



The Dignity Digest

Issue # 200

August 13, 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 the article.**

DignityMA Zoom Sessions

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

Spotlight:

[Nursing Home Reform Languishes on Beacon Hill](#)

***The Provincetown Independent**

By Jack Styler

August 7, 2024

Despite latest failure, 3 lawmakers say long-term care legislation is not dead

Massachusetts politicians at both the state and federal level have made recent moves toward tightening regulation of the long-term care industry, especially as private-equity firms continue to buy up nursing homes across the country.

On Beacon Hill last week, the House and Senate failed to pass a major long-term care bill, however, allowing it to become one of nine bills that had advanced to a conference committee but were then abandoned as the [formal legislative session ended in acrimony](#).

State Sen. Julian Cyr and the two chairs of the legislature’s Joint Committee on Elder Affairs — Sen. Patricia Jehlen of the Second Middlesex District and Rep. Thomas Stanley of the Ninth Middlesex District — all told the *Independent* that the long-term care bill might still pass during informal sessions, when bills require unanimous consent from all legislators who are present. “I believe we will pass a long-term care bill,” said Stanley. “We have to. It’s just one tragedy after another.”

As the *Independent* [recently reported](#), the nursing home at Seashore Point in Provincetown has consistently failed to meet state nursing hour minimums since Pointe Group Care, a for-profit company, bought the facility in 2019. Multiple [experts’ analyses](#) of the nursing home’s financials suggest that the owners have directed revenue through a maze of related companies while reporting an overall loss on the operation, according to their Medicare and Medicaid cost reports.

Former patients and staff at Seashore Point have described to the *Independent* the harmful consequences of inadequate care.

The House’s version of the long-term care bill would have given the state Dept. of Public Health (DPH) significant new powers — including the ability to suspend or revoke a nursing home’s license and to impose a third-party temporary manager to right the ship of a failing facility. It also would have doubled the penalties for

violations, according to a summary prepared by Paul Lanzikos, co-founder of the advocacy group Dignity Alliance Massachusetts. Sen. Jehlen said that the Senate’s version of the bill authorized a tenfold increase in the financial penalties that the attorney general’s office and DPH could impose for violations.

The House passed its bill in November; it was referred to the Senate Ways & Means Committee, where it languished until July. For advocates of long-term care legislation, the result was frustrating but not unexpected.

“We’d like to see the legislative route be a more effective, fruitful avenue but unfortunately, in Massachusetts, the outcome of the legislative efforts is minimal,” said Lanzikos.

In addition to lobbying the legislature, Dignity Alliance Massachusetts tries to pressure regulatory agencies to use their existing powers more aggressively — including more vigorous reviews of nursing home financial transactions and imposing “admission freezes” on facilities that fail to meet staffing minimums.

Lanzikos said that DPH is not adequately funded for such work, however.

“This sector has been neglected for decades,” he said. “The staffing for the frontline personnel in DPH who do the inspections needs to be beefed up.”

“It’s like throwing cement against the wall — some of it eventually will stick,” said Jim Lomastro, chair of Dignity Alliance Massachusetts’s veterans’ group, of their efforts to lobby for reforms.

The AG Takes Steps

While the legislature has so far failed to act, Mass. Attorney General Andrea Joy Campbell has taken steps toward reining in mismanagement of the state’s nursing homes. An Elder Justice Unit was created in the attorney general’s office last year, and in June Campbell announced a \$4 million settlement with Next Step Healthcare for significant staffing and care failures, the largest nursing home settlement ever achieved by the attorney general’s office.

Next Step Healthcare has 16 nursing homes in Massachusetts and [averages](#) a score of 1.9 out of five “stars” in the government’s rating system. That is higher than the 1.6-star average rating of the 14 homes run by AdviniaCare — the company that operates Seashore Point.

AdviniaCare’s homes also averaged a higher nursing staff turnover rate, had the same average number of nurse hours per resident per day as Next Step Healthcare, and have been fined the same number of times as Next Step Healthcare, according to Centers for Medicare and Medicaid Services nursing home “affiliated entity” performance measures. Four AdviniaCare facilities are marked with “abuse flags,” while no Next Step Healthcare facilities are.

A representative from Campbell’s office confirmed that it had received complaints about AdviniaCare — but would not comment on whether an investigation was underway.

In July, the attorney general announced that the state would take control of three nursing homes owned by Blupoint Healthcare in South Hadley, Whitinsville, and Amesbury because the company stopped paying its staff, according to [Commonwealth Magazine](#). Lanzikos said that Blupoint was an example of what happens when the DPH fails to do due diligence before nursing home ownership transfers.

Chronic Staffing Issues

The state DPH and MassHealth have also been monitoring staffing levels at Seashore Point.

A representative from the Executive Office of Health and Human Services, which includes DPH and MassHealth, told the *Independent* in an email that the Seashore Point nursing home has failed to meet nursing hour minimums in five of the last 12 quarters, and that “recoupment payments” imposed by MassHealth total \$45,990.

The representative would not confirm how much of that amount has been paid. AdviniaCare’s communications team did not respond to questions about whether the \$45,990 has been paid back to the state.

Instead, a lawyer representing the owners of Seashore Point wrote that the facility “is in compliance with federal and state regulations and is unaware of any investigations into the facility.” Stricter regulation of nursing homes is only part of the solution, according to Lanzikos. “We want to make sure that the people who are living there are treated with respect, and that services are good quality,” he said, “but we’d like to see many of them living outside a nursing home and back in the community.”

In April, Gov. Maura Healey [settled](#) a class-action suit against the state by six nursing home residents; the settlement included a plan to move no fewer than 2,400 people out of nursing homes and back into the community, according to the [Massachusetts Senior Care Association](#).

In Congress

Both of the state’s U.S. senators have introduced bills in Congress that target the ownership of nursing homes by private equity. Sen. Ed Markey’s “Health Over Wealth Act,” introduced on July 25, would require greater transparency from private equity-owned health care entities and prohibit private equity from stripping assets from their health care businesses.

A month earlier, Markey and Sen. Elizabeth Warren introduced the “Corporate Crimes Against Health Care Act,” which creates a penalty of up to six years in jail for executives who financially “loot” nursing homes or hospitals if that looting results in a patient’s death, along with other measures meant to target private-equity executives.

<p>Spotlight: The meaning of <i>dignity</i></p> <p>Reader submissions requested.</p>	<p>Dignity Alliance Massachusetts is publishing the 200th edition of <i>The Dignity Digest</i> today, August 13, 2024. To mark this milestone, we ask readers to share their understanding of the concept of “dignity” especially as it applies to older persons, persons with disabilities, family members, and caregivers. Submissions can be in the form of a few sentences, a longer narrative, a poem, or a drawing. Text responses can be submitted via: https://forms.gle/1xr65myyCqGxaAsm6 or as attachment to paul.lanzikos@gmail.com. Artwork can be mailed as an attachment to paul.lanzikos@gmail.com. Submissions will be published in future issues of <i>The Digest</i> as well as on the DignityMA website, www.DignityAllianceMA.org.</p>
<p>Quotes</p>	<p><i>“You can’t wait for a surveyor to come in once a year in response to a complaint. You want to be in a position to push back in a variety of ways every day or every week. It’s too easy for facilities to assume no harm, no foul,”</i> Eric Carlson, director of long-term services and supports advocacy, Justice in Aging, Assisted living policy needs a reset to benefit residents. long-term care system, McKnights Senior Living, July 24, 2024</p> <p><i>“The current system is not prepared, at all, to ensure quality in Medicaid-funded assisted living,” [adding that the HCBS system is not set up for facility care and providing care for people whose care needs justify nursing home-level care]. “Long-term care facility policy needs a reset, particularly in assisted living,”</i> Eric Carlson, director of long-term services and supports advocacy, Justice in Aging, Assisted living policy needs a reset to benefit residents. long-term care system, McKnights Senior Living, July 24, 2024</p> <p><i>With demographic shifts—particularly the fact that by 2030, one in five Americans will be aged 65 and older—the need for improvements in nursing home standards has never been more urgent. Experts warn that failure to ensure adequate staffing levels may further perpetuate the cycle of neglect and subpar care that many facilities are currently being scrutinized for.</i> New Mexico Nursing Homes Face Unacceptable Conditions, The Pinnacle Gazette, July 3, 2024</p>

At the national legislative level, a recent proposal unveiled by the Biden Administration aimed at establishing minimum staffing requirements for nursing homes has seen pushback from some senators and industry representatives. These new regulations would require facilities to maintain a communication-satisfactory level of staffing, including providing at least 3.48 nursing hours per patient per day. Supporters of the measure argue it's critical for ensuring quality care as the demands on nursing facilities grow, hence there's considerable pressure to protect, rather than overturn, such regulations.

[New Mexico Nursing Homes Face Unacceptable Conditions](#), The Pinnacle Gazette, July 3, 2024

"We know that the nature of [home care] work frequently exposes those workers to various risks and challenges. So, ensuring their safety and their well-being is of paramount importance. This in-home safety Grant Program offers funding for a comprehensive array of safety enhancements."

Connecticut Department of Social Services Commissioner Andrea Barton-Reeves, [Connecticut to spend \\$6 million to boost safety of home health care workers](#), Rhode Island Current, August 5, 2024

"Even though there's some significant investments in the bond bill, particularly for affordable housing and public housing, it doesn't meet the urgency of the moment. We were disappointed that policies to actually protect working class people in our state were not included in the bond bill."

Carolyn Chou, Homes for All Massachusetts, [Guv Signs Housing Law. But Advocates Say It "Left So Much On The Table"](#). *State House News, August 6, 2024

'I feel profoundly dehumanized and discriminated against.'

Preston Ruzicka, 18, who has Duchenne muscular dystrophy and uses a wheelchair, commenting on the Saskatchewan Health Authority's refusal to fund his accessible housing request, [Sask. teen fighting for](#)

[funding to receive 24/7 care near his post-secondary school](#), CBC, July 29, 2024

"I'm kind of excited to be able to have some place to live and go to school."

