHS Event Celebrating the 25th Anniversary of Olmstead v. L.C. Hosted by the U.S. Department of Justice's Civil Rights Division and the U.S. Department of Health and Human Services' Administration for Community Living and Office for Civil Rights, this event will mark the 25th anniversary of the Supreme Court's landmark decision in Olmstead v. L.C. In that case, the Court held that unjustified segregation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act and that states are required to ensure that people with disabilities can receive services in the most integrated setting appropriate to their needs, opening the doors to community inclusion and integration for even more people with disabilities. At this event, guests will hear from people with disabilities, federal leaders, and national experts about the impact of Olmstead, barriers to community living and true inclusion that people with disabilities still face 25 years later, and what is needed to fully realize the promise of this landmark decision. Register for the event</p> <p>2. Executive Office of Aging and Independence Monday, June 24, 2024, 11:00 a.m.</p>

Brand Unveiling for the Executive Office of Aging & Independence
The Healey-Driscoll Administration filed legislation to rename the Executive Office of Elder Affairs to the Executive Office of Aging & Independence to better represent and reflect the values of older adults in Massachusetts. As part of the agency's rebranding process, EOEA will host a virtual meeting open to all members of the aging services network to share an overview of the rebranding process, what the next steps are, and what these changes will mean for the aging services network.

[Register](#)

3. Disability Advocates Advancing our Healthcare Rights (DAAHR)

Monday, June 24, 2024, 1:00 to 3:00 p.m.

[DAAHR Forum on the Independent Assessment Entity](#)

On Monday, June 24 from 1:00 to 3:00 pm, Disability Advocates Advancing our Healthcare Rights (DAAHR), will hold a virtual forum on MassHealth's plan to set up an IAE for long-term services and supports for people with disabilities, including many elders. What is an IAE?! IAE stands for Independent Assessment Entity. Right now, consumer evaluations for many services are done by disability provider organizations, including PCA services, adult foster care, group adult foster care, and day habilitation services. Approximately 250,000 people receive these services in the state. Evaluations were placed in disability organizations decades ago because it was believed providers best understand disability and independent living—they are culturally competent! The state wants to centralize services in one large entity covering the state. Advocates are concerned one entity would be overly bureaucratic, faceless, and serve to reduce services for consumers. The state believes the current system needs improvement and its plan would actually increase access to services. Attend the forum to learn about the IAE and offer comments. Mike Levine, Director of MassHealth, is expected to attend.

[Registration](#)

4. Center for Medicare Advocacy

Wednesday, June 26, 2024, 2:00 to 3:30 p.m.

[Highlighting Medicare Home Health: Coverage, Occupational Therapy, and Practical Tips to Obtain Care](#)

Medicare may cover home health care for individuals who need skilled therapy and/or nursing services to maintain or improve their condition. This program will:

- Provide an overview of Medicare coverage criteria for home health care skilled services, aides, and medical social services
- Examine the role of occupational therapy in an individual's plan of care
- Discuss the state of availability of Medicare covered home health care services
- Explore tips and a case study to obtain services and coverage
- Respond to questions and concerns

Presented by Center for Medicare Executive Director Judy Stein and Associate Director Kathy Holt with special guests Sharmila Sandhu, VP, Regulatory Affairs, American Occupational Therapy Association, and Ciera Whitmore, Occupational Therapist, Stillwater Medical Home Health.

[Register](#)

5. Fair Housing and Civil Right Conference

Thursday, June 27, 2024, 9:45 a.m. to 4:00 p.m.

[Fair Housing and Civil Rights Conference 2024 Bonus Round!](#)

Following up on our successful return to an in-person conference in April, we're offering a special bonus day of online workshops for those of you who

	<p>were't able to make it to Springfield this year – and for those of you who did.</p> <p>Workshops:</p> <ul style="list-style-type: none"> • Some Guidance From HUD: VAWA, Advertising on Digital Platforms and Tenant Screening • Housing Tenants with a Mental Health Diagnosis • Understanding and Embracing Neurodiversity in the Workplace & Beyond <p><i>This event is FREE, but you must register in order to be able to attend.</i> Click here to register now.</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Independent Assessment Entity</p> <p><i>Request for Information</i></p> <p>Responses must be submitted electronically no later than 3:00 p.m. June 28, 2024.</p>	<p>6. 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 question number. Respondents are invited to respond to a subset or all the RFI questions; please respond to as many as you feel are appropriate. Questions regarding COMMBUYS should be directed to the OSD Help Desk at OSDHelpDesk@mass.gov.</p>
<p>Nursing Homes</p>	<p>7. American Bar Association June 14, 2024 Proposed Senate Repeal of Nursing Home Staffing Mandate Has “Significant Chance of Passing” As of June 11, 2024, both chambers of Congress have introduced resolutions under the Congressional Review Act (CRA) to overturn the proposed federal nursing home staffing mandate. The Hill reported that the Senate resolution “led by Sens. Jon Tester (D-Mont.), James Lankford (R-Okla.) and Joe Manchin (I-W.Va.), has a significant chance of passing the Democratically controlled Senate.” The resolution can pass with only a simple majority of votes and is not subject to the 60-vote filibuster. Aye votes from Senators Tester and Manchin would likely overcome opposition from the Democratic majority, but it is likely that President Biden would veto the resolution.</p> <p>8. The Hill June 11, 2024 Congress takes aim at White House nursing home staffing quotas By Nathaniel Weixel The Biden administration's plan to require minimum staffing levels in nursing homes is facing opposition from both Congress and the industry.</p>

Lawmakers in both chambers of Congress have introduced resolutions to overturn the rule, arguing that it will force rural nursing homes to close and won't improve quality of care.

