



# The Dignity Digest

Issue # 197

July 23, 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](mailto:info@DignityAllianceMA.org).

## Spotlight

[\*Athena nursing home workers say medical bills still going unpaid\*](#)

### The Connecticut Mirror

By Jenna Carlesso and Dave Altimari

July 21, 2024

[Jamie] Iszczak, 45, said the problems started after Athena Health Care Systems — one of the largest nursing home chains in the state and the company where she has worked as a certified nursing aide for 22 years — stopped paying employee health care claims on its self-insured plan. She estimates she has received medical bills totaling more than \$85,000, and collection agencies have been calling, even though Athena continues to take \$35 from her paycheck each week for insurance coverage. . .

Athena CEO Lawrence Santilli has acknowledged in letters to staff that the company is behind on paying employee health claims.

In a November 2023 email, [previously reported](#) by The Connecticut Mirror, Santilli said the company was six months behind on paying claims.

“Unfortunately, the employee health plan currently has a significant funding shortfall,” Santilli wrote [in the memo](#) to staff. “Athena has not been able to promptly meet all the funding requirements of the employee health plan. ... It is our intention to fully fund all outstanding claims in the upcoming new year.”

But several workers from Connecticut and Massachusetts who spoke to the CT Mirror say that so far this year, the problem has not been resolved. Employees who spoke to the CT Mirror say Athena has continued to take money from their paychecks for insurance — some as much as \$140 per pay period. They question where the money has gone. And workers have filed complaints with several state agencies, from the Attorney General’s Office to the Department of Insurance.

Additional memos from Santilli to staff obtained by the CT Mirror show that Athena’s issues with paying health care claims date back to 2021, farther than what was previously known publicly. . .

The most recent documentation shows that 2,447 employees are enrolled in Athena’s health plan, though the company last month [sold five](#) of its facilities and does not yet have updated numbers, Ragali said.

As part of the sale of the five homes to National Health Care Associates, National agreed to add \$2.6 million to the health insurance fund to cover benefits for employees of those facilities.

Athena still operates 14 skilled nursing facilities in Connecticut, 16 in Massachusetts and five in Rhode Island. . .

Six temporary employment agencies filed lawsuits against Athena in Connecticut, alleging the company failed to pay them more than \$142,000 for employees they provided since 2021 to offset staff shortages. Another [lawsuit](#) claimed Athena owed nearly \$2 million for temporary workers provided by a separate company. And an Iowa-based insurance company [filed a federal suit](#) alleging Athena failed to pay more than \$6 million in health insurance claims from its employees, an issue that prompted state officials to contact the U.S. Department of Labor to investigate.

A federal judge in Iowa has ruled the case should be tried in state court. The lawsuit is pending in Connecticut, but the plaintiffs have asked the court to issue a direct verdict against Athena because the company has not responded to court filings. A judge has yet to rule on that motion.

Athena was being represented by Hartford-based law firm Murtha Cullina, but in March, the firm [dropped out](#) of the case because Athena had not paid the attorneys any money. Athena told the firm “it no longer has the funds” to pay for legal representation in the case, according to court records.

The company has also been [cited over](#) problems with staffing and patient safety in multiple states and has faced a wrongful [death lawsuit](#).

In February, The CT Mirror [reported](#) that Athena owed more than \$750,000 in overdue taxes, utility costs and interest on missed payments to municipalities.

**Quotes**

*"It's shameful that the nursing home industry would rather line its own pockets than follow these standards, provide better care, and save lives."*  
 U.S. Senator Elizabeth Warren (D-MA), [Nursing home staffing mandate would save thousands of lives, researchers say](#) (\*USA Today, July 20, 2024)

*"We need to hold accountable those [nursing home] investors who control the funding. They buy these up and then sell them quickly. We need to make sure they are held accountable for their finances and ensuring the financial stability of the long-term health care institutions."*  
 State Senator Jacob Oliveira, [State providing nursing care at troubled South Hadley facility](#), [MassLive.com](#), July 19, 2024

*"I commend the Attorney General's office for taking decisive action to protect some of our community's most vulnerable. Moving forward, our primary focus must be*

*on ensuring the safety, well-being, and dignity of both the residents and the hardworking staff who care for them."*

State Senator Jacob Oliveira, [State Imposes Receiver On Three Long-Term Care Centers](#), \*State House News, July 22, 2024

*"When older adults and others with mobility-related disabilities enter nursing facilities, they generally have to give up a lot – their lives in the community, their sense of independence. That tradeoff is significant, but to not actually get the care you are entitled to, to be treated in a way that robs you of your dignity, then that tradeoff becomes unconscionable. It's the state's role to keep nursing facilities from treating people this way."*

Regan Bailey, Litigation Director, Justice in Aging, [Nursing Facility Residents with Disabilities Sue Over State of Maryland's Failure to Provide Oversight and Investigate Complaints](#), Justice in Aging, May 16, 2024

*"If they're going to come out and diagnose people with things they don't have, they shouldn't get any more money."*

Gloria Lee, retired Boston area accountant insured by United Healthcare, who was diagnosed as having diabetic cataracts, a condition she does not have, [Insurers Pocketed \\$50 Billion From Medicare for Diseases No Doctor Treated](#), \*Wall Street Journal, July 8, 2024 (updated)

*"While we applaud President Biden's dedication to resident safety and dignity, the final CMS rule falls significantly short of what numerous studies have indicated is necessary for basic clinical care. While it may offer relief to residents in facilities with very low staffing, it jeopardizes residents in those with higher staffing levels, since those operators are now incentivized to decrease their staffing to the new federal standard."*

Report from the Long Term Care Community Coalition, [Patient advocates say new nursing home staffing standards don't go far enough](#) (Association of Healthcare Journalists, July 19, 2024)

*"I am in collections with Western CT Health Network (Nuvance) ... for the unpaid claims by my employer [Athena Health Care Systems] of \$234,285 for treatment of my deceased spouse," one worker [wrote in January 2023](#). "He passed away on 3/5/21. I have received numerous letters from this law office that have been brought to my employers' attention at the corporate level.*

*An employee of Athena Health Care Systems, [Athena nursing home workers say medical bills still going unpaid](#) (CT Mirror, July 21, 2024)*

*In one inspection report from March, surveyors said that a resident fell in a cluttered janitor's closet a month previously. Staff members were "unaware" that the resident, who had dementia and was a high fall risk, had wandered into the secure area and that the janitor's closet had been left open.*

*[State's largest nursing home prepares to close following patient safety violations](#), Montana Free Press, July 18, 2024*

*Federal Medicaid officials found many states didn't do [eligibility redeterminations] properly after the pandemic—and sometimes before. For example, over 400,000 eligible people lost coverage because states assessed household, not individual, eligibility.*

*[Federal Oversight of State Eligibility Redeterminations Should Reflect Lessons Learned after COVID-19](#), U.S. General Accountability Office, July 18, 2024*

*Results showed that Black patients were 17% less likely to have palliative care encounters and 9% less likely to have DNR status compared to non-Hispanic white patients across all hospitals.*

*[Study finds racial disparities in end-of-life hospital care](#) (McKnight's Long Term Care News, July 14, 2024)*

*"While it is typically available in hospital and cancer center settings, unfortunately, palliative care is not consistently and widely available in every nursing home in the United States. It really depends on where you live.*

*Non-hospice palliative care in nursing homes is hard to come by."*

Regenstrief Institute Research Scientist Kathleen Unroe, M.D., MHA, an associate professor of medicine at the Indiana University School of Medicine—Indianapolis, [Palliative care is underutilized in nursing homes, says study](#), **Medical Xpress**, July 16, 2024

*"I could never look on my life as a failure — it's far beyond anything I ever thought I would attain."*

Bob Newhart, ["I've lived in an incredible time": Comic Bob Newhart dies at 94](#), **NPR**, July 18, 2024

*The plaintiffs in the class-action lawsuit have mobility-related disabilities that require full-time nursing care to eat, drink water, use the bathroom, maintain personal hygiene, socialize and take care of themselves. The lawsuit claims that those residents — many of whom cannot work and rely on public assistance and fixed incomes — are often left in soiled clothes or bedding with their calls for help going unanswered for hours at a time.*

*Some of the plaintiffs developed bed sores and others are at risk of developing lesions from being left immobile in those conditions for too long.*

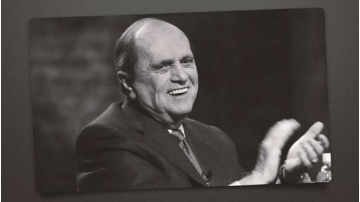
[Maryland failed to inspect nursing homes for years, lawsuit alleges](#),  
\***Washington Post**, May 17, 2024

*"They're trying to look for supplies, and I'm standing there and I'm like, 'I'm sorry, I don't have any of that gauze for you, or those ace wraps. We don't have them and the residents, I mean, they get affected. Small things are major things when it comes to health."*

Hailey Minichiello, a nurse at Blackstone Valley Health and Rehabilitation in Whitinsville, MA, [Nurses at Blackstone Valley Health & Rehabilitation say they're not getting paid and conditions are deteriorating](#), **Spectrum News 1**, July 19, 2024

*"Many folks in Massachusetts face cost barriers in access to the medications they are prescribed, especially for many of our most vulnerable residents who live with chronic disease. This bill aims to reduce*