Preston Ruzicka, 18, who has Duchenne muscular dystrophy and uses a wheelchair, after the Saskatchewan Health Authority reversed their position on funding accessible housing, [Sask. will now fund teen's 24/7 supports near his post-secondary school](#), CBC, August 5, 2024

"Our skilled nursing facility and post-acute care institutional settings do not work as we all would like them to. A quarter of people in America who get care in a post-acute facility will have an adverse event, for example. Some studies put it even higher than that. We don't want to send people to a place where 25% of the time something wrong is happening. We're looking for a better way, and rehab at home is a possible way, but needs to be tested."

Dr. David Levine, clinical director for research and development at Mass General Brigham's Healthcare at Home, [Mass General Brigham Lands \\$4.6M To Study Rehab Care At Home](#), Home Health Care News, August 6, 2024

The observable, cross-sectional study of 54 hospital workers and 54 nursing home workers (from many facility departments, not just the nursing corps) show that the nursing homes had higher scores and wider anxiety (74% vs. 42%), depression (41% vs. 15%) and post-traumatic stress disorder (56% vs. 26%) than their hospital counterparts.

[Nursing home workers, this time the research is on your side](#), McKnights Long Term Care News, August 8, 2024

Violent altercations between residents in long-term care facilities are alarmingly common. Across the country, residents in nursing homes or assisted living centers have been killed by other residents who weaponized [a bedrail](#), shoved [pillow stuffing](#) into a person's mouth, or [removed an oxygen mask](#).

A [recent study](#) in JAMA Network Open of 14 New York assisted living homes found that, within one month, 15% of residents experienced verbal, physical, or sexual resident-on-resident aggression. Another study found nearly [8% of assisted living residents](#) engaged in physical aggression or abuse toward residents or staff members within one month.

[Violent dementia patients leave nursing home staff and residents 'scared to death'](#). NPR Shots, August 8, 2024

“The issue that we see quite often is that assisted living retains people they should not. They don’t have the staffing or the competency or the structure to provide safe care. Conversely, when facilities have enough rooms filled with paying customers, they are more likely to evict residents who require too much attention. They will kick them out if they’re too cumbersome,”

[Violent dementia patients leave nursing home staff and residents 'scared to death'](#). NPR Shots, August 8, 2024

“There needs to be much more of an effort to single out verbal and physical aggression that occurs in long-term care and begin to create a model of violence-free zones in the same way we have violence-free zones in the schools.”

Karl Pillemer, gerontologist at Cornell University and lead author of the [JAMA study](#), [Violent dementia patients leave nursing home staff and residents 'scared to death'](#). NPR Shots, August 8, 2024

“When people move into a facility of any kind, they need to retain all their rights. There’s a lot of great places that are making sure their residents are getting to vote, but there’s just as many that aren’t.”

Carrie Lejedal, a family caregiver-turned-advocate, [Resident advocates aim to protect voting rights in nursing homes ahead of contentious election](#). McKnights Long Term Care, August 8, 2024

“Nursing homes must ensure residents are able to exercise their right to vote. We continue to encourage states, localities, and nursing home owners and

administrators to collaborate to ensure residents' right to vote is not impeded.”

Centers for Medicare & Medicaid Services reissued guidance originally sent in October 2020, [Resident advocates aim to protect voting rights in nursing homes ahead of contentious election](#), **McKnights Long Term Care**, August 8, 2024

“Today, we honor our heritage and commit to building upon it. With this transformative legislation [The [HERO Act](#)], we pledge to provide the best veterans' services in the country, ensuring every veteran receives the respect and support they deserve.”

Lt. Gov. Kim Driscoll, [Governor Maura Healey Signs Historic HERO Act, Ushering in New Era for Veterans in Massachusetts](#) (Office of Governor Maura Healey and Lt. Gov. Kim Driscoll, August 8, 2024)

“We want to make sure that the people who are living [in nursing homes] are treated with respect, and that services are good quality, but we'd like to see many of them living outside a nursing home and back in the community.”

Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts, [Nursing Home Reform Languishes on Beacon Hill](#), **The Provincetown Independent*, August 7, 2024

[\[N\]early all lower-income renter households lack the income needed to cover their essential expenses after paying rent.](#) An adequate and holistic safety net that addresses these overlapping and compounding challenges is crucial to ensure households can meet their basic needs.

[Renters Struggle with Competing Costs of Food, Energy, and Housing](#), Harvard Joint Center for Housing Studies, August 8, 2024

“Long-term care communities do not operate in a vacuum. The challenge in battling vaccine reluctance (misinformation, hesitancy, and fatigue) is not unique to the long-term care community but is systemic among the US population at large. There is not one thing that will fix this challenge—it really takes a multi-pronged approach. Increasing uptake requires a collective

	<p><i>endeavor by public health officials, other health care providers, and the general public.”</i></p> <p>American Health Care Association Chief Medical Officer Dr. David Gifford, COVID on the rise in nursing homes along with vaccine reluctance and mistrust, McKnights Long-Term Care News, August 11, 2024</p> <p><i>“We have more reconfigured families than ever before, and these families may increasingly rely on someone who’s not a biological child. In general, those relationships tend to be less close. Children are less likely to provide assistance to a stepparent.”</i></p> <p>Deborah Carr, a Boston University sociologist, When Elder Care Is All in the Stepfamily, New York Times (free access), August 3, 2024</p>
<p>Commentary by Dignity Alliance Massachusetts participants</p> <p><i>Richard T. Moore is a former member of the Massachusetts Senate who served as Senate chair of the Committee on Health Care Financing. He is co-founder and legislative chair of Dignity Alliance, which advocates for older adults, people with disabilities, and their caregivers.</i></p> <p><i>James Lomastro has been an administrator in health care for 35 years and is a member of the Dignity Alliance coordinating committee.</i></p>	<p>Nursing home reform bill overdue on Beacon Hill</p> <p>*Worcester Telegram and Gazette</p> <p>By Richard T. Moore and James Lomastro</p> <p>August 11, 2024</p> <p>Community college students are, no doubt, cheering at the prospect of a tuition-free postsecondary education. Regular players of the Massachusetts State Lottery are probably salivating at the prospect of online access to lottery tickets.</p> <p>However, once again, barring any unlikely breakthrough in the remainder of the informal sessions, nursing home residents and their families, who arguably suffered more than others from the tragedy of the COVID-19 pandemic, must now pin their hopes on the next legislative session, beginning in January 2025.</p> <p>At this time, two years ago, formal legislative sessions ended as a nursing home reform bill languished in the House Committee on Ways and Means. This session, a reform bill, an announced priority of House Speaker Ron Mariano, D-Quincy, passed the House in November 2023, but stalled in the Senate Committee on Ways and Means until it emerged in mid-July 2024.</p> <p>Sen. Pat Jehlen, D-Somerville, and Rep. Tom Stanley, D-Waltham, along with their colleagues on the Committee on Elder Affairs and other legislators, deserve a lot of credit for crafting bills in their respective branches that could have advanced the cause of nursing home, indeed long-term care, reform. While neither bill included everything that is needed to bring out transformational reform, a final conference committee-negotiated version might have been a major step forward to address the quality and safety so urgently needed in the majority of nursing homes in Massachusetts.</p> <p>The themes that appeared in the long-term care bills:</p> <p>1. Consumer control and choice</p>

	<ul style="list-style-type: none"> • Involvement of resident council members and consumer advocates: Ensuring that advisory bodies include members from resident councils and consumer advocates. <p>2. Collaboration with all stakeholders</p> <ul style="list-style-type: none"> • Establishing Workforce and Capital Fund with Advisory Committee: Involving representatives advocacy and consumers as well from Mass. Senior Care and SEIU 1199 for consultation. <p>3. Transparency and accountability</p> <ul style="list-style-type: none"> • Auditing grants and loans with clawback provisions: Ensuring funds are used appropriately and can be reclaimed if misused. • Detailed ownership information reporting: Expanding reporting requirements to include private equity ownership or real estate investment trust involvement. <p>4. Concerns over implementation and feasibility — small homes and emergency preparedness</p> <ul style="list-style-type: none"> • Regulations for small-house nursing homes: Requiring specific design and cultural aspects in the business plan indicates a concern over practical implementation and effectiveness. • Outbreak response planning and financial performance: Requiring detailed outbreak response plans and examining cost trends to ensure facilities can handle emergencies effectively. <p>5. Implementing fines and fees that produce intended results</p> <ul style="list-style-type: none"> • Increased penalties for violations: Addressing potential issues by setting higher fines for noncompliance and abuse. • Guardianship fees and financial eligibility: Concerns about financial burdens and ensuring fair access to services. <p>6. Maintaining and improving current systems</p> <ul style="list-style-type: none"> • Rate-setting and specific program add-ons: Ensuring staff have appropriate credentials and that existing programs are strengthened rather than replaced. • Uniform prior authorization forms: Streamlining procedures for admissions and ensuring quick responses from payers. <p>7. Cultural competency and training</p> <ul style="list-style-type: none"> • Training programs for staff: Emphasizing the need for comprehensive training in infection prevention, resident care and staff safety. <p>8. Performance measures and quality control</p> <ul style="list-style-type: none"> • Inspection and licensure requirements: Annual inspections, provisional licenses and expanding oversight to ensure quality care. • Corrective action plans for violations: Setting timelines for corrections and the appointment of temporary managers to address chronic issues. <p>9. Potential impact on community and hospital services</p>
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	<ul style="list-style-type: none"> • Potential job losses and financial burdens: Addressing the possibility of job losses in the current community-based programs and ensuring financial stability of community programs. • Impact on hospital throughput and discharge planning: Establishing task forces to address potential bottlenecks in hospital discharges to long-term care settings. <p>These are all important issues to address in a redrafted bill for the next term. Hopefully, House and Senate leaders can continue to work out a new bill based on the versions passed in each branch. Given the role that nursing home owners, even those with modest stakes, play in staffing levels and delivery of care, ownership interests in any amount, not the proposed 5%, should be publicly reported, as should the role of related and unregulated third-party interests.</p> <p>There were a few bright spots in the final formal session. The Affordable Homes Act, which is critical to helping meet the state’s commitment to move residents out of nursing homes and back to their communities. Affordable and accessible housing, along with increased supportive services, are key components in the recent settlement of the <i>Marsters v. Healey</i> class-action lawsuit. In the final order, Massachusetts agrees to help at least 2,400 residents leave nursing homes over the next eight years.</p> <p>Another end-of-formal-sessions bright spot is the passage of reforms to veterans’ services, which will benefit older adults and people with disabilities who served their country in the armed forces.</p> <p>The failure to improve oversight and accountability of nursing homes could well increase the number of nursing home residents seeking to go home to their communities. Even if the reforms had passed, helping more nursing home residents to leave the troubled long-term care system is a good thing.</p>
<p>Public Hearings</p>	<p>Massachusetts Department of Public Health Subject: Carney Hospital, Tuesday, August 13, 2024, 6:00 p.m. Florian Hall, 55 Hallet Street, Dorchester Wednesday, August 14, 2024, 6:00 p.m. Telephonic: 888-917-8055 and using passcode 4153805 Written testimony will be accepted up to midnight on August 19.</p> <p>Subject: Nashoba Valley Medical Center, Thursday, August 15, 2024, 6:00 p.m. Devens Common Center, 13 Andrews Parkway, Devens Monday, August 19, 2024, 6:00 p.m. Telephonic: 800-593-9954 and using passcode 3281952 Written testimony will be accepted up to midnight on August 19.</p> <p>Written comments to: Department of Public Health, Division of Health Care Facility Licensure and Certification Attn: Licensure Coordinator 67 Forest Street, Marlborough, MA 01752 By email to HFLLicenseAction@Mass.Gov.</p>

