



The Dignity Digest

Issue # 202

August 27, 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

[MassHealth Drops Bid To Consolidate Assessments](#)

***State House News**

By Sam Drysdale

August 26, 2024

Following a groundswell of advocacy from people with disabilities and local service agencies, MassHealth officials are switching gears on a wide-ranging change they had planned to make to the state's care delivery system -- though the agency is still pursuing some reform.

MassHealth issued a procurement for an Independent Assessment Entity (IAE) on Feb. 16, which they said would create a single-entry point for consumers to access eight programs that provide long-term services and support for the elderly and people with disabilities.

Under the current system, more than 400 independent entities provide clinical evaluations for around 240,000 residents who use services covered by the state insurance program.

When MassHealth issued the request for response (RFR) in February for companies to bid on a statewide contract to take over these assessments from local providers, it was met with a groundswell of anger from some advocates within the disability community.

Following months of back and forth between advocates and MassHealth, representatives said during a forum hosted by **Dignity Alliance Massachusetts** on Aug. 22 that they are no longer pursuing the single assessment entity model.

The Personal Care Attendant Workforce Council began convening meetings soon after the RFR was issued last winter to address the issue, voicing concerns that companies bidding on the job could be from out of state and motivated by profits rather than caring for people.

For decades, individuals seeking long-term care in Massachusetts have worked with community-based providers or nonprofit agencies to access services. That local organization assesses and evaluates individuals and works with them to access MassHealth coverage, and also provides referrals to other support programs, works with caregivers, and supports people who need to appeal MassHealth decisions.

"I've been a PCA program consumer for over 12 years now. And I've had the same nurse evaluator for 10 of those 12 years. Her name is Dottie. And when it comes time to decide the care coverage hours that I need, I really have the utmost trust in Dottie to get things done," Diana Hu, who uses a motorized wheelchair, said in June.

Hu, chair of the Boston Center for Independent Living and member of the PCA Workforce Council, said Dottie was grounded in "independent living principles." This philosophy is rooted in the idea that people with disabilities should have control over their own lives and access to services that help them live in their communities, and not in facilities where they often cannot make their own decisions.

Hu and others praised the Independent Living Centers in Massachusetts that conducted their annual assessments, and said they were afraid what their lives could look like if a profit-driven company was in charge of determining their care instead. "It reminds me of being on the Mass Pike. You've got all the lanes open, but all of a sudden everybody has to go through one lane," said Nancy Garr-Colzie, who also uses a wheelchair, during the forum. "And if your information is wrong, you've got to get out of the line."

Jeni Kaplan, health law attorney at the Massachusetts Law Reform Institute, said in June that the assessment entity -- based on the RFR MassHealth issued -- would have made program-specific changes to eight long-term services: Adult Foster Care, Group Adult Foster Care, Personal Care Management (personal care attendants), Day Habilitation, Adult Day Health, Senior Care Options, Program of All-inclusive Care for the Elderly, and OneCareHome.

For the PCA program, certain assessments that currently happen in person and in the home of consumers, could have occurred over the phone or video calls by someone staffed at the IAE, she said. Additionally, nurses would no longer have required the input of an occupational therapist.

Individuals who use this program said the in-person component is an important piece of the assessment, as nurses can understand a lot about a person's health and how much help they need by the state and layout of their home.

For the PACE program, OneCare and Senior Care Options -- programs that primarily assist seniors -- consumers would have had to do an additional evaluation, which Meg Coffin of the Center for Living and Working said would "increase the assessment burden on members."

"MassHealth seems to be prioritizing administrative efficiency at the expense of consumer-driven and consumer-centered planning. And particularly the development of the IAE reflects that profound disregard for the philosophy and principles of independent living," Coffin said. "In centering a more uniform,

consistent experience, MassHealth is significantly undermining the ability of agencies to provide the careful individualized assessment of a person's unique needs and the development of a service."

MassHealth representatives have said for months that the consolidation of assessments was never an effort to save money, but a response to a real issue of long wait times and confusion that people have with so many entry points to try to receive care. In that vein, they are still pursuing an amended RFR to address this issue.

According to MassHealth data, the lag time between a referral and when prior authorization is issued is currently exceeding 100 days on average at eight Personal Care Management agencies.

Additionally, the department said that if members are screened out by a provider or determined ineligible for a service, that decision is not appealable. The Executive Office of Health and Human Services has no way of knowing what happens to that member or whether they were provided with any alternative service options.

In the PCA program alone, MassHealth knows 861 members were screened out in 2023, but they don't know whether they were offered any other support.

The process change was meant to address some of these issues, as well as streamline a confusing system for people who participate in multiple programs, they say.

"Our call center, my office, I personally get multiple complaints a week regarding how long it takes to get an assessment, how confusing it is, and why you need to get an assessment if you already got assessed somewhere else," Mike Levine, assistant secretary at MassHealth, said at a June forum about the issue hosted by the Disability Advocates Advancing our Healthcare Rights coalition.

At that forum, Levine said he and his colleagues were listening closely to advocates' feedback and apologized for moving forward with "insufficient community support."

In addition to sharing concerns about an IAE, disability activists also took issue with the RFR process. They said prominent disability rights groups were not consulted about the idea before the procurement was issued in February with an original bidding deadline of this summer.

The Boston Center for Independent Living, PCA Workforce Council and other groups led a number of demonstrations at the State House about the topic over the past months. During many of these protests, advocates chanted "Not about us without us," criticizing MassHealth for what they said was a lack of conversation with people with disabilities in the development of the proposal.

MassHealth eventually pushed back the RFR bidding date to Sept. 6, and in the meantime issued a Request for Information

	<p>(RFI), soliciting feedback on the proposal. Levine's announcement Wednesday that the agency was no longer pursuing an independent assessment entity came after reviewing the responses to the RFI.</p> <p>"I do just want to start out by acknowledging that I think MassHealth started this dialogue in the wrong way. We should have engaged more upfront prior to releasing the RFR. I hope you've noticed that we are trying to do more engagement now through the RFI and conversations with stakeholders. But really, this is only the beginning," Levine said during the virtual forum. He addressed community providers and consumers with personal experiences who spoke at the webinar, saying that they "fully agree and hear you that there are ways to reduce administrative burden without an IAE, and we've started some productive conversations on that front."</p> <p>EOHHS plans to significantly amend the RFR to better preserve aspects of the system that members have indicated are working well today, according to the department. The modified RFR will be posted no sooner than October.</p> <p>The amended procurement will include revisited timelines and an additional question period. The original timeline had implementation starting in 2026.</p> <p>"I just want to reiterate that we do share everyone's commitment to assessments being done by local, community-based organizations who know their members, they know their families, they know their communities, and they know the options in their communities," Levine said Wednesday.</p> <p>He continued, "I do have to say, at the same time, the number of calls that my office gets about people struggling to get an assessment or struggling to find the right door, having a hard time knowing where their loved one needs to go to get services... There are improvements that I think we all agree need to be made, and there are a lot of people waiting a long time to get an assessment. And that's not the level of access and the level of equitable access that we as an agency are committed to providing."</p>
<p>Spotlight: The meaning of <i>dignity</i></p> <p>Reader submissions requested.</p>	<p>Dignity Alliance Massachusetts published 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></p>

<p>Quotes</p>	<p>as well as on the DignityMA website, www.DignityAllianceMA.org.</p> <p><i>"I just want to reiterate that we do share everyone's commitment to assessments being done by local, community-based organizations who know their members, they know their families, they know their communities, and they know the options in their communities."</i></p> <p>Mike Levine, Assistant Secretary Executive Office of Health and Human Services and MassHealth Director, MassHealth Drops Bid To Consolidate Assessments, *State House News, August 26, 2024</p> <p><i>"It reminds me of being on the Mass Pike. You've got all the lanes open, but all of a sudden everybody has to go through one lane and if your information is wrong, you've got to get out of the line."</i></p> <p>Nancy Garr-Colzie, Board President, Center for Living and Work and who uses a wheelchair, commenting about MassHealth's proposal of an "Independent Assessment Entity", MassHealth Drops Bid To Consolidate Assessments, *State House News, August 26, 2024</p> <p><i>"As rents rise, homelessness increases, public housing deteriorates, and millions of families struggle to keep roofs over their heads, robust federal investments and actions are badly needed and long overdue."</i></p> <p>Diane Yentel, president and CEO of the National Low Income Housing Coalition, NLIHC Statement on President Biden's Housing Supply Action Plan, National Low Income Housing Coalition, May 16, 2022</p> <p><i>Elder care advocates say the accusations of poor care and neglect at MuirWoods are not uncommon at assisted living facilities. They also say these problems are most pronounced at facilities owned and operated by large financial interests such as real estate and private equity firms. Unlike skilled nursing homes, assisted living centers are not considered medical facilities and are not regulated as such. Advocates say that as a result, some owners treat them as cash cows with little meaningful government oversight.</i></p> <p>Why was a Petaluma memory care facility hit with a \$20 million judgment? Here are 5 key findings (The Press Democrat, August 17, 2024)</p>
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“The savvy consumer wants to know what it’s going to cost them and what longevity looks like.”