	<p><i>the out-of-pocket cost of certain lifesaving drugs and ban certain business practices that are commonly used by PBMs to increase their own profits at the expense of patients."</i></p> <p>House Speaker Ron Mariano, <a href="#">House Joining Senate In Prescription Drug Push</a>, *State House News, July 22, 2024</p> <p><i>"We know that nearly all [COVID] transmission happens indoors, in places with poor ventilation and/or poor filtration. One hypothesis is that these building factors and human behavior are driving the summertime increases in cases."</i></p> <p>Joseph Allen, associate professor, Harvard T.H. Chan School of Public Health and director of the Harvard Healthy Buildings Program, <a href="#">COVID Rates Are Rising Again. Why Does It Spread So Well in the Summer?</a>, Scientific American, July 16, 2024</p> <p><i>Long COVID can affect people across the lifespan from children to older adults and across race and ethnicity and baseline health status. Importantly, <a href="#">more than 90% of people with long COVID</a> had mild COVID-19 infections.</i></p> <p><a href="#">Long COVID puzzle pieces are falling into place – the picture is unsettling</a>, The Conversation, July 18, 2024</p>
<p><b>Life Well Lived</b></p>  <p><b>Bob Newhart</b> (Photo credit: Jeff Kravitz / FilmMagic)</p>	<p><a href="#">A titan of comedy's Golden Age has passed away</a></p> <p>Bob Newhart, the iconic comedian known for his deadpan humor and star of hit TV shows that remain influential today, has passed away at the age of 94. Newhart first gained fame in 1960 with his No. 1 comedy albums "The Button-Down Mind of Bob Newhart" and "The Button-Down Mind Strikes Back!" which won Grammy Awards and helped launch what's now known as the Golden Age of Recorded Comedy. He transitioned to television with the NBC comedy-variety series "The Bob Newhart Show" in 1961, but it was his 1972 CBS sitcom "The Bob Newhart Show" that cemented his place in TV history, running until 1978.</p> <p><b>Full Story:</b> <a href="#">National Public Radio</a> (7/19), <a href="#">CNN</a> (7/18), <a href="#">The Hollywood Reporter</a> (7/18)</p>
<p><b>Guide to news items in this week's Dignity Digest</b></p>	<p><b>FY 2025 State Budget</b>  <a href="#">Legislature Enacts Overdue Budget, Breaks For Weekend</a> (*State House News, July 19, 2024)</p> <p><b>Legislation</b>  <a href="#">Senate Tees Up Long-Term Care Bill For Thursday Vote</a> (*State House News, July 22, 2024)  <a href="#">Health Care Aid Features In Senate's \$432 Mil Spending Bill</a> (*State House News, July 22, 2024)</p>

[House Joining Senate In Prescription Drug Push](#) (\*State House News, July 22, 2024)

[Finish what you started.](#) (\*State House News, July 19, 2024)

#### **Nursing Homes**

[State Imposes Receiver On Three Long-Term Care Centers](#) (\*State House News, July 22, 2024)

[Athena nursing home workers say medical bills still going unpaid](#) (CT Mirror, July 21, 2024)

[Nursing home staffing mandate would save thousands of lives, researchers say](#) (\*USA Today, July 20, 2024)

[Nurses at Blackstone Valley Health & Rehabilitation say they're not getting paid and conditions are deteriorating](#) (Spectrum News 1, July 19, 2024)

[State providing nursing care at troubled South Hadley facility](#) (MassLive.com, July 19, 2024)

[Patient advocates say new nursing home staffing standards don't go far enough](#) (Association of Healthcare Journalists, July 19, 2024)

[Massachusetts health care workers finally paid after I-Team investigation say checks bounced](#) (WBZ News, July 18, 2024)

[Senate working on bill to protect healthcare workers in light of Blupoint controversy](#) (Western Mass News, July 17, 2024)

#### **Long-Term Care**

[Tip sheet: A quick primer on long-term care](#) (Association of Healthcare Journalists, June 28, 2024)

#### **Steward Healthcare**

[Bids were due a week ago. There's still no word on buyers for Steward hospitals.](#) (^Boston Globe, July 22, 2024)

#### **Behavioral Health**

[Healey-Driscoll Administration Awards \\$2.8 Million to Support Behavioral Health Urgent Care Expansion](#) (Office of Governor Maura Healey, July 16, 2024)

#### **Hospice / Palliative Care**

[Palliative care is underutilized in nursing homes, says study](#) (Medical Xpress, July 16, 2024)

#### **Longevity**

[What research shows about brains of older Americans](#) (Axios, July 10, 2024)

#### **Covid / Long Covid**

[Long COVID puzzle pieces are falling into place – the picture is unsettling](#) (The Conversation, July 18, 2024)

[COVID Rates Are Rising Again. Why Does It Spread So Well in the Summer?](#) (Scientific American, July 16, 2024)

#### **Medicare**

[Would Trump Ease Up on Medicare? Wall Street Thinks So.](#) (\*Wall Street Journal, July 17, 2024)

[Insurers Pocketed \\$50 Billion From Medicare for Diseases No Doctor Treated](#) (\*Wall Street Journal, July 8, 2024 (updated))

#### **Medicaid**

[Federal Oversight of State Eligibility Redeterminations Should Reflect Lessons Learned after COVID-19](#) (U.S. General Accountability Office, July 18, 2024)

#### **Diversity, Equity, Inclusiveness**

	<p><a href="#">Study finds racial disparities in end-of-life hospital care</a> (McKnights Long Term Care News, July 14, 2024)</p> <p><b>From Other States</b></p> <p><a href="#">State’s largest nursing home prepares to close following patient safety violations</a> (Montana Free Press, July 18, 2024)</p> <p><a href="#">Maryland failed to inspect nursing homes for years, lawsuit alleges</a> (*Washington Post, May 17, 2024)</p> <p><a href="#">Nursing Facility Residents with Disabilities Sue Over State of Maryland’s Failure to Provide Oversight and Investigate Complaints</a> (Justice in Aging, May 16, 2024)</p>
<p><b>Webinars and Other Online Sessions</b></p>	<p><b>1. U.S. Access Board</b>  Thursday, August 8, 2024, 10:00 a.m. to 12:00 p.m. and 2:00 to 4:00 p.m.  Thursday, August 22, 2024, 2:00 to 4:00 p.m.  <a href="#">U.S. Access Board Holds Hearings on Artificial Intelligence (AI) for Disability Community and AI Practitioners</a></p> <p>As part of the Developing Artificial Intelligence (AI) Equity, Access &amp; Inclusion for All Series, the Access Board is holding public hearings with members of the disability community, Federal Agency AI leaders, and AI practitioners. This series stems from the Board’s <a href="#">Memorandum of Understanding</a> with the <a href="#">American Association of People with Disabilities (AAPD)</a> and the <a href="#">Center for Democracy &amp; Technology (CDT)</a>. In total, three virtual hearing sessions will take place: two for the disability community (on August 8) and one for federal agency and AI industry practitioners (on August 22).</p> <p>The hearings support the Access Board’s work in fulfilling the <a href="#">Executive Order on the Use of Artificial Intelligence</a> to engage with disability community members and AI practitioners to learn about the risks and benefits of AI, and to issue recommendations and technical assistance to promote equity, accessibility, and inclusion for all.</p> <ul style="list-style-type: none"> <li>• <b>Disability Community Hearings:</b> <ul style="list-style-type: none"> <li>○ August 8, 2024, at 10:00 – 12:00 PM and 2:00 – 4:00 PM ET</li> <li>○ Link: <a href="https://www.zoomgov.com/j/1600399391">https://www.zoomgov.com/j/1600399391</a></li> <li>○ Meeting ID: 160 039 9391, No passcode</li> </ul> </li> <li>• <b>Federal Agency and Industry Practitioner Hearing:</b> <ul style="list-style-type: none"> <li>○ August 22, 2024, at 2:00 – 4:00 PM ET</li> <li>○ Link: <a href="https://www.zoomgov.com/j/1605754619">https://www.zoomgov.com/j/1605754619</a></li> <li>○ Meeting ID: 160 575 4619, No passcode</li> </ul> </li> </ul> <p>No pre-registration is required to attend any of the hearings. Individuals who want to make a public comment are required to register via the following instructions. Please note that space is limited. Registered speakers will each be allotted two minutes to present comments.</p> <p><b>Written public comments will be accepted until August 31, 2024:</b></p> <ul style="list-style-type: none"> <li>• Email Public Comments to: <a href="mailto:events@access-board.gov">events@access-board.gov</a></li> <li>• Include “AI Written Comment” in the subject line.</li> <li>• Include your name, organization if applicable, and specific AI topic with your comment.</li> <li>• Written comments are limited to 300 words.</li> </ul> <p><b>2. Retirement and Disability Research Center – University of Wisconsin</b>  Wednesday, August 21, 2024, 1:00 p.m.  <a href="#">The Financial Impact of Gray Divorce and Repartnering Later in Life</a></p> <p>Increasingly, divorce occurs in the second half of life, a phenomenon termed “gray divorce.” Gray divorce has enduring negative economic consequences, and even those who are age-eligible for Social Security</p>



	<p>often face economic disadvantage. Attend this webinar to learn how "gray divorce" and repartnering can impact social security benefits.</p> <p>This webinar's presenters include the study's researchers, Dr. I-Fen Lin (Professor of Sociology at Bowling Green State University) and Dr. Susan L. Brown (Distinguished Professor of Sociology at Bowling Green State University) as well as Judith Kozlowski (Senior Fellow at the Women's Institute for a Secure Retirement), who will discuss practice and policy issues related to this topic.</p> <p><a href="#">Register Now</a></p>
<p>Previously posted webinars and online sessions</p>	<p><b>Previously posted webinars and online sessions can be viewed at:</b>  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p>FY 2025 State Budget</p>	<p><b>3. *State House News</b>  July 19, 2024  <a href="#">Legislature Enacts Overdue Budget, Breaks For Weekend</a>  By Colin A. Young</p> <p>Lawmakers sent Gov. Maura Healey an overdue state budget Friday afternoon that pitches a bevy of statewide policy changes baked into a \$58 billion spending plan for fiscal year 2025.</p> <p>The <a href="#">compromise budget was filed Thursday night</a>, the product of about a month and a half of private negotiations among a group of six lawmakers. The House voted <a href="#">154-3</a> to accept the negotiated budget and the Senate followed suit with a unanimous 40-0 vote. Republican Reps. Nick Boldyga, Marc Lombardo and Alyson Sullivan-Almeida cast the three votes of dissent.</p> <p>Procedural and final votes sent the budget to the governor's desk at just after 3:30 p.m., 19 days into the fiscal year that it is meant to cover. State government has been operating since July 1 on an interim budget meant to hold the state over for the month of July.</p> <p>Healey will have 10 days to review the budget before signing it and returning any amendments and vetoes. With formal sessions set to end for the year on July 31, the late budget means House and Senate Democrats may have left themselves a tight window to field any budget measures vetoed or returned by the governor with proposed amendments.</p> <p>The branches passed the budget during rare Friday sessions and then broke for the weekend, with plans to come back next week to try to make a dent in a pile of legislative priorities that have been awaiting attention while the budget was being negotiated.</p> <p>"I think this budget is one that we can all be proud of. We are sending her excellency, the governor, a budget that is balanced, thoughtful and forward-thinking; one that tackles the difficult new issues of our time, but also make sure we are protecting the programs that some of our most vulnerable populations rely on," House budget chief Rep. Aaron Michlewitz said Friday as the House took up the conference committee report.</p> <p>The \$58 billion budget (<a href="#">H 4800</a>) would increase spending about \$1.97 billion, or 3.5 percent, over the fiscal 2024 spending plan Healey signed last summer and uses just more than \$1 billion in one-time revenues to support the outlays. And it is loaded down with policy provisions -- authorizing free community college, free rides on regional transit agencies, and legal online Lottery sales to fund a permanent Commonwealth Cares for Children grant program that launched during the pandemic with federal dollars.</p> <p>The <a href="#">Mass. Taxpayers Foundation said</a> the compromise budget includes \$25.7 million more in spending than was approved by the House in April</p>

and \$16.5 million more than what the Senate approved in May. But it is still \$36.1 million leaner in spending than the original fiscal 2025 proposal from Healey.