The nursing home industry has also filed a lawsuit to overturn the rule, arguing that CMS doesn't have the authority to impose such mandates. Supporters of the rule argue that it is necessary to improve the quality of care in nursing homes and that there are carve-outs and protections for rural facilities.

The outcome of the legal and congressional challenges is uncertain.

9. USHHS Office of the Inspector General

March 29, 2024

[Concerns Remain About Safeguards To Protect Residents During Facility-Initiated Discharges From Nursing Homes](#)

Why OIG Did This Review

- *Facility-initiated discharges that do not follow Federal regulations can be unsafe and traumatic, leading to resident harm.*
- *CMS and State Long-Term Care Ombudsmen have raised concerns about the extent to which nursing homes follow Federal requirements for these discharges.*
- *This review provides insights into a sample of facility-initiated discharges from nursing homes and the extent to which these discharges followed Federal requirements.*

What OIG Found

In most (107 out of 126) of the facility-initiated discharge cases in our review, nursing homes discharged residents for allowable reasons; however, our review raises concerns about nursing homes' understanding of and compliance with notice and documentation requirements for facility-initiated discharges.

- ***Nursing homes sometimes fell short in providing required documentation, such as documentation that the receiving facility could provide services that meet residents' needs.***
- ***Nursing homes often failed to notify residents of their discharges and frequently omitted required information in notices, which may have compromised residents' rights and abilities to plan for safe transitions.***
- ***Even when nursing homes provided the resident with a facility-initiated discharge notice, only about half sent a copy of the notice to the Ombudsman, as required, potentially impeding the Ombudsman's ability to effectively advocate for residents.***

We also found that nursing homes struggled to identify facility-initiated discharges, which may present CMS and State survey agencies with challenges in overseeing these discharges during the survey process.

What OIG Recommends

1. *CMS provide a standard notice template to help nursing homes provide complete and accurate information to residents facing discharge and Ombudsmen.*
2. *CMS require nursing homes to systematically document facility-initiated discharges in information available to CMS and States to enhance oversight.*

- [Full Report \(PDF, 2.3 MB\)](#)

- [Report In Brief \(PDF, 321.8 KB\)](#)

10. USHHS Office of the Inspector General

	<p>March 29, 2024</p> <p><u><i>Nursing Home Residents With Endangering Behaviors and Mental Health Disorders May Be Vulnerable to Facility-Initiated Discharges</i></u></p> <p>Why OIG Did This Review</p> <ul style="list-style-type: none"> • Facility-initiated discharges that do not follow Federal regulations can be unsafe and traumatic, leading to resident harm. • CMS and State Long-Term Care Ombudsmen have raised concerns about the extent to which nursing homes follow Federal requirements for these discharges. • This review provides insights into a sample of facility-initiated discharges from nursing homes, including the reasons cited for discharges, shared characteristics among discharged residents, and the locations to which residents were discharged. <p>What OIG Found</p> <p>Nursing homes discharged 72 of the 126 residents in our review because of behaviors that endangered them or others in a facility. In most cases, the residents exhibited aggressive or violent behaviors. Prior to discharging these residents, nursing homes most commonly tried changing medications and counseling. Residents discharged due to behaviors shared some characteristics such as a mental health disorder and admission for long-term versus short-term care.</p> <p>Nursing homes also initiated discharges for residents who failed to pay for a stay (33 of 126) or residents whose health improved and no longer needed facility services (13 of 126).</p> <p>Lastly, most residents in our review were discharged to acute-care hospitals, and 10 residents were discharged to an unknown location, a nonspecific location, or a hotel.</p> <p>What OIG Concludes</p> <p>Our findings highlight the challenges that nursing homes face in caring for residents with mental health disorders as well as raise questions about nursing homes' admissions of and capacities to care for these residents. More research is needed into how to provide safe and effective long-term care for residents with mental health disorders and behaviors, especially as the demand for such care grows. To that end, the new Center for Excellence for Behavioral Health in Nursing Facilities, established by the Substance Abuse and Mental Health Services Administration in partnership with CMS, holds promise.</p> <ul style="list-style-type: none"> • <u>Full Report (PDF, 3.0 MB)</u> • <u>Report In Brief (PDF, 341.9 KB)</u>
<p>Home Health Care</p>	<p>11. Home Health Care News</p> <p>June 13, 2024</p> <p><u><i>Hospital At Home's Popularity Among Patients Is The Best Thing Going For The Model</i></u></p> <p>By Joyce Famakinwa</p> <p>A new survey shows that hospital-at-home programs are gaining popularity among patients. Here are some key findings:</p> <ul style="list-style-type: none"> • 84% of respondents would prefer hospital-at-home monitoring to return home quicker. • People like the comfort and familiarity of being at home while receiving care.