Jennifer Saxman, a CEO of an assisted living development company, [Senior living communities struggle to sell value amid increasing rates](#) (McKnights Senior Living, August 19, 2024)

Exacerbated challenges faced by memory care assisted living communities during the COVID-19 pandemic may have contributed to the increased use of antipsychotics and antidepressants, raising concerns about the ability of those settings to care for residents with dementia.

[Pandemic challenges raise concerns about assisted living’s ability to care for cognitively impaired residents](#), McKnights Senior Living, August 17, 2024

Five of the top six worries of [surveyed older adults] were related to costs of healthcare and health insurance, followed by financial scams and fraud.

[Assisted living affordability, access remain top concerns of older adults](#), McKnights Senior Living, August 15, 2024

Disability data justice is predicated on accurate, inclusive, and equitable measures of disability. To achieve this form of justice, the processes through which we determine disability measures must also be equitable and inclusive.

[A Research Roadmap Toward Improved Measures Of Disability](#), Health Affairs Forefront, July 9, 2024

As many 100,000 Americans with severe brain injuries are unresponsive, showing few or no signs that they are aware of themselves or their surroundings.

But one in four people with this kind of injury can perform cognitive tasks on command, according to [a study published Wednesday](#) in the New England Journal of Medicine.

[Some Patients Who Appear Unconscious Know What’s Going On](#), *Wall Street Journal, August 15, 2024

“That’s my dad!”

17-year-old Gus Walz, son of Vice Presidential candidate Tim Walz, who has a non-verbal learning disorder, exclamation at the National Democratic Convention, [Sudden fame for Tim Walz's son focuses attention on challenges of people with learning disabilities](#), AP News, August 22, 2024

For the poorest Americans, finding an apartment to rent or a home to buy often means tapping into a vast network of nonprofit groups that use public and charitable funds to rehab or build affordable housing. Over the past year, the skyrocketing cost of property insurance has put that network on shaky ground.

[Soaring Insurance Costs Could 'End' Affordable Housing, Developers Warn](#) (New York Times (free access), August 25, 2024)

Perhaps the most concerning finding in the report is the emergence of “nursing home deserts” — areas with no skilled nursing facilities to serve aging populations. These underserved regions are becoming common in rural America, where 1 in 5 older Americans live.

The situation is dire: Nearly half of all nursing homes are limiting new admissions, over half have waiting lists, and 1 in 5 have had to close units due to labor shortages.

The sector is clearly at a crossroads. Policymakers, providers and communities must work together to ensure every senior has access to needed skilled care services. Otherwise, the consequences will be dire.

[Long-term care is in trouble](#), McKnights Long-Term Care News, August 25, 2024

Since 2020, at least 774 nursing homes have closed, displacing 28,421 residents. There are also 62,567 fewer nursing home beds than there were in 2020.

[AHCA's Access to Care report provides grim assessment of nursing home trends](#) (McKnights Long-Term Care News, August 22, 2024)

The more high-risk factors you have — like advanced age, diabetes, obesity, hypertension, cardiovascular disease, having a compromised immune system, pregnancy, asthma, and having never been vaccinated

or had Covid — the more important it is to get two doses.

[What you need to know about the new Covid-19 vaccine](#) (Vox, August 23, 2024)

Last week, a mask ban in Nassau County, New York [was signed into law](#). If I lived just 60 miles east of my New Jersey town, I would be under threat of a fine or jail time every time I left the house.

Kaitlin Costello, associate professor of library and information science at the School of Communication & Information at Rutgers, the State University of New Jersey who conducts research and teaches classes on health information, computing and society, and human information behavior, [Mask bans disenfranchise millions of Americans with disabilities](#), STAT, August 20, 2024


Although federal law requires insurers to provide the same access to mental and physical health care, these companies have been caught, time and again, shortchanging customers with mental illness — [restricting coverage](#) and [delaying](#) or [denying](#) treatment.

[Finding a therapist who takes your insurance can be nearly impossible. Here's why](#) (NPR Shots (Weekend Edition Sunday), August 25, 2024)

About 1 in 4 for-profit nursing homes across the country are likely not complying with federal regulations surrounding infection control staff, increasing health and safety risks for residents and workers, according to an estimate by the HHS' Office of Inspector General. . . Staffing has become a significant challenge for nursing homes. Before the pandemic in 2018, 23% of nursing homes used temporary agency staff, accounting for about 3% of all direct care nursing hours. But in 2022, nearly half of nursing homes used agency workers, making up 11% of all direct care nursing hours.

[OIG estimates 1 in 4 for-profit nursing homes not complying with infection control staffing rules](#) (Healthcare Dive, August 26, 2024)

Greece doesn't have the laws or accessible infrastructure other places have, but its people were so

	<p>welcoming. Maybe — hopefully — its laws and infrastructure will catch up to its citizens someday.</p> <p><u>I navigated my trip in Greece in a wheelchair, with help from a friend</u> (*Boston Globe, August 23, 2024)</p> <p><i>“I am honored and humbled to lead The Arc of Massachusetts. Having children with disabilities, I understand the challenges families face firsthand. As CEO, I will work to build stronger partnerships to overcome the workforce crisis, eliminate archaic policies, and make advocacy a natural part of all our lives.”</i></p> <p>Maura Sullivan, new Chief Executive Officer, The Arc of Massachusetts, <u>The Arc of Massachusetts Announces Appointment of Maura Sullivan as New Chief Executive Officer</u>, The Arc of Massachusetts, Summer 2024</p>
	<p>National Consumer Voice for Quality Long-Term Care <u>The Power of My Voice</u></p> <p>Residents’ Rights Month, held in October, is an opportunity to focus on and celebrate the dignity and rights of every individual receiving long-term services and supports.</p> <p>Residents have the right to self-determination and to use their voice to make their own choices. This year's Residents' Rights Month theme, <u>The Power of My Voice</u>, emphasizes self-empowerment and recognizes the power of residents being vocal about their interests, personal growth, and right to live full, enriching lives.</p> <p>The Resident's Voice Challenge - Submissions Due September 1</p> <p>Residents of long-term care facilities are encouraged to get creative in demonstrating the power of their voice. Use these questions to inspire you:</p> <ul style="list-style-type: none"> • What makes you feel empowered? • What types of interests, hobbies or activities enrich your life? • How do you use your voice to empower yourself and others? <p>Consider using a unique medium to share your voice – make a video or audio recording describing what makes you feel empowered or what enriches your life, read a piece of original poetry or a short story, play original music or sing a song, show and tell us about your artwork, etc.</p> <p>How to Submit</p> <ol style="list-style-type: none"> 1. Read the full <u>Resident's Voice Challenge Criteria</u> before submitting. 2. Email submissions to info@theconsumervoice.org. <ul style="list-style-type: none"> ○ Include a mailing address with your submission for residents to receive certificates of participation. ○ Submissions featuring photo or videos must include completed <u>release forms</u> for each resident.
<p>DignityMA Asks the Candidates</p>	<p>To inform older adults, persons with disabilities, family members, and caregivers about legislative candidates’ positions on issues of interest, Dignity Alliance Massachusetts (DignityMA) has prepared <u>The Dignity Dozen</u>, twelve questions regarding key issues and proposals.</p>

	<p>Questionnaires have been distributed to all candidates who have competitive primary contests. Candidate responses will be posted on the DignityMA website. <i>Primary Election Day is Tuesday, September 3rd.</i></p> <p>Questionnaires to all candidates on the November 5th general election ballot will be distributed after primary election day.</p> <p>Responses received (click on the name to view responses):</p> <table border="0"> <tr> <td>Candidate</td> <td>District</td> <td>Website</td> </tr> <tr> <td>Alexander Jablon</td> <td>Rep: 11th Middlesex</td> <td>Jablon website</td> </tr> <tr> <td>David Martin</td> <td>Rep: 1st Bristol</td> <td>Martin website</td> </tr> </table>	Candidate	District	Website	Alexander Jablon	Rep: 11th Middlesex	Jablon website	David Martin	Rep: 1st Bristol	Martin website
Candidate	District	Website								
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<p>Boston Center for Independent Living 50th Anniversary</p>	<p>BCIL's 50th Anniversary!</p> <p>Saturday, September 21, 2024, 1:00 to 4:00 p.m.</p> <p>Reggie Lewis Track and Athletic Center, 1350 Tremont Street, Boston</p> <ul style="list-style-type: none"> • We will celebrate our shared history and honor our founders with a special presentation by people who helped start BCIL in 1974. • Enjoy special performances by DEAFinitely and Tunefoolery • The Caravan for Disability Freedom and Justice will be onsite. • See demonstrations by the Boston Brakers power wheelchair soccer team who recently won the bronze medal at the United States Power Soccer Association 2024 Conference Cup Series, and The Boston "Whiplash" Volt Hockey team who play a version of 4-on-4 wheelchair street hockey. • Our Shared History, Your Personal Story: Northeastern College students will set up recording booths for participants to share what the independent living movement has meant to them and their hopes for the future. • Adaptive games for children 1 to 10 years old. • Have your photo taken at the red-carpet station! • The event emcee is James "Jimmy" Hill, founder/creator of Java with Jimmy and prominent community advocate, self-made talk show host, and civic leader. • Enjoy refreshments including cake and assorted light fare including New England's The Sausage Guy! • Rekindle old connections and make new friends! It will be a festive afternoon! <p>Thanks to generous sponsors, the event is free. We ask that you register in advance to help us with planning. Register with this link https://tinyurl.com/BCIL50th</p>									
<p>Guide to news items in this week's Dignity Digest</p>	<p>Nursing Homes</p> <p>OIG estimates 1 in 4 for-profit nursing homes not complying with infection control staffing rules (Healthcare Dive, August 26, 2024)</p> <p>Long-term care is in trouble (McKnights Long-Term Care News, August 25, 2024)</p> <p>AHCA's Access to Care report provides grim assessment of nursing home trends (McKnights Long-Term Care News, August 22, 2024)</p> <p>Steward Healthcare</p> <p>Report: Plan To Rescue Steward Hospitals May Cost \$700 Million (*State House News, August 25, 2024)</p> <p>Assisted Living</p> <p>Senior living communities struggle to sell value amid increasing rates (McKnights Senior Living, August 19, 2024)</p>									