<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>FY 2025 State Budget <u>Spending Decisions During Election Season</u> (*State House News, August 9, 2024)</p> <p>Massachusetts Policy <u>Five Year Capital Investment Plan</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, June 13, 2024)</p> <p>Legislation <u>State House Closure Will Span Four Days</u> (*State House News, August 12, 2024) <u>Legislative Breakthroughs, Or More Vacation</u> (*State House News, August 9, 2024)</p> <p>Nursing Homes <u>CMS payment rule symptom of larger malady</u> (McKnights Long-Term Care News, August 11, 2024) <u>Violent dementia patients leave nursing home staff and residents 'scared to death'</u> (NPR Shots, August 8, 2024) <u>Nursing home workers, this time the research is on your side</u> (McKnights Long Term Care News, August 8, 2024) <u>CMS Proposes to Dramatically Increase Amount of Civil Monetary Penalties Imposed During Nursing Home Surveys</u> (Maynard Nexsen, April 23, 2024) <u>Nursing Homes Have A Staff Turnover Crisis – Even Before COVID-19</u> (Health Affairs (podcast), March 30, 2021)</p> <p>Steward Healthcare <u>Sales Hearing On Steward Hospitals Postponed Until Friday</u> (*State House News, August 12, 2024) <u>DPH Plans Hearings On Carney, Nashoba Closures</u> (*State House News, August 7, 2024)</p> <p>Assisted Living <u>Future Impact of Supreme Court's Chevron Ruling on Senior Living Remains Hazy</u> (Senior Housing News, August 5, 2024) <u>DiDomenico Supports Sweeping Systemic Reforms to Long Term Care and Assisted Living Facilities</u> (Everett Independent, August 1, 2024) <u>Assisted living policy needs a reset to benefit residents, long-term care system</u>(McKnights Senior Living, July 24, 2024) <u>Estimated Prevalence of Resident-to-Resident Aggression in Assisted Living</u> (JAMA Network Open, May 3, 2024)</p> <p>Home Health Care <u>Mass General Brigham Lands \$4.6M To Study Rehab Care At Home</u> (Home Health Care News, August 6, 2024)</p> <p>Housing <u>Renters Struggle with Competing Costs of Food, Energy, and Housing</u> (Harvard Joint Center for Housing Studies, August 8, 2024) <u>Guv Signs Housing Law, But Advocates Say It "Left So Much On The Table"</u> (*State House News, August 6, 2024)</p> <p>Alzheimer's / Dementia <u>Dementia risk factors identified in new global report are all preventable – addressing them could reduce dementia rates by 45%</u> (The Conversation, August 12, 2024) <u>Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission</u> (The Lancet (free access with registration), July 31, 2024)</p>
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	<p>Covid / Long Covid COVID on the rise in nursing homes along with vaccine reluctance and mistrust (McKnights Long-Term Care News, August 11, 2024)</p> <p>Disability Topics How people with disabilities got game – the surprisingly long history of access to arcade and video sports (The Conversation, August 5, 2024) Sask. will now fund teen's 24/7 supports near his post-secondary school (CBC, August 5, 2024) Sask. teen fighting for funding to receive 24/7 care near his post-secondary school (CBC, July 29, 2024)</p> <p>Veterans Topics Governor Maura Healey Signs Historic HERO Act, Ushering in New Era for Veterans in Massachusetts (Office of Governor Maura Healey and Lt. Gov. Kim Driscoll, August 8, 2024)</p> <p>Caregiving When Elder Care Is All in the Stepfamily (New York Times (free access), August 3, 2024)</p> <p>Grieving Monet, Taylor Swift, 'Moana': What Got Readers Through Their Grief (New York Times (free access), August 11, 2024)</p> <p>Retirement The Best and Worst States for Retirement (Bamkrate.com, July 22, 2024)</p> <p>In Other States Connecticut to spend \$6 million to boost safety of home health care workers (Rhode Island Curreant, August 5, 2024) New Mexico Nursing Homes Face Unacceptable Conditions (The Pinnacle Gazette, July 3, 2024) 'Living in absolute squalor': Mental health group homes go unregulated in Santa Clara County (The Mercury News, August 5, 2024)</p> <p>Voting / Election Information Resident advocates aim to protect voting rights in nursing homes ahead of contentious election (McKnights Long Term Care, August 8, 2024)</p> <p>Public Sessions Personal Care Attendant Workforce Council, Virtual meeting, Tuesday, August 13, 2024, 2:00 p.m., Zoom Public Health Council meets virtually. (Wednesday, August 14, 2024, 9:00 a.m., Agenda and Livestream) Board of Registration of Allied Mental Health and Human Services Professions. Virtual Meeting (Friday, August 16, 2024, 10:00 a.m., Agenda and Livestream)</p>
<p>Accessibility and Voter Rights</p> <p>Sign Up to receive emails. Stay educated on your rights, and on the Issues, Candidates and Ballot Questions in Massachusetts!</p>	<p>1. Rev Up Massachusetts REV UP – Register! Educate! Vote! Use your Power! https://revupma.org/wp/2024-Disability-Voting-Rights-Week September 9 – 13, 2024 Learn more about the issues, and how you can help advance the disability agenda at our 2024 Disability Voting Rights Week post. 2024 Election Calendar Visit the Secretary of State's Upcoming Elections page.</p> <ul style="list-style-type: none"> • September 3 – State Primary <ul style="list-style-type: none"> ○ August 24 – Voter Registration Deadline

	<ul style="list-style-type: none"> ○ August 26 – Vote by Mail Application Deadline ● November 5 – Election Day <ul style="list-style-type: none"> ○ October 19 – First day of in-person early voting for state election ○ October 26 – Last day to register to vote for state election ○ October 29 5:00 p.m. – Deadline to apply for mail-in ballot for state election ○ November 1 – last day of in-person early voting for state election
Featured Webinar	<p>2. Health Affairs <u>What Do Recent Nursing Home Developments Mean for Residents, Families, and the Future of Long-Term Care?</u> Monday, August 19, 2024, 2:00 to 3:30 p.m. Join Health Affairs Monday, August 19, for a virtual event on the implications of recent nursing home developments for residents, their families, and the future of long-term care. In the wake of the COVID-19 pandemic, nursing homes have faced unprecedented challenges and undergone an evolution that is still in process. A growing body of research, much of which has been <u>published in Health Affairs</u>, has tracked changes in nursing home operations, infection control policies, workforce composition, and more. As part of the <u>Age-Friendly Health series</u>, in partnership with The John A. Hartford Foundation, <i>Health Affairs</i> Editor-in-Chief Alan Weil will moderate a virtual event on August 19 to highlight the latest developments and policy implications for nursing homes. Topics include:</p> <ul style="list-style-type: none"> ● Highlights of nursing home–related articles published recently in Health Affairs as part of the Age-Friendly Health series ● Nursing home staffing trends ● Lessons learned from the COVID-19 pandemic ● Policy implications <p>Confirmed speakers include:</p> <ul style="list-style-type: none"> ● Terry Fulmer, President, The John A. Hartford Foundation ● R. Tamara Konetzka, University of Chicago ● David Grabowski, Harvard Medical School ● John Bowlis, Miami University ● Alice Bonner, Institute for Healthcare Improvement ● Kezia Scales, PHI ● Jean Moody-Williams, Centers for Medicare and Medicaid Services <p>Online details will be shared with registrants 24 hours in advance of the event. If you have accessibility or support requirements to participate fully in this event, please contact events@healthaffairs.org to ensure that they can arrange reasonable accommodations. <u>Registration</u></p>
Webinars and Other Online Sessions	<p>3. Interagency Committee on Disability Research (ICDR) <u>ICDR Webinar on Long COVID and Employment Outcomes</u> Thursday, August 29, 2024, 12:00 p.m. Join the <u>Interagency Committee on Disability Research</u> (ICDR) August lunch & learn webinar, which will feature a 40-minute presentation from Gitendra Uswatte, Ph.D., a professor at The University of Alabama at Birmingham, on the topic of Long COVID and employment outcomes. After the presentation, there will be a 15-minute question-and-answer session with the audience. The audience will include a wide range of ICDR</p>