	<ul style="list-style-type: none"> • 77% of respondents would trust a healthcare professional's recommendation for hospital-at-home monitoring. • 84% of those who tried hospital-at-home had a positive experience. • Ease of use with devices is important - 49% of respondents found the devices easy to use. • Awareness of hospital-at-home programs is lower among older adults (42% for 70+) compared to younger age groups (77% for 40s). • Urban residents were more likely to have participated in hospital-at-home programs than rural residents.
<p>Homelessness</p>	<p>12. KQED June 17, 2024 <u>How a Repurposed Oakland Hotel Is Saving Lives and Easing Hospital ER Overcrowding</u> By Lesley McClurg</p> <p>When she was ready for discharge, staff at Highland connected her to OakDays, a former motel near the Oakland Coliseum that offers permanent housing to homeless individuals with disabilities or health conditions like terminal cancer.</p> <p>The facility provides much more than a roof over one's head, medical care is interwoven into daily life. That was a lifeline for Salido because she had stopped caring for herself.</p> <p>Soon after residents arrive at OakDays, they receive a medical workup to determine what kind of care they need. Tenants can get help with everything from going to the toilet to daily insulin injections. Nurses make rounds to check vitals and socialize with the 60 residents.</p> <p>"We've successfully housed many of those folks who had cycled previously, like out of the hospital, to the street, to a nursing home, to jail, back to a hospital, back to the street, back to a nursing home," said Catherine Hayes, a nurse practitioner and cofounder of Cardea Health, one of the nonprofits that run OakDays.</p> <p>Across the country, emergency departments have seen their homeless patient population <u>double over the last decade</u>. In California, about half of those patients go to the ER multiple times each year, or they're like Salido, by the time she landed at Highland, her injuries were chronic and required a long-term hospital stay. . .</p> <p>The ER has long acted as primary care for people experiencing homelessness for a variety of reasons. Sometimes, they can't find a physician accepting new patients, they've allowed their insurance to expire, or they don't have transportation to a clinic.</p> <p>"If the only place that you can go is to an emergency department, then that's where they will seek care," said Dr. Renee Hsia, MD, a UCSF professor of emergency medicine. "Whether that's for a medication refill or whether that's for your heart attack." . . .</p> <p>Combining housing and health care is not a new idea to address homelessness. But what's unique is that OakDays takes advantage of a benefit already covered by Medi-Cal, the state's public health insurance for people on disability or limited income.</p> <p>If someone has complex medical issues, like daily dialysis or a chronic wound, they qualify to have a nurse come to their house. The state <u>program</u> intends to help medically fragile people stay at home rather than transfer to a hospital, nursing home or psychiatric institution. But, if you don't have a</p>

	<p>permanent home, it's impossible to access the benefit. Plus, it's hard to enroll.</p> <p>"You have to almost speak a different language to be able to navigate all of the paperwork and bureaucracy that it involves," Hayes said. We OakDays provides housing and helps residents apply.</p> <p>Hayes stressed that the program is not only good for the health care system, it's also good for patients. . .</p> <p>Good news for overcrowded hospitals</p> <p>Cardea Health and Five Keys, the two nonprofits behind OakDays, estimated that the facility saved state health plans more than \$3.5 million in its first six months of operation. It is a lot cheaper to provide regular home care than acute hospital care. Inpatient stays, ER visits, ER psychiatric visits and nursing facility admissions declined by 78% (PDF) in the first six months of operation among OakDays residents, they told the Alameda Board of Supervisors at a November meeting in 2022.</p> <p>The founders of OakDays are trying to expand. They just started serving residents at the Kelly Cullen Community in the Tenderloin, which has 174 units. However, the model faces a critical obstacle to significant growth. More than 5,000 people are on the waiting list for the state program that provides its funding.</p>
<p>Housing</p>	<p>13. Office of Massachusetts Attorney General Andera Campbell June 13, 2024 MA AG's Office Co-leads Multistate Coalition Supporting Proposal To Reduce Barriers To HUD- Assisted Housing For People With Criminal Records</p> <p>The Massachusetts Attorney General's Office ("AGO"), along with the attorneys general of Maryland, New Jersey and Pennsylvania, has led a multistate coalition of 14 attorneys general advocating for the U.S. Department of Housing and Urban Development ("HUD") to reduce barriers to HUD-assisted housing for people with criminal records.</p> <p>This week, the coalition sent a comment letter in response to a proposed rule which would amend its regulations concerning the use of criminal records in housing decisions. In its comment letter, the coalition of attorneys general expressed support for HUD's efforts to improve and standardize criminal history screening practices and remove barriers to accessing housing, emphasizing the importance of individualized assessments and protections from discrimination.</p> <p>Across Massachusetts and the nation, communities of color are disproportionately impacted by the criminal legal system and are arrested at higher rates compared to other communities. Individuals with criminal records face barriers to housing and securing housing can be an overwhelming, frustrating, and often unsuccessful process for them. Housing instability is therefore higher for people with criminal records and is a known driver of recidivism and re-imprisonment. Therefore, helping to ensure and expand access to safe, decent, and affordable housing is a crucial component to ensuring that individuals can successfully reenter their communities and thrive.</p> <p>HUD's proposed rule would limit the lookback period to three years for considering criminal history. This significant shift in the right direction would help expand housing access and reduce housing inequities based on criminal records, and in turn, inequities faced by communities of color. Additionally, the proposed rule would restrict the denial of housing solely</p>

	<p>based on an applicant’s arrest record. In cases where an applicant is denied due to criminal history screening, Public Housing Authorities (“PHAs”) and HUD-assisted providers would be required to conduct an individual assessment, including consideration of mitigating factors and information provided by the applicant.</p> <p>While the coalition supports these provisions, the states ask HUD to provide more clarity on several aspects of the proposed rule. Specifically, the coalition requests that the proposed rule clarify and limit the extent to which evidence of criminal activity, without a conviction, may be considered at all in screening determinations without prompting serious concerns under the Fair Housing Act (“FHA”). The coalition recognizes many benefits that a reasonable lookback period would provide, and, therefore, supports HUD in exercising its statutory authority to create such a period. However, the coalition believes HUD could improve the regulations by providing more detailed and helpful guidance to PHAs and HUD-assisted housing providers.</p> <p>The comment letter in its entirety may be viewed here.</p>
<p>Dementia</p>	<p>14. New York Times (free access) June 15, 2024 Learning to Love My Father as His Mind Unraveled By Cornelia Channing When I was around 10 years old, my father started hiding bananas in our house. We found them in the dishwasher, in the junk drawer, behind the potted plants. I once came upon an entire bunch hanging from the shower head. Too often, he hid them so well — tucked beneath a pile of blankets in a rarely opened closet, say — that we found them only when they started to smell. When confronted, Dad denied it, but we knew it was him. On their own, the bananas might have been amusing. Like a surrealist art project. But they were part of a more troubling pattern. He had started acting strange in other ways, too: making jokes that no one could understand and forgetting things, like where he’d parked or the name of the owner of the diner where he’d been a regular for years. . . My mother took him to the doctor. They ran some tests and said he was fine, but he was not fine. He was agitated all the time. Both listless and restless. He would wander from room to room as though he was looking for something. Or else he’d sit and stare blankly at some point in the middle distance, disappearing into himself for whole afternoons. It was many disorienting months, and many doctors’ appointments later that we learned a name for what was wrong. But eventually he was diagnosed with a rare form of early-onset dementia. He was in his mid-60s when it started. Dementia is a bizarre and brutal disease. It strips a person down piece by piece. They lose their confidence. Their clarity. Their personality warps until they become unrecognizable. . . How to describe him? He was one of those annoyingly multitalented types — a businessman, an artist, a winemaker, a sailor and skier and distance swimmer. As a young man, he’d traveled across Europe on a motorcycle and spent summers fighting wildfires in Colorado. He knew how to fly a plane, rebuild an engine, and frame a house. He made monumental sculptures — some more than 50 feet tall — that he erected with giant machines he operated himself. He was, in short, almost freakishly capable.</p>