	<p><u>Pandemic challenges raise concerns about assisted living's ability to care for cognitively impaired residents</u> (McKnights Senior Living, August 17, 2024)</p> <p><u>Why was a Petaluma memory care facility hit with a \$20 million judgment? Here are 5 key findings</u> (The Press Democrat, August 17, 2024)</p> <p><u>Assisted living affordability, access remain top concerns of older adults</u> (McKnights Senior Living, August 15, 2024)</p> <p>Housing</p> <p><u>Soaring Insurance Costs Could 'End' Affordable Housing, Developers Warn</u> (New York Times (free access), August 25, 2024)</p> <p><u>NLIHC Statement on President Biden's Housing Supply Action Plan</u> (National Low Income Housing Coalition, May 16, 2022)</p> <p>Covid / Long Covid</p> <p><u>What you need to know about the new Covid-19 vaccine</u> (Vox, August 23, 2024)</p> <p><u>Coming soon! Order your free COVID-19 Tests at the end of September.</u> (Administration for Strategic Preparedness and Response (ASPR), August 2024)</p> <p>Behavioral Health</p> <p><u>Finding a therapist who takes your insurance can be nearly impossible. Here's why</u> (NPR Shots (Weekend Edition Sunday), August 25, 2024)</p> <p>Disability Topics</p> <p><u>Sudden fame for Tim Walz's son focuses attention on challenges of people with learning disabilities</u> (AP News, August 22, 2024)</p> <p><u>Mask bans disenfranchise millions of Americans with disabilities</u> (STAT, August 20, 2024)</p> <p><u>A Research Roadmap Toward Improved Measures Of Disability</u> (Health Affairs Forefront, July 9, 2024)</p> <p>Health Care</p> <p><u>Some Patients Who Appear Unconscious Know What's Going On</u> (*Wall Street Journal, August 15, 2024)</p> <p>Climate Change</p> <p><u>Dangerous Heat Returns to Central and Eastern U.S. This Week</u> (*New York Times, August 26, 2024)</p> <p>Incarcerated Persons</p> <p><u>Access to Care and Outcomes With the Affordable Care Act for Persons With Criminal Legal Involvement</u> (JAMA Network, August 23, 2024)</p> <p>LGBTQ+</p> <p><u>Using AI and Social Media to Understand Health Disparities for Transgender Cancer Care</u> (JAMA Network, August 23, 2024)</p> <p>Medicare</p> <p>New NCLER Resources on the Medicare Low Income Subsidy (National Center on Law and Elder Rights)</p> <p>Transportation</p> <p><u>Soft Launch Opens Access To Half-Price MBTA Fares</u> (*State House News, August 22, 2024)</p> <p>In Other States</p> <p><u>A Maine nursing home owner has been in the business for nearly 50 years. He wants out</u> (News Center Maine, August 26, 2024 (updated))</p>
Accessibility and Voter Rights	<p>1. Rev Up Massachusetts REV UP – Register! Educate! Vote! Use your Power!</p>

<p>Sign Up to receive emails. Stay educated on your rights, and on the Issues, Candidates and Ballot Questions in Massachusetts!</p>	<p>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 ○ 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
<p>Transitions</p>	<p>1. The Arc of Massachusetts Summer 2024 The Arc of Massachusetts Announces Appointment of Maura Sullivan as New Chief Executive Officer The Arc of Massachusetts is pleased to announce the appointment of Maura Sullivan, MPA, as its new Chief Executive Officer, succeeding Executive Director Leo Sarkissian, who is retiring after 33 years of dedicated service. Sullivan will be the first parent of children with intellectual and developmental disabilities to lead The Arc since its first Director Pearl Hurwitz in 1954. She starts in the position on November 2. Sullivan expressed her thoughts about the new role noting, “I am honored and humbled to lead The Arc of Massachusetts. Having children with disabilities, I understand the challenges families face firsthand. As CEO, I will work to build stronger partnerships to overcome the workforce crisis, eliminate archaic policies, and make advocacy a natural part of all our lives. There are incredible opportunities ahead for innovation and growth and The Arc is prepared to respond.”</p> <p>2. Massachusetts Department of Developmental Services <i>Commissioner Jane Ryder to Retire</i> Secretary of Health and Human Services Kate Walsh announced that Department of Developmental Services Commissioner Jane Ryder will be retiring at the end of this month. In her statement, Secretary Walsh wrote “Commissioner Ryder boasts a remarkable 34 years of public service, 29 of which were with DDS and has served for six as Commissioner. Under her leadership, DDS enhanced and expanded accessible and quality services while ensuring a person-centered approach to this work, creating a space for us all in the Commonwealth to better understand the needs of and to provide opportunities for those DDS serves.” “Commissioner Ryder will be missed. The Arc of Massachusetts wants to add our recognition of her achievements and personal commitment to persons with disabilities,” said Executive Director Leo Sarkissian. “We wish her good fortune as she begins a new chapter in her life after her distinguished career.”</p>
<p>Webinars and Other Online Sessions</p>	<p>3. Massachusetts Office on Disability Tuesday, August 27, 2024, 1:00 p.m. <i>“Quarterly Tea”</i></p>

A training focused on making events and meetings accessible which will address legal obligations regarding accessibility, how to choose accessible event venues and online platforms, and best practices for adhering to reasonable accommodation requests.

[Register](#)

2. Massachusetts Office on Disability

Tuesday, August 27, 2024, 5:30 p.m.

Disclosing Disabilities

Massachusetts Office on Disability holds a workshop exploring when and how people should disclose their disability throughout the employment process. Attendees will learn about the pros and cons of disclosing their disability, how to describe their limitations, and how to handle specific employment situations where they may need to discuss their disability.

[Register](#)

3. Massachusetts Office on Disability

Wednesday, August 28, 2024, 5:30 p.m.

Disability Accommodations

Massachusetts Office on Disability holds a workshop exploring when and how people should disclose their disability throughout the employment process. Attendees will learn about the pros and cons of disclosing their disability, how to describe their limitations, and how to handle specific employment situations where they may need to discuss their disability.

[Register](#)

4. Massachusetts Office on Disability

Thursday, August 29, 2024, 5:30 p.m.

Disability Discrimination

Massachusetts Office on Disability hosts a workshop about disability discrimination at work. It will cover how to recognize workplace interactions that could constitute disability discrimination, how to prevent or address discrimination, and how to document potentially discriminatory work situations.

[Register](#)

5. AARP

Thursday, September 19, 2024, 6:00 p.m.

[Filing for Social Security: Sometimes Timing is Everything](#)

This virtual seminar will cover:

- How your claiming age impacts benefits
- What to expect from spousal and survivor benefits
- Where to find help with Social Security
- What you can do with a “my Social Security account”

6. President's Committee for People with Intellectual Disabilities (PCPID)

Thursday, September 26, 2024, 9:00 a.m. to 4:00 p.m.

Friday, September 27, 2024, 9:00 a.m. to 3:00 p.m.

Meeting to discuss the 2024 PCPID Report focused on Home and Community Based Services (HCBS) and discuss emerging issues facing people with intellectual disabilities

The meeting is open to the public and will be hosted at the U.S. Department of Health and Human Services. The meeting will take place in the Switzer Building Conference Room 1400, located at 330 C Street, SW, Washington, DC 20201. Members of the public can observe the meeting in person or virtually. To observe the meeting in person, seating will be available for the first 25 persons to reserve seats due to space limitations. In order to

observe the proceedings in person or virtually, you must register in advance.

The Committee will discuss the 2024 PCPID Report focused on home and community-based services (HCBS) as it relates to direct support professionals, employment, community living, and federal support programs. The Committee will also discuss emerging issues facing people with intellectual disabilities.

Comments and suggestions, especially from people with intellectual disabilities, are welcomed. If there are comments that you would like to inform the PCPID, please share them using [ACL's comment form](#).

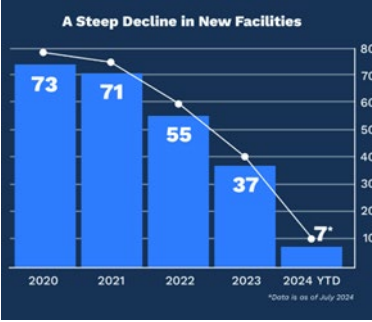
Comments received by Friday, September 13, 2024, will be shared with the PCPID at the meeting.

