



The Dignity Digest

Issue # 205

September 17, 2024

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

	<p>*May require registration before accessing the article.</p>
<p>DignityMA Zoom Sessions</p>	<p>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.</p>
<p>Editor’s Note</p>	<p>Issue # 206 of <i>The Dignity Digest</i> will be distributed on Friday, September 27.</p>
<p>Spotlight</p>	<p><u>AI and longevity</u> MIT Age Lab Artificial intelligence (AI) is poised to disrupt many established industries, disciplines and practices, and potentially create new ones. At the same time, significant advancements in life expectancy have resulted in dramatic changes in the life course. Both AI and the longevity economy are affecting areas such as transportation, finance, health care and caregiving, urban planning, education and work, and home and personal technology. People are living longer than ever before — and this era of longevity is being shaped by rapid advancements in technologies driven by artificial intelligence (AI). This report describes findings from the MIT AgeLab’s AI and Longevity study, which surveyed a group of consumers and experts on the anticipated effects of AI across a longer life course. The focus is on consumer attitudes and beliefs regarding implementation of AI with related comments from experts.</p>
<p>Quotes</p>	<p><i>The Connecticut Department of Health and Department of Social Services said in a joint statement, “Every nursing home resident deserves to be treated with dignity and respect.” That dignity is called into question by a documented incident where a nurse allegedly told an incontinent patient, “I can smell you in the hallway.” The nurse removed the resident’s soiled Johnny coat and tossed it so that it “landed on the resident’s face.”</i> <u>Relocation of Abbott Terrace nursing home residents in Waterbury underway after feds pull funding to force shutdown</u>, Fox61, September 13, 2024</p> <p><i>“Just one simple word. Accountability.”</i> Chaka Fagon, resident of Abbott Terrace, <u>Relocation of Abbott Terrace nursing home residents in Waterbury underway after feds pull funding to force shutdown</u>, Fox61, September 13, 2024</p>

The nation’s population of senior citizens is growing faster than any other age group, they are disproportionately represented in this year’s key swing states, and they vote in higher proportions than anyone else. . . The power of the senior vote is a result of the graying of America, a trend whose implications stretch far beyond one election. The population aged 65 and over grew nearly five times faster than the total population in the 100 years from 1920 to 2020, according to the Census Bureau. This cohort reached 55.8 million in 2020, meaning it made up 16.8% of the nation’s total population. By 2050, it is expected to reach 23%.

[Older Voters Are Crucial for 2024—and They’re Up for Grabs](#), *Wall Street Journal, September 12, 2024

“We knew at that time that the facility would eventually require replacement, so we worked to build an appropriate transition plan that would ensure the continuation of care for residents and also look out for our care team.”

Britt Crewse, president of MaineHealth’s Southern Region, [Portland nursing home to shutter its doors, move residents to new facility](#)
*MaineBiz, September 13, 2024

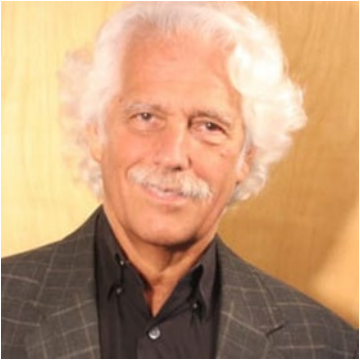
“I always open with my age: I’m putting it out there right away in case I don’t make it through the show. That gets them laughing no matter who’s in the audience.”

D’yan Forest, a 90 year old comedian, [How a 90-Year-Old Comedian Spends Her Sundays](#), *New York Times, September 14, 2024

“There’s a shortage of help in all areas and there’s a lot of turnover, from administration on down. We didn’t have a cook for a while and we were served sandwiches a lot.”

