



The Dignity Digest

Issue # 204

September 10, 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.

Quotes

At the March visit, a resident [of Pioneer Valley Health and Rehabilitation in South Hadley] [told a surveyor](#) they were soiled and hadn't be cleaned up since the previous day and their call light to summon help was broken. A resident with quadriplegia had been transferred to the hospital several times for care, and the nursing home failed to notify their guardian.

From June 2021 through June 2024, the facility has been fined \$338,238 by the U.S. Centers for Medicare & Medicaid Services, making it the third most fined nursing home in Western Massachusetts after [Highview of Northampton](#) and Vantage at Wilbraham.

[Tab for state rescue of 3 Mass. nursing homes nears \\$2M.](#) *MassLive, August 28, 2024

[Paul] Lanzikos says [Dignity Alliance Massachusetts] is not opposed to the infusion of operating or capital funds into [nursing] facilities. "What we want to do is have accountability. That's where I think the failure is. Unless there are clear criteria and enforcement of those criteria then you're just throwing the money away."

Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts, [3 Blupoint nursing homes in Massachusetts taken over by outside company after I-Team reports](#), WBZ News (video report), August 30, 2024

"Affordable and accessible housing is essential to realizing the goals of Olmstead. The flexibilities we are providing today will further enable local leaders to support the housing needs of people with disabilities".

HUD Acting Secretary Adrienne Todman, [HUD Takes Action to Support Community Living for People with Disabilities](#), U.S. Department of Housing and Urban Development (HUD), August 27, 2024

I try to be as respectful as possible. I try to make beautiful photos of a disabled body. My aim is to capture the part of the body that is not there anymore, an absence that needs to be accepted.

Emilio Morenatti, Associated Press photographer at the Paris Paralympics, [AP photographer finds beauty at the Paralympics in capturing what's not there](#). AP News, September 7, 2024

A recent review of state licensure definitions conducted by CEAL@UNC found that few states currently define assisted living as providing person-centered care. From its inception, the philosophy of assisted living has been one of personalized services. Expressly noting the intent of person-centered services — such as to promote quality of life — provides a measurable metric to determine whether assisted living is meeting its mission, which may be determined by residents or by those who know them best.

[Toward a common definition of assisted living](#) (McKnights Senior Living, September 3, 2024)

“[The renal care] field has really been debating about the role of dialysis in patients who develop kidney disease in old age. It’s lifelong therapy and a major change to your lifestyle. It can lengthen life, but there are trade-offs.”

Dr. Manjula Tamura, a nephrologist and researcher at Stanford University, [Dialysis May Prolong Life for Older Patients. But Not by Much.](#), *New York Times, September 1, 2024

[M]uch of our health care system remains obstinately siloed, with mental health relegated to the sidelines of preventive medicine. . . We need a care system and a medical culture that support the health of the whole person.

Dr. Helen Ouyang, an emergency physician and an associate professor at Columbia University, [We Know Mental Health Affects Physical Health. Why Don't We Act Like It?](#), *New York Times, September 1, 2024

What are you most afraid of with AI in healthcare?

I don't think that the enthusiasm around developing tools has been met with the same level of enthusiasm around testing, validating and demonstrating the safety and effectiveness of these tools. . .

I worry about a two-tiered system of AI. The AI "haves" are going to be large, well-resourced systems . . . and the AI "have-nots" will be health systems . . . that either don't have the infrastructure or know-how to deploy the AI technologies.

Dr. Daniel Yang, a top executive overseeing artificial intelligence at Kaiser Permanente, [What AI Can Do in Healthcare—and What It Should Never Do](#) (*Wall Street Journal, August 21, 2024)

What should AI never do? Is there a red line?

We view them as augmenting, so I wouldn't feel comfortable about AI automating clinical decision-making, in diagnosis or treatment.

Dr. Daniel Yang, a top executive overseeing artificial intelligence at Kaiser Permanente, [What AI Can Do in Healthcare—and What It Should Never Do](#) (*Wall Street Journal, August 21, 2024)

"They're just telling us it takes time and money. Well, you've wasted a lot of both."

Jean McClure, chapter president of SEIU 509, a union representing many Department of Mental Health workers at Tewksbury hospital, [Water at a Mass. state hospital has been undrinkable for years](#), *Boston Globe, September 1, 2024

"Old age" must be redefined and retirement ages raised so that living longer doesn't mean retiring longer on workers' taxes, particularly for [wealthy retirees](#). After all, longer lives for most people should mean more productive years."

C. Eugene Steuerle, co-founder the Urban-Brookings Tax Policy Center and Glenn Kramon, lecturer at Stanford Business School, [Young Americans Can't Keep Funding Boomers and Beyond](#), New York Times (free access), September 1, 2024

"Massachusetts' most vulnerable residents who live in nursing homes and other long-term care facilities deserve better than subpar conditions. It's time to hold nursing homes and other long-term care facilities

accountable for providing safe environments and high-quality care for residents.”

AARP Massachusetts State Director Jennifer Benson and State President Sandra Harris, [Assisted living oversight, certification strengthened by bill](#), **McKnights Senior Living**, September 6, 2024

“Worrying about necessities like food or transportation can distract caregivers, no matter how dedicated they are. A healthier, better-supported workforce is essential for delivering higher-quality and more consistent care.”

Brandi Kurtyka, CEO, MissionCare Collective, [Home-Based Care Workers Face A Wellbeing Crisis, According To New Report](#), **Home Health Care News**, September 6, 2024

“The [long term care] bill [[H 5033](#)] is really going to save lives and improve the lives of so many. It’s really the most significant piece of legislation in the long-term care and assisted living space in over a quarter of a century.”

Representative Thomas Stanley, Co-Chair, Joint Committee on Elder Affairs, [In a win for seniors and people with disabilities, Massachusetts curtails estate recovery practices](#), ***Boston Globe**, September 7, 2024 (updated)

“This win is for Joe Tringali [former 45-year staff member of Stavros Center for Independent Living], his family, and everyone who fought for decades to end now-past estate recovery practices.”

Senator Jo Comerford (D-Northampton), [In a win for seniors and people with disabilities, Massachusetts curtails estate recovery practices](#), ***Boston Globe**, September 7, 2024 (updated)

“I work full time to like to set aside money to pay for legs. I don’t have a car payment. I have a leg payment.”

Lindi Marcusen, a Paralympic athlete who is competing in the 100 and long jump and is an above-the-knee amputee, [In the Paralympic Fix-It Shop, Plenty of Fractures but No Blood](#), ***New York Times**, September 6, 2024 (updated)

“Working with private equity vultures, [Dr. Ralph De la Torre, Steward President and CEO] became obscenely wealthy by loading up hospitals across the country with

billions in debt and selling the land underneath these hospitals to real estate executives who charge unsustainably high rent.”

Senator Bernie Sanders (I-VT), [Steward Health's sale puts scrutiny on real estate deals](#), *Axios*, September 6, 2024



National Consumer Voice for Quality Long-Term Care
[The Power of My Voice](#)

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. Residents have the right to self-determination and to use their voice to make their own choices. This year's Residents' Rights Month theme, [The Power of My Voice](#), emphasizes self-empowerment and recognizes the power of residents being vocal about their interests, personal growth, and right to live full, enriching lives.

The Resident’s Voice Challenge - Submissions Due September 1

Residents of long-term care facilities are encouraged to get creative in demonstrating the power of their voice. Use these questions to inspire you:

- **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?**

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.

How to Submit

1. Read the full [Resident's Voice Challenge Criteria](#) before submitting.
2. Email submissions to info@theconsumervoice.org.
 - Include a mailing address with your submission for residents to receive certificates of participation.
 - Submissions featuring photo or videos must include completed [release forms](#) for each resident.

MassHealth Member Advisory Committee

MassHealth
[MassHealth's Invitation to Participate in a new MassHealth Member Advisory Committee \(MAC\)](#)

The MAC will be a committee made up of about 15 current or former MassHealth members. MAC membership will reflect the diversity of the communities MassHealth serves. MAC membership may also include guardians or family members, or caregivers of current or former MassHealth members. Accommodations and other supports (including interpreter services) will be available to MAC participants. For more information, visit the [MAC FAQs](#).

Goals of the MAC

- MassHealth hopes to engage more with MassHealth members to:
- understand members’ experiences with the MassHealth program,
 - learn more about members’ priorities, and
 - work together in developing and implementing programs and policies that ultimately improve quality and access to care.