There was nothing he could not do, and suddenly he wasn't able to work the microwave.

As his illness progressed, my family refashioned itself around him. We all dealt with the loss in different ways, but I felt uniquely ill-equipped for the challenge. My mother exhibited a grace and steely New England resolve that struck me as admirable at the time, but which, in hindsight, was something closer to mind-boggling. My three older sisters were light years more mature about the whole business than I was. Through their mourning, they related to our father with a gentleness and simple good nature that felt inaccessible to me. . .

It's hard for me to stick a pin in the moment when my feelings toward him started to shift. Perhaps I simply grew out of some of my preadolescent surliness. But over time, we got closer.

In his illness, my father existed in an eternal present. Uncertain about the past, and unable to envision the future, he was only fully able to occupy the moment he was in. And I learned ways of occupying it with him. We would walk our family dog, Blue, together after school. I'd sit next to him at the kitchen table while I did my homework and he made little creations out of rubber bands and paper clips. Sometimes I'd talk to him about my day or tell him something I'd learned in school. Sometimes we'd just sit in companionable silence. . .

That's another thing about dementia: It is, in certain moments, incredibly funny.

I know, I know. It's not. But also? It is.

Try not to laugh when your dad walks into the living room wearing a purple velvet party dress and a pair of swim fins on his feet. Or when he tells your math teacher, without a trace of malice, that he has "an evil face." Or when — having recently had his car keys taken away — he "drives" the lawn mower three miles into town to get a cheeseburger and three miles back. . . Perhaps it goes without saying, but dealing with a terminal illness often feels desperately sad — a steady march toward an inevitable demise. It's easy to feel sorry for yourself, to focus on everything you're losing. If you're not careful, it will consume you. Finding a way to revel in the moments of joy, weirdness, or humor, however small, was a matter of survival.

And there were moments when the silliness gave way to something almost sacred, a kind of wordless filial language. It allowed me to reach across the chasm of his illness and grab hold of something tangible and familiar.

Dementia is a degenerative disease which means, essentially, that it works by eroding the brain. This is an oversimplification, but in general the atrophy begins with the inhibitions and control mechanisms. Then it moves deeper, into the hippocampus and frontal lobe, where it starts to eat away at memory: dates, faces, experiences, language. Some things inexplicably hold on longer than others. But eventually, the disease reaches the brainstem. It is at this stage that the body forgets how to perform even the most basic functions: how to chew, how to swallow, how to breathe. This process of erosion happens agonizingly slowly, and still, somehow, far too fast.

15. *New York Times

June 14, 2024

[*I Think My Husband Has Dementia. Can I Leave Him Before It Worsens?*](#)

By Kwame Anthony Appiah

	<p><i>I strongly suspect that my husband is developing dementia. His doctors have found nothing wrong with him. I understand that “mini” cognition tests might not find anything amiss in the early stages of disease, and I imagine that what are now subtle changes will eventually become obvious. In the meantime, our decades-long relationship has eroded. My insistence that he engage with me in maintaining a quality relationship has led to endless fighting and brought me to the brink of divorce.</i></p> <p><i>Since I’ve come to understand that early-stage dementia is at the root of our problems, I’ve quit trying to “fix” our relationship. Our fighting has stopped, but it’s a lonely place to be. I’m not thrilled about spending my retirement years as a caregiver. It’s a huge sacrifice that will narrow my own life significantly. Do we both need to go down with the ship? Can I leave now (and let his family deal with this)? Or am I obligated to stay and care for him? — Name Withheld</i></p> <p>From the Ethicist:</p> <p>The traditional Christian marriage vow was to stay together “in sickness and in health.” The possibility of divorce shifts the meaning of that promise — it becomes more of an ethical commitment than a contractual obligation. In a loving relationship, you support your spouse through hard times, including illness and decline, because you can’t easily imagine doing otherwise. The shared experiences and memories of a life together enable you to find warmth amid cold spells. Though every case is different, age-related dementia can erode people’s capacities without effacing the essence of their personality and character.</p> <p>You talk about how your husband has changed; it’s also possible that you’ve changed. If medical professionals haven’t diagnosed dementia, it’s worth considering that your personal assessment could be mistaken. Either way, it sounds as if your worry isn’t so much that you’ll become a caregiver as that you won’t have a loving relationship with the person you would be caring for. Before you sever ties, though, I would encourage you to explore couples counseling attuned to the challenges of dementia. See if you can cultivate your own well-being while finding activities that play to your husband’s strengths. You should be able to grieve what is being lost and acknowledge whatever moments of resentment you feel without shame. I’m not saying that you’re required to sacrifice your well-being to his. The special obligations we have to our loved ones are rooted in the value we place on our relationships with them, with all the resilience, and fragility, of those relationships. Still, I hope you’ll figure out a way to balance your needs with your husband’s. That doesn’t mean going down with the ship; it means trying to find a way to keep the ship afloat.</p>
<p>Age Friendly</p>	<p>16. UMass Boston’s Center for Social and Demographic Research on Aging (CSDRA)</p> <p><u>CSDRA supports expanded Activating Boston program to strengthen neighborhood connections</u></p> <p>UMass Boston’s Center for Social and Demographic Research on Aging (CSDRA) is serving as project evaluator for a three-year grant program, Activating Boston, that aims to build and support social connections, health, and well-being in four city neighborhoods. The initiative is funded by John Hancock and led by Boston’s Age Strong Commission and other city agencies, AARP of Massachusetts, and Healthy Places by Design. The four grantees selected in April 2024 to create inclusive, intergenerational public spaces are:</p>