	<p>stakeholders, federal interagency partners, researchers, practitioners, disability organizations, and ICDR Committee members.</p> <p>Space is limited. Register now to reserve your spot and to receive instructions for joining the webinar. Registration closes Thursday, August 22.</p> <p>The event recording will be made available to those who register afterwards and posted to the ICDR website.</p> <p>Register for the webinar</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at:</p> <p>https://dignityalliancema.org/webinars-and-online-sessions/</p>
FY 25 State Budget	<p>4. *State House News August 9, 2024 Spending Decisions During Election Season</p> <p>The Legislature likely faces a series of major decisions to make during informal sessions before and after the Nov. 3 general election. The annual spending bill closing out the books on the previous fiscal year is a traditional agenda item in the fall, and the Healey administration said Friday it plans to file one around Labor Day. House and Senate Democrats also have a pair of approved fiscal 2024 supplemental budgets that they couldn't agree on prior to the end of formal sessions. On top of those two matters, lawmakers will need to agree at some point on how to allocate surplus fiscal 2024 income surtax revenues that can't be used for general budget-balancing purposes and must be steered to education and transportation accounts.</p>
Massachusetts Policy	<p>5. Office of Governor Maura Healey and Lt. Governor Kim Driscoll June 13, 2024 Five Year Capital Investment Plan</p> <p>The Healey-Driscoll Administration released its Fiscal Year 2025-2029 Capital Investment Plan (CIP), funding \$15.6 billion in projects and programs over the next five years, with a focus on housing, economic development, infrastructure and climate resiliency.</p> <p>The capital plan includes more than \$3.1 billion in Fiscal Year 2025 – an increase of \$212 million from Fiscal Year 2024 – to build on the progress the administration made in Fiscal Year 2024, with a focus on using new growth in the CIP to lower the cost of housing and enhance the state's economic competitiveness.</p>
Legislation	<p>6. *State House News August 12, 2024 State House Closure Will Span Four Days By Sam Doran</p> <p>The State House will close down at the end of next week for a full power shutdown expected to last through Monday, Aug. 19, while workers tend to damage from last summer's electrical fire.</p> <p>The capitol building and its underground parking garage will close at 6 p.m. on Friday, Aug. 16, according to a memo sent by Administration and Finance spokesman Matt Murphy.</p> <p>Staff and the public will not be able to access the premises during the shutdown and building employees have been asked to work off-site. Anticipating the Monday closure, the House of Representatives, which usually meets on Mondays, plans to hold a Friday session on Aug. 16 in order to fulfill a Constitutional requirement related to how often it meets, a spokesperson for the speaker said.</p>

	<p>"This temporary closure is to allow for the replacement of power cable in connection with the July 2023 fire," Murphy wrote in his memo. The two-alarm incident on July 18, 2023 occurred when high-voltage wires feeding into a lower level of the building caught fire.</p> <p>7. *State House News August 9, 2024 Legislative Breakthroughs, Or More Vacation House and Senate members largely vacated the State House after their underwhelming finish to formal sessions on Aug. 1, saying they'd continue working on the bills they couldn't agree upon. Since then, there have been no breakthroughs. Apart from a claim that a maternal health care negotiating panel led by Rep. Marjorie Decker and Sen. Cynthia Friedman is close to an agreement, there's little evidence of progress on major bills or even the presence of legislators at the State House. Most House and Senate members have no opponents to worry about in the Sept. 3 primary elections and August is traditionally a big month for vacations, which may be taking precedence over the unfinished formal session business.</p>
<p>Nursing Homes</p>	<p>8. McKnights Long-Term Care News August 11, 2024 CMS payment rule symptom of larger malady By Brendan Williams The author is critical of the recent CMS payment rule for nursing homes. While a 4.2% fee-for-service increase might seem positive, it's largely irrelevant due to the dominance of Medicare Advantage plans that often pay less than Medicare. The real issue is the increased penalties for nursing homes. CMS has changed the rules to allow for multiple, larger fines, which the author argues is not supported by the law and will drain resources from resident care. The author also criticizes the increased power given to state surveyors, suggesting a lack of proper training and oversight. Ultimately, the author contends that the nursing home industry is facing a crisis due to underfunding and increased regulations, while political rhetoric focuses on blame rather than solutions. The author calls for increased funding for nursing home care and better support for staff.</p> <p>9. NPR Shots August 8, 2024 Violent dementia patients leave nursing home staff and residents 'scared to death' By Jordan Rau In this article, Dan Shively, a former bank president and fly-fishing enthusiast, was killed in a memory care home after being violently attacked by another resident, Jeff Dowd. Both men had dementia. The article details the circumstances surrounding the attack, the subsequent legal battle, and the broader issue of violence in long-term care facilities. Key points:</p> <ul style="list-style-type: none"> • Dan Shively, a former bank president and fly-fishing enthusiast, was killed in a memory care home after being violently attacked by another resident, Jeff Dowd. Both men had dementia. • The attack occurred on Shively's fourth day at Canyon Creek Memory Care Community in Billings, Montana. Dowd had a history of violence and aggression, and the facility had been warned about his potential for violence.

- Shively's family sued Canyon Creek, arguing that the facility should not have admitted or retained Dowd. The facility denied liability, arguing that the attack was not foreseeable.
- The jury found Canyon Creek negligent and awarded the Shively family \$310,000 in damages.
- The article highlights the broader issue of violence in long-term care facilities, noting that it is a common problem. It also discusses the challenges of caring for people with dementia, and the need for better training and support for staff in long-term care facilities.

10. McKnights Long Term Care News

August 8, 2024

[*Nursing home workers, this time the research is on your side*](#)

By James M. Berklan

The author argues that while seemingly trivial research studies, such as the best way to walk with coffee or the ideal cheese on toast, might seem absurd, they can have practical applications. This point is illustrated by a recent study on the mental health of healthcare workers during the COVID-19 pandemic.

The study found that nursing home workers experienced significantly higher levels of anxiety, depression, and PTSD compared to hospital workers.

These results, while perhaps unsurprising, provide valuable data to inform future strategies for supporting healthcare workers during crises.

The author emphasizes the importance of factors like purpose in life and moral courage in protecting mental health and preventing burnout among caregivers. Ultimately, this research highlights the severe impact of the pandemic on nursing home workers and underscores the need for targeted support measures.

11. Maynard Nexsen

April 23, 2024

[*CMS Proposes to Dramatically Increase Amount of Civil Monetary Penalties Imposed During Nursing Home Surveys*](#)

The Centers for Medicare and Medicaid Services (CMS) announced an intent to dramatically expand its authority to impose Civil Monetary Penalties (CMPs) during nursing home surveys. CMS states the increase in the CMPs are needed “to enhance the safety and quality of care provided in the nation’s nursing homes.” But, in reality, the existing penalties can currently be draconian in nature when imposed. and the expansion of the amounts and types of CMPs envisioned by CMS may drive some SNFs out of business.

The CMPs are imposed for certain levels of deficiencies during nursing home surveys by CMS. The CMPs consist of “Per Day” CMPs that are imposed as a daily fine starting from when the non-compliance (deficiency) began until it is corrected. “Per Instance” CMPs are imposed as one fine for the deficiency in question.

Currently, the CMPs that may be imposed by CMS during a survey fit into three categories:

Category 1	No CMPs
Category 2	Per Day CMPs. \$50 to \$3,000 a day, adjusted annually for inflation. Currently \$129 to \$7,752
	Per Instance CMPs. \$1,000 to \$10,000 a day, adjusted annually for inflation. Currently \$2,586 to \$25,84

	<p>Category 3 Per Day CMPs. \$3,050 to \$10,000 a day, adjusted annually for inflation. Currently \$7,844 to \$25,847</p> <p>Per Instance CMPs. \$1,000 to \$10,000 a day, adjusted annually for inflation. Currently \$2,3,989 to \$25,847</p> <p>CMS's proposal would expand the use of CMP penalties, allowing more and/or overlapping Per Instance and Per Day CMPs to be imposed:</p> <ul style="list-style-type: none"> • The proposals will permit both types of penalties to be imposed (Per Day and Per Instance) at same time on the same survey • A Per Day and Per Instance CMP or both could be imposed for each instance of noncompliance within the same survey • Per Day penalties could be imposed as far back as last three standard surveys (versus last one) <p>Under CMS' proposal, the same deficiency could involve both a Per Day of up to \$25,847 and a Per Day CMP of three times \$3,488,400 - \$10,465,200 - if the proposal is enacted (three times 15 months instead of 15 months).</p> <p>12. Health Affairs (podcast) March 30, 2021 Nursing Homes Have A Staff Turnover Crisis – Even Before COVID-19 By David C. Grabowski, Alan Weil Nursing homes are challenging places to work. As David Grabowski, a professor of health care policy at Harvard Medical School, notes in today's episode of <i>A Health Podyssey</i>, "we knew the nursing home system was broken before the COVID-19 pandemic." Grabowski recently co-authored two papers in the March 2021 edition of <i>Health Affairs</i> on the topic of nursing home staffing using a new Medicare data set (Payroll Based Journal) that spanned 2017-2019 and is a game changer for measuring quality. One article noted that Medicare's new patient-driven payment model resulted in reductions in therapy staffing in skilled nursing facilities. A second found that mean annual nursing staff turnover rate was an eye-popping 128 percent. Post-pandemic, the implications of a nursing home's high staffing turnover rate is clear: it could lead to health and safety risks for residents. David Grabowski joins <i>Health Affairs</i> Editor-in-Chief Alan Weil on today's episode to discuss his research, its implications, and why nursing home staff relationships with residents matter. He also delves into the complex ownership structures and the need for greater transparency and accountability in nursing homes.</p>
<p>Steward Healthcare</p>	<p>13. *State House News August 12, 2024 Sales Hearing On Steward Hospitals Postponed Until Friday By Colin A. Young Tuesday's bankruptcy court hearing on the sale of as many as five Steward Health Care hospitals in Massachusetts has been postponed until Friday. In an overnight court filing, the company announced that the hearing planned for 2 p.m. Tuesday was being "adjourned" until 11 a.m. Friday, Aug. 16. The sales hearing is a significant step in the bankrupt company's efforts to sell off its physician network, Stewardship Health, as well as hospitals in Massachusetts, Arkansas and Louisiana. The filing did not provide a reason for the postponement. Steward has already received court approval to close Carney Hospital in Dorchester and Nashoba Valley Medical Center in Ayer, but company officials have told the court that they "received binding bids from local</p>

operators to acquire six (6) of their Massachusetts hospitals which includes Saint Elizabeth's Medical Center, Saint Anne's Hospital, Good Samaritan Medical Center, Holy Family Hospital – Haverhill, Holy Family Hospital – Methuen, and Morton Hospital."