	<p>MAC members and MassHealth will co-develop additional goals for the MAC.</p> <p>If you are eligible, you can apply to join the MAC</p> <p>MAC Flyer (English, PDF 285.23 KB)</p> <p>MAC Flyer (English, DOCX 54.48 KB)</p> <p>Opportunity to apply closes September 27, 2024 at 5:00 p.m.</p>
<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>Recruitment</p>	<ul style="list-style-type: none"> • Director of Programs and Innovation, Massachusetts Association of Mental Health • Digital Communications Analyst, AARP Massachusetts • Economic Justice Attorney with Focus on Safety Net Programs, Massachusetts Law Reform Institute
<p>September is a busy month for aging issues</p>	<ul style="list-style-type: none"> • Healthy Aging Month • National Senior Center Month • Falls Prevention Awareness Week • Malnutrition Awareness Week • Employ Older Workers Week
<p>Guide to news items in this week's Dignity Digest</p>	<p>An Act to improve quality and oversight of long-term care (H 5033) Assisted living oversight, certification strengthened by bill (McKnights Senior Living, September 6, 2024)</p> <p>Nursing Homes 3 Blupoint nursing homes in Massachusetts taken over by outside company after I-Team reports (WBZ News (video report), August 30, 2024)</p>

	<p><u>Tab for state rescue of 3 Mass. nursing homes nears \$2M</u> (*MassLive, August 28, 2024)</p> <p>Home Health Care <u>Home-Based Care Workers Face A Wellbeing Crisis. According To New Report</u> (Home Health Care News, September 6, 2024)</p> <p>Steward Health <u>Steward Health's sale puts scrutiny on real estate deals</u> (Axios, September 6, 2024)</p> <p>Paralympics <u>AP photographer finds beauty at the Paralympics in capturing what's not there</u> (AP News, September 7, 2024) <u>In the Paralympic Fix-It Shop. Plenty of Fractures but No Blood</u> (*New York Times, September 6, 2024 (updated)) <u>The Quiet Collaboration Between Paralympic Athletes and Their Assistants</u> (*New York Times, September 4, 2024)</p> <p>Housing <u>HUD Takes Action to Support Community Living for People with Disabilities</u> (U.S. Department of Housing and Urban Development (HUD), August 27, 2024)</p> <p>Assisted Living <u>Toward a common definition of assisted living</u> (McKnights Senior Living, September 3, 2024) <u>States with the most assisted-living facilities per capita</u> (Stacker, September 3, 2024) <u>Potential Actions to Advance Well-being in Assisted Living</u> (Center for Excellence in Assisted Living, April 2024)</p> <p>Behavioral Health <u>How a Leading Chain of Psychiatric Hospitals Traps Patients</u> (*New York Times, September 1, 2024) <u>We Know Mental Health Affects Physical Health. Why Don't We Act Like It?</u> (*New York Times, September 1, 2024)</p> <p>Disability Topics <u>Senate Ways and Means Report: Rehab Commission Renaming</u> (*State House News, August 29, 2024)</p> <p>MassHealth <u>In a win for seniors and people with disabilities, Massachusetts curtails estate recovery practices</u> (*Boston Globe, September 7, 2024 (updated))</p> <p>Caregiving <u>For caregivers, a friend who 'gets it' can be a lifeline</u> (*The Washington Post, September 8, 2024)</p> <p>Health Care <u>The Best Time to Get a Flu Shot</u> (New York Times (free access), September 4, 2024) <u>Water at a Mass. state hospital has been undrinkable for years</u> (*Boston Globe, September 1, 2024) <u>Dialysis May Prolong Life for Older Patients. But Not by Much.</u> (* New York Times, September 1, 2024) <u>What AI Can Do in Healthcare—and What It Should Never Do</u> (*Wall Street Journal, August 21, 2024)</p> <p>Public Policy <u>Young Americans Can't Keep Funding Boomers and Beyond</u> (New York Times (free access), September 1, 2024)</p>
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	<p>From around the Country Missing Florida man found dead in nursing home closet: family (NewsNation, September 6, 2024)</p> <p>Public Sessions Governor's Advisory Committee on Women Veterans, Tuesday, September 10, 2024, 6:00 p.m., Agenda and Access Public Health Council, Wednesday, September 11, 2024, 9:00 a.m., Agenda and Livestream Massachusetts Developmental Disabilities Council, Wednesday, September 11, 2024, 6:00 p.m., Agenda and Livestream Autism Commission, Friday, September 13, 2024, 8:30 a.m., Agenda and Access Executive Office of Health and Human Services, Friday, September 13, 2024, 1:00 p.m., More Info and Access</p>
<p>Accessibility and Voter Rights</p> <p>Sign Up to receive emails. Stay educated on your rights, and on the Issues, Candidates and Ballot Questions in Massachusetts!</p>	<p>Rev Up Massachusetts <i>REV UP – Register! Educate! Vote! Use your Power!</i> https://revupma.org/wp/ 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"> • 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>Special Presentation</p>	<p>1. The National Consumer Voice Saturday, September 14, 2024, 3:00 p.m. Special Preview of the Documentary "No Country for Old People" <i>Twenty-five virtual preview of the film.</i> Director's note (Susie Singer Carter) My mother is just one of the millions who have suffered dearly as a result of Nursing Home Neglect and Abuse. In No Country For Old People, I intend to use my mother's story as the thread that weaves in other accounts of neglect, testimonials from Nurses, CNA's, Doctors, Specialists, Centers for Medicare and Medicaid, and Elder Abuse Lawyers who have represented victims and/or their families in cases of abuse or neglect by hospitals, doctors, nursing homes, assisted living facilities, home health agencies and other care providers, as well as little known practices that include the "Death Panel", early hospice, and equivocal euthanasia. This documentary will be a much-needed gut punch intended to force people to look at a health-care system that is literally collapsing around us.</p>
<p>Webinars and Online Sessions</p>	<p>2. Stanford Center for Longevity Tuesday, September 10, 2024, 3:00 p.m. Longevity Book Club with Kasley Killam Kasley Killam, MPH, is a leading expert in social health and author of <i>The Art and Science of Connection: Why Social Health is the Missing Key to Living Longer, Healthier, and Happier</i>. As a graduate of the Harvard School of Public Health, sought-after advisor and keynote speaker, and founder of Social Health Labs, Killam has been improving global well-being through connection for over a decade. Her collaborations with organizations like Google, the US Department of Health and Human Services, and the World</p>

Economic Forum contribute to building more socially healthy products, workplaces, and communities. Killam's insights can be found in outlets such as The New York Times, Forbes, NPR, Scientific American, Psychology Today, and The Washington Post. Connect at www.kasleykillam.com.

3. Blue Cross Blue Shield of Massachusetts Foundation

Wednesday, September 11, 2024, 1:00 p.m.

Overview of [their report](#) on key components of the state's "Roadmap for Behavioral Health Reform," the roadmap's implementation, and opportunities for future improvement.

[Registration](#)

4. Massachusetts Rehabilitation Commission

Thursday, September 12, 2024, 8:30 a.m. to 4:30 p.m.

The virtual 2024 Assistive Technology Training and Expo

Commissioner Toni Wolf delivers opening remarks, followed by presentations from the Department of Developmental Services, Easterseals Massachusetts, and T-Mobile Accessibility, among other organizations and vendors.

All trainings will be recorded and available to watch for one month following the event

ASL and Cart

The event will be open to the public including; Individuals with Disabilities, Family Members, Service Providers, and Community Partners.

[Register](#)

5. Massachusetts Commission for the Blind

Thursday, September 12, 2024, 10:00 a.m.

Visions of Employment webinar

Presentations on how employers have successfully integrated blind employees into the workplace. Employees who are legally blind will also share their experiences. The webinar will cover workplace accommodations, training and resources.

[Register](#)

6. Justice in Aging

Tuesday, October 1, 2024, 2:00 p.m.

[Systemic and Individual Advocacy to Reduce Restraint Use in Nursing Facilities](#)

Nursing experts agree that restraint use in nursing facilities should be kept to a minimum, if not eliminated. And federal nursing facility law states clearly that restraints must not be used for discipline or a facility's convenience. Nonetheless, some facilities routinely restrain ten or twenty percent (or more) of their residents. This webinar, Systemic and Individual Advocacy to Reduce Restraint Use in Nursing Facilities, will review the law, examine the federal government's various initiatives to reduce restraint use, and discuss individual advocacy strategies that empower a resident or resident's representative to reject any use of restraints for that particular resident. Who Should Participate: Advocates working with older adults who reside in nursing facilities and their families.

Presenter: Eric Carlson, Director Long-Term Services and Supports Advocacy, Justice in Aging

[Register now](#)

7. Jewish Family & Children's Services

Tuesday, October 29, 2024, 1:00 to 4:30 p.m.

Let's Talk about Dementia and Culture

	<p>Join researchers, advocates living with dementia, public health leaders, and community-based dementia educators as we explore current evidence-based tips for brain health, how these link to the structural and social determinants of health, and what research and life experience tell us about continuing to live well with a dementia diagnosis.</p> <ul style="list-style-type: none"> • Attendance is free of charge. CEUs will be available for purchase. • Simultaneous Interpretation in Spanish, and captions in English and many languages will be available. <p>Program flyer here. Information/Registration</p> <p>8. Stanford Center for Longevity Wednesday, November 6, 2024, 2:00 p.m. Longevity Book Club with Debra Whitman</p> <p>In <i>The Second Fifty</i>, Debra Whitman provides a roadmap for navigating, and celebrating, the second half of life. Drawing on compelling stories from her own family and people across the country, interviews with experts, and cutting-edge research, she shares insights on brain health, the contributions and concerns of an older workforce, caregiving, financing retirement, and more. Her findings are often surprising: Americans over fifty are a boon to—not a drain on—the economy. Dementia rates have actually been declining as more people achieve higher levels of education and adopt healthier lifestyles. Whether you are approaching fifty, into your later years, or caring for someone who is, <i>The Second Fifty</i> is an indispensable guide for living well in the twenty-first century.</p> <p>9. Stanford Center for Longevity Wednesday, December 11, 2024, 3:00 p.m. A Conversation with Natalie Foster</p> <p>In <i>The Guarantee</i>, Natalie Foster asks us to imagine an America where housing, health care, a college education, dignified work, family care, an inheritance, and an income floor are not only attainable by all but guaranteed, by our government, for everyone. As it stands, our current economic system is chock full of government-backed guarantees, from bailouts to bankruptcy protection, to keep the private sector in business. So why can't the same be true for the rest of us? And how would it foster healthy aging in an era of increased longevity? Natalie Foster's vision for a new Guarantee Framework is rooted in real life experiences, collaborations with some of today's most important activists and visionaries, and a concrete sense of the policies that are possible—and ready to implement—in twenty-first-century America.</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>An Act to improve quality and oversight of long-term care (H 5033)</p>	<p>10. McKnights Senior Living September 6, 2024 Assisted living oversight, certification strengthened by bill By Kimberly Bonvissuto Under a wide-ranging reform bill, assisted living communities in Massachusetts would offer basic health services and face additional oversight, which one senior living provider said will ensure high quality care.</p>

[HB 5033](#), which touches virtually every part of the long-term care continuum, passed the Massachusetts legislature last week and is awaiting the governor's signature.