The House and Senate budgets were in more than 95 percent agreement on spending, but the conference committee had to reconcile about \$1.4 billion in proposals that were unique to one branch or the other, MTF said. Unlike previous years, conferees did not adopt the higher of the two branches' funding levels for all accounts, which MTF attributed to "the more constrained revenue picture facing budget writers."

"How do you deal with the fact that we are passing a budget that's \$2 billion more than last year and we have \$208 million less in tax revenue this year, and not dipping into reserve funds," Senate Ways and Means Chairman Michael Rodrigues said as he explained some of the accounting at work beneath the budget's surface. "We do that in a number of ways. One of which is ... we choose to use \$375 million that would normally be transferred into the [stabilization] fund at the end of FY 25 in the FY 25 operating budget. Keep in mind, as I also said, the stab fund continues to grow because even with that diversion, we are still looking to make a couple-of-hundred-million-dollar investment into the Stabilization Fund that will bring that balance up to over \$9 billion."

The budget agreement marks the first time that lawmakers in both branches have been on the same page about allowing the Mass. Lottery to sell its products online, something that Treasurer Deborah Goldberg has been pushing for essentially since taking office in 2015.

Goldberg chairs the Lottery Commission and said the budget's online authorization "allow the Lottery to keep pace with its competition and reach newer audiences." The treasurer has been [warning for years](#) that the roughly \$1 billion a year that the Lottery generates for the Legislature to dole out as local aid to the state's 351 cities and towns could be at risk as the offline Lottery faces stiff competition for younger gamblers from online sports betting, daily fantasy sports and casinos.

"We are prepared to implement a safe and reliable Lottery that will produce significant resources for critical childcare services, which are so desperately needed across the state," Goldberg said Friday. "We are excited to get to work!"

Mark William Bracken, executive director of the Mass. Lottery, echoed Goldberg's excitement and said his team is "ready and prepared to offer our players a modern lottery experience in a safe and accessible environment." The conservative Mass. Fiscal Alliance said the budget that lawmakers sent to Healey on Friday is "riddled with concerns," pointing to the increase in state spending, the uneven distribution of surtax revenues between education and transportation initiatives, and the slew of policy riders Democrats pinned into the spending plan.

"Once again, the Massachusetts legislature is the last state in the country to pass its annual budget, and once again it is the largest budget in state history," spokesman Paul Craney said. "House and Senate leaders also included multiple new and costly programs at a time when state revenue collections have been underperforming and a new billion-dollar migrant crisis is growing. Long term, this will be very difficult to fix unless these same big government spenders decide to cut the spending priorities they are passing in this budget."

	<p>On X, Lombardo noted that Democrats released the large budget plan Thursday night.          "Few if any House members will read this doc before voting yes. I expect all @massgop reps to vote no for process alone, never mind billions in new gov programs &amp; funding for illegal migrants," he wrote.</p>
<p><b>Legislation</b></p>	<p><b>4. *State House News</b>          July 22, 2024  <a href="#"><u>Senate Tees Up Long-Term Care Bill For Thursday Vote</u></a>          By Sam Drysdale  <i>House Priority Finding Late-Session Momentum In Senate</i>          Legislation strengthening oversight of nursing homes and other long-term care facilities in Massachusetts will emerge in the Senate on Thursday, eight months after the House passed its version of the bill.          The Senate Ways and Means Committee advanced its bill (S 2889) on Monday morning. The package is meant to reform the long-term care sector -- an idea whose roots predate the COVID-19 pandemic that cast a harsh spotlight on lackluster infection controls, staffing shortages and other pitfalls in the senior care system.          House Speaker Ron Mariano has identified the bill as one of his priorities for the session. Elder Affairs Committee Co-chair Rep. Thomas Stanley said earlier this month that the legislation could thwart the spate of nursing home closures seen in recent years, which have sent families scrambling to find new care options for their loved ones.          The Senate Ways and Means bill would create a "stronger" licensure process for long-term care facilities under the Department of Public Health, per Senate Ways and Means spokesman Sean Fitzgerald, and require every long-term care center to be inspected at least once every nine to 15 months, according to a bill summary.          Fitzgerald said that, under the bill, owners or management companies with at least 5 percent controlling interest in a facility would be required to disclose information to the DPH, who could review their criminal and civil litigation history and financial capacity, including filing for bankruptcy, any default under a lending agreement, the appointment of a receiver, or the recording of any lien.          The Massachusetts Assisted Living Association provided a statement to the News Service encouraging the Senate to ease up on this requirement. "At a time when more assisted living is needed for our aging population, we also hope the ownership disclosure threshold will be increased to 15%, as the current 5% would disincentivize critical investments," said Brian Doherty, president and CEO of Mass-ALA.          The number of nursing homes is falling faster in New England than any other region of the country, according to <a href="#"><u>a May report from the Federal Reserve Bank of Boston</u></a>. The area has seen a net loss of more than 150 nursing facilities between 2011 and 2024.          The bill would also add providing basic health services into the certification process for assisted living facilities and have the Executive Office of Elder Affairs annually review all of the residences certified to provide such services.          Nurses could not provide certain services, such as administering insulin injections or basic wound care, in assisted living facilities under state law. The arrival of the COVID pandemic temporarily changed that, with an emergency order that allowed nurses to temporarily provide this basic care.</p>

	<p>The COVID-era temporary health services, staffing and training flexibilities in assisted living were extended through March 31, 2024, as part of a supplemental budget approved earlier this year, and this bill would allow for some of those changes to become permanent.</p> <p>"We applaud the Senate Ways and Means Committee for advancing basic health services in assisted living ... It is important that the health services be made permanent so that more older adults have access to care from their nurses in assisted living," Doherty's statement said.</p> <p>Along with the House, the Senate Ways and Means bill would require all long-term care facilities to develop individualized infection outbreak response plans.</p> <p>High numbers of COVID deaths were reported across the country during the early days of the pandemic, and many facilities lacked resources and response plans to stop the spread of the highly contagious virus between elderly residents.</p> <p>Like other sectors, the industry has long been grappling with staffing shortages, particularly during and after the pandemic. Last year, the Massachusetts Senior Care Association published results of a survey that found most facilities were near capacity with an average occupancy rate of 93 percent, coupled with thousands of job vacancies.</p> <p>To address some workers' concerns, the Senate Ways and Means bill creates some protections for employees. It forbids assisted living residences from discharging and disciplining employees who file a complaint with the Executive Office of Elder Affairs.</p> <p>It also creates long-term facilities transfer requirements, including that a facility provide notice to its staff and to any union representing their employees at the time of the notice of intent to acquire.</p> <p>The DPH would also have to issue regulations for the operation of small house nursing homes, facilities designed as residential homes that include a living room, kitchen, dining area and outdoor space. The House bill limited newly constructed small house nursing homes to no more than 14 individuals per unit, with resident rooms accommodating only one person except in the cases of spouses, family members or friends; the Senate Ways and Means summary did not include details about their preferred model.</p> <p>To give state enforcement more teeth, the bill would quintuple penalties the attorney general can seek for abuse and neglect of patients, to \$25,000 if the resident is not hurt, \$50,000 if someone is hurt, \$100,000 if an employee sexually assaults or seriously injures a resident, and \$250,000 if a resident dies. This language matches the House bill.</p> <p>Doherty said Mass-ALA will be supporting an amendment to limit the scopes of fines in the bill "as unlimited fines could be a major challenge for providers."</p> <p>One section of the Senate bill that was not included in what representatives passed last fall is building-specific protections for older adults who are members of the LGBTQ+ community.</p> <p>It would require that every long-term care facility provide staff training on the care of LGBTQ+ adults who have HIV. It would also explicitly forbid centers to discriminate against residents based on their sexual orientation, gender identity or HIV status.</p> <p>Centers would also be required to provide transgender resident with access to therapy and treatments recommended by their health care providers, and</p>
--	--

"ensure that resident records, including records generated at the time of admission, include the resident's gender and the name and pronouns by which the resident would like to be identified, as indicated by the resident," according to the bill summary.

Senate Democrats' bill includes another major provision of the House legislation -- allowing for the Department of Public Health to institute a hand-picked "temporary manager" at a long-term care facility if the center isn't in compliance with state and federal laws.

That mechanism could have staunched financial and payroll challenges at the Edgar P. Benjamin Healthcare Center, a Mission Hill nursing home that a court ultimately placed into state receivership, said Tara Gregorio, president of the Massachusetts Senior Care Association.

"If the bill does not pass, I worry that we'll have missed an opportunity to really improve patient care and safety, address our workforce issues, and ensure that we have greater accountability and transparency in the sector, which I think is what everybody wants," Gregorio said earlier this month.

Other reforms in the bill have to do with reforming Medicaid rates for skilled nurses working at these facilities, requiring the Department of Insurance to develop a uniform prior-authorization form for admission to a post-acute care facility, and increasing penalties for those who advertise or run a long-term care center without a license.