Massachusetts agreed, and U.S. Bankruptcy Court approved, to a deal under which it plans to provide \$30 million in advance Medicaid payments to keep open through August the Steward hospitals that are expected to be sold. The state was to pay roughly \$11 million of that sum on or around Friday.

But the second round of payments, \$19 million in all, could be affected by the postponement of Tuesday's hearing. That payment, under the agreement, is conditioned upon the "execution of agreements to acquire the hospital operations and land of" the Massachusetts hospitals by Aug. 9 and the "issuance of one or more orders by the Bankruptcy Court on or before August 15, 2024, approving the sale of" those hospitals.

An Executive Office of Health and Human Services spokeswoman did not immediately respond Monday morning to questions about how the postponement of Tuesday's hearing to Aug. 16 affects the payment agreement and its Aug. 15 condition. A Steward spokeswoman said the company did not have a statement to provide in response to News Service questions.

14. *State House News

August 7, 2024

[DPH Plans Hearings On Carney, Nashoba Closures](#)

By Alison Kuznitz

State public health officials have scheduled public hearings on Steward Health Care's plans to close Carney Hospital in Dorchester and Nashoba Valley Medical Center in Ayer later this month.

[State regulations](#) require hospital providers to provide at least 120 days' notice ahead of an essential service closure, but officials at the bankrupt health care system are forging ahead with plans to close the two facilities later this month.

The Department of Public Health hearings are scheduled to occur on an accelerated timeline, as DPH is supposed to hold a hearing at least 60 days before a closure takes effect. The hearings are intended to help DPH gauge whether services are necessary for preserving access to care, though health officials cannot force a service to stay open.

DPH plans an in-person public hearing at 6 p.m. Tuesday, Aug. 13 at Florian Hall in Dorchester on the [closure of the Carney](#), according to a notice shared with the News Service. That's followed by a virtual public hearing on the Carney at 6 p.m. Wednesday, Aug. 14, which people can access by calling 888-917-8055 and using passcode 4153805. Officials are accepting written testimony until midnight, Aug. 14.

[For Nashoba](#), DPH is holding an in-person public hearing at 6 p.m.

Thursday, Aug. 15 at Devens Common Center. There will also be a virtual hearing at 6 p.m. on Monday, Aug. 19 that people can join by calling 800-593-9954 and using passcode 3281952. Written testimony will be accepted up to midnight on Aug. 19.

The DPH notices say the hearings are not "adjudicatory in nature, but rather public forums for the presentation of any comments which may be relevant to the Department's consideration of the proposed change."

	<p>The Boston City Council is scheduled to take up a resolution Wednesday seeking an emergency declaration tied to Steward Health Care's plan to shutter Carney Hospital at the end of the month.</p> <p>The resolution, sponsored by Councilors John FitzGerald and Ed Flynn, urges the city and the Boston Public Health Commission to declare a public health emergency and to "take all possible steps necessary to preserve the operations of Carney Hospital, and ensure that Steward is following all state and local laws."</p>
<p>Assisted Living</p>	<p>15. Senior Housing News August 5, 2024 Future Impact of Supreme Court's Chevron Ruling on Senior Living Remains Hazy By Austin Montgomery The U.S. Supreme Court's recent overturning of the Chevron Doctrine, a 40-year-old legal decision, has significant implications for various industries, including senior living.</p> <p>Key points:</p> <ul style="list-style-type: none"> • Chevron Doctrine: This doctrine previously gave regulatory agencies more power to interpret federal laws. • Shift in power: The Supreme Court's decision shifts power back to the judicial system for interpreting laws. • Impact on senior living: The exact impact is still unclear, but it could lead to fewer federal regulations for senior living operators. • Industry response: Industry leaders emphasize the importance of maintaining high standards, despite potential regulatory changes. • Focus on quality: Senior living operators are encouraged to prioritize quality, transparency, and data-driven outcomes to build trust with residents, families, and healthcare payers. • Medicare and Medicaid: The decision will not impact Medicare or Medicaid payments to skilled nursing facilities. • Staffing mandate: The Supreme Court's ruling increases the likelihood of overturning the nursing home staffing mandate. <p>Overall, the senior living industry is facing a period of uncertainty but has an opportunity to shape its future by focusing on quality and demonstrating value to residents and healthcare payers.</p> <p>16. Everett Independent August 1, 2024 DiDomenico Supports Sweeping Systemic Reforms to Long Term Care and Assisted Living Facilities By Independent Staff Last week, the Massachusetts Senate approved sweeping reforms to the Commonwealth's long-term care and assisted living sectors, taking a powerful step towards delivering the high quality and safe care that Massachusetts seniors deserve. Senator DiDomenico supported S.2889, An Act relative to long term care and assisted living, which substantially strengthens oversight and enforcement while also requiring facilities to create outbreak plans should a health issue arise. The bill also creates an LGBTQ+ bill of rights for aging residents to prohibit discrimination based on their LGBTQ+ identity or HIV status. After robust debate, the bill passed 39-0. "Our state's older residents are invaluable members of our community, and it is of the highest importance that we ensure the best quality of life for</p>

people living in assisted living facilities,” said Senator Sal DiDomenico. “I am proud to support this legislative package that will move our state forward in helping ensure our long-term care and assisted living facilities are safe and providing quality care throughout the Commonwealth. We are all going to need some form of care when we get older, and it is our obligation in government to guarantee everyone has the right to age with dignity. I want to thank Senate President Spilka, Chair Rodrigues, and Senator Jehlen for shepherding this critical legislation through the Senate.”

The bill includes provisions related to basic health services administered in assisted living facilities and oversight of long-term care facilities, including the following.

Assisted Living Basic Health Services. The bill makes it easier for residents of nursing homes and long-term care facilities to get timely and efficient care by allowing Assisted Living Residences (ALRs) to offer basic health services such as helping a resident administer drops, manage their oxygen, or take a home diagnostic test. The legislation requires ALRs create service plans that demonstrate the residence has the necessary procedures in place, such as staff training and policies, to ensure safe and effective delivery of basic health services.

The legislation enhances oversight and compliance of ALRs by lowering the threshold for ownership interest disclosure from 25 per cent to five per cent. Under the new law, applicants are required to demonstrate that any prior multifamily housing, ALR, or health care facilities in which they had an interest met all the licensure or certification criteria. If any of these facilities were subject to enforcement action, the applicant must provide evidence that they corrected these deficiencies without revocation of licensure or certification.

This bill also gives the

[Executive Office of Elder Affairs \(EOEA\)](#) new powers to penalize non-compliance by allowing them to fine ALRs up to \$500 per day. This is in addition to existing

[EOEA](#) powers to modify, suspend, or revoke a certification, or deny a recertification. Finally, it adds whistleblower protections for staff and residents who report anything happening at an ALR that they reasonably believe is a threat to the health or safety of staff or residents.

Long Term Care Facilities. The bill requires the Department of Public Health (DPH) to inspect each long-term care facility every nine to 15 months to assess quality of services and compliance. It also requires DPH to review the civil litigation history, in addition to the criminal history, of the long-term care facility applicants, including any litigation related to quality of care, patient safety, labor issues, or deceptive business practices.

S.2889 requires DPH to review the financial capacity of an applicant and its history in providing long term care in Massachusetts and other states. It requires applicants to notify DPH if it is undergoing financial distress, such as filing for bankruptcy, defaulting on a lending agreement, or undergoing receivership.

It allows DPH to limit, restrict, or revoke a long-term care facility license for cause, such as substantial or sustained failure to provide adequate care, substantial or sustained failure to comply with laws or regulations, or lack of financial capacity to operate a facility. It also gives DPH the power to appoint a temporary manager if a long-term care facility owner fails to maintain substantial or sustained compliance with laws and regulations.

This manager would be brought on for at least three months, at the facility owner's expense, to bring the facility into compliance. The bill requires long term care facilities to submit outbreak response plans to DPH with clear protocols for the isolation of residents, lab testing, visitor screening, preventing spread from staff, and the notification of residents, family, and staff in the event of a contagious disease outbreak. The bill prohibits long term care facilities from discriminating against residents based on LGBTQ+ identity or HIV status, whether through the denial of admission, medical or non-medical care, access to restrooms, or through room assignments. It also requires staff training on preserving LGBTQ+ rights and care. Versions of the bill having passed both chambers of the Legislature, the two branches will now reconcile their differences before sending a bill to the Governor's desk.

17. McKnights Senior Living

July 24, 2024

[Assisted living policy needs a reset to benefit residents, long-term care system](#)

By Kimberly Bonvissuto

Long-term care policy needs a reset, particularly in assisted living, according to one expert from a consumer advocacy group.

Eric Carlson, director of long-term services and supports advocacy at Justice in Aging, said that residents and their families enter senior living communities with little relevant knowledge, "tiptoeing in, unsure of themselves and what should be happening."

With little federal oversight, he said during a recent [Long Term Care Community Coalition](#) webinar, assisted living follows "relatively loose" state standards, meaning that individual communities often set their own care and service levels.

Some assisted living communities provide Medicaid services through home- and community-based service programs, which are governed by federal [HCBS quality standards](#) announced last year.

But Carlson said that assisted living quality measures at the state and federal levels don't actually measure assisted living or quality. Justice in Aging released a [report earlier this year](#) that focused on what it called "deep problems" in both federal and state Medicaid policies. The [US Government Accountability Office](#) also called out the Centers for Medicare & Medicaid Services earlier this year for not taking action on recommendations from a 2018 report on assisted living.