It would strengthen regulations and oversight of the long-term care industry in the state, require facilities to have infection outbreak response plans, and create a program to address staffing issues, according to its supporters.

"This bill expands the opportunity for the commonwealth's citizens to select assisted living, due to the ability to provide basic health services to residents," Brian Doherty, of the Massachusetts Assisted Living Association told *McKnight's Senior Living*. "It continues to advance the goals of regulators, advocacy groups and providers to ensure high-quality assisted living care in Massachusetts."

LeadingAge Massachusetts said the legislation includes a number of "critical" provisions it has long advocated for to strengthen the long-term care sector.

Under the bill, assisted living communities would be able to offer [basic health services](#), including injections; the application or replacement of simple, nonsterile dressings; oxygen management; diagnostic home testing; and the application of ointments or drops. Residents who receive those basic health services would be required to undergo a quarterly service plan review, and the state would be required to biennially review all assisted living residences.

After extending COVID-era waivers to allow assisted living residences to provide certain healthcare services prohibited by statute, the legislature took the step to allow these services on a permanent basis, LeadingAge Massachusetts President Elissa Sherman told *McKnight's Senior Living*. But there are concerns that the final language requires assisted living residences choosing to offer those services to offer "all" of the defined services, in contrast to current policy under the waiver that allows providers to choose which services they are comfortable offering.

"The question remains what level of staffing will be required by providers that choose to offer basic health services, and whether they will be able to recruit and retain needed numbers of nurses to meet the requirements," Sherman said.

The bill also would create an assisted living residences commission to recommend policies to ensure that communities are meeting the health and safety needs of residents. The commission would be tasked with studying the statutory and regulatory oversight of assisted living, best practices in other states, the effects of licensing or certifying residences, advertising practices, transparency, safety standards, consumer protections and trends in incident reports made to the state and whether those incidents were resolved.

And a new provision on ownership disclosure applicable to assisted living residences would require owners and management companies with at least 5% controlling interest in a community — rather than the current 25% — to disclose information including their criminal and civil litigation history and financial history.

A legislative commission also would be established to study oversight of continuing care retirement communities, and a task force would be created to review the viability and sustainability of long-term care facilities in the commonwealth.

A compromise agreement

Rep. Hannah Kane (R-Shrewsbury) said the bill represents a [compromise agreement](#) reached by a conference committee that worked to resolve differences between [earlier bill versions](#).

HB 5033 would strengthen the licensing oversight and review process of senior living communities and other long-term care residential settings by requiring applicants to disclose civil litigation history and demonstrate the financial capacity to establish or maintain and operate a long-term care facility, Kane said. Employees also would be protected from retaliation for filing complaints or providing information to the state Department of Public Health on violations or potential risks to public health.

Other requirements for long-term care facilities included in the bill that do not apply to assisted living residences involve filing outbreak response plans with the state Department of Public Health and adopting an LGBTQI Bill of Rights to prohibit discrimination against individuals based on their gender identity or HIV status. The involvement of private equity and real estate investment trusts in long-term care facilities would also come under increased scrutiny.

Additionally, a new Long-Term Care Workforce and Capital Fund would be established to help recruit workers to long-term care, including grants to develop new certified nursing assistants and to train direct care workers to become licensed practical nurses. Providers also could tap into the fund, which will be supported by expanded abuse and neglect penalties collected, to invest in facility improvements.

The bill was sent to Gov. Maura Healey (D) on Aug. 29 for her signature. That same day, AARP Massachusetts sent a [letter](#) to Healey urging her to sign the bill as soon as possible.

“Massachusetts’ most vulnerable residents who live in nursing homes and other long-term care facilities deserve better than subpar conditions,” AARP Massachusetts State Director Jennifer Benson and State President Sandra Harris wrote. “It is time to hold nursing homes and other long-term care facilities accountable for providing safe environments and high-quality care for residents.”

Paralympics

11. AP News
 September 7, 2024
[AP photographer finds beauty at the Paralympics in capturing what's not there](#)
 By Emilio Morenatti
 Emilio Morenatti, 55, is the AP’s chief photographer for Spain and Portugal. His worldwide coverage has earned him numerous awards, including a Pulitzer Prize. Morenatti, who lost a leg in Afghanistan in 2009, was in Paris to cover his third Paralympics this summer. This is his account of the experience. . .
 My own disability helps break barriers. When the athletes see my prosthetic, they know that like them I had to overcome some obstacles in my career, and that creates a connection between us. Sometimes we talk about prosthetics and the complications with them. The conversation creates empathy between us.
 I try to be as respectful as possible. I try to make beautiful photos of a disabled body. My aim is to capture the part of the body that is not there anymore, an absence that needs to be accepted. Many athletes are helped by technology, a prosthetic or something that helps the athlete to run or

	<p>jump. Except in swimming. In swimming there's just a body. There is a beauty in that.</p> <p>12. *New York Times September 6, 2024 (updated) In the Paralympic Fix-It Shop. Plenty of Fractures but No Blood By Elena Bergeron <i>Repair technicians at the Paris Games fix everything from bent wheelchair frames to broken sunglasses.</i> The Paralympic Games repair shop in the Paralympic Village provides essential services to athletes, including repairing wheelchairs, prostheses, and other assistive devices. The shop is operated by Ottobock, a German company that has been providing these services at the Paralympics since 1988. The shop has a staff of 164 technicians and mechanics who are available to triage damage to the equipment of more than 4,000 athletes competing in the Games. The shop has repaired a variety of equipment, including wheelchairs, prostheses, braces, and even sunglasses. The services are offered at no cost to all Paralympians.</p> <p>13. *New York Times September 4, 2024 The Quiet Collaboration Between Paralympic Athletes and Their Assistants By Elena Bergeron <i>For competition partners who share the mutual goal of winning medals, eye contact or a simple touch can be all the communication that's needed.</i> In Paralympic sports where athletes compete with a guide or assistant, success often relies on quiet communication and teamwork.</p> <ul style="list-style-type: none"> • Athletes with visual impairments or limited mobility rely on guides or assistants to compete. • These guides follow specific rules to avoid giving the athlete an unfair advantage. • Guides and assistants can still play a big role in an athlete's success by helping them train, strategize, and stay motivated. • The relationship between athlete and guide can extend beyond sports and become a deep friendship. <p>The role of Paralympic guide, mainly in classifications of severe vision loss and mobile impairment, is governed by just a few restrictions across sports to ensure that the athletes are in charge. But while the Paralympians are not allowed to gain a competitive advantage from their guides, the supporting athletes can, and often do, contribute in ways that extend beyond the field of play. Able-bodied track guides sometimes help runners pick out the design of the blindfold they'll compete in (to ensure all competitors have the same visual restriction). And a pilot in a cycling tandem may break up the monotony of training days by taking a blind athlete on the open road instead of a closed track. . .</p> <p>Since 2012, guides in most assisted Paralympic sports have received medals alongside the athletes they support. But the relationship between athlete and assistant can extend beyond a technical connection into something more personal and deeply reciprocal.</p>
<p>Nursing Homes</p>	<p>14. *Boston Globe August 30, 2024 A step toward ending nursing home horror stories The Editorial Board</p>

The bill, which emerged from a committee of House-Senate negotiators Wednesday, drew praise from the Massachusetts Senior Care Association, which represents nursing homes, and a union representing nursing home staff.

Tara Gregorio, president of the association, called it “comprehensive and historic legislation” that “represents a profound commitment to the well-being of our seniors and the dedicated professionals who care for them.”

Tim Foley, executive vice president at 1199SEIU United Healthcare Workers East, said the bill, if signed, “will start the important work of addressing the safety and staffing issues that our state’s nursing homes face, so we can lower costs, improve health care access, and reduce health inequities.” Paul Lanzikos, coordinator of Dignity Alliance Massachusetts, which has called for reforms of nursing homes, said the bill provides a “strong start” toward reform, as long as it is paired with effective regulations and enforcement.

Governor Maura Healey should sign the bill so state health officials can begin work implementing and enforcing it.

One of the root causes of dysfunction at nursing homes is that, particularly since the COVID-19 pandemic, they have struggled to attract and retain enough staff. According to [the Center for Health Information and Analysis](#), 20 percent of nursing home direct care positions are vacant. Around one-third of direct care staff working in nursing homes leave each year.

The bill would tackle that problem by giving nursing homes more money to put toward staffing and workforce development. It creates a Long-Term Care Workforce and Capital Fund funded by penalties levied on nursing homes found to have allowed abuse or neglect and by potential future legislative appropriations.

That money would be available for building and capital projects, like developing specialized care units, and for workforce training so people employed in nursing homes can gain new certifications.