Amendments to the Senate bill are due by 3 p.m. Tuesday.

**5. \*State House News**

July 22, 2024

[Health Care Aid Features In Senate's \\$432 Mil Spending Bill](#)

The Senate Ways and Means Committee advanced a \$432 million spending bill on Monday morning alongside six policy bills, staking out Senate Democratic leadership's plans for the coming days -- including \$70 million to aid local hospitals and community health centers.

Revising a \$540 million bill that cleared the House [last month](#), the Senate budget panel folded in new provisions that would appropriate \$45 million "for financial assistance to fiscally strained hospitals," and another \$25 million to help "fiscally strained community health centers," according to a committee summary.

Senators at Monday's informal session teed up the bill ([S 2888](#)) for floor debate on Wednesday.

**6. \*State House News**

July 22, 2024

[House Joining Senate In Prescription Drug Push](#)

By Chris Lisinski

They took their time wading into the debate, but House Democrats are ready to impose significant new regulations on the prescription drug sector, adding another major health care proposal to the mix late in the legislative session.

The House plans to vote Wednesday on a redraft of a Senate-approved bill that applies greater scrutiny to pharmaceutical manufacturers and pharmacy benefit managers and eliminates or caps out-of-pocket costs for medications used to treat a handful of chronic conditions.

Their proposal ([H 4891](#)) differs from what the Senate approved in the fall, but the move to tee up legislation still represents a shift: in each of the prior two sessions, the Senate advanced prescription drug bills without ever securing a vote in the House.



	<p><b>7. *State House News</b>  July 19, 2024  <a href="#">Finish what you started.</a>  Finish what you started. That's the goal for this Legislature as its leaders bounce from one major bill to the next in the days remaining before formal sessions end for 2024 on July 31, or in the early hours of Aug. 1. The Legislature this week got two major bills out of the way, at least for the moment, by sending Gov. Maura Healey a firearms law overhaul intended to reduce gun violence and a \$58 billion annual budget bill that was due on July 1. The votes pull the governor's team into the organized chaos of take-it-or-leave-it compromises, rushed legislating and private dealmaking across a spectrum of bills that will become laws affecting residents and businesses for years to come. Healey can veto line items and outside sections in the budget, but with the gun bill she has only three options: sign it, veto it, or send the whole thing back with an amendment.</p> <p>So, what else will emerge from the suddenly fast-churning sausage-making machine that is the Great and General Court? It's really anyone's guess as special interests work with legislators behind the scenes, but there's a general understanding of some of the major bills that are expected to get to Healey soon. They include three major bond bills covering housing, economic development and information technology. There are three big policy bills <a href="#">in private conference committees</a> dealing with clean energy, veterans services, and the use of state funds to pursue federal aid. The IT bond bill and a compromise bill addressing wage transparency popped out of conference committees on Friday and are ready for votes. Lawmakers are also about to pick six legislators to hash out a significant health care bill. And the Senate may act soon on a House-approved supplemental budget. While Healey has not given any indication that she won't go along with ideas for new laws that lawmakers are pushing toward her desk, she's now in a position to muddy the waters if she chooses by taking the full 10 days to vet bills and then returning them to the Legislature in August, when roll call votes on veto overrides are not permitted and any single legislator can block bills from advancing. Legislators can and will look to keep conducting important business from August through the early January end of this two-year session but will need colleagues from both parties to agree on bills during those informal sessions, which will again feature action on a spending bill to close the books on fiscal 2024. Bond bills require roll call votes, so look for those to get done by July 31. A \$1.2 billion information technology bond bill emerged from conference committee Friday afternoon, as did a long-negotiated wage transparency bill aimed at boosting pay equity in Massachusetts. Speaker Mariano's office told the News Service on Friday afternoon that the House would take up both conference reports at its next formal session, which is currently scheduled for Wednesday. Both House and Senate leaders told their members on Friday to be prepared for formal sessions on at least Wednesday and Thursday next week. An informal session is on the books to start the week on Monday. There are still five active conference committees negotiating compromise bills, with more conferences likely to be appointed to start working in the final full week of formal sessions.</p>
<b>Nursing Homes</b>	<p><b>8. *State House News</b>  July 22, 2024  <a href="#">State Imposes Receiver On Three Long-Term Care Centers</a></p>

By Alison Kuznitz

Three long-term care facilities owned by Blupoint Healthcare are under temporary receivership after state officials grew worried about staffing levels and poor quality of care, Attorney General Andrea Campbell's office announced Monday.

The facilities include Pioneer Valley Health and Rehabilitation in South Hadley, Blackstone Valley Health and Rehabilitation in Whitinsville, and Mill Town Health and Rehabilitation in Amesbury.

"When new information revealed the possibility of dangerous understaffing and poor quality of care, my office and the Department of Public Health promptly filed an emergency petition and secured a temporary receiver," Campbell said in a statement. "Receivership will help stabilize the situation by taking control of finances and supporting daily operations, while protecting the welfare of residents and staff."

Blupoint Healthcare did not immediately respond to a News Service request for comment Monday afternoon.

A temporary receiver is needed to protect the health and safety of residents, maintain adequate staff and vendors, and ensure the "implementation of an orderly and safe closure of the Facilities and resident transfers over the coming weeks, if determined as necessary by the Receiver," according to the court order, dated July 19. A hearing on the case is scheduled in Suffolk Superior Court for Thursday morning, Campbell's office said.

Sen. Jake Oliveira and Rep. Dan Carey recently urged Campbell and Health and Human Services Kate Walsh to launch a joint investigation into the [South Hadley nursing home](#), claiming that workers have gone unpaid for weeks and lack the necessary resources to properly care for residents.

Oliveira, in a statement Friday night, said receivership "marks a critical step towards addressing the severe issues that have plagued this facility and others operated by this company."

"I commend the Attorney General's office for taking decisive action to protect some of our community's most vulnerable," Oliveira said. "Moving forward, our primary focus must be on ensuring the safety, well-being, and dignity of both the residents and the hardworking staff who care for them."

#### 9. CT Mirror

July 21, 2024

[Athena nursing home workers say medical bills still going unpaid](#)

By Jenna Carlesso and Dave Altimari

[Jamie] Iszczak, 45, said the problems started after Athena Health Care Systems — one of the largest nursing home chains in the state and the company where she has worked as a certified nursing aide for 22 years — stopped paying employee health care claims on its self-insured plan.

She estimates she has received medical bills totaling more than \$85,000, and collection agencies have been calling, even though Athena continues to take \$35 from her paycheck each week for insurance coverage. . .

Athena CEO Lawrence Santilli has acknowledged in letters to staff that the company is behind on paying employee health claims.

In a November 2023 email, [previously reported](#) by The Connecticut Mirror, Santilli said the company was six months behind on paying claims.

"Unfortunately, the employee health plan currently has a significant funding shortfall," Santilli wrote [in the memo](#) to staff. "Athena has not been able to promptly meet all the funding requirements of the employee health plan. ...

It is our intention to fully fund all outstanding claims in the upcoming new year.”

But several workers from Connecticut and Massachusetts who spoke to the CT Mirror say that so far this year, the problem has not been resolved. . . Employees who spoke to the CT Mirror say Athena has continued to take money from their paychecks for insurance — some as much as \$140 per pay period. They question where the money has gone. And workers have filed complaints with several state agencies, from the Attorney General’s Office to the Department of Insurance.

Additional memos from Santilli to staff obtained by the CT Mirror show that Athena’s issues with paying health care claims date back to 2021, farther than what was previously known publicly. . .

The most recent documentation shows that 2,447 employees are enrolled in Athena’s health plan, though the company last month [sold five](#) of its facilities and does not yet have updated numbers, Ragali said.

As part of the sale of the five homes to National Health Care Associates, National agreed to add \$2.6 million to the health insurance fund to cover benefits for employees of those facilities.

Athena still operates 14 skilled nursing facilities in Connecticut, 16 in Massachusetts and five in Rhode Island. . .

Six temporary employment agencies filed lawsuits against Athena in Connecticut, alleging the company failed to pay them more than \$142,000 for employees they provided since 2021 to offset staff shortages. Another [lawsuit](#) claimed Athena owed nearly \$2 million for temporary workers provided by a separate company. And an Iowa-based insurance company [filed a federal suit](#) alleging Athena failed to pay more than \$6 million in health insurance claims from its employees, an issue that prompted state officials to contact the U.S. Department of Labor to investigate.

A federal judge in Iowa has ruled the case should be tried in state court. The lawsuit is pending in Connecticut, but the plaintiffs have asked the court to issue a direct verdict against Athena because the company has not responded to court filings. A judge has yet to rule on that motion.

Athena was being represented by Hartford-based law firm Murtha Cullina, but in March, the firm [dropped out](#) of the case because Athena had not paid the attorneys any money. Athena told the firm “it no longer has the funds” to pay for legal representation in the case, according to court records.

The company has also been [cited over](#) problems with staffing and patient safety in multiple states and has faced a wrongful [death lawsuit](#).

In February, The CT Mirror [reported](#) that Athena owed more than \$750,000 in overdue taxes, utility costs and interest on missed payments to municipalities.

**10. \*USA Today**

July 20, 2024

[Nursing home staffing mandate would save thousands of lives, researchers say](#)

By Ken Alltucker

*Researchers say new rules would save lives. The nursing home industry sued to block them, saying they're unrealistic and would lead to closures.*

Researchers say a new federal rule could save nearly 13,000 lives a year, researchers say, despite pushback from nursing home officials who argue the updated staffing standards could lead to home closures.

At the request of Sen. Elizabeth Warren, D-Massachusetts, University of Pennsylvania researchers estimated the number of lives that would be saved under the Biden administration's finalized [minimum staffing rule](#) for nursing homes. The researchers said fully implementing the Center for Medicare & Medicaid Services' staffing rule would result in 12,945 fewer deaths yearly. . .

[The American Health Care Association] estimates nursing homes would need to hire more than 100,000 registered nurses and nurse aides at an annual cost of \$6.5 billion to comply with the federal requirements.