[Register for the meeting](#)

Previously posted webinars and online sessions

Previously posted webinars and online sessions can be viewed at:
<https://dignityalliancema.org/webinars-and-online-sessions/>

Nursing Homes



Source: AHCA's Access to Care Report, 2024

7. Healthcare Dive
 August 26, 2024
[OIG estimates 1 in 4 for-profit nursing homes not complying with infection control staffing rules](#)
 By Emily Olsen
Facilities reported challenges hiring and retaining qualified infection prevention personnel, according to the analysis by the HHS' Office of Inspector General.
 Summary:
 The HHS Office of Inspector General found that about 1 in 4 for-profit nursing homes may not be complying with federal regulations regarding infection control staff. This non-compliance poses significant health and safety risks for residents and workers.

A sample of 100 nursing homes revealed that 17 potentially didn't follow rules requiring an infection preventionist to complete specialized training, and 7 didn't designate an infection preventionist at all. This is concerning given the increased risk of infections in nursing home residents.

The CMS implemented new standards in 2016 to improve safety and quality in long-term care facilities, including requiring an infection prevention and control program and a designated infection preventionist. However, some nursing homes have struggled to comply due to staffing challenges, changes in ownership, and difficulties accessing training.

Staffing shortages have become a major issue in the nursing home industry, with many facilities relying on temporary agency staff. The Biden administration's recent regulation to increase staffing requirements has faced opposition from nursing homes, who argue it would be impossible to implement due to the current shortage of qualified workers.

8. McKnights Long-Term Care News
 August 25, 2024
[Long-term care is in trouble](#)
 By John O'Connor
 The American Health Care Association/National Center for Assisted Living released some updated supply and demand numbers last week. To say they are concerning would be an extreme understatement. In a nutshell: Since the onset of COVID-19, nearly 800 nursing homes have closed, displacing almost 30,000 residents.

“It’s not hyperbole to say access to care is a national crisis,” [said Mark Parkinson](#), the organization’s president and CEO. He’s right. Nursing homes are closing faster than new ones can open, and the challenges aren’t just logistical. They’re existential.

So why is this happening when demand for long-term care services is increasing and about to explode?

Two developments stand out. First, new nursing home construction has stalled. While 73 new nursing homes opened in 2020, only 37 came online last year, according to AHCA/NCAL. The nation has lost 62,567 nursing home beds since 2020, a number that should make anyone involved in this industry take notice.

Second, the growth of alternative long-term care options, such as home care and assisted living, has siphoned off resources and attention from traditional facilities. While these choices provide valuable services they also strain an already overburdened system. Nursing homes are being left behind in a rapidly changing market.

Perhaps the most concerning finding in the report is the emergence of “nursing home deserts” — areas with no skilled nursing facilities to serve aging populations. These underserved regions are becoming common in rural America, where 1 in 5 older Americans live.

The closure of a single nursing home in a rural county can leave an entire region without needed care. In extreme cases, residents are forced to move across state lines to find the nearest facility.

The situation is dire: Nearly half of all nursing homes are limiting new admissions, over half have waiting lists, and 1 in 5 have had to close units due to labor shortages.

The sector is clearly at a crossroads. Policymakers, providers and communities must work together to ensure every senior has access to needed skilled care services. Otherwise, the consequences will be dire. For everyone involved.

9. McKnights Long-Term Care News

August 22, 2024

[AHCA’s Access to Care report provides grim assessment of nursing home trends](#)

By Jessica R. Towhey

Nearly 800 nursing homes closed between February 2020 and July 2024, displacing nearly 30,000 residents, according to a new report from the sector’s largest provider advocacy group.

The American Health Care Association/National Center for Assisted Living added in its annual Access to Care report that the consequences to rural communities have been devastating.

“It’s not hyperbole to say access to care is a national crisis,” Mark Parkinson, president and CEO of AHCA/NCAL, said in a press release announcing the report on Thursday. “Nursing homes are closing at a rate much faster than they are opening, and yet with each passing day, our nation grows older. Providers are doing everything they can to protect and expand access to care, but without support from policymakers, access to care remains under threat.”

Demand for long-term care facilities continues to increase, but the supply of buildings and staff to provide the necessary services continues to decline, according to the report. Nationwide, only 37 new facilities opened last year,

	<p>compared to 73 in 2020, 71 in 2021, and 55 in 2022. Eight months into 2024, and just seven new facilities have opened, the association said. Alongside fewer openings, there have been significant numbers of closures. Since 2020, at least 774 nursing homes have closed, displacing 28,421 residents. There are also 62,567 fewer nursing home beds than there were in 2020.</p> <p>Rural communities have been particularly hard hit. Earlier this year, <i>McKnight's Long-Term Care News</i> produced a four-part series called "Rural Peril" that highlighted this growing problem.</p> <p>The series examined, among other issues, the impact of the proposed federal staffing rule, the challenges in attracting and retaining staff, and the "astounding" number of facility closures such as in Oklahoma, which lost more than 100 nursing homes between 2000 and 2022.</p> <p>The report describes the phenomenon of "nursing home deserts" where there are no skilled nursing facilities to serve aging populations. "Across the United States, there are now dozens of counties that have no nursing homes," the report said. "The vast majority of these counties are located in rural communities, where 1 in 5 older Americans live. In addition, the federal staffing mandate will require that 92% of rural facilities hire more registered nurses to comply – an impossible challenge for these communities where workers are already scarce."</p> <p>The report focuses on three key areas that are growing problems for all nursing homes: limiting admissions, facilities downsizing and closures. The statistics the report presents highlight the stark reality of long-term care in America today (as of July 2024):</p> <ul style="list-style-type: none"> • 46% percent of nursing homes are currently having to limit new admissions. • 57% of nursing homes have a waiting list for new residents. • 20% percent of nursing homes have closed a unit, wing, or floor due to labor shortages. <p>"There is not a single factor that determines whether a nursing home can withstand economic pressures, limited federal support, and growing workforce challenges," the report said. "More than one-third of all closures were facilities with 4- or 5-star rankings, and one in three nursing homes were not-for-profit organizations."</p> <p>Among closed facilities, the average bed size was 77, while 69% were located in urban areas. More than 3 in 5 (62%) of affected residents were Medicaid beneficiaries, said the report, which offered a dire warning that 290,642 seniors are at-risk of being displaced as facilities shift operations to comply with the federal staffing mandate.</p>
<p>Steward Healthcare</p>	<p>10. *State House News August 25, 2024 Report: Plan To Rescue Steward Hospitals May Cost \$700 Million By Michael Norton Gov. Maura Healey's plan to rescue five bankrupt Steward Health Care hospitals could cost Massachusetts taxpayers \$700 million by 2027, the Boston Globe reported Saturday, citing "people with direct knowledge of the bailout plan." Nine days ago, Healey held a press conference where she announced a financing plan was vetted with legislative leaders and would help "save" several hospitals as they transition to potential new buyers. The governor's</p>

	<p>office at the time said the plan involved cash advances, capital supports and maximizing federal matches, but didn't offer many additional details. . . Healey was asked Aug. 16 about where the money was coming from for the hospital deals and she said she was "working that out" with her finance team. Walsh also said the administration was working on "sources of funds" and neither Walsh nor Healey estimated a total. . .</p> <p>The bankruptcy court has approved Steward's plans to close Carney Hospital in Dorchester and Nashoba Valley Medical Center in Ayer by Aug. 31 and barring a surprise intervention, those two facilities appear to be entering their final week of operations.</p>
<p>Assisted Living</p>	<p>11. McKnights Senior Living August 19, 2024 <u>Senior living communities struggle to sell value amid increasing rates</u> By Kimberly Bonvissuto</p> <p>As senior living operators continue to try to recoup COVID-19 pandemic costs, sales teams aren't necessarily doing the best job selling value in the face of increasing prices, according to a marketing expert.</p> <p>In a <u>second-quarter survey</u> of 100 senior living communities across the country, Bild & Co. found that senior living prices had increased an average of 30% across all care and service levels since 2022.</p> <p>Assisted living saw the greatest pricing increase, more than 50%, likely due to increases in labor and supply costs, according to Bild. A 600-square-foot, one-bedroom assisted living unit cost an average of \$6,322 per month in the second quarter compared with \$4,200 per month for 631 square feet in 2022.</p> <p>Independent living rates have increased almost 30% from 2022. A 440-square-foot independent living studio unit carried an average monthly cost of \$3,829 in the second quarter compared with \$2,950 per month for 445 square feet in 2022.</p> <p>Memory care saw the smallest increase, 11%, likely due to consistent occupancy in the setting, Bild said. The average 501-square-foot companion suite in memory care, where more than one person lives, had a monthly price of \$5,663 in the second quarter compared with \$5,101 for 362 square feet in 2022.</p> <p>Bild CEO Jennifer Saxman told <i>McKnight's Senior Living</i> that communities didn't raise rates during the pandemic, so many are playing catch-up to recoup their elevated costs. But the double-digit rate increases seen in 2021 and 2022 are starting to level off and drop back into the 4% to 7% range, she said.</p> <p>At the same time, communities are increasing rates on care service levels to bring pricing more in line with actual services provided. Saxman said she is seeing increases in care rates landing between 6% and 8%, which hasn't been seen before in the industry.</p> <p>But many sales teams struggle to make the connection between rising rates and the value of a community. That leads to discounts and incentives, which challenges rate integrity.</p> <p>"Everything has a price, but you've got to be able to value-sell it," Saxman said. "Show the consumer why you're worth that."</p> <p>Today's prospective residents and their families, she said, are educated and looking for the best bang for their buck. Trying to increase rates on a 20-year-old building could create a question mark in the minds of prospective residents, she said. Selling a community's value means investing in updates</p>

to buildings, as well as revamping programming and activities that are attractive to today's buyer, Saxman said.