Assisted living, Carlson said, receives much less attention from the federal government than does skilled nursing. The assisted living sector does "next to nothing" to track quality of care, and the federal government has no identifiable focus on Medicaid-funded assisted living, he said.

Carlson said that a need exists for the federal government to "start over" on assisted living — step back to see what it can do to establish federal standards if a significant amount of Medicaid dollars are going into the setting.

"The current system is not prepared, at all, to ensure quality in Medicaid-funded assisted living," Carlson said, adding that the HCBS system is not set up for facility care and providing care for people whose care needs justify nursing home-level care.

“Long-term care facility policy needs a reset, particularly in assisted living,” Carlson said. “It’s a matter of making progress every single day, which is the way that benefits people individually and the system more broadly.”

Listening to residents

Part of that reset, Carlson said, should include listening to residents. Most facets of long-term care facility policy, he said, could benefit from increased input from residents, resident families and their representatives.

Operators, Carlson said, present themselves as focusing on care and compassion, but residents and families often say that they are afraid of asking for better care. And at the public policy level, Carlson said, providers paint themselves as being “punished by a supposedly punitive enforcement system,” although he said that critics point to intricate corporate structures that seem designed to hide profits.

“There’s something odd in that dynamic where residents should feel so scared of just asking for the care they are entitled to,” Carlson said, adding that the reality is that operators have an “incredible amount of control” over what they are doing, as well as significant financial resources for lobbying. Carlson also attacked the long-term care industry’s conversations about culture change. Such discussions generally focus on staff training, he said, adding that real culture change should involve increased power for residents, families and their representatives. Taking person-centered care seriously, Carlson said, means reinvigorated resident and family councils, resident and family education, better funding for ombudsman programs and stronger enforcement of legal violations.

“You can’t wait for a surveyor to come in once a year in response to a complaint,” Carlson said. “You want to be in a position to push back in a variety of ways every day or every week.

“It’s too easy for facilities to assume no harm, no foul,” he continued.

Carlson added that Congress and the Centers for Medicare & Medicaid Services might respond differently if they could hear more from residents and their families.

18. JAMA Network Open

May 3, 2024

[Estimated Prevalence of Resident-to-Resident Aggression in Assisted Living](#)

By Karl Pillemer, PhD; Jeanne A. Teresi, EdD, PhD; Mildred Ramirez, PhD; et al

Key Points

Question What is the prevalence of resident-to-resident aggression (RRA) among residents of assisted living facilities?

Findings Data from a cross-sectional study using a probability sample of assisted living facilities in New York state showed that the 1-month prevalence of RRA was estimated to be 15.2%. The most common forms of RRA included verbal, physical, and sexual aggression.

Meaning The relatively high prevalence of RRA among residents of assisted living facilities underscores the need for recognition and treatment to avoid serious consequences for residents.

Conclusions and Relevance In this cross-sectional, observational prevalence study, resident-to-resident aggression in assisted living facilities was highly prevalent. Verbal aggression was the most common form, and physical aggression also occurred frequently. The effects of resident-to-

	<p>resident aggression can be both morbid and mortal; therefore, intervention research is needed to prevent it and to treat it when it occurs. . . . Taken together, our findings underscore the need to accelerate the development and implementation of RRA interventions. Such efforts should include tailoring and adapting an existing evidenced-based RRA intervention for use in other congregate care settings.²³ Policymakers should also consider reviewing and expanding current regulations and protocols to include policies for preventing, reporting, and treating RRA to ensure the safety of the increasing number of assisted living facility residents.</p>
<p>Home Health Care</p>	<p>19. Home Health Care News August 6, 2024 <u>Mass General Brigham Lands \$4.6M To Study Rehab Care At Home</u> By Joyce Famakinwa <i>Mass General Brigham to Study Home-Based Rehab Care</i> Mass General Brigham has secured a \$4.6 million grant to research the effectiveness of home-based rehab care as an alternative to traditional skilled nursing facilities (SNFs). The study aims to address the high percentage of older adults requiring post-hospital care, many of whom currently end up in SNFs. Key points of the study:</p> <ul style="list-style-type: none"> • Randomized controlled trial: Patients will be divided into two groups - one receiving SNF care and the other receiving home-based rehab care. • Comprehensive home-based care: Patients will have access to nurses, certified nurse assistants, physicians, home health aides, and therapists. • 24/7 support: Mobile integrated health paramedics will provide round-the-clock in-home response. • Potential impact: Positive results could lead to a permanent home-based rehab care program and influence healthcare policy.
<p>Housing</p>	<p>20. Harvard Joint Center for Housing Studies August 8, 2024 <u>Renters Struggle with Competing Costs of Food, Energy, and Housing</u> By Sophia Wedeen Lower-income renters continued to face extraordinary financial hardships in the first half of 2024, as the competing costs of food, energy, and housing made it nearly impossible for some households to cover basic needs. Between January and June of this year, one in four renter households with incomes below \$25,000 reported they sometimes or often did not have enough to eat, and 26 percent regularly kept their homes at temperatures they felt were unsafe or unhealthy. In addition to making these trade-offs, 16 percent of lower-income renters were behind on their rent payments, and 7 percent felt pressure to move because they couldn't keep up with housing costs. Our 2024 <u>State of the Nation's Housing report</u> pointed to significant affordability challenges for renters. Even though rent growth halted at the beginning of this year after a period of record-breaking increases, rental affordability is the worst on record. At last measure in 2022, the number of cost-burdened renter households reached a record high of 22.4 million. The cost burden rate for lower-income renters climbed to 83 percent, including 65 percent who were severely burdened. As rents outpaced incomes, lower-</p>

	<p>income renters had less left over after paying rent than ever before, with a median residual income of just \$310 per month in 2022. . .</p> <p>Many lower-income renter households struggled with food insufficiency. Among households earning less than \$25,000, 26 percent reported that they sometimes or often did not have enough to eat in the previous week because they could not afford it. Households behind on rent were even more likely to experience food insufficiency. . .</p> <p>Federal food assistance programs are helping households meet their nutritional needs. Just over half of renter households who earned less than \$25,000 reported receiving SNAP benefits and 6 percent received WIC.</p> <p>21. *State House News</p> <p>August 6, 2024</p> <p>Guv Signs Housing Law, But Advocates Say It "Left So Much On The Table"</p> <p>By Sam Drysdale</p> <p>As Gov. Maura Healey and lawmakers celebrated what they called "historic" housing legislation getting signed into law Tuesday, some of the advocates credited with influencing the bill say it is "underwhelming" and watered down, with a number of policies targeted at helping the state's poorest residents left on the cutting room floor. . .</p> <p>The bill authorizes \$5.16 billion in bonding -- though not all of that borrowing capacity will actually get used -- and implements 49 new housing policies. Lawmakers left five policy proposals from Healey out of their compromise bill, and a number of House and Senate priorities were cut from the final law. . .</p> <p>Housing Secretary Ed Augustus told reporters Tuesday that, with the additions lawmakers made to the bill, his office estimates the legislation will lead to the creation of over 45,000 new units and the preservation of 27,000 -- more than originally estimated from Healey's proposal. Massachusetts is expected to have a 220,000-plus housing unit shortage by 2030. . .</p> <p>Other policies that made it into the final bill include allowing accessory dwelling units by-right, eviction sealing, expanding a seasonal communities designation, and \$2 billion of bond authorizations steered towards upgrading the state's public housing stock. But advocates said they're not sure the legislation will make enough of a dent in the state's housing crisis with so much left on the table.</p>
<p>Alzheimer's / Dementia</p>	<p>22. The Conversation</p> <p>August 12, 2024</p> <p>Dementia risk factors identified in new global report are all preventable – addressing them could reduce dementia rates by 45%</p> <p>By Eric B. Larson, MD and Laura Gitlin, PhD, RN</p> <p><i>Nearly half of all dementia cases could be prevented or delayed by addressing 14 modifiable risk factors.</i></p> <p>A new study published in The Lancet found that by targeting factors such as vision loss, high cholesterol, hearing loss, depression, and physical inactivity, the global prevalence of dementia could be reduced by 45%. The research emphasizes the importance of prevention and early intervention in combating this growing health crisis.</p> <p>While the study offers promising results, it also highlights the need for further research to identify additional risk factors and develop effective prevention strategies.</p>

	<p>Ultimately, the findings underscore the potential for significantly improving the lives of millions of people by addressing these preventable risk factors.</p> <p>23. The Lancet (free access with registration) July 31, 2024 Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission By Prof Gill Livingston, MD; Jonathan Huntley, PhD; Kathy Y Liu, MRCPsych; Prof Sergi G Costafreda, PhD; Prof Geir Selbæk, MD; Prof Suvarna Alladi, PhD; et al.</p> <p>The 2024 update of the <i>Lancet</i> Commission on dementia provides new hopeful evidence about dementia prevention, intervention, and care. As people live longer, the number of people who live with dementia continues to rise, even as the age-specific incidence decreases in high-income countries, emphasising the need to identify and implement prevention approaches. We have summarised the new research since the 2020 report of the <i>Lancet</i> Commission on dementia, prioritising systematic reviews and meta-analyses and triangulating findings from different studies showing how cognitive and physical reserve develop across the life course and how reducing vascular damage (e.g., by reducing smoking and treating high blood pressure) is likely to have contributed to a reduction in age-related dementia incidence. Evidence is increasing and is now stronger than before that tackling the many risk factors for dementia that we modelled previously (i.e., less education, hearing loss, hypertension, smoking, obesity, depression, physical inactivity, diabetes, excessive alcohol consumption [i.e., >21 UK units, equivalent to >12 US units], traumatic brain injury [TBI], air pollution, and social isolation) reduces the risk of developing dementia. In this report, we add the new compelling evidence that untreated vision loss and high LDL cholesterol are risk factors for dementia.</p>
Covid / Long Covid	<p>24. McKnights Long-Term Care News August 11, 2024 COVID on the rise in nursing homes along with vaccine reluctance and mistrust By Jessica R. Towhey</p> <p>COVID cases are on the rise again in nursing homes, and the largest nonprofit provider advocacy is asking the White House to create and stick to an annual vaccination schedule to help combat vaccine fatigue and mistrust about managing the virus.</p> <p>According to information released by the Centers for Disease Control and Prevention last week, COVID fell to the 10th leading cause of death for all Americans last year, down from the fourth leading cause in 2022. . . . In nursing homes, the COVID has been steadily increasing since May, when cases had dropped to 1,554. But that rebounded to 9,915 by Aug. 4 — similar to numbers seen during last winter’s spike</p> <p>The number of nursing home deaths attributed to COVID are also on the rise. In May, that was at 52 – the lowest reported since COVID emerged in early 2020. But there were 114 reported deaths during the week ending Aug. 4.</p>
Disability Topics	<p>25. The Conversation August 5, 2024 How people with disabilities got game – the surprisingly long history of access to arcade and video sports</p>

By Matt Knutson

The article highlights the growing inclusion of people with disabilities in the esports world. While today's competitions feature large stages and high prize money, the history of accessible gaming dates back to the 1980s. A pivotal figure is Rob Marince, paralyzed at 17, who, with his brother's engineering, became a skilled pinball player. They organized tournaments for people with disabilities, gaining significant media attention and support from the gaming industry.