	<ul style="list-style-type: none"> • Asian Community Development Corporation: ACDC will bring together, and work alongside, Chinatown residents, community artists, and neighborhood partners to advocate for a park next to a permanent public library branch coming to Chinatown’s Hudson Street. • Codman Square Neighborhood Development Corporation : CSNDC will work with The Boston Project Ministries to lead a project in Dorchester to improve and activate a vacant lot, currently owned by the City of Boston, by hosting clean-up days, pop-up events, performances, and a mural painting project. • EASTIE Coalition: EASTIE Coalition, with the support of De Nosotros Foundation, will be promoting and conducting cultural, wellness, and social programming in Central Square Park. Local artists will be invited to build a safe environment by offering art, music, and theater workshops. • Madison Park Development Corporation : MPCD will focus on activating a parcel of land within the Grove Hall neighborhood in collaboration with celebrated artist Ekuia Holmes. Vacant for decades, the site’s history traces back through the period of urban renewal and corresponding community activism. <p>The initiative builds on a one-year pilot program, also funded by John Hancock, supporting two projects: a public art project in Boston’s Chinatown neighborhood and improvements to a public space in Dorchester’s Four Corners neighborhood. CSDRA served as a consultant and evaluator of the pilot project.</p> <p>“Our work with the Activating Boston initiative offers an extension and intersection of our age friendly community work and the development of evidence-based solutions to social isolation,” says CSDRA Director Caitlin Coyle, PhD ‘14, cofounder of the Massachusetts Coalition to Build Community and End Loneliness</p>
Medicare	<p>17. *STAT+ June 14, 2024 <u>Biden administration to recalculate Medicare Advantage quality ratings and bonuses</u> By Bob Herman</p> <p>The federal government is recalculating the quality ratings of Medicare Advantage plans due to a court ruling that found errors in the initial calculations. This could result in billions of dollars in additional bonus payments to health insurance companies. The government is also allowing insurers to resubmit their plans for 2025 to account for the higher bonuses.</p>
Protective Services	<p>18. The Conversation June 17, 2024 <u>Elder fraud has reached epidemic proportions – a geriatrician explains what older Americans need to know</u> By Laurie Archbald-Pannone</p> <p>Elder fraud is a serious problem in the United States, according to a recent FBI report. In 2023, people over 60 reported losing more than \$3 billion to scams. This number is likely an underestimate, as many scams go unreported.</p> <p>Older adults are targeted by scammers because they tend to be more trusting and polite, and they often have financial savings. Scammers also use new technologies to deceive people, such as voice-cloning scams and deepfake videos.</p>

	<p>There are steps that people can take to protect themselves from elder fraud. These include being cautious of unsolicited phone calls, mailings, and door-to-door service offers; not clicking on links or opening attachments from unknown senders; and never giving out personal information or sending money to unverified people or businesses.</p>
<p>Veterans</p>	<p>19. *The Baltimore Sun June 15, 2024 <u>Older men die by suicide at steep rates. Here’s how the VA is trying to change that</u> By Emily Alpert Reyes Older men in the United States have been at <u>growing risk</u>. When suicides reached a <u>historic high</u> for the country in 2022, the sobering numbers were being driven up by their deaths. The starkest statistics were for men past their 75th birthdays, who were dying by suicide at more than twice the rate of men younger than 25. The problem is “not new but it is overlooked — regularly overlooked,” said Thomas Joiner, a Florida State University psychologist who studies suicide and has written about the mental health of older men. The grim pattern has persisted for years and is totally different from that among U.S. women, for whom suicide rates <u>rise in middle age</u> and then fall. Across the lifespan, men are much more likely than women to die by suicide, even though depression is <u>much more common</u> among women. Diseases and other ailments such as hearing loss can also worsen mental health as men age. And then there are the dangers of guns, which older men are <u>more likely to own</u> — and which make suicide attempts more deadly. In L.A. County, roughly two-thirds of suicide deaths among elderly men in recent years involved guns, far more than among older women, according to a Times analysis of county medical examiner data. Despite the troubling pattern, “we don’t screen for suicide risk very well, and we especially don’t do it with older adults,” said Richard Frank, director of the Center on Health Policy at the Brookings Institution. Suicide risk screenings in emergency rooms are done less often with seniors, he said, with “a big drop-off after age 60.” And for older adults, the criteria for a mental health diagnosis often <u>miss people in need</u>, Frank said. “They are hurting psychologically in ways that are not cleanly captured by our diagnostic approach to mental illness.” . . . Among the health systems that have grappled with the crisis is the Veterans Health Administration, which falls under the VA. Suicide has been an urgent issue for the health system in light of the <u>alarming numbers</u> among U.S. veterans, who have lost their lives to suicide at higher rates than the broader population. Yet that isn’t the case for the oldest male veterans, according to <u>Veterans Affairs</u> figures. In 2021, elderly male veterans had lower rates of suicide, as calculated by the veterans system, than the figures reported by the <u>National Center for Health Statistics</u> for men ages 75 and older. And there was a promising downturn in their suicide rate between 2020 and 2021, especially among those who had recently used the health system.</p>
<p>Ageism</p>	<p>20. *Forbes June 11, 2024 <u>The Silver Lining Of Ageism: A Path To Self-Discovery And Purpose</u> By Angela Chan</p>