It also creates a new position of certified medication aides for nursing homes, who are trained to administer medicine. The bill updates MassHealth’s payment formula to ensure nursing homes are reimbursed based on recent, rather than outdated, costs. There would be additional add-on rates for patients who need specialized care.

Combined, these provisions should help nursing homes recruit staff by paying higher wages and retain staff by giving workers paths to advance in their careers.

But money is not sufficient without oversight to ensure nursing homes are spending their money to improve care. There are too many homes with [chronic low quality](#) where violations of health and safety standards [pile up](#) and residents live in [dismal conditions](#).

The bill would give state regulators greater authority when licensing a nursing home or approving an ownership change to determine the suitability of an owner, operator, or management company based on their finances, past litigation, and history of operating long-term care facilities. It would require additional financial reporting by nursing homes and would require the state to inspect nursing homes annually. It would increase financial penalties for homes where residents are abused or neglected and would give the Department of Public Health new administrative sanctions to enforce state standards, including the potential appointment of a temporary

manager to run a nursing home if operators repeatedly violate state or federal rules.

Having a healthy nursing home industry is important not just for seniors needing long-term care, but for the entire health care system. One reason hospitals today are struggling with capacity is because they [cannot quickly discharge patients](#) to other facilities. In June, [38 hospitals reported](#) having nearly 1,800 patients awaiting discharge, of whom nearly 900 were waiting for a bed in a skilled nursing facility, according to the Massachusetts Health and Hospital Association.

The bill would simplify the process of hospitals obtaining insurance authorization to move patients to nursing facilities by requiring the creation of a uniform form for prior authorization requests that all insurers will use, and also by limiting the time insurers have to respond to requests.

Seniors who need nursing home care depend on having a safe, well-staffed environment to call home. This bill, if implemented and enforced well, will help move the industry in that direction.

15. WBZ News (video report)

August 30, 2024

[3 Blupoint nursing homes in Massachusetts taken over by outside company after I-Team reports](#)

By Cheryl Fiandaca

For the last several weeks, WBZ-TV's [I-Team](#) has been [looking into a company](#) that owns three nursing homes in Massachusetts and [wasn't paying](#) its workers. Now, an outside company has taken over the facilities.

Blupoint Healthcare investigation

The investigation into the crisis at Blupoint Healthcare's nursing homes last month led to [protesting workers finally getting paid](#).

Lauren Foster is a certified nursing assistant at Blupoint's Blackstone Valley Health and Rehabilitation facility in Northbridge.

"Thank you so much for everything that you have done to help us get to where we are now. From where we started, because I don't think it would have happened without you," she told the I-Team.

Days after our [last report](#), the Massachusetts Attorney General's office filed a lawsuit detailing Blupoint's financial woes and the unsafe and dangerous conditions in the homes.

A judge ordered Blupoint's facilities be taken over by an outside company, but by that time, medical suppliers and health care workers were owed thousands of dollars. Foster said some employees were owed more than \$10,000 and were struggling to pay rent and their bills.

The Department of Health admits it knew late last year that that Blupoint was not paying its bills, the facilities were understaffed, and nurses and aids were quitting. State inspectors found deficiencies at the homes but did not order Blupoint to stop accepting new residents.

Paul Lanzikos, the co-founder of advocacy group Dignity Alliance, says the state is not doing enough in terms of oversight of nursing homes. He tells the I-Team the Department of Health needs to step up its vigilance.

"More and more folks are recognizing that there are not good things happening in nursing homes, especially around the survey process and how inadequate it is," Lanzikos said.

MassHealth advanced Blupoint \$2.1 million in 2023

The I-Team has learned nearly all of the residents in Blupoint's facilities are on Medicaid. MassHealth advanced Blupoint \$1.8 million in September of 2023 and another \$300,000 in October.

Foster would like to know where the money went since the company was not paying its staff, suppliers, and vendors.

Lanzikos says his group is not opposed to the infusion of operating or capital funds into facilities.

"What we want to do is have accountability," Lanzikos said. "That's where I think the failure is. Unless there is clear criteria and enforcement of those criteria then you're just throwing the money away."

A new bill passed on Thursday that gives the Department of Health more oversight could be a step in that direction.

"I hope so, I really hope so," Foster told WBZ. She and her co-workers who went to work for more than a month without getting paid say the residents are family and they deserve to live in safe comfortable conditions.

Employees relieved, optimistic

Blupoint staff say they are now relieved and optimistic now that the new company running the three facilities is meeting payroll.

"When I finally saw that money a couple of weeks ago it was just the weight lifted off my shoulders and it was amazing. I can't thank you guys enough for everything you have done so far," Lauren said.

The company running the homes, KCP Advisory Group LLC, declined our request for an interview. I-Team sources say MassHealth is continuing to advance funding for Blupoint's facilities.

<https://www.youtube.com/watch?v=GDCub0uYuxI>

16. AP News

August 30, 2024

[*Nursing Home Oversight Would Be Tightened Under a Bill Passed in Massachusetts*](#)

By Steve LeBlanc

Massachusetts' oversight of nursing homes would be strengthened, LGBTQ+ nursing home residents would be protected against discrimination, and better controls would be in place to protect against the spread of infectious disease outbreaks, under a new bill lawmakers passed this week. Approved on Thursday, the bill would require long-term care facilities to provide staff training on the rights of LGBTQ+ older adults and those living with HIV, and bar staff from discriminating based on a person's sexual orientation, gender identity, gender expression, intersex status or HIV status.

The proposal also would streamline the licensing process for "small house nursing homes," alternative care centers that focus on smaller groups of residents and using familiar domestic routines.

Long-term care facilities would also be required to develop outbreak response plans to help contain the spread of disease and ensure communication with state health officials, residents, families and staff.

The bill would also require state health officials to establish training programs on infection prevention and control, resident care plans and staff safety programs. The Department of Public Health would be required to

come up with plans to let residents of a facility engage in face-to-face contact, communications, and religious and recreational activities. Some long-term care facilities became hubs of COVID-19 transmission. In 2020, at least 76 people died in a long-term care veterans' home in Massachusetts, one of the nation's worst COVID-19 outbreaks. Those who make the decision to put their loved ones in a nursing home or long-term care facility deserve to know they will be protected, said Democratic Senate President Karen Spilka. "This bill will give the Commonwealth the resources and tools to ensure their safety, weed out bad actors in the field, and enforce oversight and accountability," she said. The legislation would also create a new fund to help recruit a long-term care workforce, including grants to develop new certified nursing assistants and grants for direct care workers to train to become licensed practical nurses. Under the bill, the DPH would have the authority to revoke a long-term care facility's license for a failure to provide adequate care or for a lack of financial capacity. The bill would also give health officials the power to appoint a temporary manager. The bill now heads to Gov. Maura Healey for her signature. *This report was published by multiple outlets around the country including U.S. News and World Report.*

17. *MassLive

[Tab for state rescue of 3 Mass. nursing homes nears \\$2M](#)

August 28, 2024

By Greta Jochem

Since put in [receivership](#) in mid-July, the state has spent nearly \$2 million to keep operations afloat at three BluPoint Healthcare nursing homes, including Pioneer Valley Health and Rehabilitation in South Hadley.

The nursing home is now open for new admissions and has been able to staff the facility without backup help from the state, Paul Valentine, a representative of the receiver, KCP Advisory Group, told Suffolk County Superior Court Judge Michael J. Pineault in a virtual hearing Wednesday. Employees have been paid past-due wages. "We believe we have resolved all the outstanding payroll issue," Valentine told the judge.

In July, a judge approved the attorney general's petition to put the South Hadley nursing home and BluPoint's homes in Amesbury and Whitinsville in receivership to protect hundreds of residents "from imminent danger of death or serious physical injury," Attorney General Andrea Campbell said last month.

The state's costs were outlined to Pineault by Mary Freeley of the AG's office.

Campbell acted on [reports](#) of bounced paychecks, understaffing and poor care. Attorneys for the company [asked last month](#) for state monitoring instead of receivership, but that request was denied.

Meantime, the U.S. Department of Labor's Employee Benefits Security Administration is investigating the company, a department spokesperson confirmed, declining to comment further.

The receiver met with the DOL multiple times and is "committed to cooperating with the DOL on their investigations," Valentine wrote in an update filed in court Aug. 1.