The University of Pennsylvania researchers noted that 83% of U.S. nursing homes had overall staffing levels in the first half of 2023 that were below the minimum requirement.

Dr. Rachel Werner, a professor of health care management and economics at the University of Pennsylvania, said the analysis relied on earlier research that estimated how total nurse staffing hours can affect mortality rates. Her team examined how death rates would change under the more robust staffing required by the new rule. Based on that review, she and a colleague concluded enforcing the CMS rule would save 12,945 lives per year.

#### 11. MassLive.com

July 19, 2024

[State providing nursing care at troubled South Hadley facility](#)

By Dave Canton

The Massachusetts Department of Public Health (DPH) is sending nurses and nursing assistants to several nursing homes owned by BluPoint Healthcare, a company facing financial troubles and resident care issues.

- **Reason for state intervention:**

- Understaffing at the facilities.
- Reports of residents receiving substandard care and some staff not being paid for weeks.
- BluPoint not paying back loans from MassHealth.

- **State actions:**

- Sending rapid response nursing teams to Pioneer Valley, Blackstone Valley and Mill Town facilities.
- Forcing a freeze on admitting new patients at Mill Town due to "immediate jeopardy" findings.
- Requesting assistance from Medical Reserve Corps volunteers.

- **Unresolved issues:**

- The need for more staff at BluPoint facilities.
- Holding nursing home owners accountable statewide.
- Ensuring future staffing levels as the state's population ages.

- **Positive developments:**

- Pioneer Valley and Blackstone Valley facilities instituted voluntary freezes on new patients.
- Employees are reportedly receiving owed wages.

#### 12. Spectrum News 1

July 19, 2024

[Nurses at Blackstone Valley Health & Rehabilitation say they're not getting paid and conditions are deteriorating](#)

By Cam Jandrow

Nurses at Blackstone Valley Health and Rehabilitation, a nursing home operated by Blupoint Healthcare, are leaving the facility due to unpaid wages and deteriorating conditions.

**The problems include:**

- Nurses not receiving paychecks, with some checks bouncing.
- Lack of necessary medical supplies and equipment.
- Severe staffing shortages, requiring nurses to work long shifts.
- Patients not receiving medications on time.

**The situation is being investigated:**

- Senator Ryan Fattman is calling for the state's attorney general to investigate.
- Massachusetts Department of Public Health has sent rapid response teams to the facility.

**The impact:**

- Patient care is being affected.
- Nurses are leaving the facility.

**Uncertainties:**

- Whether Blupoint Healthcare will address the issues.
- Whether nurses would return if Blupoint leaves.
- Whether similar issues are happening at other Blupoint facilities.

**13. Association of Healthcare Journalists**

July 19, 2024

[Patient advocates say new nursing home staffing standards don't go far enough](#)

By Liz Seegert

"The [new rules](#) from the Centers for Medicare & Medicaid Services are the most substantial changes to federal oversight of the nation's roughly 15,000 nursing homes in more than three decades," [wrote Jordan Rau of KFF Health News](#). "But they are less stringent than what patient advocates said was needed to provide high-quality care."

The new rules will be phased in over the next three years. Rural facilities will have five years to comply. The American Hospital Association criticized what it called CMS's "one size fits all staffing rule that will create more problems than it solves." . . .

[A survey](#) by the advocacy organization National Consumer Voice for Quality Long Term Care found that 88% of nursing home residents said their facility did not have adequate staff to meet their needs. This is an important first step in ensuring that all residents have their care needs met. However, 3.48 hours per resident per day is a minimum and not a ceiling. Federal law requires that each facility have sufficient staff to meet the needs of all residents. Most residents will require care that exceeds the 3.48 hours, the organization said in a statement. They urged CMS to "institute strong staffing requirements based on the acuity (care needs) of each resident." According to [an analysis](#) from KFF released April 22, only about one in five (19%) nursing facilities meet the new minimum staffing standards. They used [Nursing Home Compare](#) staffing data from March 2024 and compared staffing levels from July to September 2023.

Meanwhile, a [May 2 report](#) from The Long Term Care Community Coalition shows that as of the fourth quarter of 2023:

- Six in 10 (60%) of U.S. nursing homes would have met the new 3.48 hours per resident per day requirement



	<ul style="list-style-type: none"> <li>• Only one in four (26%) nursing homes are providing at least 4.1 hours per resident per day, the minimum amount of time needed to ensure that residents receive basic clinical care.</li> </ul> <p><b>14. WBZ News</b>  July 18, 2024  <a href="#">Massachusetts health care workers finally paid after I-Team investigation say checks bounced</a>  By Cheryl Fiandaca  Employees at Blackstone Valley Health and Rehabilitation, a nursing home owned by Blupoint Healthcare, haven't been paid for over a month. After initially promising to fix the problem and issuing new paychecks, the checks bounced again.  This has caused hardship for the employees, some of whom are owed thousands of dollars and are now looking for new jobs. The situation is so bad that some staff have walked off the job and the facility is understaffed, despite having a "help wanted" sign out front.  Blupoint Healthcare has not responded to requests for comment, and neither has the Department of Health, Attorney General's Office, or Medicare, although all three entities may be investigating the situation.</p> <p><b>15. Western Mass News</b>  July 17, 2024  <a href="#">Senate working on bill to protect healthcare workers in light of Blupoint controversy</a>  By Raegan Loughrey  Nurses at Pioneer Valley Rehabilitation Center, a nursing home owned by Blupoint Healthcare, are still waiting for some of their backpay. They have been dealing with understaffing, lack of supplies, and bounced paychecks for months.  The Massachusetts Senate is debating a healthcare bill that could improve oversight of healthcare facilities and prevent similar situations in the future. The bill would require greater financial reporting from healthcare providers and give more power to the Department of Public Health.  Another bill is planned for next week that would specifically focus on long-term care facilities and make sure the Department of Public Health and Attorney General's office can hold owners accountable.</p>
<p><b>Long-Term Care</b></p>	<p><b>16. Association of Healthcare Journalists</b>  June 28, 2024  <a href="#">Tip sheet: A quick primer on long-term care</a>  By Liz Seegert  If you read the excellent <a href="#">KFF Health News/New York Times series</a> "Dying Broke" or attended the HJ24 session on reporting on the growing crisis of long-term care, then you may already have some sense of how broken the U.S. long term-care system is.  Reporting on long-term care can be a little tricky, due to overlapping payment sources, federal vs. state regulations, and a potpourri of local and state programs, services and supports. Here's what to keep in mind as you pursue stories on this topic.</p> <p><b>Payment options</b>  <b>Medicare</b>  Many people assume that nursing home care is covered under their Medicare or Medicare Advantage plan. However, Medicare does not pay for long-term nursing home coverage. It does pay for skilled care in a</p>

rehabilitation or nursing facility for a limited period of time — 100 days per benefit period — that is “ necessary to improve or maintain your current condition, or to prevent or delay it from getting worse,” following [a qualified hospital stay](#) for a serious condition (think hip fracture, heart surgery, head injury, etc.). Skilled nursing facilities are often connected with nursing homes, thereby leading to some confusion. Original Medicare [will cover home health care](#) in conjunction with skilled nursing care or therapy, but not as a stand-alone service. It also does not cover care for assistance with activities of daily living, such as bathing, dressing, or toileting.

### **Medicaid**

This is the joint federal-state health program that covers health care for those below certain income levels, including adults under age 65 and children. Eligibility varies by state, although most have [expanded eligibility limits](#) under the Affordable Care Act. Many older adults have both Medicare and Medicaid and are considered dual-eligibles. (This [January 2024 tip sheet](#) provides more specifics). Medicaid pays for [60% of nursing home care](#) in the U.S.

### **Long-term care insurance**

While coverage varies by policy, long-term care insurance usually pays for all or part of nursing home care, some assisted living expenses, home health care, adult day care and other services an older adult may need. Premiums vary, and policies can be [difficult to get](#), since few companies offer this coverage. Companies also often limit the coverage due to pre-existing conditions or have high-priced premiums.

### **Housing and care support**

#### **Nursing homes**

These facilities offer the highest level of care, including nursing, 24-hour supervision, three meals a day, and assistance with everyday activities. Rehabilitation services, such as physical, occupational, and speech therapy, are also available. The average annual cost of nursing home care in the U.S. in 2023 was \$104,000 for a semi-private room and \$116,000 for a private room, according to Genworth Financial's [Cost of Care survey](#). Costs are paid either out of pocket or with assistance from Medicaid or long-term care insurance.

#### **Assisted living**

These may be a good fit for people who need help with daily care, but not as much help as a nursing home provides. Facilities range in size from as few as 25 residents to 100 or more. Residents usually have their own rooms or apartments, with shared living and dining spaces. Different levels of care are offered, with residents paying more for extra services. The average cost of assisted living in the United States is \$4,500 per month, or \$54,000 annually, [according to the National Council on Aging](#). Cost varies depending on state, the type of community/facility, and level of care needed. Genworth Financial's [Cost of Care survey](#) pegs this cost at \$5,300 per month, or \$64,000 per year based on 2023 data.

#### **Board and care homes**

These are also known as group or residential homes, usually with 20 or fewer residents. Rooms may be private or shared and residents receive help with personal care and meals. There is usually no skilled nursing or medical care provided. Costs are primarily borne by the resident or their family — Medicare does not cover these costs, although Medicaid may offer partial coverage, depending on the state and eligibility.

**Continuing care retirement communities**

Also known as CCRCs or life care communities, this option offers varied levels of care on one campus, depending on need. Many residents start out in independent housing, then may move to the assisted living facility or receive home care in their own independent unit. If needed, they can enter the community's nursing home. CCRCs can be very expensive — communities usually charge a one-time entrance fee and a monthly fee after that. Most of the cost is out-of-pocket, although Medicare, Medicaid, and long-term care insurance may cover some services, depending on the level of care provided.

**Home health care**

Don't confuse home health care with home care. They're two different types of services. Home health care encompasses a range of clinical services provided by licensed nurses and therapists that are given in the home for an illness or injury. This may include intermittent nursing care, physical, speech or occupational therapy, or other skilled health services. Home health care is usually only necessary for a short time as an alternative to in-patient care. Medicare has [strict eligibility criteria](#) for home health care services.