"It's really that entire package," she said. "The savvy consumer wants to know what it's going to cost them and what longevity looks like."

12. McKnights Senior Living

August 17, 2024

[Pandemic challenges raise concerns about assisted living's ability to care for cognitively impaired residents](#)

By Kimberly Bonvissuto

Exacerbated challenges faced by memory care assisted living communities during the COVID-19 pandemic may have contributed to the increased use of antipsychotics and antidepressants, raising concerns about the ability of those settings to care for residents with dementia, according to a new study. Canadian researchers used clinical and health databases for all publicly funded assisted living homes in Alberta, Canada, to examine connections between the assisted living setting, COVID-19 pandemic waves, and the prevalent use of antipsychotic, antidepressant, anti-dementia, benzodiazepine and anticonvulsant drug among residents living with dementia or cognitive impairment. Their findings were published in [BMC Geriatrics](#).

Specifically, the investigators focused on the prevalence of the use of those medications in assisted living memory care communities, as well as other assisted living communities, focusing on four pandemic waves: Wave 1, March to May 2020; Wave 2, September 2020 to February 2021; Wave 3, March to May 2021; and Wave 4, September to December 2021.

Of the 2,779 residents in memory care settings and 3,013 assisted living residents with dementia or cognitive impairment in non-memory care settings as of March 1, 2020, the researchers found that antipsychotic use increased during Waves 2 to 4 in both settings. Both settings also showed a modest increase in antidepressant use and a decrease in benzodiazepine use. For memory care assisted living residents only, the use of gabapentinoids increased during several waves.

The increase in antipsychotic use occurred earlier in the pandemic and was significantly more pronounced for residents in dementia care than in other assisted living settings, the study found.

Differences in resident and home characteristics associated with medication use during the pandemic raised additional concerns around pharmacotherapy in specific sub-groups of assisted living residents.

Female residents, for instance, were significantly more likely to use benzodiazepines, antidepressants and anti-dementia therapy, whereas antipsychotic use was significantly more common among male residents. The substantially higher use of anti-dementia therapy among residents aged 85 or more years also was concerning, the researchers said, given guidelines that caution against their use in this age group due to the higher risk for adverse events.

Is assisted living a good setting for residents with dementia?

In Canada, more than half of assisted living residents have dementia, but the setting's lower staffing and service levels, as well as limited or no access to on-site nursing staff, raised questions about the ability of those settings to care for this population, particularly since the studied medications can elevate adverse event risks for residents who have cognitive impairment, the authors wrote.

“Our findings are somewhat surprising as one might reasonably expect the presence of dementia-specific services and trained staff would help mitigate any increase in the potentially inappropriate use of CNS [central nervous system] medications among this cognitively vulnerable cohort,” the authors wrote.

Although greater reliance on antipsychotics and antidepressants in memory care assisted living residents might reflect higher levels of cognitive and functional impairment, the researchers said that the findings suggest otherwise.

“It is possible that dementia care assisted living faced greater challenges during the pandemic, leading to an increased reliance on pharmacotherapy for responsive behaviors,” the authors wrote, adding that those challenges included implementing infection control measures, staffing shortages, reduced access to non-pharmacologic treatments and loss of family involvement.

The significant increase in antipsychotics, antidepressants and gabapentinoids was evident during the third pandemic wave, after widespread vaccination of the assisted living population and “essentially no COVID-19 cases among residents,” the authors stated

The investigators noted that a comparison study of nursing homes and other residential care settings — including assisted living — found that residents with mild dementia in nursing homes had fewer hospitalizations and more stable health than residents in other settings, which they attributed to higher levels of healthcare and staffing.

“Overall, our findings support a call for further research on the drivers of persistent psychotropic drug use and health consequences for assisted living residents with dementia and their families,” the authors concluded. “Careful consideration of the factors underlying these CNS medication changes is required to guide policy changes and inform dementia care strategies in settings that will inevitably see an increasing proportion of residents with dementia in the coming years.”

13. The Press Democrat

August 17, 2024

[Why was a Petaluma memory care facility hit with a \\$20 million judgment? Here are 5 key findings](#)

By Phil Barber and Martin Espinoza

A special report by The Press Democrat has revealed that a Petaluma memory care facility was hit a \$20.5 million judgment in a civil lawsuit that accused the facility of elder neglect and wrongful death.

Who filed the lawsuit?

The Sebastopol family of Theresa Donahue, [a New Jersey native who moved to Sonoma County around 2015](#). A struggle with dementia in her final years triggered a family decision to place her at MuirWoods Memory Care, a move that hastened her physical and mental decline, said Donahue’s daughter, Kellie Tennier of Sebastopol.

What is the family alleging?

Within the span of just over two months, Donahue fell four times. The last two falls were only two days apart. She fractured her hip as a result of the final fall on March 20, 2021. Her condition deteriorated quickly, and she died less than a year later, according to the family lawsuit.

How is MBK Senior Living responding?

At the outset of the trial, the company’s overarching defense was that Donahue was in poor condition and likely to have died even with the best care. MBK Senior Living also says its policies and training regimen align with state and federal guidelines. “At MBK Senior Living, the well-being of all residents in our care remains at the forefront of what we do,” the company wrote in a statement. “Our care policies come from deep industry-experience, are developed in partnership with experts in the senior living, nursing and medical fields, and are reviewed by our national medical director. Our staff receive ongoing and regular training, including in direct care, as well as fall response and management.”

When did the judgment come down?

In April, a jury awarded Donahue’s family \$20.5 million, including \$17 million in punitive damages, among the largest Sonoma County judgments in decades. MuirWoods Memory Care, MBK Senior Living and associated business entities were found liable for negligence and elder neglect, according to a May 5 court order detailing the jury verdicts. Attorneys for MBK Senior Living, the owner of the facility, petitioned Sonoma County Superior Court Judge Oscar Pardo to order a new trial. Pardo rejected that motion on July 25. MBK Senior Living says it is “reviewing that decision.”

Is there a larger lesson from this case?

Elder care advocates say the accusations of poor care and neglect at MuirWoods are not uncommon at assisted living facilities. They also say these problems are most pronounced at facilities owned and operated by large financial interests such as real estate and private equity firms. Unlike skilled nursing homes, assisted living centers are not considered medical facilities and are not regulated as such. Advocates say that as a result, some owners treat them as cash cows with little meaningful government oversight.

“There’s no real standard for staffing in the facilities, and that’s a big problem,” said Tony Chicotel, a staff attorney at California Advocates for Nursing Home Reform.

14. McKnights Senior Living

August 15, 2024

[Assisted living affordability, access remain top concerns of older adults](#)

By Kimberly Bonvissuto

The cost of assisted living, home care and nursing home care is the top health-related concern of older adults leading up to the 2024 election, according to the results of a new poll.

A National Poll on Healthy Aging from the University of Michigan surveyed older adults by phone and online between Feb. 22 to March 12 on 26-health-related issues. The results were published Wednesday by [JAMA](#). Five of the top six worries of the 2,576 participants were related to costs of healthcare and health insurance, followed by financial scams and fraud. More specifically, the cost of assisted living, nursing home care and home care was No. 1 on the list of healthcare concerns, with 56.3% of survey participants indicating that they were “very worried” about it. In addition, 38.1% said they were very worried about access to quality assisted living, nursing home care or home care, making it No. 7 on the list of concerns. Other top concerns were the cost of medical care (No. 2, 56.2% very worried), the cost of prescription medications (No. 3, 54.3%), financial scams and fraud (No. 4, 52.8%), the cost of health insurance and Medicare (No. 5, 52.1%) and the cost of dental care (No. 6, 44.6%).