	<p>Valentine said in court Wednesday the DOL has been involved in a 401(k) review.</p> <p>Because bills weren't paid, some health insurance benefits were terminated. The report says some health debit cards didn't work and employees were billed for medical services in full, saying their health insurance wasn't in place.</p> <p>Valentine said Wednesday that reinstating benefits is now "close to completed."</p> <p>The receiver had heard from "numerous" vendors that say the company owes them money, the Aug 1. report said. On Wednesday, Valentine told the court vendor issues are now "occasional."</p> <p>A number of lawsuits are pending against the nursing home company and its various LLCs alleging unpaid debts. A pending \$2.1 million lawsuit against owner Joseph <u>Cuzzupoli</u> and BluPoint alleges unpaid commercial loans.</p> <p>In South Hadley, Pioneer Valley Health and Rehabilitation owes the town about \$162,000 in taxes from the past two fiscal years, the treasurer and collector's office said Wednesday.</p> <p>In just the first week of receivership, the state put in more than \$800,000 in funding, according to the receiver's report. That money was wired from MassHealth to an account the receiver controls to pay employees, according to an affidavit filed by Leslie Darcy, chief of the MassHealth Office of Long-Term Services and Supports.</p> <p>A potential sale has been discussed, Valentine said. The South Hadley home has gone through a variety of operators in the last few years. BluPoint purchased Pioneer Valley Health and Rehabilitation in February 2023. Joseph Cuzzupoli owns 5% of it and an entity called "Cuzzupoli Family 2011 Irrevocable Trust" owns 95%.</p> <p>Before it changed hands early last year, the facility was owned by Vantage. Previously in 2022, Vantage Care purchased it from Vero Health & Rehab. Problems have been flagged in the past. The most recent inspection by the Centers for Medicare & Medicaid Services in March found 18 deficiencies, including issues with residents' rights and quality of care. It did not fine the nursing home.</p> <p>At the March visit, a resident told a surveyor they were soiled and hadn't be cleaned up since the previous day and their call light to summon help was broken. A resident with quadriplegia had been transferred to the hospital several times for care, and the nursing home failed to notify their guardian. From June 2021 through June 2024, the facility has been fined \$338,238 by the U.S. Centers for Medicare & Medicaid Services, making it the third most fined nursing home in Western Massachusetts after Highview of Northampton and Vantage at Wilbraham.</p> <p>BluPoint and the receiver are due in court again Oct. 3.</p> <p>Valentine told the court Wednesday that he and BluPoint representatives have spoken numerous times. "I think those conversation have gone well," he said.</p> <p>"Things are moving quickly to getting back on track," said David Aisenberg, an attorney who represents BluPoint.</p>
<p>Steward Health</p>	<p>18. Axios September 6, 2024 Steward Health's sale puts scrutiny on real estate deals By Caitlin Owens</p>

Massachusetts Steward hospitals are undergoing a significant transition. Six of the hospitals will have new operators under a \$343 million deal approved in bankruptcy court. Two other hospitals closed and Steward sold its doctors group. This situation highlights the risks of private equity involvement in healthcare and the potential uncertainty of sale-leaseback strategies.

The sale-leaseback process involves selling a provider's real estate in exchange for cash, which can be reinvested in the facility. However, critics argue that this can lead to inflated valuations and burdensome rent obligations. In the case of Steward, the lease base for the eight Massachusetts hospitals was \$1.67 billion, while the deal for six of them was only \$343 million.

The Massachusetts hospitals were deemed to have wildly different values by various entities. The local government assessed values were lower than market rates, while MPT's lease base was much higher. The market value, represented by the recent deal, was even lower than the government's assessed value.

MPT argued that the hospitals could be run profitably by other operators and that the recent bidding process validated this belief. However, the Commonwealth's focus seemed to be on transferring ownership to in-state, not-for-profit operators. MPT also defended the use of REITs, arguing that they can provide much-needed cash infusions and that Steward's financial problems were unrelated to its rent obligations.

Critics of Steward's former private equity owner, Cerberus, argue that they saddled the health system with inflated and burdensome rent responsibilities. Steward itself argued that MPT's lease rates were above-market and burdensome. The sale of the hospitals to new operators is a significant development and will have implications for healthcare access in Massachusetts.

Home Health Care

19. Home Health Care News
 September 6, 2024
[Home-Based Care Workers Face A Wellbeing Crisis, According To New Report](#)
 By Audrie Martin

The direct care workforce, a crucial backbone of the health care industry, faces unprecedented challenges when it comes to overall wellbeing, as revealed in the newly released [2024-2025 State of the Direct Care Workforce Report](#) by St. Petersburg, Florida-based MissionCare Collective. Based on MissionCare Collective's comprehensive data, the report illuminates important issues related to caregivers' emotional, physical and financial positions. It goes beyond statistics, providing an analysis of the factors that contribute to the struggles of the workforce, including financial instability, training and development, and poor physical and mental health. Furthermore, the report offers specific data for each state regarding workforce gaps, wages, and the composition of the workforce, equipping industry leaders with the insights necessary to address these challenges directly.

"One of the most concerning findings in the report is the poor health and wellbeing of direct care workers," MissionCare Collective CEO Brandi Kurtyka told Home Health Care News. "These caregivers, who dedicate themselves to supporting those in need, struggle financially, mentally and physically. This creates a paradox where we have a workforce tasked with

	<p>ensuring the wellbeing of others while they face significant personal health challenges.”</p> <p>A lack of health insurance and reliance on public assistance affects caregivers’ personal and professional wellbeing. According to the report, 15% of caregivers lack health insurance, and 42% come from low-income households.</p> <p>Additionally, the report emphasizes a widening wage gap, with direct care workers in most states earning \$2 to \$3 less per hour than workers in industries requiring similar skills.</p> <p>“While many caregivers are motivated by more than just a paycheck, the widening gap in competitive wages is exacerbating workforce shortages and creating challenges in recruitment and retention across the health care industry,” Kurtyka said.</p> <p>When caregivers lack access to proper health care, they are at a higher risk of developing chronic health problems, facing delays in treatment and experiencing increased stress, all of which can negatively impact their physical and mental wellbeing. This difficulty can make it challenging for them to fulfill their caregiving responsibilities effectively. Additionally, the financial instability that comes from relying on public assistance adds another layer of stress.</p> <p>“Worrying about necessities like food or transportation can distract caregivers, no matter how dedicated they are,” Kurtyka said. “A healthier, better-supported workforce is essential for delivering higher-quality and more consistent care.”</p> <p>The emotional health of direct care workers is a significant concern, with 21% reporting poor mental health, according to the report. Direct care workers are three times more likely to struggle with anxiety and depression, with role misunderstandings and expectations to perform tasks beyond their training adding to their stress. Working in unfamiliar and potentially unsafe environments exposes them to risks such as drug activity, violence and assault. Social isolation, coupled with the high physical and emotional demands of the job, leads to elevated stress levels as well.</p>
<p>Housing</p>	<p>20. U.S. Department of Housing and Urban Development (HUD) August 27, 2024 <i>HUD Takes Action to Support Community Living for People with Disabilities</i> <i>New Mainstream Voucher flexibilities designed to help people with disabilities choose where they live</i> HUD Updates Policies for Mainstream Vouchers to Support Community Living</p> <p>The U.S. Department of Housing and Urban Development (HUD) recently published a notice on new policies to improve the administration of Mainstream Vouchers. The Mainstream Voucher program helps people with disabilities aged 18-61 avoid institutionalization and homelessness. HUD’s new policies aim to reduce barriers that Public Housing Authorities (PHAs) and households face in issuing and using these vouchers. To support households that need more time to find suitable housing, HUD is requiring PHAs to increase initial search terms for Mainstream Vouchers from at least 60 days to at least 120 days. HUD’s new guidance also offers PHAs the option to create separate waiting lists for Mainstream Vouchers, making it easier for PHAs to match vouchers with eligible applicants. Further, when placing applicants on waiting lists, PHAs may choose to</p>

	<p>prioritize direct referrals from agencies serving people with disabilities, such as Centers for Independent Living and Area Agencies on Aging. Read more about these and other changes to the Mainstream Voucher program in HUD's notice.</p>
<p>Assisted Living</p>	<p>21. McKnights Senior Living September 3, 2024 Toward a common definition of assisted living By Sheryl Zimmerman, PhD</p> <p>The proliferation of differing and sometimes contradictory definitions of “assisted living” is confusing to consumers and leads to unnecessary variability when policy is being made and research is being conducted. Thus, as part of its ongoing national collaborative to further the well-being of those who live and work in assisted living, the Center for Excellence in Assisted Living (CEAL@UNC) has released the following definition of assisted living communities:</p> <p><i>Assisted living communities are licensed residential settings that provide housing; personal care; wellness, social, recreational, and health-related services such as nursing and dementia care; and 24-hour access to staff. These communities’ core principles include person-centered services and policies, as well as an adequate number of well-trained, supported staff. Person-centered services and policies promote quality of life, privacy, choice, dignity, inclusion and independence as defined by each individual and those who know them best.</i></p> <p>With all 50 states providing a unique regulatory definition of assisted living and a plethora of licensure categories, alongside organization-based definitions such as those provided by the National Center for Assisted Living and the Centers for Disease Control and Prevention’s National Center for Health Statistics, it is natural to ask: Do we need yet another definition of assisted living? In short, yes.</p> <p>Defining what is and is not assisted living is consequential for regulation and policy, financing, staffing, accreditation, care provision, quality improvement, recommendations, research and consumer education. With that broad lens, CEAL@UNC’s intent is to bring unity to the varying definitions and make clear the key constructs that are not fully recognized in existing definitions.</p> <p>A recent review of state licensure definitions conducted by CEAL@UNC found that few states currently define assisted living as providing person-centered care. From its inception, the philosophy of assisted living has been one of personalized services. Expressly noting the intent of person-centered services — such as to promote quality of life — provides a measurable metric to determine whether assisted living is meeting its mission, which may be determined by residents or by those who know them best. Explicitly including the phrase “those who know them best” acknowledges that the majority of assisted living residents have some degree of cognitive impairment, underscoring why “dementia care” is referenced as a health-related service.</p> <p>Only half of current state licensure definitions reference assisted living as providing dementia or nursing-type healthcare, which fails to reflect the status of today’s assisted living: the 2020 National Post-acute and Long-term Care Study reports that 86% of communities offer pharmaceutical management; 75% physical, occupational or speech therapy; and 65% skilled nursing. Those numbers reflect what has been said for years: that</p>

assisted living residents look like nursing home residents from more than a decade ago.