A resident of a large senior community in central Maine, [Maine’s long-term care facilities struggle amid labor shortage](#), *Portland Press Herald, September 15, 2024

	<p><i>“If you take government money and you’re taking it to care for people, and you don’t provide the basic care in terms of answering the call bells or changing their bed sheets ... isn’t that fraud?”</i></p> <p>Michael Burgess, the former director of New York’s Office of the Aging, ‘Living in fear’: Nursing home residents reckon with widespread neglect, Times Union (free access), September 15, 2024</p> <p><i>“We seem to be putting the most burden on the people least equipped to deal with it.”</i></p> <p>Steve Adams, president of the Community Foundation of North Central Massachusetts, commenting on the impact of the closure the Nashoba Valley Community Hospital, Closed Steward hospitals leave ambulance services scrambling to cover gaps, *Boston Globe, September 13, 2024</p> <p><i>“The Center for Living & Working [offers congratulations] on [the] new name MassAbility. We look forward to continuing our partnership in ensuring those living with disabilities in Massachusetts are provided the same opportunities, supports, and services that have been offered for years. [The] name reflects what our work is all about affording everyone the ability to achieve their goals.”</i></p> <p>Meg Coffin, CEO, Center for Living and Work, Office of Governor Maura Healey and Lt. Governor Kim Driscoll, September 13, 2024</p>
<p>MassHealth Member Advisory Committee</p>	<p>MassHealth MassHealth’s Invitation to Participate in a new MassHealth Member Advisory Committee (MAC)</p> <p>The MAC will be a committee made up of about 15 current or former MassHealth members.</p> <p>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.</p> <p>Accommodations and other supports (including interpreter services) will be available to MAC participants.</p> <p>For more information, visit the MAC FAQs.</p> <p>Goals of the MAC</p> <p>MassHealth hopes to engage more with MassHealth members to:</p> <ul style="list-style-type: none"> • 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 MAC Flyer (English, PDF 285.23 KB) MAC Flyer (English, DOCX 54.48 KB) 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! Saturday, September 21, 2024, 1:00 to 4:00 p.m. 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>Recognition</p> <p>Steven J. Schwartz, JD Special Counsel for the Center for Public Representation</p> <p>2024 Distinguished Honoree</p> 	<p>TASH TASH is an international leader in disability advocacy. Founded in 1975, TASH advocates for human rights and inclusion for people with significant disabilities and support needs – those most vulnerable to segregation, abuse, neglect and institutionalization. TASH works to advance inclusive communities through advocacy, research, professional development, policy, and information and resources for parents, families and self-advocates. The inclusive practices TASH validates through research have been shown to improve outcomes for all people. TASH advances equity, opportunity and inclusion for people with disabilities, with a focus on those with the most significant support needs, in the areas of education, employment and community living through advocacy, research and practice.</p> <p>2024 Distinguished Honoree – Steven J. Schwartz, JD</p> <p>Steven J. Schwartz is currently the Special Counsel for the Center for Public Representation, after founding the Center in 1976 and then serving as its Executive Director for 38 years. After graduating from Harvard Law School in 1971, he represented thousands of people with disabilities over the past fifty years. He has testified before Congress on numerous occasions,</p>

<p><i>Dignity Alliance Massachusetts congratulates Steve on this well-deserved recognition and thanks him for his decades of advocacy on behalf of persons unnecessarily institutionalized.</i></p>	<p>successfully resolved a number of damage cases for institutionalized individuals with disabilities, and litigated dozens of class action cases that challenge the unnecessary segregation of people with disabilities in psychiatric hospitals, developmental disability institutions, nursing facilities, and juvenile justice settings. He has provided training and technical assistance to disability rights programs in more than 40 states, authored a number of law review articles, and served on the faculty of the Harvard and Western New England Law Schools.</p>												
<p>DignityMA Asks the Candidates</p>	<p>To inform older adults, persons with disabilities, family members, and caregivers about legislative candidates' positions on issues of interest, Dignity Alliance Massachusetts (DignityMA) has prepared The Dignity Dozen, twelve questions regarding key issues and proposals. Questionnaires have been distributed to all candidates who have competitive general election contests. Questionnaires will be distributed to candidates with opposition later in September. Candidate responses will be posted on the DignityMA website. <i>Election Day is Tuesday, November 5th.</i></p> <p>Responses received (click on the name to view responses):</p> <table border="0"> <tr> <td>Candidate</td> <td>District</td> <td>Website</td> </tr> <tr> <td>Michelle Badger</td> <td>Rep: 1st Plymouth</td> <td>Badger website</td> </tr> <tr> <td>Susanne H. Conley</td> <td>Rep: 2nd Barnstable</td> <td>www.CapeCodConley.com</td> </tr> <tr> <td>Steven J. Ouellette</td> <td>Rep: 8th Bristol</td> <td>OuelletteFacebook</td> </tr> </table>	Candidate	District	Website	Michelle Badger	Rep: 1st Plymouth	Badger website	Susanne H. Conley	Rep: 2 nd Barnstable	www.CapeCodConley.com	Steven J. Ouellette	Rep: 8 th Bristol	OuelletteFacebook
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<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) Nursing Homes CMS submits 75,000 pages to federal court to justify nursing home staffing mandate (McKnights Long Term Care News, September 15, 2024) Wilkerson lands perch at troubled nursing home (CommonWealth Beacon, September 13, 2024)</p> <p>Steward Health Closed Steward hospitals leave ambulance services scrambling to cover gaps (*Boston Globe, September 13, 2024)</p> <p>Assisted Living North America Assisted Living Facilities Market By Application (Third Eye News, September 15, 2024)</p> <p>Disability Topics Governor Healey Signs Legislation Renaming Massachusetts Rehabilitation Commission to 'MassAbility' (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, September 13, 2024)</p> <p>Aging Topics Older Voters Are Crucial for 2024—and They're Up for Grabs (*Wall Street Journal, September 12, 2024)</p> <p>Longevity How a 90-Year-Old Comedian Spends Her Sundays (*New York Times, September 14, 2024) Science is making anti-aging progress. But do we want to live forever? (Harvard Gazette, May 14, 2024)</p> <p>From around the Country</p>												