	<p>Ageism and gender bias are significant challenges for women in the workplace, especially for those over 50. Studies show that women face age discrimination throughout their careers, from being seen as too young and inexperienced to being considered out-of-date or past their prime. The article highlights the story of Yvette Vink, who faced ageism despite her long and successful career. After being laid off and encountering age bias while searching for new opportunities, she decided to pivot her career and founded a coaching business to help other women facing similar challenges.</p>
<p>From Our Colleagues Around the Country</p>	<p>21. The National Consumer Voice June 2024 <u>Consumer Voice Statement on H.J. Res. 139 – A Resolution to Block Staffing Standards in Nursing Homes</u> On May 10, 2024, the Centers for Medicare & Medicaid Services (CMS) issued a final rule implementing a minimum staffing standard in nursing homes. The rule will require that nursing homes have a registered nurse on-site 24 hours per day, seven days per week, meet modest minimum staffing requirements, use evidence-based, data-driven methods when determining the needs of residents in their homes, and implement much-needed transparency in Medicaid spending. This rule was the culmination of decades of advocacy by nursing home residents, their families, and their advocates. It is arguably the most significant increase in protections for nursing home residents in nearly forty years. Despite this historic announcement, some in Congress are seeking to stop the implementation of the final rule. Recently, H.J. Res. 139 was introduced that would not only block this rule but would prevent CMS from ever issuing a rule requiring safe staffing standards in nursing homes. It would perpetuate the poor care and working conditions that exist in far too many nursing homes and put current and future residents and staff at risk of harm. Since the Biden Administration announced the rule, lobbying groups for the for-profit and non-profit nursing home industry have been actively opposing it, spending millions of dollars in their efforts. It's important to note that the rule is modest, targeting the worst-performing homes, and offers a generous implementation period, as well as ample exemptions and waivers for nursing homes making good faith efforts to comply. Rather than investing millions of dollars in opposition and litigation, the nursing home industry should seek to address the job quality crisis that plagues it. The average annual turnover for a nursing home in the United States is 53% each year. Poor job quality, including low wages, inadequate benefits, impossible workloads, and inadequate training, has driven workers from the field. It is time for the industry to invest in the workforce and in turn, nursing home residents. Consumer Voice strongly opposes H.J Res. 139 and any other effort to prevent implementation of safe staffing requirements in nursing homes. We urge Congress to stand with nursing home residents, their families, and nursing home workers and reject these efforts. <u>PDF Version of this Statement</u></p> <p>22. Tallgrass Economics June 16, 2024 <u>If We Forget Our COVID Pandemic History, We Will be Forced to Relive it.</u> By Dave Kingsley <i>The COVID Tragedy Was System Failure that Didn't Need to Happen</i></p>

The U.S. health care system, which includes preventative and public health, is complex and dynamic. Unfortunately, this necessary and critical system for the good of the public interest has been declining into catastrophic failure mode for at least two decades. We struggled to manage and survive a systemic collapse of the economy along with medical systems due to an inept response to a deadly pandemic during 2020 and 2021.

Because private interests had taken precedence over the health needs of the public, approximately 2000 nursing home patients and employees had died of COVID by April of 2022.^[1] They are victims of industry greed and neglect, government deregulation, and venal, corrupt, and indifferent politicians. Given the lack of Trump Administration concern and preparation and given what happened in the Senate Intelligence Committee discussed below, it should come as no surprise that dangerous and destructive conspiracy theories abound. How easy it is to see why government failure has inflamed cynicism among such a widespread number of Americans.

The previous administration, bureaucrats, and legislators knew that the probability of a plague was high but did not have the capacity to respond when it did happen. Successful response to a rapidly moving scourge requires: (1) a plan, (2) a strategy, (3) adequate equipment/supplies, (4) technology (5) trained personnel, and (6) and competent, honest leadership willing to implement the plan.

The consequence of a blasé attitude on the part of government in January of 2020 was devastating. There was no plan, no strategy, adequate personal protective gear, enough ventilators, bed capacity and other equipment and supplies needed in a pandemic.

The question is why? Public health and infectious disease experts had been warning for decades that pandemics would grow more severe and more frequent (In 1993, global public health expert Laurie Garrett warned us of that in *The Coming Plague*). Indeed, since the 1980s, we have seen HIV, H1N1, SARS, and Ebola outbreaks spread across the planet. It is not as if there have not been dire health scares in our past that could have informed us of the critical need for preparedness in the future.

Who Knew What and When Did they Know it?

The CIA was aware of something serious going on in China in December of 2019. The Chinese economy was practically brought to a halt and serious isolation practices were implemented as only an authoritarian government can implement population control. The disease quickly spread to other Asian countries. Singapore, South Korea, Taiwan, and Japan implemented extensive organized and effective prevention efforts. Singapore, South Korea, and Taiwan had prior experience with the SARS epidemic and undertook impressive campaigns to keep the outbreak from overwhelming their medical systems. They succeeded.

Why were administration officials in the United States so sanguine about a novel virus that prompted massive public health efforts in China and other Asian nations? Even after it was known that a case of COVID had been discovered in a Washington state nursing home, the U.S. government remained unconcerned. Or did it?