**Home care**

This is non-skilled care given by professional caregivers, like bathing, feeding, dressing, help with meals, assistance with walking, transportation, or other daily tasks. These services may be covered under Medicare if they're part of the broader home health care coverage — for example, if a person is unable to leave home due to illness or injury and needs assistance with bathing or dressing. Some Medicare Advantage plans and long-term care insurance policies will pay for home care aides or companions, but there are normally caps on the number of hours or days for this care. Many people hire home care aides privately, either through a [licensed home care agency](#) or through word of mouth, which may be less expensive but is also unregulated. Private pay home care can quickly become costly. On average, 44 hours of home care per week [can cost someone](#) about \$75,000 a year.

Some Medicare Advantage plans will cover the cost of certain in-home care services, such as [companion care](#) and help with some activities like transportation or shopping. Some plans offer a limited number of hours of home care, meal delivery, or other support, but for those needing more care, this option is quickly used up. Additionally, [a 2024 study](#) from the University of Washington School of Medicine found that Medicare Advantage beneficiaries actually receive fewer home health visits and have worse outcomes than those on original Medicare.

**Adult day services/day care**

These services can be a boon for older adults, people with disabilities, and their caregivers. They're a safe, community-based setting for those who need some supervision during the day or who may benefit from social interaction and engagement. These day centers can address many of the health and nutritional needs of older people, along with cognitive or physical limitations in professionally staffed group environments, according to The National Adult Day Services Association. There are more than 7,500 adult day services centers across the United States, which provide a supportive culture for those in need of assistance. They allow caregivers to continue working during the day, and at [an average cost](#) of \$2,000 per month, are a

	<p>more affordable alternative to other long-term services. The <a href="#">NASDA center locator</a> can help families find an appropriate center near them.</p> <ul style="list-style-type: none"> <li> <b>Community services and supports</b>            These are specific programs or services offered to older people in the community who need help. It may be due to cognitive decline, frailty, inability to drive, or inability to do household tasks like cooking or shopping due to chronic illness or some other aging-related reason. <a href="#">Area Agencies on Aging</a> or the city, county or state office on aging is usually the best place to find out about various community services, which may include <a href="#">medical care</a>, <a href="#">home maintenance and repairs</a>, <a href="#">transportation</a>, <a href="#">meals</a>, and more. Many programs have waiting lists and income eligibility may apply. It can also be time-consuming to find and enroll in many of these services. However, community programs like <a href="#">PACE</a> and <a href="#">CAPABLE</a> are among those helping older adults age at home, rather than in institutional settings and <a href="#">reduce health care costs</a> as well.         </li> </ul> <p>The reality is that for many older Americans, long term care and support is a patchwork of family, friends, neighbors, and a few cobbled-together community services, like <a href="#">Meals on Wheels</a> or <a href="#">friendly visitor programs</a>. An older person may not be sick enough or frail enough to need nursing home care, Assisted living facilities are financially out of reach for many, and most <a href="#">older people prefer to age in place</a> whenever possible.</p>
<p><b>Steward Healthcare</b></p>	<p><b>17. *Boston Globe</b>        July 22, 2024  <a href="#">Bids were due a week ago. There's still no word on buyers for Steward hospitals.</a>        By Robert Weisman  <i>New state data show fewer beds occupied at Steward hospitals</i>        Here is the summary of the article:</p> <ul style="list-style-type: none"> <li>It's been a week since bids were due for Steward Health Care hospitals in Massachusetts, but no updates have been given about the winning bidders.</li> <li>This is causing anxiety for patients, employees, and communities who rely on these hospitals.</li> <li>Steward is selling these hospitals to pay off debt from filing for bankruptcy.</li> <li>It is unclear if all the hospitals will remain open. There has been a decline in patients using Steward hospitals over the past year.</li> <li>An auction for the hospitals was planned but may have been postponed or cancelled.</li> <li>Negotiations are ongoing between Steward, potential buyers, creditors, and state regulators.</li> <li>There is an added layer of complexity because the buildings are owned by a separate company that has a mortgage with Apollo Global Management.</li> <li>Steward has found buyers for 2 hospitals outside of Massachusetts but has not received qualified bids for some hospitals in other states.</li> </ul> <p>Whether all of the Steward hospitals can remain open is still unclear. A new public dashboard released by Massachusetts health officials documents a decline in occupied medical surgical beds — standard beds used for routine non-emergency care — at many of the Steward hospitals as the company struggled financially over the past year.</p>

	<p>At Carney Hospital in Dorchester, which has 83 licensed medical surgical beds, an average of 13.4 were occupied each day last month, down from an average of 19.5 in June 2023, the data show. St. Elizabeth’s Medical Center, with 156 licensed beds, reported average daily occupancy of 81.3 last month, down from 101.2 a year earlier.</p> <p>In the same period, average daily occupancy fell to 146.7 from 159.8 at Good Samaritan in Brockton, which has 168 licensed beds, and to 9.1 from 13.5 at Holy Family in Haverhill, which has 59 licensed beds.</p>
<p><b>Behavioral Health</b></p>	<p><b>18. Office of Governor Maura Healey</b>  July 16, 2024  <a href="#"><u>Healey-Driscoll Administration Awards \$2.8 Million to Support Behavioral Health Urgent Care Expansion</u></a>  <i>Investment will Enable Community-Based Mental Health Providers in Historically Underserved Areas to Make Critical Services More Widely Available and Accessible</i></p> <p>[T]he Healey-Driscoll Administration announced \$2.8 million in grant awards to six community-based clinics to make mental health urgent care more widely available in high-need areas, including Brockton, Roxbury, Northbridge, Fitchburg, Lowell, and Worcester. The grants will enable mental health centers to expand their capacity to provide Behavioral Health Urgent Care (BHUC) services and guarantee extended night and weekend hours, as well as same-or next-day appointments for walk-ins.</p> <p>BHUC centers work similarly to Urgent Care centers that address physical health but provide immediate care to those struggling with mental health and substance use needs. BHUC services include substance use treatment, medication management, same or next day therapy appointments, and extended hours for night and weekend appointments. . .</p> <p>Funded by the American Rescue Plan Act, the Behavioral Health Urgent Care Expansion for Underserved Communities Grant gave priority to community mental health centers (CMHCs) with strong ties to underserved populations, specifically those with underserved language needs and including individuals who are Deaf or hard of hearing.</p>
<p><b>Hospice / Palliative Care</b></p>	<p><b>19. Medical Xpress</b>  July 16, 2024  <a href="#"><u>Palliative care is underutilized in nursing homes, says study</u></a>  A study <a href="#"><u>published</u></a> in the <i>Journal of the American Geriatrics Society</i> found that palliative care is not widely available for nursing home residents with serious illnesses. It is important for nursing home staff to be aware of the significance of palliative care and have the tools they need to assess when palliative care is needed, researchers said.</p>
<p><b>Longevity</b></p>	<p><b>20. Axios</b>  July 10, 2024  <a href="#"><u>What research shows about brains of older Americans</u></a>  By Carly Mallenbaum</p> <p>With President Joe Biden's age becoming a focal point in the election year, this article delves into why more Americans are living to 100. Research identifies eight traits common among centenarians: being married, resilience, thicker brain regions, specific genes, familial longevity, healthy lifestyle choices, extroversion, and predominantly being white women. The centenarian population in the US is projected to quadruple in the next three decades, raising important considerations for future health care and social structures.</p>



<p><b>Covid / Long Covid</b></p>	<p><b>21. The Conversation</b>  July 18, 2024  <a href="#"><u>Long COVID puzzle pieces are falling into place – the picture is unsettling</u></a>  By Ziyad Al-Aly  Here is the summary of the article about long COVID:  Long COVID is a serious condition that can cause a variety of health problems for months or even years after a COVID-19 infection. These problems can affect many organs in the body and can significantly reduce a person's quality of life.  Millions of people around the world are already living with long COVID, and new cases continue to emerge.  While vaccines and changes in the virus itself have reduced the risk of developing long COVID, it is still a substantial threat.  A recent study showed that people who had mild COVID-19 infections can still experience new health problems related to COVID-19 years later.  There is ongoing research into the causes and treatments of long COVID, but more work is needed.  Despite the significant health risks of COVID-19, some messaging suggests that it is no longer a serious threat. This is not supported by the data.</p> <p><b>22. Scientific American</b>  July 16, 2024  <a href="#"><u>COVID Rates Are Rising Again. Why Does It Spread So Well in the Summer?</u></a>  By Tanya Lewis  Here's the summary of the article:</p> <ul style="list-style-type: none"> <li>• COVID-19 cases are on the rise again in the US, even during the summer. This is unusual for most respiratory viruses, which typically peak in the winter.</li> <li>• There are three main reasons why COVID-19 might be surging in the summer: <ul style="list-style-type: none"> <li>○ The virus itself is constantly evolving, with new variants emerging that are more transmissible or better at evading immunity.</li> <li>○ People tend to gather more indoors during the summer to escape the heat, which can increase transmission. Air conditioning in buildings may also recirculate virus-laden air.</li> <li>○ People's immunity from vaccination or previous infection may wane over time, making them more susceptible to getting sick again.</li> </ul> </li> <li>• With climate change leading to more extreme heat waves, people are likely to spend even more time indoors in the future, which could contribute to further summer surges of COVID-19.</li> <li>• To protect yourself from COVID-19, you can get vaccinated and boosted, wear a mask indoors, improve ventilation in indoor spaces, and avoid crowded indoor areas.</li> </ul>
<p><b>Medicare</b></p>	<p><b>23. *Wall Street Journal</b>  July 17, 2024  <a href="#"><u>Would Trump Ease Up on Medicare? Wall Street Thinks So.</u></a>  By David Wainer  Medicare is divided into two programs. Just over half of members are enrolled in Medicare Advantage plans, through which the government pays</p>

insurers a set amount to manage people's care. The remaining beneficiaries are on traditional Medicare.