	<p><u>'Living in fear': Nursing home residents reckon with widespread neglect</u> (Times Union (free access), September 15, 2024)</p> <p><u>Maine's long-term care facilities struggle amid labor shortage</u> (*Portland Press Herald, September 15, 2024)</p> <p><u>Relocation of Abbott Terrace nursing home residents in Waterbury underway after feds pull funding to force shutdown</u> (Fox61, September 13, 2024)</p> <p><u>Portland nursing home to shutter its doors, move residents to new facility</u> (*MaineBiz, September 13, 2024)</p> <p><u>House Republicans clash with Cuomo over nursing home deaths</u>(Washington Examiner, September 10, 2024)</p> <p>Public Sessions Committee for Supportive Housing Production and Services (Tuesday, September 17, 2024, 1:00 p.m.) Statewide Mental Health Advisory Council (Thursday, September 19, 2024, 8:30 a.m.)</p>
<p>Accessibility and Voter Rights</p> <p><u>Sign Up</u> 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 <u>2024 Disability Voting Rights Week post</u>. 2024 Election Calendar Visit the <u>Secretary of State's Upcoming Elections page</u>.</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>Events</p>	<p>1. SCI Boston Wednesday, September 18, 2024, 12:00 to 1:00 p.m. Hall of Flags, Massachusetts State House <u>Spinal Cord Injury Awareness Day</u> Join members of the SCIBoston community at the Massachusetts State House, Hall of Flags, for Spinal Cord Injury Awareness Day. There will be a complimentary buffet lunch served while attendees can network and hear updates from researchers and the Department of Public Health. This event is sponsored by Senator Marc Pacheco, Massachusetts Walks Again, and Sciboston. Register at www.sciboston.org/sciad</p>
<p>Webinars and Online Sessions</p>	<p>2. Long Term Care Community Coalition Tuesday, September 17, 2024, 1:00 to 2:00 p.m. <u>Nursing Home Staffing From A to Z</u> Richard Mollott, Executive Director of The Long-Term Care Community Coalition, is the host for a FREE webinar, <i>Nursing Home Staffing From A to Z</i>. On this webinar, he will discuss how to find the staffing levels for nursing homes in your community and understand how they align with government and professional standards. You must register to access the program live. If you cannot attend, video and slides will be posted within a few days at www.nursinghome411.org/webinars. <u>Register</u></p>