For that reason, well-trained and supported staff members, in adequate numbers, are critical to meet residents' cognitive and healthcare needs, yet as in nursing homes, [severe staffing shortages](#) and turnover plague the industry. It seems an obvious oversight, then, that virtually all definitions of assisted living — other than CEAL@UNC's — are silent on the matter of having an adequate number of well-trained and supported staff members. Adequacy should be determined by resident acuity, and similar to person-centered and quality outcomes, the sufficiency of staffing levels, and the training and support staff receive, are measurable.

The comprehensive definition of assisted living provided by CEAL@UNC addresses the foundational intent of assisted living as well as the evolving reality and complexities of the setting. By emphasizing the centrality of person-centered care, health and dementia-related services, and the support and training of staff, this definition not only aligns with the realities faced by residents and caregivers but also sets a standard for quality and accountability.

As the landscape of assisted living continues to change, CEAL@UNC's definition serves as a unifying framework that can guide practice, policy and research, as well as inform consumers. Ultimately, a common definition can promote efforts to ensure that assisted living communities are well-equipped to provide holistic, dignified and individualized care, honoring the lives of residents and the dedication of those who care for them.

22. Stacker

September 3, 2024

[States with the most assisted-living facilities per capita](#)

By Elena Cox

The United States is facing a caregiving crisis.

As America's population ages and adults are staying active for longer, many are choosing to live in assisted-living facilities.

Assisted-living facilities offer 24-hour care but are less hands-on than nursing homes. They can offer the best of both worlds for a generation that values independence. Still, low staffing levels are causing facilities to raise prices and, in some cases, close their doors entirely, exacerbating an already severe care gap.

Residents of assisted-living facilities generally have their own apartments with shared amenities, offering more privacy and autonomy. They are also typically less expensive than nursing homes or home care.

[Compare Home Health Care Agencies](#) examined data compiled by the Department of Homeland Security's [Geospatial Management Office](#) to find which parts of the country have the highest rate of assisted-living facilities per 100,000 residents over 65. While facilities have varying numbers of beds that can accommodate more patients, the number of facilities is used since bed data was not available for some states.

After dipping in 2020, occupancy rates at assisted-living facilities [have largely recovered](#) since the COVID-19 pandemic—faster than nursing homes and independent living communities. However, tough working conditions, like being able to lift patients and deal with stressed and angry family members, combined with low wages, have caused a workforce shortage.

	<p>Fewer nurses and other medical professionals on staff can lead to a lack of individual attention and care. To remedy this, the Centers for Medicare and Medicaid Services implemented requirements in April 2024 to increase staff-to-patient ratios; however, senior living facilities say the new staffing rules, which will be phased in over the next five years, are onerous. The result is a face-off between government regulations and the private sector, which has been criticized for maximizing profits while not meeting patient needs and, in some cases, abuse and neglect.</p> <p>How states are preparing for an aging population</p> <p>Since states, rather than the federal government, regulate assisted-living facilities, the quality and cost of care can vary greatly depending on location.</p> <p>In Michigan, there is only one assisted-living facility per 100,000 residents over 65. According to a March 2024 State of Reform report, the state estimated that it is short 36,000 direct care workers, including certified nursing assistants, and that more than a third of nursing homes are turning away new patients every month.</p> <p>Alaska, on the other hand, has the most assisted-living facilities per capita as more Americans decide to retire in the Last Frontier. In the last decade, the number of residents between 65 and 74 nearly doubled, according to the state's Health Department, and developers have built facilities accordingly. However, the cost of care is among the highest in the nation. Alaskans pay about \$7,250 per month for assisted living, 35% higher than the national average.</p> <p>To rectify disparities, states have tried to boost home-based care by increasing workers' pay and offering training programs. At the federal level, the Senate held its first hearing on assisted-living facilities in two decades in January, calling for increased oversight.</p> <p>Since then, members of the Senate Special Committee on Aging have requested that the Government Accountability Office examine how much the federal government spends on assisted-living facilities each year. They are also soliciting information on quality and cost of care from families who have navigated the system.</p> <p>23. Center for Excellence in Assisted Living April 2024 Potential Actions to Advance Well-being in Assisted Living Organized around four principles:</p> <ul style="list-style-type: none"> • Clear Communication • Quality Improvement • Sustainable Workforce • Access and Affordability
<p>MassHealth</p>	<p>24. *Boston Globe September 7, 2024 (updated) In a win for seniors and people with disabilities, Massachusetts curtails estate recovery practices By Jason Laughlin</p> <p>Massachusetts had a very aggressive policy for seeking reimbursement from the estates of people who received Medicaid coverage. This policy often drained the estates of families, as the costs could reach hundreds of thousands of dollars. However, Governor Maura Healey recently signed legislation that significantly limits the practice of estate recovery in the state.</p>

	<p>Critics of the previous policy argued that it unfairly burdened poorer families who had managed to build some wealth. The new law exempts CommonHealth members from estate recovery and restricts the state to conducting estate recovery only for long-term care expenses, aligned with federal minimum requirements. This reform is expected to save lives and improve the lives of many people in Massachusetts.</p>
<p>Caregiving</p>	<p>25. *The Washington Post September 8, 2024 For caregivers, a friend who 'gets it' can be a lifeline By Abby Alten Schwartz <i>My daughter's diagnosis changed my life forever. Another mom has helped me cope.</i></p> <p>The author shares their personal experience of supporting their daughter with cystic fibrosis. The diagnosis significantly impacted their life and led them to seek support from other parents in a similar situation. They found a strong bond with Val, another CF mom, who provided emotional and practical support. The author emphasizes the importance of peer support for caregivers of children with chronic illnesses.</p>
<p>Health Care</p>	<p>26. New York Times (free access) September 4, 2024 The Best Time to Get a Flu Shot By Emily Schmall <i>There is such a thing as getting a vaccine too soon. Here's what to know.</i></p> <p>In the waning days of summer, flu season can still feel a long way off. Yet some pharmacy chains have already started urging consumers to beat the crowds and schedule a flu vaccine.</p> <p>But experts said that for most people, getting a shot at the start of September may be too early to provide protection that will last throughout flu season.</p> <p>This year's vaccines protect against several different flu viruses, which can cause fever, fatigue, body aches, diarrhea and other symptoms. In serious cases, an infection can lead to hospitalization or even be fatal. There were about 35 million cases of flu nationwide last season. About 400,000 people were hospitalized with flu infections, and 25,000 people died.</p> <p>When is the right time for a shot?</p> <p>Ideally, you want to get your flu shot before cases in your area start picking up. The problem is, it's difficult to predict when exactly that will happen, because it varies in different parts of the country and from year to year. The Covid-19 pandemic also disrupted flu season, delaying the start and sharply diminishing the spread of the flu virus from 2020 to 2022.</p> <p>Flu season started to return to normal last year, said Deepta Bhattacharya, a professor of immunobiology at the University of Arizona. This year, the Centers for Disease Control and Prevention has designated Oct. 5 as the start of its flu surveillance season.</p> <p>Experts say most people should get vaccinated between mid-September and late October. The C.D.C. recommends getting your shot by the end of October at the latest.</p> <p>Generally speaking, your immunity peaks a week or two after a flu shot. Even after it peaks, protection lasts five or six months. This is typically enough protection to get you through flu season, which tends to begin in October and end in March or April.</p>

There are some exceptions to those recommendations. Experts said pregnant women in their third trimester should get vaccinated now to confer flu immunity on their newborns.

Some children between 6 months and 8 years old need two flu shots, four weeks apart. This includes children who have never gotten a flu shot, who have only received one dose or who have an unknown vaccination history. Experts say that for young children, an initial course of two doses provokes the best immune response to flu. Alicia Budd, the team lead of the influenza division at the C.D.C.'s National Center for Immunization and Respiratory Diseases, said children who need two doses can get their first shot now. If you miss your flu shot during the recommended window this fall, it's still worth getting vaccinated, experts said: Protection late in the season is better than none at all.

What does the vaccine protect against, and who should get it?

Each year, the World Health Organization studies data from Australia and South America, where flu seasons start earlier, to help drugmakers tweak vaccines [for better protection](#) against the flu viruses likely to prevail in the United States.

This year, the vaccines available in the United States are formulated to protect against two [influenza A viruses](#) and one influenza B virus. (In previous years, flu vaccines targeted four viruses, but this year, drugmakers dropped one flu virus that largely disappeared during the pandemic.) Most of these are shots, given as an injection in the arm, but there is also a nasal spray flu vaccine. Experts said this might be a good option for [eligible patients](#) who are afraid of needles. There are specific high-dose vaccines for people 65 and older, who are at higher risk of severe illness.

An infection with flu will also generate some immunity — but only against the particular flu virus that made you sick. The vaccine offers a much broader form of protection.

Experts say that everyone benefits from a flu vaccine. Children, in particular, can spread the virus easily and are the most susceptible to infection. Children under 5, especially those with other medical conditions, are at risk of severe illness. Yet only 57 percent of children and adolescents received one or more doses of flu vaccine last season, [according to C.D.C. data](#).

“Year after year, we see that many of the children who die from flu are not immunized or are only partially immunized,” said Dr. Kristina Bryant, a pediatric infectious diseases physician at Norton Children’s in Kentucky. “I think people forget that this is not just a cold.”

27. *Boston Globe

September 1, 2024

[Water at a Mass. state hospital has been undrinkable for years](#)

By Jason Laughlin

The article discusses the ongoing issue of high manganese levels in the water supply at a residential substance use disorder treatment center in Tewksbury, Massachusetts. The contaminated water has been a concern for patients and staff alike, as it can cause various health problems and is undrinkable.