In recent years, criticism of Medicare Advantage has grown, particularly among Democrats. Many accuse insurers of overbilling the government and denying care to seniors too frequently. Earlier this month, The Wall Street Journal [reported that private insurers](#) made hundreds of thousands of questionable diagnoses that triggered \$50 billion in extra taxpayer-funded payments from 2018 through 2021.

Under the Biden administration, the Centers for Medicare & Medicaid Services has taken a tougher stance on Medicare Advantage by, for example, [cutting payments to plans](#) or restricting their marketing tactics. Republicans tend to favor privatization of government services and have generally been friendlier to Medicare Advantage plans. Investors are betting that trend could continue under a second Trump administration. That could benefit not only Humana, but also companies such as UnitedHealth Group and CVS Health, which have a sizable presence in Medicare. . .

It is hard to imagine Republicans once again trying to repeal Obamacare, which is relatively popular in Red states such as Florida and Texas. But a Republican sweep come November might spell the end of enhanced subsidies that saw the program swell to [more than 21 million members](#) under Biden. Republicans also could take steps to weaken Medicaid.

#### 24. \*Wall Street Journal

July 8, 2024 (updated)

[\*Insurers Pocketed \\$50 Billion From Medicare for Diseases No Doctor Treated\*](#)

By Christopher Weaver, Tom McGinty, Anna Wilde Mathews, and Mark Maremont

*Questionable diagnoses of HIV and other maladies triggered extra Medicare Advantage payments; 'It's anatomically impossible'*

This article discusses questionable diagnoses by Medicare Advantage insurers to get extra money from the government.

- Medicare Advantage is a program where private insurers oversee Medicare benefits.
- The government pays insurers more for sicker patients.
- Insurers can add diagnoses to patients' medical records, even if their doctors disagree.
- The article found many diagnoses by insurers were inaccurate, including diabetic cataracts for patients who clearly did not have them.
- This practice inflates the cost of Medicare Advantage for the government.

Private insurers involved in the government's Medicare Advantage program made hundreds of thousands of questionable diagnoses that triggered extra taxpayer-funded payments from 2018 to 2021, including outright wrong ones. .

Instead of saving taxpayers money, Medicare Advantage has added tens of billions of dollars in costs, researchers and some government officials have said. One reason is that insurers can add diagnoses to ones that patients' own doctors submit. Medicare gave insurers that option so they could catch conditions that doctors neglected to record. The Journal's analysis, however, found many diagnoses were added for which patients received no treatment, or that contradicted their doctors' views. . .

	<p>The insurers make new diagnoses after reviewing medical charts, sometimes using artificial intelligence, and sending nurses to visit patients in their homes. They pay doctors for access to patient records, and reward patients who agree to home visits with gift cards and other financial benefits.</p>
<p><b>Medicaid</b></p>	<p><b>25. U.S. General Accountability Office</b>  July 18, 2024  <a href="#"><u>Federal Oversight of State Eligibility Redeterminations Should Reflect Lessons Learned after COVID-19</u></a>  States must determine whether everyone on their Medicaid rolls is still eligible for the program each year. To do so, states should check paperwork, verify income data, and more.  Full redeterminations were paused during the pandemic but resumed in April 2023. Millions are expected to lose coverage, including some eligible people.  Q&amp;A reports that federal Medicaid officials found many states didn't do them properly after the pandemic—and sometimes before. For example, over 400,000 eligible people lost coverage because states assessed household, not individual, eligibility.  The <a href="#"><u>recommendation</u></a> is to improve federal oversight of the process.  <b>Highlights</b>  <b>What GAO Found</b>  During the COVID-19 public health emergency, Congress provided temporary enhanced federal funding to states to keep enrollees continuously enrolled in Medicaid. Beginning in April 2023, states resumed full eligibility redeterminations, including terminating enrollment for people either determined ineligible or who did not submit all the information required. This process is referred to as "unwinding." States had flexibility in their pace of unwinding and many states were still in the process as of May 2024.  During unwinding, the Centers for Medicare &amp; Medicaid Services (CMS) found compliance issues with federal redetermination requirements in almost all states, including with long-standing requirements.  <b>Why GAO Did This Study</b>  During unwinding, millions of people are expected to lose Medicaid coverage. Disenrollments are expected to include people no longer eligible as well as those possibly eligible who would be disenrolled for procedural reasons, such as because they did not submit all the information required to have eligibility redetermined and coverage renewed. When eligible people lose coverage, it can result in people moving out of and back into Medicaid coverage. This process can result in worse health outcomes and higher program costs.  <a href="#"><u>Full Report (23 pages)</u></a>  <a href="#"><u>Accessible PDF (32 pages)</u></a></p>
<p><b>Diversity, Equity, Inclusiveness</b></p>	<p><b>26. McKnights Long Term Care News</b>  July 14, 2024  <a href="#"><u>Study finds racial disparities in end-of-life hospital care</u></a>  By Donna Shryer  A study based on data from hospitals in New York and published in the Journal of the American Geriatrics Society found racial disparities in end-of-life care in the hospital. Black patients were 17% less likely to receive palliative care and 9% less likely to have a do-not-resuscitate status,</p>

	<p>compared with white patients, highlighting the need for further research and development of interventions to enable equitable end-of-life care.</p>
<p><b>From Other States</b></p>	<p><b>27. Montana Free Press</b>  July 18, 2024  <a href="#">State's largest nursing home prepares to close following patient safety violations</a>  By Matt Hudson and Mara Silvers  <i>The Ivy At Great Falls was terminated from the federal Medicare and Medicaid programs in early July.</i>  The Ivy at Great Falls, a 278-bed nursing home in Montana, is closing down due to a history of serious quality issues and violations for deficient patient care. The federal Medicare and Medicaid program terminated its relationship with The Ivy on July 9th, 2024. The state Department of Public Health and Human Services is working to relocate all residents by August 9th. The Ivy has a history of deficiencies dating back several years, including improper wound care, dehydration, medication issues, and infrastructure problems. The facility has accumulated more than \$235,000 in fines from federal agencies related to these violations. The Ivy is owned by Ivy Healthcare, a company with a record of acquiring nursing homes and cutting staff and services. Another facility owned by the same company, The Ivy at Davenport in Iowa, has also been fined for similar violations. . . .  The Ivy is part of a national network of senior care facilities and is owned by business partners whose private investment group has a <a href="#">record</a> of <a href="#">acquiring</a> dozens of care centers and cutting staff and services. . . .  Montana Free Press also tried to contact Simcha Hyman, who is identified as a co-owner on the Centers for Medicare and Medicaid Services website. He did not respond before publication.  Hyman and partner Naftali Zanziper's investment firm, Portopiccolo Group, was featured heavily in a <a href="#">2022 New Yorker article</a> that detailed degrading levels of care and staffing following the acquisition of nursing home facilities by private equity owners. In 2020, <a href="#">The Washington Post detailed</a> similar lapses in care at nursing facilities after being acquired by Portopiccolo. Another facility in the group, The Ivy at Davenport in Iowa, has been fined more than \$200,000 for regulatory violations in recent years, according to <a href="#">the Iowa Capital Dispatch</a>. State inspections identified a list of unsafe conditions, including rodent infestations and a kitchen that was flooded with food and garbage floating in the water during lunch preparation.</p> <p><b>28. *Washington Post</b>  May 17, 2024  <a href="#">Maryland failed to inspect nursing homes for years, lawsuit alleges</a>  By Katie Shepherd  Disabled nursing home residents in Maryland sued the state health department, alleging that the department failed to inspect facilities and investigate complaints, leading to poor care conditions.  The lawsuit argues that these failures violate the rights of disabled residents, especially those who rely on full-time nursing care for daily living. The residents claim they are left unattended for hours, develop bed sores from not being moved, and are not treated with dignity.  The lawsuit also points out that Maryland has a high number of overdue nursing home inspections and a backlog of uninvestigated complaints. The state argues that they are committed to providing good care but did not comment on the specific allegations.</p>

## 29. Justice in Aging

May 16, 2024

### [Nursing Facility Residents with Disabilities Sue Over State of Maryland's Failure to Provide Oversight and Investigate Complaints](#)

[On May 15, 2024] a group of nursing facility residents with disabilities and mobility impairments filed a class action lawsuit against the Maryland Department of Health in the U.S. District Court for Maryland alleging violations of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. The lawsuit seeks to compel the state agency to hold the nursing facilities accountable when they fail to ensure that residents' federal and state rights are honored and that they receive services to support their health, safety, and quality of life.

The State's failure to conduct annual surveys of over 80% of nursing facilities combined with its backlog of overdue complaints has left a trail of harm, robbing residents of dignity, denying them essential care, risking their health and even lives, and violating state and federal laws that govern Medicare and Medicaid-funded facilities.

All of the representative plaintiffs are individuals with mobility-related disabilities who rely entirely on nursing facilities for assistance with toileting, eating, mobility, and personal hygiene. However, these high-need residents are often left unattended for hours in soiled linens and clothing, with their calls for help going unanswered. None of the representative plaintiffs are able to get out of bed or leave their rooms unless staff assist them, and some remain confined to their rooms or beds for weeks or months.

Consequently, many have developed bed sores, with others at risk of developing them. These conditions amount to violations of both state and federal regulations, and the plaintiffs face serious harm if left unaddressed. The State's failure to adequately regulate nursing facilities has not landed evenly across populations. More than 50% of nursing facilities that have a majority of Black residents have the lowest ratings on the Centers for Medicare and Medicaid Services (CMS) Care compare website (1 or 2 stars).

"When older adults and others with mobility-related disabilities enter nursing facilities, they generally have to give up a lot – their lives in the community, their sense of independence. That tradeoff is significant, but to not actually get the care you are entitled to, to be treated in a way that robs you of your dignity, then that tradeoff becomes unconscionable. It's the state's role to keep nursing facilities from treating people this way," said Regan Bailey, Litigation Director at Justice in Aging.

"Even when residents are able to file a complaint with the state about their care, those complaints end up in a backlog of thousands of others and may go unanswered for years. The state has received more than 13,000 complaints over the past three years and fewer than half have been investigated," said Ashley Woolard, Lead Attorney for the Health and Benefits Equity Project at the Public Justice Center. "Right now, Maryland's nursing facility residents have been left without a lifeline to the agency responsible for investigating allegations of abuse, neglect, and other serious rights violations."