	<p>3. Massachusetts Office on Disability Wednesday, September 18, 2024, 5:30 p.m. HOUSING ACCOMMODATIONS: a virtual workshop about navigating the reasonable accommodation and modification request process for housing. The workshop is intended to help residents with disabilities -- as well as advocates -- regardless of whether they're renters or homeowners. Register</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>Nursing Homes</p>	<p>4. McKnights Long Term Care News September 15, 2024 CMS submits 75,000 pages to federal court to justify nursing home staffing mandate By Kimberly Marselas The Department of Health and Human Services filed more than 75,000 pages of rule-making records with a federal court Friday, beginning its formal defense of its controversial nursing home staffing mandate. The submission of the administrative record is the first significant advance in the case since the American Health Care Association brought its challenge to the minimum staffing standard in late May. The Texas Health Care Association, three Texas providers and LeadingAge are also part of the case. In another development, District Court for the Northern District of Texas Judge Matthew Kacsmayk on Sept. 10 agreed to fold in a separate federal challenge against the staffing mandate filed by the state of Texas. He noted that the two cases “share common questions of law or fact, consist of similar parties, the same claims, and [have] the same relief sought.” Texas Attorney General Ken Paxton filed his suit on Aug. 14, asking the court to vacate the rule, citing the Major Questions Doctrine, which holds that agencies such as the Centers for Medicare & Medicaid Services cannot issue regulations that could cause significant economic damage without prior clear direction from the legislative branch. Because the main lawsuit was brought as an Administrative Protective Act case, HHS and CMS had to justify their rule-making process with substantial records showing the standards they used to develop and finalize the rule. The department filed notice Friday that it submitted the extensive paperwork via a file-sharing service. The documents, which include the 46,000-plus public comments made on the rule, were not immediately available for review. Asked to share the filing Friday, a CMS spokesperson said only that the agency does not comment on litigation. The staffing mandate rule, which is now in effect and unfolding its various implementation dates, required all federally funded nursing homes to submit a revised facility assessment in August. The next requirements become active starting in two years, when all non-urban providers must provide 3.48 hours of direct nursing care per patient per day and staff a registered nurse 24 hours a day. By the following year, nursing homes must meet specific breakdowns requiring 0.55 RN and 2.45 certified nurse aide coverage per patient per day. Rural providers have longer to comply.</p>

Nursing homes have argued that the rule is untenable, given significant healthcare labor shortages nationwide and a dearth of registered nurses in particular.

5. **CommonWealth Beacon**

September 13, 2024

[Wilkerson lands perch at troubled nursing home](#)

By Gintautas Dumcius

The troubled Benjamin Healthcare Center, under the care of a court-appointed receiver after missing payroll and facing the threat of closure, has functioned for nearly 100 years as a nursing home and rehab facility. It's now also a way station for a former pol with her own troubled past.

When a Suffolk Superior Court judge appointed Joseph Feaster [as the receiver](#) of the Boston facility in April, the well-known attorney immediately turned to an old friend for help: former state senator Dianne Wilkerson.

Taking the title of executive assistant or secretary to Feaster, the ex-lawmaker now has an office inside the facility, which is perched halfway up the hill, between New England Baptist Hospital and the Jamaica Plain VA Medical Center.

It's the latest job for Wilkerson, who was once a rising star in Boston politics, a Roxbury Democrat who became the first Black woman elected to the state Senate in 1992 and was often talked about as a potential candidate for mayor. But that was before she pleaded guilty to failing to pay federal income taxes in the late 1990s, and more than a decade later, she was sent to prison for more than two years for accepting more than \$20,000 in bribes, with the federal prosecutor calling the corruption "both [systematic and pervasive](#)."

She attempted a [political comeback](#) in 2022, but came in third place in the race for her old state Senate seat, whose boundaries include the Benjamin. In a letter to the court this summer, Feaster filed an update on the receivership – which is set to last until the end of this year – including the hiring of a new administrator, who replaces the one ousted over allegations of mismanagement after he sought to close the facility. Wilkerson's role was mentioned, but her name was not.

Feaster told *CommonWealth Beacon* he reached out to Wilkerson, whom he's known since their days working for Gov. Michael Dukakis, because she's well-acquainted with the Benjamin. She also has a personal stake in it: Her 89-year-old mother is a resident. "She can do the work and she's effectively doing the work around what I need to have done so I don't need to be there on a day-to-day basis, doing what I need to do as the receiver," Feaster said.

He added that "she served her time" in prison, and she is not barred from handling the Benjamin's financial matters. If anybody raised their concerns with him, "it dissipated just like after a rainstorm," he said. "I have not heard anything, any more comment about Dianne Wilkerson since my first being appointed receiver."