Former Senator Richard Burr, Chair of the Senate Intelligence Committee, was a leading legislative figure in the development of a national plan to thwart pandemics. He was not a neophyte in public health policy. Nevertheless, having been present at a “closed door” COVID19 briefing presented by the Trump Administration National Security Council on

January 24th of 2020, he announced to the public that the virus would be contained and that grave worries about a pandemic weren't justified.

By late February, Senator Burr had dumped stock worth between \$628,000 and \$1.7 million.. Intelligence Committee Members Feinstein, Loeffler, Purdue, Inhofe, and Johnson also unloaded a considerable amount of stock.[2] The public was not immediately aware of these financial transactions. The contents of the briefing have never been disclosed to the public. In a search of the Senate Intelligence Committee website, no evidence could be found that a meeting regarding COVID 19 was held.[3]

Journalists uncovered an audio recording of Senator Richard Burr, Republican chair of the Senate Intelligence Committee, telling some donors in a private meeting that the coming pandemic could be as serious as the global flu pandemic of 1918. He was not at all as laid back and buoyant as he was in public at that time. The donor meeting occurred on February 27th.[4]

At the time Senator Burr was not expressing the same alarm in public he imparted to his close political allies, the President of the United States declared at a South Carolina rally on February 28th – one day after Burr's ominous statements caught on audio – that the corona virus was a Democratic Party hoax.

Throughout February and most of the month of March, Trump and his powerful propaganda machine consisting of Fox News, an assortment of well-funded and well-organized Christian nationalist organizations, and most of the Republican Party repeated the corona virus hoax lie. A phalanx of right-wing virus deniers, conspiracy theorists, and Fox bloviators were egged on by the president who at best was recognizing that the disease did exist, but claimed that it was primarily China's problem and wouldn't amount to much in the U.S.

Minimizing by the CDC, NIH, HHS, and the FDA at Senate Health, Education, Labor, & Pensions Committee Hearing

On March 3rd, Trump Administration officials responsible for pandemic preparedness, presented their views on potential threats to public health from the COVID19 outbreak at an open hearing held by the Senate Health, Education, Labor, & Pensions Committee. Dr. Robert Kadlec, Assistant Secretary for Preparedness and Response, HHS stated that, "The potential global public health threat posed by this virus is high, but right now, the immediate risk to most Americans is low. The greater risk is for people who have recently traveled to an affected country or been exposed to someone with COVID19."

After the SARS epidemic, Asian countries developed pandemic guidelines for nursing homes. The nursing home industry and HHS/CMS were totally indifferent to the steps taken by countries affected by SARS to prepare for the eventuality of another plague.[5]

Will Our Government Fail Us the Next Time?

Over a million Americans died during the raging Covid19 pandemic. Nursing homes have been disproportionately affected. Over four years after the outbreak, two major nursing home commissions have avoided direct confrontation with the industry and CMS over lack of preparation prior to COVID and misfeasance and nonfeasance during the Pandemic. Little to no attention has been devoted to the issue of responsibility. As has become a normal response to serious negligence and consequent damage to the

	<p>public by industry and government inaction, no entities or persons have been held accountable.</p> <p>The behavior of U.S. Senators privy to information not available to the public and acting on that information in their interests and to the detriment of the public is disgusting. It is in fact criminal. A flurry of activity by the DOJ, SEC, and Senate Ethics Committee was initiated and then dropped. No one was held accountable. The government failed the American people, Senators behaved criminally, responsible parties escaped accountability, and the country moved on.</p> <p>It is delusional to believe that another scourge is not likely. Advocates need to begin asking questions about protocols in nursing homes, stockpiling of personal protective equipment, and responsibility of the industry for preparation and administration of facilities during a pandemic. We are dealing with an industry in which shareholders have intrinsic value and patients have instrumental value. Investors' mission is to maximize cash flow. To do that, they will naturally minimize care. That is immoral and medically unethical.</p> <hr/> <p>[1] Over 200,000 Residents and Staff in Long-Term Care Facilities Have Died From COVID-19 KFF</p> <p>[2] The Senator Who Dumped His Stocks Before the Coronavirus Crash Has Asked Ethics Officials for a "Complete Review" — ProPublica. Senator Feinstein sold stock worth \$7 million dollars.</p> <p>[3] https://www.intelligence.senate.gov/, "HEARINGS" tab. I checked this URL in the Spring of 2020 and could not find any information about the hearing.</p> <p>[4] The audio of the Senator warning his wealthy supporters about the coming plague can be heard at https://media.crooksandliars.com/2020/03/44593.mp3_standard.mp3.</p> <p>[5] (2) Care homes and COVID-19 in Hong Kong: how the lessons from SARS were used to good effect (researchgate.net); see also: https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(23)00062-4/fulltext</p>
<p>From Other States</p>	<p>23. *New York Times June 14, 2024 Cuomo Faulted for Pandemic Leadership but Not for Nursing Home Deaths By Grace Ashford A long-awaited review of New York State's handling of the coronavirus pandemic under former Gov. Andrew M. Cuomo declined to fault him for the thousands of people who died of Covid-19 at nursing homes. The report said the nursing home deaths in New York were largely consistent with national outcomes, but it nonetheless criticized Mr. Cuomo's decision to centralize the state's pandemic response in his office as "a significant and unnecessary mistake." . . . A particular focus of scrutiny has been a March 25, 2020, directive from the state Health Department that required nursing homes to accept Covid-19 patients from hospitals. Such homes, where some of New York's most vulnerable residents were forced to live in close quarters as a highly contagious disease spread quickly, soon became overwhelmed, resulting in more than 15,000 deaths by June 2021. A change in the way that Covid-19 fatalities were being reported stoked suspicions that Mr. Cuomo's administration was obscuring the true death toll at nursing homes. In March 2022, the state comptroller's office released an audit that found Mr. Cuomo had deliberately misled the public about the virus's true impact on nursing homes, underreporting the death toll in nursing homes by 50 percent.</p> <p>24. Justice in Aging <i>Lawsuit Seeks to Hold Maryland Accountable for Nursing Home Neglect</i></p>