The state Department of Environmental Protection (DEP) has been working to address the problem for years but has been unable to find a permanent or affordable solution. This year, the state finally approved a grant to connect the campus to the town’s municipal water system. However, this

process will take time and money, and the new water bill is expected to be significantly higher than the cost of bottled water.

The article also discusses the health risks associated with ingesting excessive amounts of manganese, which can cause neurological damage, particularly in children. While the EPA has established recommended limits for manganese in drinking water, the long-term health risks for adults are less clear.

Overall, the article highlights the challenges faced by the treatment center and the state in addressing the contaminated water supply. While the switch to municipal water is a step in the right direction, it will take time and significant resources to implement.

28. * New York Times

September 1, 2024

[*Dialysis May Prolong Life for Older Patients. But Not by Much.*](#)

By Paula Spahn

In one recent study, the challenging regimen added 77 days of life after three years. Often, kidney disease can be managed in other ways.

Dialysis is a common treatment for kidney failure, but it can be time-consuming and have side effects. A new study suggests that for some older adults, the benefits of dialysis may be modest. The study found that patients who started dialysis right away lived for an average of 770 days, just 77 days longer than those who never started it. Additionally, those patients spent less time at home and more time in hospitals or nursing homes.

Another group in the study didn't start dialysis early but instead received medical management, which can help alleviate symptoms. They lived for about the same amount of time as those who started dialysis right away.

These findings suggest that for some older adults, conservative management may be a reasonable alternative to dialysis. Conservative management involves monitoring a patient's health, educating them about lifestyle changes, and prescribing medications to manage symptoms.

This approach can allow patients to maintain a better quality of life, even if it means their life expectancy may be slightly shorter. However, many patients are not aware of conservative management as an option, and doctors often default to recommending dialysis.

29. *Wall Street Journal

August 21, 2024

[*What AI Can Do in Healthcare—and What It Should Never Do*](#)

By Anna Wilde Mathews

Dr. Daniel Yang, a top executive at Kaiser Permanente, believes that AI has the potential to revolutionize healthcare. He sees AI as a tool to support clinicians, reduce administrative burden, and improve patient care.

However, he also emphasizes the importance of responsible AI development and deployment.

Yang highlights the need to focus on the problem at hand when developing AI tools, rather than simply applying them to available data. He also points out that implementing AI requires careful workflow redesign to maximize its benefits. Additionally, Yang emphasizes the importance of testing, validating, and demonstrating the safety and effectiveness of AI tools.

One of the biggest challenges Yang sees is the potential for a two-tiered system of AI, where large, well-resourced systems have access to advanced AI tools while smaller health systems may not. He also expresses

	<p>concern about the black-box element of AI and the need for transparency and trustworthiness.</p> <p>Despite these challenges, Yang remains optimistic about the future of AI in healthcare. He believes that AI can be used to personalize care and improve patient outcomes. However, he emphasizes the importance of responsible development and deployment to ensure that AI is used safely and effectively.</p>
<p>Behavioral Health</p> <p>[Editor's note: Acadia Health Care has facilities or services in 16 locations in Massachusetts:</p> <ul style="list-style-type: none"> Boston Brockton Dartmouth East Wareham Fall River Fitchburg Haverhill Lawrence Lowell Lynn New Bedford Quincy Springfield Taunton Wellfleet Yarmouth] 	<p>30. *New York Times September 1, 2024 <u>How a Leading Chain of Psychiatric Hospitals Traps Patients</u> By Jessica Silver-Greenberg and Katie Thomas <i>Acadia Healthcare: Trapping Patients for Profit</i></p> <p>The New York Times conducted an investigation into Acadia Healthcare, one of the biggest for-profit psychiatric hospital chains in the US. The investigation revealed that Acadia has been:</p> <ul style="list-style-type: none"> • Holding patients against their will even when it wasn't medically necessary. • Using aggressive tactics to fill beds, including pressuring emergency rooms and police to send patients to their facilities. • Maximizing insurance payouts by keeping patients longer than needed. This involved: <ul style="list-style-type: none"> • Exaggerating patient symptoms • Adjusting medications and claiming patients need to stay longer • Arguing patients are not well enough to leave for minor reasons (e.g., not finishing a meal) <p>The consequences:</p> <ul style="list-style-type: none"> • Patients are subjected to unnecessary involuntary stays, which can be traumatic. • Patients may miss work or lose jobs due to extended stays. • Some patients report fear of seeking help again due to their experiences. • Acadia facilities have been cited for poor quality care, including: <ul style="list-style-type: none"> • Failing to provide adequate medical care • Neglecting patients • Rapes and assaults <p>Federal and state authorities have investigated Acadia in the past, with UHS (another major for-profit chain) settling a similar case for potentially unnecessary stays in 2020. Acadia has also tentatively agreed to settle a similar investigation this year.</p> <p>The growth of for-profit mental health:</p> <ul style="list-style-type: none"> • The rise of Obamacare, requiring insurers to cover mental health, has created a financial opportunity for companies like Acadia. • Non-profit psychiatric hospitals are on the decline, leaving more space for for-profit companies. <p>Accountability:</p> <ul style="list-style-type: none"> • The Times investigation raises questions about the quality of care provided by for-profit mental health companies and the pressure to maximize profits. • It also highlights the need for stricter oversight to ensure patients' rights are protected. <p>31. *New York Times</p>

	<p>September 1, 2024 We Know Mental Health Affects Physical Health. Why Don't We Act Like It? By Helen Ouyang, an emergency physician and an associate professor at Columbia University The article discusses the growing recognition of the connection between mental and physical health. More and more patients are asking their doctors if their symptoms could be related to stress, and doctors are becoming more open to this idea. Research has shown that psychological disorders like stress, depression, and loneliness can have a significant impact on physical health, leading to impaired immune function, increased infections, and weakened responses to vaccines. Additionally, chronic stress can disrupt gut function, slow wound healing, and age cells. Conversely, interventions that boost mental health can improve physical health outcomes. The article also highlights the need for a more integrated approach to healthcare that prioritizes both mental and physical well-being. While the healthcare system has made progress in promoting preventive physical care, mental health services are often relegated to the sidelines. This is due to factors such as low reimbursement rates, administrative burdens, and a lack of training and resources among primary care providers. The article suggests that integrating mental health care into primary care settings can lead to better outcomes for patients. Collaborative care models and other innovative approaches can help to dissolve the barriers between physical and mental health. This not only benefits patients' overall well-being but also has economic advantages, as patients with concurrent mental illness often have higher healthcare costs. By prioritizing the health of the whole person, the healthcare system can improve the overall health and well-being of the population.</p>
<p>Disability Topics</p>	<p>32. *State House News August 29, 2024 Senate Ways and Means Report: Rehab Commission Renaming The Committee on Ways and Means recommended a new text (S2941) for H 4528 to rename the Massachusetts Rehabilitation Commission, MassAbility, to reflect the self-determination and limitless possibilities of people with disabilities. The Senate adopted the Ways and Means amendment, ordered the bill to a third reading as amended, then engrossed it.</p>
<p>Longevity</p>	<p>33. *New York Times August 21, 2024 Hard Work and Fizzy Drinks: What It Takes to Live Past 110 By Sara Ruberg <i>They are called supercentenarians, and they have seen it all.</i> One of the oldest men in the world died in August at the age of 111. The man, John Farrington, was born about a year after the Titanic sank. Mr. Farrington was one of very few people to have lived long enough to see the world evolve for over a century. And so have a handful of women who have died in recent years. Kane Tanaka survived two world wars, the 1918 influenza outbreak and two rounds of cancer, but she also outlived all of her children. Each of these women was a supercentenarian, a person who has lived past age 110. Here are Times obituaries for them and other supercentenarians who recently died. We hope you find their lives as interesting as we did.</p>

	<ul style="list-style-type: none"> • Ruthie Tompson (1910-2021) She worked on Disney animations for more than 40 years and died in her retirement home in California at age 111. Read her obituary here. • Louise Levy (1910-2023) She was the oldest known living person in New York State when she died at 112. Read her obituary here. • Mamie Kirkland (1908-2020) A witness to racial violence in her youth, she died at 111 at her home in upstate New York. Read her obituary here. • Kane Tanaka (1903-2022) She worked on a military base in Japan to support her family. When she died at 119, she was the world’s oldest known person. Read her obituary here. • Sister André (1904-2023) She survived two pandemics, and a Covid infection, and died at 118. Read her obituary here. • Hester Ford (1904 or 1905-2021) She grew up tilling fields and picking cotton on a farm in South Carolina and died at the age of 115 or 116. Read her obituary here. • Virginia McLaurin (1909-2022) She caught attention for dancing with the Obamas in the White House in 2016, and she died at 113 by her own records. Read her obituary here.
Public Policy	<p>34. New York Times (free access) September 1, 2024 Young Americans Can’t Keep Funding Boomers and Beyond By C. Eugene Steuerle and Glenn Kramon <i>Mr. Steuerle co-founded the Urban-Brookings Tax Policy Center. Mr. Kramon is a lecturer at Stanford Business School.</i></p> <p>You know the expression “OK, Boomer”? Better said as “Boomer OK.” That’s because the social safety net in the United States is increasingly favoring the old over the young. And this affects our political views and the security of future generations.</p> <p>Younger Americans have valid reason for disgruntlement: Big shifts in income and wealth are dramatically favoring their elders. Under almost every president since 1980, 80 percent of the real growth in domestic spending has gone to Social Security and health care, with Medicare the most expensive health program, according to calculations based on federal data. As a share of GDP, all other domestic outlays combined have declined.</p> <p>Our current tax system also largely does not help Americans, most of whom are younger, pay for their higher education. That wasn’t as big a deal in the 1960s or 1970s, when the average college graduate most likely had little or no student debt. Today, the average taken out each year is about seven times that in 1971, in part because state governments have stripped colleges and universities of funding. This is happening at a time when owning a house is increasingly out of reach. The median price has risen from about 3.5 times median annual income in 1984 to 5.8 times in 2022.</p>

So, it shouldn't come as a surprise that today, younger generations are more likely to fall into lower-income classes than their parents or grandparents. Nearly a half century ago, [it was the reverse](#). And in 1989, the median net worth of Americans aged 35 to 44 was nearly 75 percent of those aged 65 to 74. By 2022, [that ratio had fallen to one-third](#). The why is simple. Unlike most other spending, Congress effectively designed Medicare in 1965 and Social Security in the 1970s in such a way that outlays would increase forever faster than our national income. That's partly because Medicare costs keep rising along with medical prices and new treatments and because Social Security benefits are designed to increase for each new generation along with inflation and wages. And we're living longer, which means more years of benefits.