Wilkerson said she is an employee of the Benjamin as a "temporary assignment," because she is aiming to help get-out-the-vote efforts for Vice President Kamala Harris and working with developers on local projects. "My task is really focused on facilitating the delivery and transmittal of information relative to the institution, the finances, the history, the accounts that weren't paid, the tax returns," Wilkerson said in an interview this week. That includes dealing with the IRS and other federal and state regulators overseeing the nursing home industry, she added.

	<p>State officials have advanced the Benjamin more than \$500,000 as the facility tries to dig out of the hole it found itself in under the previous administrator, who has denied wrongdoing. The state has agreed to also advance payments to cover the costs of the receiver and an accounting firm.</p> <p>As for payment for her services, Wilkerson said she generally charges her clients \$150 to \$200 per hour. Her hourly rate at the Benjamin is “well under \$100,” she said, adding that she isn’t charging for the overtime as she puts in long hours at the facility that she’s seeking to save. “I’m losing money,” she said.</p>
<p>Steward Health</p>	<p>6. *Boston Globe September 13, 2024 <u>Closed Steward hospitals leave ambulance services scrambling to cover gaps</u> By Camilo Fonseca</p> <p>The closure of Carney Hospital has had a significant impact on emergency medical services in the Boston area.</p> <p>With the closure, tens of thousands of patients have been scrambling for alternative emergency care options, while emergency responders have been stretched increasingly thin.</p> <p>Beauport Ambulance Service has been transporting patients from Carney to nearby emergency rooms, but the increased volume has put a strain on their resources. Boston Emergency Medical Services has also stepped up recruiting to staff additional front-line ambulances, but the overall impact on emergency response times has been significant.</p> <p>Patients in rural areas, such as Ayer, face even longer wait times for emergency care. The closure of Nashoba Valley Medical Center has forced ambulances to travel farther distances for calls, and the increased transport times can be a matter of life-and-death.</p> <p>The closure of Carney has also placed a burden on other nearby emergency rooms, which are already overwhelmed and understaffed. This has led to longer triage times and decreased ambulance availability.</p> <p>Overall, the closure of Carney Hospital has had a negative impact on emergency medical services in the Boston area. Patients are facing longer wait times, and emergency responders are struggling to keep up with the increased demand.</p>
<p>Assisted Living</p>	<p>7. Third Eye News September 15, 2024 <u>North America Assisted Living Facilities Market By Application</u></p> <p>The North America Assisted Living Facilities market is segmented primarily by application, catering to diverse needs within the healthcare sector.</p> <p>Elderly care facilities dominate the market, providing a range of services aimed at enhancing quality of life for senior citizens. These facilities offer accommodation, personalized care plans, and recreational activities tailored to the aging population’s needs.</p> <p>Disability care facilities focus on supporting individuals with physical or cognitive disabilities, offering specialized care and accessibility features to ensure comfort and safety. Chronic illness care segments address the needs of patients requiring ongoing medical supervision and assistance with daily activities. Rehabilitation support facilities play a crucial role in aiding patients recovering from surgeries, injuries, or illnesses, offering therapeutic services and personalized recovery programs. Finally, palliative care facilities provide compassionate end-of-life care, focusing on pain</p>