	<p>More than half of older-adult respondents in almost all demographic groups reported being very worried about the costs of medical care and prescription drugs, with “significant” differences by gender and political ideology. Women reported being more concerned than men, and liberal and moderate respondents were more worried than conservative individuals. Those results are similar to those of a spring National Poll on Healthy Aging, which also placed the cost of assisted living, nursing home care or home care (56%), the cost of medical care (56%) and the cost of prescription medications (54%) at the top of the list of concerns among older adults.</p>
<p>Housing</p>	<p>15. New York Times (free access) August 25, 2024 Soaring Insurance Costs Could ‘End’ Affordable Housing, Developers Warn By Emily Flitter <i>Soaring Insurance Costs Could ‘End’ Affordable Housing, Developers Warn</i> Here are the key points:</p> <p>Problem: Property insurance costs are skyrocketing, making it difficult for non-profit developers and landlords to maintain affordable housing options. Impact: This is leading to:</p> <ul style="list-style-type: none"> • Sale of affordable units: Non-profits are forced to sell rent-controlled units to market-rate landlords, pushing out low-income tenants. • Cancelled development projects: High insurance costs are making it financially unfeasible to build new affordable housing units. • Increased homelessness: Loss of affordable housing options could exacerbate the homeless crisis. • Risk for banks: Banks that invest in affordable housing projects through tax credits could lose money if projects fail due to insurance costs. <p>Causes:</p> <ul style="list-style-type: none"> • Increased frequency and severity of natural disasters: Insurers cite hurricanes, wildfires, floods, and windstorms as reasons for raising premiums. • Rising construction and material costs: These factors further increase the risk for insurers. <p>Solutions (proposed):</p> <ul style="list-style-type: none"> • Government assistance: More funds from HUD and local authorities to help non-profits cover insurance costs. • Building code improvements: Requiring stronger building materials and techniques for subsidized housing to reduce risks and potentially lower premiums. • Federal reinsurance fund: (Opposed by insurance companies) This would help spread the risk of natural disasters and potentially stabilize insurance markets. • Regulation of insurance companies: • Requiring discounts for properties with stronger construction.

- Prohibiting higher rates based on low-income tenants.
- Difficulties:
- No easy solutions exist.
 - Insurers argue that government intervention could worsen the situation.
 - Finding additional funding for existing projects is challenging.
- The article concludes by highlighting the urgent need for solutions to address rising insurance costs and ensure the continued availability of affordable housing for low-income Americans.

16. National Low Income Housing Coalition

May 16, 2022

[NLIHC Statement on President Biden's Housing Supply Action Plan](#)

President Biden released a [comprehensive plan](#) to address a central driver of inflation – the rising cost of rent and the severe shortage of homes affordable and available to America’s lowest-income and most marginalized households.

“As rents rise, homelessness increases, public housing deteriorates, and millions of families struggle to keep roofs over their heads, robust federal investments and actions are badly needed and long overdue,” stated Diane Yentel, president and CEO of the National Low Income Housing Coalition. “I commend President Biden for taking significant and decisive action, but the administration cannot solve the crisis on its own. Congress must also act with similar urgency and quickly enact Build Back Better’s transformative and badly needed housing investments. Only through a combination of administrative action and robust federal funding can the country truly resolve its affordable housing crisis.”

There is a national shortage of [7 million homes](#) affordable and available to renters with extremely low incomes, those with incomes below the federal poverty limit or 30% or less of area median incomes. Fewer than four affordable and available rental homes exist for every 10 extremely low-income renter households, and there is not a single state with enough affordable homes to meet demand. For nearly eight million households with extremely low incomes, housing consumes at least half of their limited monthly budget. Affordable homes were out of reach for these households even before the pandemic, and they are even more precariously housed now as rents climb by 11.3% nationally and as much as 39% in some cities. The lowest-income people are just one financial shock away from falling behind on their rent, facing eviction and, in worse cases, homelessness. The plan released by the Biden administration includes important measures to increase the supply of housing. The administration’s commitment to using federal transportation funds to reduce restrictive local zoning laws, which can inhibit or prohibit the construction of apartments and are often deeply rooted in racial exclusion, is especially promising. By supporting manufactured housing, accessory dwelling units, and small-scale developments, the administration can increase affordable housing options in communities nationwide. Streamlining federal financing and funding sources can help lower costs and speed up development.

We join President Biden in continuing to call on Congress to enact a budget reconciliation bill that includes the targeted housing investments passed in the House, including: \$25 billion to expand rental assistance to an

	<p>estimated 300,000 households, protecting these households from the harmful impacts of inflation and preventing housing instability and homelessness; \$65 billion to preserve public housing for its 2.5 million residents and future generations; and \$15 billion in the national Housing Trust Fund to build or preserve more than 150,000 units of affordable, available, and accessible homes for people with the lowest incomes.</p>
<p>Health Care</p>	<p>17. *Wall Street Journal August 15, 2024 <u>Some Patients Who Appear Unconscious Know What's Going On</u> By Jo Craven McGinty <i>A New Hope for Unresponsive Brain Injury Patients</i> Key Findings:</p> <ul style="list-style-type: none"> • Covert Cognition: Many Americans with severe brain injuries who appear unresponsive may actually be conscious but unable to express it physically. • Brain Scans Reveal Hidden Awareness: fMRI and EEG scans can detect cognitive activity in these patients, even when they show no outward signs. • Implications for Care: These findings could lead to more personalized care and improved communication with unresponsive patients. <p>The Study:</p> <ul style="list-style-type: none"> • Large-Scale Research: A multi-year study involving hundreds of patients with brain injuries investigated their level of consciousness. • Testing for Awareness: Patients were asked to perform mental tasks while their brain activity was monitored. • Unexpected Results: A significant number of unresponsive patients were found to be capable of cognitive tasks. <p>Implications and Challenges:</p> <ul style="list-style-type: none"> • Ethical Considerations: The discovery of covert cognition raises questions about patient rights and the continuation of life support. • Practical Limitations: The complex nature of the testing involved makes it unlikely to become widely available. • Future Research: Further studies are needed to better understand the phenomenon of covert cognition and its implications for patient care.
<p>Covid / Long Covid</p>	<p>18. Vox August 23, 2024 <u>What you need to know about the new Covid-19 vaccine</u> By Ellen Ioanes Summary: The Food and Drug Administration has approved a new Covid-19 vaccine, which will be available in the coming days. This vaccine is designed to target the KP.2 strain, a predecessor of the current dominant KP.3.1.1 strain. While the new vaccine may not provide complete protection against the latest variant, it is expected to offer increased protection against severe illness.</p>

	<p>The CDC recommends that everyone aged 6 months and up receive a dose of the new vaccine, regardless of previous vaccination status. High-risk individuals, such as older people and those with underlying health conditions, are especially encouraged to get vaccinated. The vaccine is available at doctors' offices, CVS and Walgreens pharmacies, and is expected to be covered by most insurance carriers.</p> <p>It is important to note that Covid-19 is now endemic, meaning it is a part of everyday life. As the virus continues to evolve, new vaccine formulations will be necessary to maintain protection against severe illness.</p> <p>19. Administration for Strategic Preparedness and Response (ASPR) August 2024 <u>Coming soon! Order your free COVID-19 Tests at the end of September.</u> U.S. households will be eligible to order 4 free COVID-19 tests at <u>COVIDTests.gov</u>. The COVID-19 Tests will detect current COVID-19 variants and can be used through the end of the year. <i>COVID-19 testing can help you know if you have COVID-19 so you can decide what to do next, like getting treatment to reduce your risk of severe illness and taking steps to lower your chances of spreading the virus to others.</i> Ordering free COVID tests via this website has currently closed. The <u>COVIDtests.gov</u> program distributed over 900 million tests directly to American households. The U.S. government continues to make COVID-19 tests available to uninsured individuals and underserved communities through existing outreach programs. Please contact a <u>HRSA-funded health center</u> or <u>I CATT location</u> near you to learn how to access low- or no cost COVID-19 tests provided by the federal government.</p>
Behavioral Health	<p>20. NPR Shots (Weekend Edition Sunday) August 25, 2024 <u>Finding a therapist who takes your insurance can be nearly impossible. Here's why</u> By Annie Waldman, Maya Miller, Max Blau, and Duaa Eldeib The healthcare system in the United States is not designed to provide equitable access to mental health care. Despite federal laws requiring equal coverage for mental and physical health, insurance companies have been found to shortchange customers with mental illness. This has led to many therapists leaving insurance networks, making it difficult for people to access the care they need. Insurance companies often interfere with patient care by limiting coverage, delaying or denying treatment, and pressuring providers to reduce care. This can have devastating consequences for patients, who may experience worsening symptoms and even attempt suicide. Therapists who remain in insurance networks face significant challenges, including low reimbursement rates, long wait times for payments, and complex administrative processes. These factors make it difficult for providers to stay in business and provide quality care. The system is designed to favor insurance companies, which can profit from limiting access to care. This is why it's important to advocate for reforms that would ensure equitable access to mental health care for all.</p>
Disability Topics	<p>21. *Boston Globe August 23, 2024 <u>I navigated my trip in Greece in a wheelchair, with help from a friend</u> By Carol Steinberg</p>

What Greece lacks in accessibility, its people help overcome with kindness. I have had the privilege of traveling a lot in the almost 20 years since I started using a wheelchair due to multiple sclerosis. It's always fraught but well worth it. Importantly, my husband, who knows all my needs, has always been my companion.

But this time, I would be accompanied by my friend of over six decades with whom I hadn't traveled since our wild time in Negril, Jamaica, in 1977, when we were both able-bodied and spent our days swimming, sailing, and touring the green hills of that beautiful island on the backs of motorcycles with young men we met there.

All these years later, could this relationship between a lawyer and an artist who have always wielded equal amounts of power transition into one in which she was my caretaker when I needed her to be? And would we still have a terrific time together?