Despite setbacks and slow progress, the gaming industry has made strides in accessibility. Modern games incorporate features like color-blind modes and customizable controls. Additionally, specialized controllers are being developed to cater to diverse needs.

The article emphasizes the importance of accessibility in gaming, highlighting how it provides opportunities for achievement, community, and a new form of sport for people with disabilities.

Essentially, the piece traces the evolution of accessible gaming from its humble beginnings to its current prominence in the esports arena.

26. CBC

July 29, 2024

[Sask. teen fighting for funding to receive 24/7 care near his post-secondary school](#)

By Adam Hunter

'I feel profoundly dehumanized and discriminated against,' 18-year-old says Preston Ruzicka wants to attend post-secondary school near his family, but also wants some independence. Preston and his family are frustrated that the province is not helping him live where he wants.

Preston, 18, has Duchenne muscular dystrophy and uses a wheelchair. He is enrolled at Saskatchewan Polytechnic in Moose Jaw, an hour away from his family.

After a long search, his family found a place for him to live that provides 24-hour care.

The only catch is the cost will not be covered by the province, much to the dismay of Preston's mother Geraldine Ruzicka.

"Being able to live in an assisted living home, it would give Preston the ability to have his own little apartment with the care that he needs right outside that door. And they're denying that. Yet a wheelchair-accessible home is not that easy to come by. They're not just on every corner," Geraldine said.

Geraldine said the province offered to have Preston stay in Wascana Rehabilitation Centre in Regina, but not the seniors' care home in Moose Jaw that the family has found. She said most long-term care facilities are for only seniors, have long waitlists, or cater to people with cognitive, rather than physical, disabilities.

"We've been told by Saskatchewan health that we should find three or four of his friends to live with him so that they can shower him and put him on and off the toilet, and I don't know too many 18-year-olds that would want to do that with another, let alone have that done for them."

Geraldine said the home in Moose Jaw was the only place that would accept him based on his care needs.

"All we're asking for is the least expensive option to the taxpayers and dignity for our son, who unfortunately isn't able-bodied like his other friends and able to live wherever."

	<p>Geraldine said if she assists Preston financially, he will lose his benefits under the Saskatchewan Assured Income for Disability (SAID) program. CBC reached out to the Ministry of Health for a response to the concerns raised by Preston and his mother. It provided a response Wednesday. A spokesperson said the health and social services ministries were "aware of this case and committed to supporting individuals with complex needs in our province."</p> <p>The statement said the province cannot comment on specific cases due to privacy legislation, but that "Officials continue to work with the family to confirm the specific care needs of the individual and make further determinations with respect to programs or funding."</p> <p>The family says the ministry has not been working with them. The spokesperson said individualized funding is an option under the Saskatchewan Health Authority's (SHA) home care program, which allows people to live at home.</p> <p>"This program allows the client or their guardian to hire their own staff to meet their supportive care needs. This funding is not to be used for rent, food or other costs outside of the client's needs. Nursing and therapies are still provided by the SHA under this program."</p> <p>27. CBC August 5, 2024 Sask. will now fund teen's 24/7 supports near his post-secondary school By Alexander Quon <i>Preston Ruzicka and his family spent months asking province for funding</i> An 18-year-old from Assiniboia, Sask., will be able to attend his post-secondary school and live independently after the provincial government agreed to provide him with funding. . . The province had refused. After CBC News reported on the family's efforts this week, an official with the Saskatchewan Health Authority called the Ruzicka family Thursday morning. "The [Ministry of Health] has decided to go ahead with the alternative specific client funding for Preston so that he can attend school," Geraldine said Thursday. "So, we're very excited and it's been a long fight to get here." <ul style="list-style-type: none"> • Sask. teen fighting for funding to receive 24/7 care near his post-secondary school • Court hears Charter challenge against Sask. government's disability program Preston welcomed the news as well. "I'm kind of excited to be able to have some place to live and go to school," he said. . . On Thursday, Geraldine said that although her family's efforts have been successful, she is not going to stop advocating for others. "[I'll] make sure that another mother doesn't have to look into their kid's eyes and hear their kid say how dehumanized they're feeling," she said. But for now, Geraldine said her family will celebrate their success and help Preston prepare for the upcoming school year.</p>
Veterans Topics	<p>28. Office of Governor Maura Healey and Lt. Gov. Kim Driscoll August 8, 2024 Governor Maura Healey Signs Historic HERO Act, Ushering in New Era for Veterans in Massachusetts</p>

	<p>The HERO Act (An Act Honoring, Empowering, and Recognizing our Servicemembers and Veterans) includes over 30 provisions that will positively impact hundreds of thousands of veterans in Massachusetts. This landmark legislation will increase benefits, modernize services and promote inclusivity for veterans in Massachusetts. Key provisions include expanding access to behavioral health treatment, increasing benefits for disabled veterans, supporting businesses that hire veterans, updating the definition of a veteran, expanding the Veterans Equality Review Board's scope, and codifying medical and dental benefits.</p>
<p>Caregiving</p>	<p>29. New York Times (free access) August 3, 2024 When Elder Care Is All in the Stepfamily By Paula Spahn <i>Stepfamilies and the Growing Challenge of Elder Care</i> The increasing number of stepfamilies in the US is creating a potential gap in elder care. Studies show adult children are less likely to provide assistance to stepparents compared to biological parents. This "step gap" could leave many seniors without help as they age.</p> <p>Reasons for the Step Gap:</p> <ul style="list-style-type: none"> • Weaker relationships: Step relationships are often less close than biological ones, especially when stepparents enter a child's life later or if there are existing conflicts from divorce. • Unclear expectations: Roles and responsibilities within stepfamilies can be ambiguous, leading to confusion about who should provide care for aging stepparents. • Larger families: While stepfamilies offer a larger pool of potential caregivers, the decreased likelihood of each member stepping up outweighs the benefit. • Lack of policy support: Family leave laws often don't explicitly include stepchildren, making it harder for stepfamily caregivers to take time off work. <p>The Impact:</p> <ul style="list-style-type: none"> • Seniors in stepfamilies are less likely to receive help from adult children compared to those in biological families. • Even stepparents themselves are less likely to expect help from stepchildren. • This lack of support can leave many seniors with unmet needs in terms of daily tasks and personal care. <p>The Future:</p> <ul style="list-style-type: none"> • Policy changes, like including stepchildren in family leave laws, could encourage caregiving within stepfamilies. • However, a larger systemic issue exists: a lack of support for families of all types in caring for older adults. <p>The Takeaway: While the "step gap" presents a challenge, some stepfamilies have strong bonds and provide excellent care. The bigger issue is ensuring all families have the resources they need to care for their aging loved ones.</p>
<p>Grieving</p>	<p>30. ^New York Times August 11, 2024 Monet, Taylor Swift, 'Moana': What Got Readers Through Their Grief</p>

	<p>A newspaper series on how artists dealt with loss inspired readers to share their stories of how art and culture helped them cope with grief. Hundreds of responses included:</p> <ul style="list-style-type: none"> • Songs: Stevie Wonder's "As," Charley Crockett's "Time of the Cottonwood Trees," Elvis Presley's "Are You Lonesome Tonight," Taylor Swift's "The Best Day," John Denver's "Country Road," Neil Diamond's "Sweet Caroline," Josh Groban's "River" • Movies: "School of Rock," "Moana," "Cabaret" • Magazines: National Geographic • Books: David Sedaris' books • Podcasts: "All There Is With Anderson Cooper" • Paintings: Claude Monet's "Water Lilies"
<p>Retirement</p>	<p>31. Bamkrate.com July 22, 2024 <u>The Best and Worst States for Retirement</u> By Alex Gailey</p> <p>Retirement is a major life decision, and choosing where to spend your golden years is a crucial part of that process.</p> <p>Retirement is a major life decision, and choosing where to spend retirement years is a crucial part of that process. While financial factors like cost of living are important, personal preferences such as proximity to family, access to nature, and community feel also play a significant role.</p> <p>Bankrate analyzed various factors to rank the best and worst states for retirement:</p> <ul style="list-style-type: none"> • Affordability: This was the most heavily weighted category, considering factors like cost of living, property taxes, and homeowners insurance. • Overall well-being: This included factors like racial and ethnic diversity, arts and entertainment, and overall happiness. • Health care: Cost and quality of healthcare were assessed. • Weather: Climate conditions were considered. • Crime: Crime rates were included in the ranking. <p>Key Findings:</p> <ul style="list-style-type: none"> • Top 5 states for retirement: Delaware, West Virginia, Georgia, South Carolina, Missouri • Bottom 5 states for retirement: Alaska, New York, Washington, California, North Dakota • Geographic trends: Midwest and Southern states generally ranked higher due to lower costs of living, while Northeastern and Western states tended to rank lower due to higher costs. • Importance of affordability: The rising cost of living has made finding affordable retirement locations a priority for many. <p>Factors to Consider When Choosing a Retirement Location:</p> <ul style="list-style-type: none"> • Finances: Evaluate your budget, retirement income, and savings. • Community: Consider the importance of social connections and opportunities to engage with others. • Cost of living: Weigh the benefits of affordability against other factors like access to healthcare and amenities. • Healthcare: Consider the quality, cost, and proximity of healthcare services. • Taxes: Understand the tax implications of different states.