"Our lawsuit aims to ensure that our clients who have mobility impairments can live in nursing homes that provide a safe and supportive environment. The special needs of those living in nursing homes are worthy of our attention and prioritization," said Sheila Boston, partner at Arnold & Porter.



	<p><a href="#">Read the complaint.</a> Attorneys for the plaintiffs include the Public Justice Center, Justice in Aging, and Arnold &amp; Porter.</p>
<p><b>Support Dignity Alliance Massachusetts</b></p> <p><b><a href="#">Please Donate!</a></b></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><b>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, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>, which has thousands of visits each month.</b></p> <p><b>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.</b></p> <p><a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a></p> <p>Thank you for your consideration!</p>
<p><b>Dignity Alliance Massachusetts Legislative Endorsements</b></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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:moore8473@charter.net">moore8473@charter.net</a>.</p>
<p><b>Websites</b></p>	<p><b><a href="#">The University of Wisconsin-Madison Center for Financial Security Retirement and Disability Research Center</a></b>  <a href="https://rdrc.wisc.edu/about-cfs">https://rdrc.wisc.edu/about-cfs</a></p> <p>The University of Wisconsin-Madison Center for Financial Security Retirement and Disability Research Center is an applied research program which develops evidence that can assist policymakers, the public, and the media in understanding issues in Social Security, retirement, and disability policy, especially related to economically vulnerable populations. The CFS RDRC incorporates diversity of viewpoints and disciplines, develops diverse emerging scholars and generates research findings that are used in policy and practice. The CFS RDRC is designed around four central themes:</p> <ol style="list-style-type: none"> <li>1. Interactions Between Public Assistance and Social Insurance Over the Life Course</li> <li>2. The Role of Health, Health Insurance, and Financial Decisions in Household Financial Security</li> <li>3. How Economically Vulnerable Households Combine Work, Pensions, and Social Insurance Over the Life Course</li> <li>4. Low-Net-Wealth Households and Retirement Well-being, Including the Role of Housing Wealth, Saving, and Debt</li> </ol>
<p><b>Blogs</b></p>	

<b>Podcasts</b>	<b><a href="#">Consumer Voice Podcast Library</a></b> The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics.	
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . 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 <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .	
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>	
Contact information for reporting complaints and concerns	<b>Nursing home</b>	<b><a href="#">Department of Public Health</a></b> 1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a> 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 <a href="#">Ombudsman Program</a>
Nursing Home Closures (pending)	<b><a href="#">Massachusetts Department of Public Health</a></b> <i>Marion Manor, South Boston</i> Closure date: September 11, 2024 • <a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a> <a href="#">Massachusetts Nursing Home Survey Performance Tool</a> and the <a href="#">CMS Nursing Home Compare website</a> .	
Nursing Home Closures	<b><a href="#">Massachusetts Department of Public Health</a></b> <i>Bridgewater Nursing &amp; 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 <i>Governors Center, Westfield</i> Closure date: June 6, 2023 <i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure February 10, 2022 <i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022 <i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021 <i>Wingate at Chestnut Hill, Newton, MA</i>	

	<p>Closure date: October 1, 2021  <i>Halcyon House</i>, Methuen</p> <p>Closure date: July 16, 2021  <i>Agawam HealthCare</i>, Agawam</p> <p>Closure date: July 27, 2021  <i>Wareham HealthCare</i>, Wareham</p> <p>Closure date: July 28, 2021  <i>Town &amp; Country Health Care Center</i>, Lowell</p> <p>Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p><b>Massachusetts Department of Public Health</b>  <i>Temporary admissions freeze</i></p> <p>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><b>Massachusetts Department of Public Health</b>  <b><i>Determination of Need Projects: Long Term Care 2023</i></b></p> <p><a href="#"><u><i>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</i></u></a></p> <p><a href="#"><u><i>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</i></u></a></p> <p><b>2022</b></p> <p><a href="#"><u><i>Ascentria Care Alliance – Laurel Ridge</i></u></a></p> <p><a href="#"><u><i>Ascentria Care Alliance – Lutheran Housing</i></u></a></p> <p><a href="#"><u><i>Ascentria Care Alliance – Quaboag</i></u></a></p> <p><a href="#"><u><i>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</i></u></a></p> <p><a href="#"><u><i>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</i></u></a></p> <p><a href="#"><u><i>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</i></u></a></p> <p><a href="#"><u><i>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</i></u></a></p> <p><a href="#"><u><i>Next Step Healthcare LLC-Conservation Long Term Care Project</i></u></a></p> <p><a href="#"><u><i>Royal Falmouth – Conservation Long Term Care</i></u></a></p> <p><a href="#"><u><i>Royal Norwell – Long Term Care Conservation</i></u></a></p> <p><a href="#"><u><i>Wellman Healthcare Group, Inc</i></u></a></p> <p><b>2020</b></p> <p><a href="#"><u><i>Advocate Healthcare, LLC Amendment</i></u></a></p> <p><a href="#"><u><i>Campion Health &amp; Wellness, Inc. – LTC - Substantial Change in Service</i></u></a></p> <p><a href="#"><u><i>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</i></u></a></p> <p><a href="#"><u><i>Notre Dame Health Care Center, Inc. – LTC Conservation</i></u></a></p> <p><b>2020</b></p> <p><a href="#"><u><i>Advocate Healthcare of East Boston, LLC.</i></u></a></p> <p><a href="#"><u><i>Belmont Manor Nursing Home, Inc.</i></u></a></p>
List of Special Focus Facilities	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram"><u>https://tinyurl.com/SpecialFocusFacilityProgram</u></a>  <b>Updated April 24, 2024</b></p> <p>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</p>

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?**

- 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://somersetridge rehab.com/>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare  
<https://www.nextstephc.com/southdennis>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225320>

**Massachusetts facilities not improved**

- None

**Massachusetts facilities which showed improvement**

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

**Massachusetts facilities which have graduated from the program**

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

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

**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.genesishcc.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>
- Royal Norwell Nursing & Rehabilitation Center (4)  
<https://norwell.royalhealthgroup.com/>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225482/>

**Massachusetts Facilities that have graduated from the program**

- 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:



	<p><a href="https://projects.propublica.org/nursing-homes/homes/h-225218/">https://projects.propublica.org/nursing-homes/homes/h-225218/</a></p> <p><b>No longer operating</b></p> <ul style="list-style-type: none"> <li>• South Dennis Healthcare, South Dennis <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>																																																
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b> <b><i>Nursing Home Inspect</i></b> <b>Data updated April 24, 2024</b></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: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># Facilities</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>284</td> <td>198</td> <td><a href="#">Tag B</a></td> </tr> <tr> <td>C</td> <td>108</td> <td>85</td> <td><a href="#">Tag C</a></td> </tr> <tr> <td>D</td> <td>7,496</td> <td>1,469</td> <td><a href="#">Tag D</a></td> </tr> <tr> <td>E</td> <td>1,965</td> <td>788</td> <td><a href="#">Tag E</a></td> </tr> <tr> <td>F</td> <td>656</td> <td>317</td> <td><a href="#">Tag F</a></td> </tr> <tr> <td>G</td> <td>568</td> <td>384</td> <td><a href="#">Tag G</a></td> </tr> <tr> <td>H</td> <td>44</td> <td>33</td> <td><a href="#">Tag H</a></td> </tr> <tr> <td>I</td> <td>3</td> <td>2</td> <td><a href="#">Tag I</a></td> </tr> <tr> <td>J</td> <td>57</td> <td>27</td> <td><a href="#">Tag J</a></td> </tr> <tr> <td>K</td> <td>8</td> <td>5</td> <td><a href="#">Tag K</a></td> </tr> <tr> <td>L</td> <td>5</td> <td>2</td> <td><a href="#">Tag L</a></td> </tr> </tbody> </table> <p><b>Updated April 24, 2024</b></p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	284	198	<a href="#">Tag B</a>	C	108	85	<a href="#">Tag C</a>	D	7,496	1,469	<a href="#">Tag D</a>	E	1,965	788	<a href="#">Tag E</a>	F	656	317	<a href="#">Tag F</a>	G	568	384	<a href="#">Tag G</a>	H	44	33	<a href="#">Tag H</a>	I	3	2	<a href="#">Tag I</a>	J	57	27	<a href="#">Tag J</a>	K	8	5	<a href="#">Tag K</a>	L	5	2	<a href="#">Tag L</a>
Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited																																														
B	284	198	<a href="#">Tag B</a>																																														
C	108	85	<a href="#">Tag C</a>																																														
D	7,496	1,469	<a href="#">Tag D</a>																																														
E	1,965	788	<a href="#">Tag E</a>																																														
F	656	317	<a href="#">Tag F</a>																																														
G	568	384	<a href="#">Tag G</a>																																														
H	44	33	<a href="#">Tag H</a>																																														
I	3	2	<a href="#">Tag I</a>																																														
J	57	27	<a href="#">Tag J</a>																																														
K	8	5	<a href="#">Tag K</a>																																														
L	5	2	<a href="#">Tag L</a>																																														
<p><i>Nursing Home Compare</i></p>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b> <i>Nursing Home Compare Website</i></p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p> <p>This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <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><a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																																																

Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b>  <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 <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>		
DignityMA Call Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA</a>.</b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <b><a href="#">State Legislative Endorsements</a></b>.</li> <li>• <b>Support</b> relevant bills in Washington – <b><a href="#">Federal Legislative Endorsements</a></b>.</li> <li>• <b>Join</b> our <b><a href="#">Work Groups</a></b>.</li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <b><a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></b></li> </ul>		
Access to Dignity Alliance social media	Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a> Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a> Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a> LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a> Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a> Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>		
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></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>	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Assisted Living	John Ford	<a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a>
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Lachlan Forrow	<a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes and rest homes)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Legal Issues	Jeni Kaplan	<a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>
	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>	
<b>The Dignity Digest</b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack		

	MailChimp Specialist: Sue Rorke
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> <li>• Wynn Gerhard</li> <li>• James Lomastro</li> <li>• Dick Moore</li> </ul> <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 <u>The Dignity Digest</u> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</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>  <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>	