Although I knew there would be tons of laughter and deep conversation, I worried in the months before the trip. I often woke up at 3 a.m. fretting about her having to take on all the work that being with me inevitably entailed. How would Beth manage to lug all our gear through security while I underwent a pat-down search, and hoist our luggage into overhead bins while I transferred into the airline's aisle chair to get on the plane? How would she maneuver my wheelchair through the dilapidated, serpentine, steep and step-filled streets of Athens, the Peloponnese coast, and the island of Santorini, where we planned to visit?

Ah, but there was much I *didn't* foresee during those months of early morning angst.

Beth schlepped our gear with a smile while the airport staff helped us through the security line and onto the plane. The group we traveled with, put together by a fabulous organization called Wheel the World, consisted of three pairs including Beth and me, each with one mobility-impaired partner, plus our tour guide and driver. Traveling together from Athens and along the coast with stunning Greek music as our soundtrack, we stopped at ancient sites along the way. And our group did it all with great love for one another.

On the day we visited the Acropolis, high above Athens — and only on that day — the elevator to the top was miraculously working. Why? Because the minister of culture was visiting so they somehow got it to go.

When Beth pushed me around the Plaka, a crowded, cobblestoned neighborhood and shopping area in Athens, my wheelchair came to a screeching halt when its seat belt got stuck in the wheels. Immediately, a man stopped his motorcycle — not to lambast us for obstructing traffic but to help get my wheels unstuck.

On our last day, on Santorini, we wanted to walk into Fira, the town near our hotel. The concierge discouraged us, saying the town was inaccessible as it was filled with steep climbs and steps. We went anyway. Whenever we came to a step, bold Beth shouted to everyone within earshot: "OK, who wants to help lift my friend?" Two or three gentlemen would quickly appear to assist.

Greece doesn't have the laws or accessible infrastructure other places have, but its people were so welcoming. Maybe — hopefully — its laws and infrastructure will catch up to its citizens someday.

As for us, conquering the obstacles we constantly faced only filled us with laughter, like everything did when we were kids and has through the decades since.

22. AP News

August 22, 2024

[Sudden fame for Tim Walz's son focuses attention on challenges of people with learning disabilities](#)

By Steve Karnowski

"That's my dad!" 17-year-old Gus Walz could be seen exclaiming Wednesday night. He stood, tears streaming down his face, and pointed to his father, the governor of Minnesota, who accepted the party nomination for vice president.

The high school senior's joy quickly went viral. He was still trending Thursday on X, the social media platform formerly known as Twitter. And his newfound fame is focusing attention on the challenges of people with learning disabilities. His parents recently revealed to People magazine that Gus has ADHD, an anxiety disorder and something called a non-verbal learning disorder. Searches on Google have spiked for the disorder and for the teen's name. . .

Securing full funding for special education on the national level is the "number one public policy priority" of the National Association of State Directors of Special Education, said John Eisenberg, the group's executive director. The association calls the federal act "first and foremost a civil rights law, meant to protect the right of students with disabilities to be educated in the nation's public schools." . . .

"When our youngest Gus was growing up, it became increasingly clear that he was different from his classmates," they said. "Gus preferred video games and spending more time by himself." They went on to say, "When he was becoming a teenager, we learned that Gus has a non-verbal learning disorder in addition to an anxiety disorder and ADHD, conditions that millions of Americans also have."

23. STAT

August 20, 2024

[Mask bans disenfranchise millions of Americans with disabilities](#)

By Kaitlin Costello

Medical exemptions to these bans are nothing more than Band-aids

Summary:

The recent mask ban in Nassau County, New York has sparked controversy as it threatens to disproportionately impact immunocompromised individuals, such as those with kidney transplants. These bans, which have also been proposed or passed in other states, are seen as infringements on individual rights and a threat to American democracy.

For immunocompromised people, wearing masks is crucial to protect themselves from infectious diseases. While medical exemptions are included in some bans, their enforcement is subjective and can lead to discrimination against marginalized groups. Additionally, these bans contribute to a culture of fear and stigmatization of those who choose to wear masks, even in the face of rising Covid-19 cases.

The push for a return to normalcy in the post-pandemic era has led to the relaxation of mask mandates. However, the ongoing transmission of respiratory viruses highlights the importance of masking as a preventive

measure. By banning masks, we risk endangering the health of vulnerable populations and undermining the principles of inclusion and equality.

24. Health Affairs Forefront

July 9, 2024

[A Research Roadmap Toward Improved Measures Of Disability](#)

By Scott D. Landes, Bonnielin K. Swenor, Melissa A. Clark, Kelsey S. Goddard, Jean P. Hall, Amanda Hermans, Catherine Ipsen, Michael Karpman, Noelle K. Kurth, Andrew Myers, Susan J. Popkin, Maggie R. Salinger, and Nastassia Vaitsiakhovich

[Nearly 27 percent of US adults have a disability](#), with evidence that rates of disability have been [increasing over time](#), [especially in recent years due to the COVID-19 pandemic](#).

For some people, [disability is congenital; for others, disability is acquired](#) at some point between childhood and older age. Some disabled people [weave their disability into their identity; others do not](#). And although many disabled people experience functional limitations, [this is not the case for all disabled people](#). Despite these variations, it is critical to measure disability in a robust way. And yet, current approaches to measuring disability do not sufficiently capture the complexity of disabled populations.

This failure can have serious consequences. Inaccurate or insufficient measures can have a profound impact on the evaluation and [allocation of disability-related programming and resources](#). It is in this context that we believe public officials, researchers, and advocates must urgently work together to improve disability measures.

Inadequate Measures And Federal Actions

There are currently two sets of questions commonly used to measure disability in US population surveys, both of which equate disability with limitations in “core functions.” One set of questions is derived from the American Community Survey ([ACS-6](#)) and involves six yes-no questions regarding functional limitations with vision, hearing, mobility, cognition, self-care, or independent activities of daily living. The other set of questions is the Washington Group Short Set ([WG-SS](#)), which also inquires about six functional limitations but uses a four-point Likert-type scale rather than a yes-no response. The WG-SS items ask respondents to quantify the degree of limitation (ranging from no difficulty, some difficulty, a lot of difficulty, to cannot do at all) in vision, hearing, mobility, cognition, self-care, and communication. Despite collecting data about the degree of limitation, responses from the WG-SS are subsequently [dichotomized](#) into “disabled” and “not disabled” categories, [adding another layer of complexity and uncertainty about the most appropriate point where this cut-off should occur](#).

To maximize the opportunity of this moment, we, as disabled and allied researchers with expertise in disability measurement, provide a roadmap for improving the measurement of disability. We recognize that the creation of new disability measures will take considerable time. Therefore, with this article, we articulate immediate, mid-range, and long-range goals for improving disability measures—as well as a clear rationale for pursuing these goals.

- **Immediate Goal: Continue Using The ACS-6 Disability Questions Across Federal And National Surveys**
- **Mid-Range Goal: Expand The ACS-6 Disability Questions To Capture More Disabled People**

	<ul style="list-style-type: none"> • Long-Range Goal: Create New Disability Measures That Better Reflect The Disability Community <p>Nothing about Us without Us</p> <p>As disabled and allied researchers with expertise in disability measurement, we believe this roadmap will help move disability measurement forward. Disability data justice is predicated on accurate, inclusive, and equitable measures of disability. To achieve this form of justice, the processes through which we determine disability measures must also be equitable and inclusive. This is why we have made a deliberate choice to refrain from pushing our own ideas about new question stems at this juncture.</p>
<p>Climate Change</p>	<p>25. *New York Times August 26, 2024 <u>Dangerous Heat Returns to Central and Eastern U.S. This Week</u> By Sara Ruberg <i>High heat and humidity could make it feel like 115 degrees Fahrenheit in parts of the country this week, forecasters warned.</i></p> <p>Summary: A dangerous heat wave is expected to sweep across the central and eastern United States this week, breaking temperature records and ending a period of fall-like weather. The heat wave will bring unusually hot temperatures to the Upper Midwest and Mid-Atlantic, with heat indexes reaching 105-115 degrees Fahrenheit in some areas. This is particularly unusual for late August.</p> <p>The heat is expected to build in the Midwest on Monday and Tuesday, then move to the Mid-Atlantic and Southeast later in the week. Temperatures will soar above 90 degrees and approach 100 degrees in many regions. Nighttime temperatures will also remain high, offering little relief. Excessive heat warnings have been issued for parts of eastern Iowa, where temperatures are expected to exceed 100 degrees. This is significantly hotter than typical August temperatures in the area.</p> <p>Forecasters anticipate a cold front to follow the heat wave, bringing cooler temperatures.</p> <p>Several heat waves have already affected parts of the United States this summer, with record-breaking temperatures in some areas. The Weather Service recommends that people take precautions to avoid heat-related illness, such as staying out of the sun and drinking plenty of water.</p>
<p>Incarcerated Persons</p>	<p>26. JAMA Network August 23, 2024 <u>Access to Care and Outcomes With the Affordable Care Act for Persons With Criminal Legal Involvement</u> By James René Jolin, Benjamin A. Barsky, JD, MBE, Carrie G. Wade, MLIS, et al, Key Points</p> <p>Question How did insurance coverage, access to health care, health outcomes, costs of care, and social welfare outcomes change among people with criminal legal involvement after the Patient Protection and Affordable Care Act (ACA)?</p> <p>Findings In this scoping review, the ACA was associated with an increase in insurance coverage and a decrease in recidivism among people with criminal legal involvement. For other outcomes, evidence was scant or mixed.</p>