Today, [tax revenues](#) are so committed to mandatory spending, largely for older Americans, and to interest on the national debt (which has quadrupled as a share of G.D.P. since 1980) that few revenues are left for everything else. So, unless we borrow to pay for it, there's little for education, infrastructure, environment, affordable housing, reducing poverty, or the military.

It's not hard to figure out which generation has benefited most. Picture the [older folks parading](#) in golf carts for Donald Trump (and some for Kamala Harris) in The Villages this summer. Then picture twentysomethings paying onerous student loans and living with their parents because they can't afford a house.

All of this may explain why so many young people are expressing disenchantment with politicians both Democratic and Republican, becoming more vulnerable to extremist rants on social media, and deciding not to vote at all. A recent report in The Lancet Psychiatry suggested that economic trends might even be partly to blame for the [mental health crisis](#) crushing many young people.

Most of the taxes we pay for Social Security and Medicare are not reserved for our own retirement but rather pay for current beneficiaries. Like some adolescents who don't appreciate how much their parents pay to support them, many older Americans don't seem to appreciate how much more they are taking out than they are putting in. A 65-year-old couple with average life expectancy and average household income (about \$90,000 in 2023) who retires in 2025 [would require \\$1.34 million](#) to finance their benefits, even though they had paid only \$720,000. (Numbers are adjusted for inflation.) Younger generations are making up that difference.

What's more, the decline in the birthrate means fewer taxpaying workers to support the increased costs. The result: a rising burden and a budget with ever less left for them. Listening to Kamala Harris's plan to help struggling Americans, we can't help but wonder: How will she pay for it?

What to do? Many argue that raising taxes on the wealthy and on successful businesses would help. But that would not be [nearly enough](#) to meet these obligations. So, we must also consider other changes. "Old age" must be redefined and retirement ages raised so that living longer doesn't mean retiring longer on workers' taxes, particularly for [wealthy retirees](#). After all, longer lives for most people should mean more productive years.

Furthermore, we must slow the rate of increase in lifetime benefits for future retirees, who are now scheduled to receive substantially more than the Boomers do, after adjusting for inflation. For example, Social Security and

	<p>Medicare benefits will exceed \$2 million for a Millennial couple with average earnings — and will be significantly more for those with higher incomes. Because many lower-income older Americans depend so heavily on these programs, benefits for the wealthy could be the first target. And some of those savings could go to the neediest retirees, as well as programs for the young.</p> <p>We must also repair our immigration system so that new Americans can help support benefits for older ones.</p> <p>Four of the past five presidents (all except Joe Biden) the past 32 years and many members of Congress have been Baby Boomers born between 1946 and 1964, as are the candidates Trump and Harris. Unless generations younger than us 70 million Boomers become more politically engaged in addressing these problems, they will squeeze out even more of what the government provides for their own children and grandchildren.</p> <p>Politicians tend to avoid discussing this hard reality, recognizing how unpopular the solutions are. But something has to give. It's time for us all to grow up.</p>
<p>From around the Country</p>	<p>35. NewsNation September 6, 2024 <u>Missing Florida man found dead in nursing home closet: family</u> By Steph Whiteside</p> <ul style="list-style-type: none"> • The man was reported missing more than a week ago • His family called police after being notified by a possible employee • The nursing home refused to let them search inside the facility <p>A missing man was found dead in a nursing home closet more than a week later and his family is demanding answers.</p> <p>Elin Etienne, 71, was found dead on Monday at North Dade Nursing and Rehab in North Miami, Florida, according to his family, his body decomposing in a closet.</p> <p>Etienne had been at the facility since early August following a brain aneurysm. He was supposed to spend 12 weeks there for physical therapy and rehabilitation.</p> <p>Etienne was reported missing on Aug. 22, when someone who the family believes works at the facility reached out to them and said they couldn't find him.</p> <p>According to the family, the facility told them Etienne had checked himself out but would not provide a form to verify his signature, and that's when they called the police.</p> <p>Etienne's niece said the facility refused to let the family search inside for him and that they had been driving around the city looking for him.</p> <p>On Monday, Etienne's family said they were told that a body had been found in the nursing home, wearing a bracelet with his name on it and the same clothing he'd had on when he was last seen.</p> <p>The North Dade Nursing and Rehabilitation Center has a two-star rating out of five, and only one star for health inspections, according to Medicare's website. It has also faced more than \$23,000 in federal penalties in the last three years. According to Medicare, facilities can be penalized for issues that include "serious health" citations or failures to correct citations for an extended period of time.</p>
<p>Public Sessions</p>	<p>36. Governor's Advisory Committee on Women Veterans Tuesday, September 10, 2024, 6:00 p.m. <i>Virtual meeting</i></p>

	<p>Agenda and Access</p> <p>37. Public Health Council Wednesday, September 11, 2024, 9:00 a.m. <i>Virtual meeting.</i> DPH Commissioner Robbie Goldstein gives an update. Agenda includes informational presentations on public health emergency response capabilities and preparing for the public health impacts of climate change. The Council will vote on a determination of need request from Southcoast Health for a transfer of ownership. The council will also vote on regulations dealing with prescription format and security, and dispensing procedures for clinic and hospital pharmacies.</p> <p>Agenda and Livestream</p> <p>38. Massachusetts Developmental Disabilities Council <i>Virtual meeting</i> Wednesday, September 11, 2024, 6:00 p.m. Agenda includes committee reports, a presentation from grant recipient Partners for Youth with Disabilities, a presentation from the Department of Public Health, and officer elections.</p> <p>Agenda and Livestream</p> <p>39. Autism Commission Friday, September 13, 2024, 8:30 a.m. <i>Healthcare Subcommittee virtual meeting</i> Agenda and Access</p> <p>40. Executive Office of Health and Human Services <i>Remote public hearing on proposed rate increases for vision care services and ophthalmic materials.</i> Friday, September 13, 2024, 1:00 p.m. The change would increase annual aggregate MassHealth expenditures by \$694,000, according to the hearing notice. Written testimony will be accepted through 5 p.m. More Info and Access</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 <i>The Dignity Digest</i> and posted on the website.</p>

	<p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
Dignity Alliance Massachusetts Legislative Endorsements	<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 rmooore8473@charter.net.</p>
Websites	<p>The National Center for Excellence in Assisted Living (CEAL) at the University of North Carolina https://theceal.org/</p> <p>Established in 2003 as a result of the U.S. Senate Special Committee on Aging’s Assisted Living Workgroup Report, the national Center for Excellence in Assisted Living (CEAL) is a unique collaborative of diverse organizations working together to promote excellence in AL. Organizations represent assisted living providers; nurses, physicians, and other clinicians; experts and advocates in Alzheimer’s disease and dementia care; state agencies supporting long-term services and supports; leaders in eldercare transformation; workforce experts transforming quality direct care jobs; and numerous others.</p> <p>Commission on Accreditation of Rehabilitation Facilities https://carf.org/</p> <p>CARF® International is an independent, nonprofit accreditor of health and human services. Through accreditation, CARF assists service providers in demonstrating value by the quality of their services and meeting internationally-recognized organizational and program standards.</p> <p>Core values</p> <p>CARF believes all people have the right to be treated equitably with dignity, respect and inclusion; should have access to needed services that achieve optimum outcomes; and should be empowered to exercise informed choice.</p> <p>CARF’s accreditation, research, continuous improvement services, and educational activities are conducted in accordance with these core values and with the utmost integrity.</p> <p>In addition, CARF is committed to:</p> <ul style="list-style-type: none"> • The continuous improvement of both organizational management and service delivery. • Diversity and cultural competence in all CARF activities and associations. • Enhancing the involvement of persons served in all of CARF’s activities. • Persons served being active participants in the development and application of standards of accreditation. • Enhancing the meaning, value, and relevance of accreditation to persons served.
Blogs	
Podcasts	<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 • 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. Belmont Manor Nursing Home, Inc.</p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated April 24, 2024</p> <p>CMS has published a new list of <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://somersetridgerehab.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>Jim Lomastro Arlene Germain</td> <td>jimlomastro@comcast.net 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)	Jim Lomastro Arlene Germain	jimlomastro@comcast.net agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Legislative	Richard Moore	rmoore8743@charter.net
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Legislative	Richard Moore	rmoore8743@charter.net																							

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
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<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 • Jim Lomastro • Dick Moore • Vicky Pulos 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>			