	<p>Along with Public Justice Center and Arnold & Porter, Justice in Aging filed a class action lawsuit against the Maryland Department of Health for failing to inspect nursing facilities, provide oversight, and investigate complaints, leading to serious violations of residents' rights. The plaintiffs are nursing facility residents with disabilities who need assistance getting out of bed or leaving their rooms but were often left unattended for hours in soiled linens and clothing. The lawsuit alleges violations of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act and seeks to compel the state agency to honor residents' rights and ensure they receive services needed to maintain health, safety, and quality of life. Because Maryland nursing facilities that have a majority of Black residents are more likely to have lower ratings on the Centers for Medicare & Medicaid Services Care Compare website, the lawsuit is an important step towards addressing systemic inequity.</p> <p>Learn more about the lawsuit on our website, and read the Washington Post article, "Maryland failed to inspect nursing homes for years, lawsuit alleges."</p>
<p>Public Sessions</p>	<p>25. Department of Developmental Services Wednesday, June 18, 2024, 1:00 p.m. <i>Regulatory Hearing: Self-Determination and Self-Directed Services</i> Department of Developmental Services will hold a public hearing on a proposed regulation which, according to an advisory, implements a 2014 state law known as the so-called Real Lives Bill. The law deals with a "self-determination option for individuals eligible for services." DDS said its proposed regulation (115 CMR 14.00) "implements DDS' self-directed services" which offer "an alternative to traditional services" run through the agency and "promote independence in service planning." Zoom More Info DDS Proposed Regulations</p>
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p>

	Thank you for your consideration!	
Dignity Alliance Massachusetts Legislative Endorsements	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 rmooore8473@charter.net .	
Websites		
Blogs		
Podcasts	<p><u>Fighting the Medical Industrial Complex</u> Tallgrass Economics By Dave Kingsley and Kent Comfort Dave Kingsley, & Kent Comfort offer an ongoing series of podcasts exposing the network of corporations, legislators, lobbyists, government agencies, and think tanks/foundations that comprise what has been dubbed the “medical-industrial” complex. A list of the sessions are immediately below. An explanation of the medical-industrial complex can be found below the session list. https://youtu.be/8CQuMxCma-M “An Introduction to the medical-industrial complex:” what is it, and why should you care?” https://youtu.be/SvBRfz8Ibuk “The long-term & skilled nursing industry (quaintly called the ‘nursing home industry’) as a major component of the medical-industrial complex.”</p> <p><u>Consumer Voice Podcast Library</u> The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics.</p>	
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	<p><u>Department of Public Health</u></p> <ol style="list-style-type: none"> 1. Print and complete the <u>Consumer/Resident/Patient Complaint Form</u> 2. Fax completed form to (617) 753-8165 <p>Or Mail to 67 Forest Street, Marlborough, MA 01752</p> <p><u>Ombudsman Program</u></p>
Nursing Home Closures (pending)	<p><u>Massachusetts Department of Public Health</u> <i>Marion Manor, South Boston</i> Closure date: September 11, 2024</p> <ul style="list-style-type: none"> • <u>Notice of Intent to Close (PDF)</u> <u>(DOCX)</u> <p><i>Benjamin Healthcare Center, Roxbury</i> Closure date: July 1, 2024</p> <ul style="list-style-type: none"> • <u>Notice of Intent to Close (PDF)</u> <u>(DOCX)</u> • <u>Draft of Closure and Relocation Plan (PDF)</u> <u>(DOCX)</u> 	

	For more information about each individual facility, please use the Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website .
Nursing Home Closures	<p>Massachusetts Department of Public Health <i>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 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>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care 2023</i> Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022</p>

	<p><u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboag</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u> <u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated April 24, 2024 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.

- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://somersestridgerehab.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>

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>

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.nextstephpc.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

	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318</p> <ul style="list-style-type: none"> • Parkway Health and Rehabilitation Center, West Roxbury (7) https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225497</p> <ul style="list-style-type: none"> • Pioneer Valley Health & Rehabilitation Center, South Hadley (24) https://pioneervalleyhealth.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757</p> <ul style="list-style-type: none"> • Plymouth Harborside Healthcare (4) https://www.nextstephc.com/plymouth <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225284/</p> <ul style="list-style-type: none"> • Plymouth Rehabilitation and Health Care Center (22) https://plymouthrehab.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207</p> <ul style="list-style-type: none"> • Royal Norwell Nursing & Rehabilitation Center (4) https://norwell.royalhealthgroup.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225482/</p> <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/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063/</p> <ul style="list-style-type: none"> • Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/</p> <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="0"> <tr> <td>Deficiency Tag</td> <td># Deficiencies in</td> <td># Facilities</td> <td>MA facilities cited</td> </tr> <tr> <td>B</td> <td>284</td> <td>198</td> <td>Tag B</td> </tr> </table>	Deficiency Tag	# Deficiencies in	# Facilities	MA facilities cited	B	284	198	Tag B
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	<p>C 108 85 Tag C</p> <p>D 7,496 1,469 Tag D</p> <p>E 1,965 788 Tag E</p> <p>F 656 317 Tag F</p> <p>G 568 384 Tag G</p> <p>H 44 33 Tag H</p> <p>I 3 2 Tag I</p> <p>J 57 27 Tag J</p> <p>K 8 5 Tag K</p> <p>L 5 2 Tag L</p> <p>Updated April 24, 2024</p>
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> 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.

	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																													
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																													
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>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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<i>The Dignity Digest</i>	<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 Gerard • Arlene Germain • Dick Moore • Penny Shaw <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. If you have submissions for inclusion in <i>The Dignity Digest</i> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</p>																																													

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.