	<p>People who are incarcerated or have been tied up in the U.S. criminal justice system disproportionately have low incomes, lack access to health insurance, and have higher rates of chronic illness. A study published on Friday in JAMA Health Forum reviewed existing studies to determine whether the enactment of the ACA and expanded state Medicaid programs had any effect on this population’s access to health care, insurance costs, and health and social welfare outcomes.</p> <p>The evidence was mixed — researchers found that the ACA was associated with lower rates of being uninsured, but it was unclear whether more people were on private or public insurance. On access to care, studies focused mostly on substance use and mental health treatment, but the evidence was mixed on whether people had better access to that care.</p>
<p>LGBTQ+</p>	<p>27. JAMA Network August 23, 2024 Using AI and Social Media to Understand Health Disparities for Transgender Cancer Care By Augustine Annan, PhD; Yeran Li, PhD; Jingcheng Du, PhD; et al Introduction Breast and gynecological cancers affect individuals of all genders, including often-overlooked transgender patients. Lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) groups are known to be medically underserved compared with the cisgender, heterosexual group.^{1,2} Transgender individuals experience lower health care use and higher health care discrimination rates.³ This study considered the spectrum of experiences of self-identified transgender individuals assigned female at birth, including individuals receiving and not receiving gender-affirming hormones.</p> <p>Using social media, a key resource for reaching a “hard-to-reach population,”^{4,5} and artificial intelligence (AI) advancements this research aimed to illuminate challenges that transgender patients encounter during their breast and gynecological cancer care journeys. It sought to uncover health disparities reflected in these individuals’ shared experiences on social media and coping strategies and the overall impact of their cancer diagnoses.</p> <p>Results An analysis of 30 million posts yielded 1235 posts pertinent to our study: 375 posts (30.4%) on breast, 320 posts (25.9%) on cervical, 420 posts (34.0%) posts on endometrial, and 120 posts (9.7%) on ovarian cancer. The study revealed 3 primary themes: lack of awareness, access issues, and clinical challenges. Under each primary theme, subthemes emerged. Lack of awareness was evident in 811 of 1205 relevant posts (65.7%), with systemic (725 posts [58.7%]) and personal perspectives emerging. Misuse of pronouns was a systemic issue in the health care system, reported in 120 of 725 relevant posts (16.5%). Health care avoidance was prevalent in 71 of 93 personal perspective posts (76.7%). Lack of awareness pertained to available health care services and cancer risks.</p> <p>Among 520 access issues, nonfinancial concerns accounted for 374 issues (71.9%). Financial concerns, such as limited insurance coverage, appeared in 64 of 201 relevant posts (31.8%). The most common clinical issue, disease burden, was highlighted in 223 of 256 relevant posts (87.1%). The Figure provides an overview of the main topics and their prevalence throughout the patient journey.</p>

<p>Medicare</p>	<p>28. National Center on Law and Elder Rights <i>New NCLER Resources on the Medicare Low Income Subsidy</i> The Medicare Low-Income Subsidy (LIS), also known as “Extra Help,” helps low-income Medicare enrollees with Part D prescription drug costs. LIS can easily save individuals with costly prescriptions thousands of dollars per year—and LIS became more generous in 2024 for many. Despite these major benefits, many people who qualify for LIS have not enrolled. Advocates and counselors can help by talking to their clients about Extra Help, encouraging them to apply, and identifying when clients may be overpaying for coverage. Read NCLER’s two new resources that provide tips for ensuring that low-income older adults are not overpaying for their prescription drug coverage:</p> <ul style="list-style-type: none"> • Practice Tip: Are Your Clients Missing Out on Enrollment in the Medicare Low-Income Subsidy? • Practice Tip: Your Low-Income Clients May be Overpaying for Part D Prescription Drug Coverage • Additional NCLER Medicare Resources
<p>Transportation</p>	<p>29. *State House News August 22, 2024 Soft Launch Opens Access To Half-Price MBTA Fares By Chris Lisinski <i>Program's \$25 Million Cost Could Eventually Rise To \$62 Million</i> Low-income MBTA riders will be able to apply for reduced fares starting Sept. 4, and in the two days since the agency soft-launched the program to a select few, dozens have already enrolled. . . The fare policy approved in March will offer half-price T fares to riders who earn less than 200 percent of the federal poverty level, which in 2024 is about \$30,120 annually for a single person or \$62,400 for a family of four. To qualify, riders must be Massachusetts residents with government-issued IDs between the ages of 18 and 64. They must also be enrolled in a state assistance program, such as health insurance, food aid, or cash assistance programs like MassHealth Standard, Supplemental Nutrition Assistance Program (SNAP) or Transitional Aid to Families with Dependent Children (TAFDC). . .</p>
<p>In Other States</p>	<p>30. News Center Maine August 26, 2024 (updated) A Maine nursing home owner has been in the business for nearly 50 years. He wants out By Rose Lundy <i>At least 26 nursing homes in the state have closed in the last decade. A rate reform process is underway that will update payment models and is intended to improve.</i> The Presque Isle home had been “hemorrhaging” money because it couldn’t find staff and had to operate at 60 percent capacity, [Phil] Cyr, [president of Caribou Rehab and Nursing Center,] said. From March to May, Cyr estimates it lost \$250,000. “We closed one home to save the other,” he said. At least 26 nursing homes in the state have closed in the last decade, and there are increasing challenges for family-run facilities competing against</p>

	<p>large chains. There are currently 79 nursing homes operating in Maine, which has the oldest population in the country. . .</p> <p>As operating costs have ballooned and regulations have grown in recent decades, the nursing home industry has seen many closures and increasing consolidation.</p> <p>Running a family-operated nursing home is becoming “a less viable model,” said Mary Lou Ciolfi, senior program manager for the University of Maine Center on Aging, and co-director of the Consortium for Aging Policy Research & Analysis.</p> <p>There are numerous factors contributing to the rising costs: regulations have become increasingly complex, requiring facilities to frequently audit themselves; resident expectations have evolved, requiring a greater range of care options and amenities; and staff must be kept up to date on more and more training opportunities.</p>
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <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 moore8473@charter.net.</p>
<p>Websites</p>	
<p>Blogs</p>	
<p>Podcasts</p>	<p>Consumer Voice Podcast Library</p> <p>The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics.</p>

Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
Money Follows the Person	MassHealth Money Follows the Person 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 (Alternative Housing Voucher Program) nursing home vouchers, 14 currently in use Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures (pending)	Massachusetts Department of Public Health <i>Marion Manor, South Boston</i> Closure date: September 11, 2024 <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website .	
Nursing Home Closures	Massachusetts Department of Public Health <i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024 <i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024 <i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024 <i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024 <i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023 <i>Willimansett East, Chicopee</i> Closure date: June 6, 2023 <i>Willimansett West, Chicopee</i> Closure date: June 6, 2023	

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

	<p>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020</p> <p>Advocate Healthcare of East Boston, LLC.</p> <p>Belmont Manor Nursing Home, Inc.</p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services</p> <p><i>List of Special Focus Facilities and Candidates</i></p> <p>https://tinyurl.com/SpecialFocusFacilityProgram</p> <p>Updated April 24, 2024</p> <p>CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • Somerset Ridge Center, Somerset https://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 <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities which showed improvement</p>

	<ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063 <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • The Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218 • Worcester Rehabilitation and Health Care Center, Worcester https://worcesterrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225199 <p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • AdviniaCare Newburyport (3) https://www.adviniacare.com/adviniacare-country-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225332 • Charwell House Health and Rehabilitation, Norwood (27) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Fall River Healthcare (9) https://www.nextstephc.com/fallriver Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225723/ • Glen Ridge Nursing Care Center, Medford (13) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • Mill Town Health and Rehabilitation, Amesbury (26) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Parkway Health and Rehabilitation Center, West Roxbury (7) https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225497 • Pioneer Valley Health & Rehabilitation Center, South Hadley (24) https://pioneervalleyhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 • Plymouth Harborside Healthcare (4) https://www.nextstephc.com/plymouth Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225284/ • Plymouth Rehabilitation and Health Care Center (22) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207
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	<ul style="list-style-type: none"> Royal Norwell Nursing & Rehabilitation Center (4) https://norwell.royalhealthgroup.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225482/ <p>Massachusetts Facilities that have graduated from the program</p> <ul style="list-style-type: none"> Marlborough Hills Rehabilitation & Health Care Center, Marlborough https://marlboroughhillsrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063/ Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/ <p>No longer operating</p> <ul style="list-style-type: none"> South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram 																																																
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica Nursing Home Inspect Data updated April 24, 2024</p> <p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># 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>Nursing Home Compare</p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i></p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p> <p>This information will be posted for each facility and includes:</p>																																																

	<ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>																								
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																								
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>	<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> </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
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Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
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	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Wynn Gerhard • Suzanne Lanzikos • Dick Moore • Patricia Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			