	<ul style="list-style-type: none"> • Climate: Evaluate your preferred climate and consider the potential impact of natural disasters. <p>Massachusetts' rankings:</p> <p>Overall: 45th Affordability: 48th Quality / cost of health care: 29th Well-being 8th Weather: 31st Crime: 10th</p>
<p>In Other States</p>	<p>32. Rhode Island Curreant August 5, 2024 <u>Connecticut to spend \$6 million to boost safety of home health care workers</u> By Dave Altimari Connecticut state officials Monday outlined a new safety program for home health care workers that will include GPS monitoring and escorts to potentially risky clients. . . "We know that the nature of this work frequently exposes those workers to various risks and challenges," DSS Commissioner Andrea Barton-Reeves said. "So, ensuring their safety and their well-being is of paramount importance. This in-home safety Grant Program offers funding for a comprehensive array of safety enhancements." Among the initiatives: providing emergency response buttons to each worker for quick access to assistance; the implementation of a buddy escort system to ensure the safety of staff members during visits to high-risk areas; distribution of GPS tracking devices to monitor the location and safety of home health workers in real time; and establishing dedicated phone lines for staff in the field to access immediate support and report safety concerns. The state will use \$6 million in American Rescue Plan money to fund the program, at least initially.</p> <p>33. The Pinnacle Gazette <u>New Mexico Nursing Homes Face Unacceptable Conditions</u> July 3, 2024 Nursing home conditions in the U.S. are facing scrutiny. Recent inspections in revealed widespread violations in nursing homes, prompting calls for improved standards. The article highlights several key issues:</p> <ul style="list-style-type: none"> • Poor conditions: Many nursing homes across the country, particularly in rural areas, are facing severe understaffing, inadequate facilities, and a lack of resources. • Economic challenges: Facilities, especially in rural areas, struggle to maintain occupancy rates and attract staff, leading to financial instability. • Government regulations: The Biden administration's proposed staffing requirements for nursing homes have faced opposition, but many believe they are crucial for improving care. • Public perception: Public trust in nursing homes is low, emphasizing the urgent need for reform. <p>The article concludes by emphasizing the importance of addressing these issues to ensure the well-being of elderly residents.</p> <p>34. The Mercury News August 5, 2024</p>

	<p><u>'Living in absolute squalor': Mental health group homes go unregulated in Santa Clara County</u> By Ethan Varian Unregulated Independent Living Homes Pose Risks to Vulnerable Residents in Santa Clara County This article exposes the lack of oversight for independent living homes in Santa Clara County, California, which house many formerly incarcerated people and those leaving mental health and addiction facilities. Key Points:</p> <ul style="list-style-type: none"> • Unregulated Homes: Hundreds of unlicensed independent living homes operate throughout the county. • Poor Conditions: Residents often face issues like mold, pests, overcrowding, and lack of proper care. • Limited Support: These homes aren't required to offer support services like mental health care or medication reminders. • County Efforts: Santa Clara County allocated \$2 million to improve living conditions in these homes and establish inspection protocols. • Uncertain Future: The impact of these efforts and the overall status of future regulations remain unclear. • Advocates' Demands: Increased oversight and accountability for all independent living homes in the county.
Voting / Election Information	<p>35. McKnights Long Term Care August 8, 2024 <u>Resident advocates aim to protect voting rights in nursing homes ahead of contentious election</u> By Jessica R. Towhey With just three months left before Election Day, patient advocates are pushing long-term care facilities to make sure their residents are both registered to vote and able to cast their ballots. . . Facilities must "have a plan to ensure residents can exercise their right to vote, whether in-person, by mail, absentee or other authorized process," according to the National Consumer Voice for Quality Long-Term Care. . .</p>
Public Sessions	<p>36. Personal Care Attendant Workforce Council <i>Virtual Meeting</i> Tuesday, August 13, 2024, 2:00 p.m. <u>Zoom</u></p> <p>37. Public Health Council Wednesday, August 14, 2024, 9:00 a.m. <i>Public Health Council meets virtually.</i> The agenda includes updates from DPH Commissioner Dr. Robbie Goldstein. The agenda includes an informational presentation on connecting Massachusetts students to behavioral health services. A second informational presentation will focus on health care personnel and COVID-19 and influenza vaccinations in health care facilities, which will also be the subject of a roundtable and Q&A. <u>Agenda and Livestream</u></p> <p>38. Board of Registration of Allied Mental Health and Human Services Professions Friday, August 16, 2024, 10:00 a.m. <i>Virtual Meeting</i> <u>Agenda and Livestream</u></p>

<p>Support Dignity Alliance Massachusetts</p> <p><u>Please Donate!</u></p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>	
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>	
<p>Websites</p>		
<p>Blogs</p>		
<p>Podcasts</p>	<p><u>Consumer Voice Podcast Library</u></p> <p>The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics.</p>	
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>	
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>	
<p>Websites of Dignity Alliance Massachusetts Members</p>	<p>See: https://dignityalliancema.org/about/organizations/</p>	
<p>Contact information for reporting complaints and concerns</p>	<p>Nursing home</p>	<p><u>Department of Public Health</u></p> <ol style="list-style-type: none"> 1. Print and complete the <u>Consumer/Resident/Patient Complaint Form</u> 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p><u>Ombudsman Program</u></p>

<p>Money Follows the Person</p>	<p>MassHealth <u>Money Follows the Person</u> The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of August 9, 2024: 645 people enrolled, most in nursing facilities 137 people transitioned out of nursing facilities 38 people approved for AHVP (<u>Alternative Housing Voucher Program</u>) nursing home vouchers, 14 currently in use <u>Open PDF file, 1.34 MB, MFP Demonstration Brochure</u> <u>MFP Demonstration Brochure - Accessible Version</u> <u>MFP Demonstration Fact Sheet</u> <u>MFP Demonstration Fact Sheet - Accessible Version</u></p>
<p>Nursing Home Closures (pending)</p>	<p><u>Massachusetts Department of Public Health</u> <i>Marion Manor, South Boston</i> Closure date: September 11, 2024 <ul style="list-style-type: none"> • <u>Notice of Intent to Close (PDF)</u> <u>(DOCX)</u> <u>Massachusetts Nursing Home Survey Performance Tool</u> and the <u>CMS Nursing Home Compare website</u>.</p>
<p>Nursing Home Closures</p>	<p><u>Massachusetts Department of Public Health</u> <i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024 <i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024 <i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024 <i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024 <i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023 <i>Willimansett East, Chicopee</i> Closure date: June 6, 2023 <i>Willimansett West, Chicopee</i> Closure date: June 6, 2023 <i>Chapin Center Springfield</i> Closure date: June 6, 2023 <i>Governors Center, Westfield</i> Closure date: June 6, 2023 <i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure date: February 10, 2022 <i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022 <i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021 <i>Wingate at Chestnut Hill, Newton, MA</i> Closure date: October 1, 2021 <i>Halcyon House, Methuen</i> Closure date: July 16, 2021</p>

	<p><i>Agawam HealthCare, Agawam</i> Closure date: July 27, 2021</p> <p><i>Wareham HealthCare, Wareham</i> Closure date: July 28, 2021</p> <p><i>Town & Country Health Care Center, Lowell</i> Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care 2023</i> <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboag</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u> <u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated April 24, 2024 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally</p>

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)

	<p>https://www.adviniacare.com/adviniacare-country-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225332</p> <ul style="list-style-type: none"> • 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.geneshcc.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/ <p>Massachusetts Facilities that have graduated from the program</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation & Health Care Center, Marlborough https://marlboroughhillsrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063/ • Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/ <p>No longer operating</p> <ul style="list-style-type: none"> • South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram
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<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated April 24, 2024 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># Facilities</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>284</td> <td>198</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>108</td> <td>85</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>7,496</td> <td>1,469</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,965</td> <td>788</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>656</td> <td>317</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>568</td> <td>384</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>44</td> <td>33</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>3</td> <td>2</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>57</td> <td>27</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>8</td> <td>5</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>5</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated April 24, 2024</p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	284	198	Tag B	C	108	85	Tag C	D	7,496	1,469	Tag D	E	1,965	788	Tag E	F	656	317	Tag F	G	568	384	Tag G	H	44	33	Tag H	I	3	2	Tag I	J	57	27	Tag J	K	8	5	Tag K	L	5	2	Tag L
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<p><i>Nursing Home Compare</i></p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>																																																
<p><i>Data on Ownership of Nursing Homes</i></p>	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify</p>																																																

	<p>common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																																													
DignityMA Call Action	<ul style="list-style-type: none"> The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. Support relevant bills in Washington – Federal Legislative Endorsements. Join our Work Groups. Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																													
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																													
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jiplomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td>baskinfrank19@gmail.com cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jiplomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu	Facilities (Nursing homes and rest homes)	Arlene Germain	agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Legislative	Richard Moore	rmoore8743@charter.net	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org	Interest Group	Group lead	Email	Housing	Bill Henning	bhenning@bostoncil.org	Veteran Services	James Lomastro	jiplomastro@comcast.net	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jiplomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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The Dignity Digest	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>																																													
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> Bill Henning Margaret Morganroth Gullette 																																													

- Suzanne Lanzikos
- James Lomastro
- Dick Moore
- Emily Shea

Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of *The Dignity Digest*.

If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.

Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.

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

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

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

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

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