	management and emotional support for terminally ill patients and their families.
Disability Topics	<p>8. Office of Governor Maura Healey and Lt. Governor Kim Driscoll September 13, 2024 <u>Governor Healey Signs Legislation Renaming Massachusetts Rehabilitation Commission to ‘MassAbility’</u> <i>Governor Healey Signs Legislation Renaming Massachusetts Rehabilitation Commission to ‘MassAbility’</i> Governor Maura Healey signed legislation that renames the Massachusetts Rehabilitation Commission to MassAbility. Governor Healey filed this bill last year to reflect the administration’s goal of expanding the agency’s reach and ushering in a new, more inclusive model for disability career services and independent living. The legislation also removes outdated terms from the general laws like “handicap,” “handicapped,” and “retarded,” replacing them with “barrier,” “person with a disability,” and person with an “intellectual disability.”</p> <p>“Words matter. This legislation ensures that the names and terms we use accurately reflect the strength and capabilities of the disability community, supports our goal of helping the people we serve achieve autonomy and independence, and breaks down stigma,” said Governor Maura Healey. “I’m grateful to our partners in the Legislature for advancing this legislation, and to the members of the disability community and our team at MassAbility and the Executive Office of Health and Human Services who advocated to make this a reality in Massachusetts”</p> <p>“MassAbility exemplifies a sense of community and belonging,” said Lieutenant Governor Kim Driscoll. “By updating these laws, we are putting outdated terms aside while honoring the disability community’s tenacity. MassAbility today provides services that break down barriers, cultivate diversity and empower people to thrive in their workplaces and their communities.”</p> <p>The new name directly resulted from feedback from the disability community and was selected following significant research, focus groups, surveys, and conversations with the community, businesses, providers, and advocacy organizations.</p> <p>“The new name MassAbility and language changes reflect both the state and agency’s commitment to inclusivity, because we know that words matter,” said Health and Human Services Secretary Kate Walsh.</p> <p>“MassAbility represents pride and self-determination. It’s about rights and equal access. It’s about building a future and being fully present and counted in the world.”</p> <p>The name directly resulted from feedback from the disability community and was selected following significant research, focus groups, surveys, and conversations with the community, businesses, providers, and advocacy organizations.</p> <p>“This historic legislation represents the state’s commitment to propelling the disability movement forward,” said MassAbility Commissioner Toni Wolf.</p> <p>“Language has the power to shape people and culture, tackle stigmas, biases, and stereotypes. For too long, the words we’ve used have not reflected the strengths, resilience, and determination of the disability community. This legislation changes that. We are changing life in Massachusetts for the better, making it more equitable, accessible, and inclusive for people with disabilities.”</p>

	<p>“MassAbility signals the intentionality of the Healey-Driscoll Administration for driving a more inclusive workforce, workplace, and work opportunities for individuals with all capabilities,” said Labor and Workforce Development Secretary Lauren Jones. “Massachusetts is dedicated to fostering an equitable workforce system, and the Executive Office of Labor and Workforce Development looks forward to building on shared strategies to achieve this in collaboration with MassAbility.”</p> <p>“Every person has the right to live an independent and meaningful life regardless of ability, with the same access to work, housing, and services that every resident deserves,” said Senate President Karen E. Spilka (D-Ashland). “With the Governor’s signature, we change this name to one which reflects the strong work of MassAbility to deliver that access to every individual who works with them, and we remove archaic laws — an important step towards becoming a more equitable Commonwealth. I am deeply grateful to the Governor for her signature, my colleagues for their support, Speaker Mariano, and our partners in the House.”</p> <p>“This legislation is our latest effort to ensure that our state laws do not use antiquated words that carry negative connotations, words that also serve as a reminder of past injustices,” said Speaker of the House Ronald J. Mariano (D-Quincy). “I would like to thank Governor Healey for filing the bill originally, as well as all my colleagues in the House and our partners in the Senate for working to pass this important legislation.”</p> <p>Working alongside the disability community, MassAbility provides services that break down barriers, cultivate diversity, and empower people to thrive in their workplaces and their communities.</p>
<p>Aging Topics</p>	<p>9. *Wall Street Journal September 12, 2024 <u>Older Voters Are Crucial for 2024—and They’re Up for Grabs</u> By Gerald F. Seib <i>Americans aged 65 and over are evenly divided between Trump and Harris and may decide who wins the White House.</i> The nation’s population of senior citizens is growing faster than any other age group, they are disproportionately represented in this year’s key swing states, and they vote in higher proportions than anyone else. . . The power of the senior vote is a result of the graying of America, a trend whose implications stretch far beyond one election. The population aged 65 and over grew nearly five times faster than the total population in the 100 years from 1920 to 2020, according to the Census Bureau. This cohort reached 55.8 million in 2020, meaning it made up 16.8% of the nation’s total population. By 2050, it is expected to reach 23%. This population isn’t merely bigger than ever before; it’s also different. As a group, senior citizens today are more racially diverse and better educated than ever before, and they are working longer. . . The importance of older voters may have been best illustrated in the collapse of support for President Biden in the wake of the June debate with Trump. Before that debate, older voters were a kind of secret weapon for Biden. People aged 65 and above had been generally supportive of Trump in 2016 and 2020 but had moved toward Biden in significant numbers. Immediately after the debate, the 65-and-older crowd pivoted. In the WSJ poll, they went from supporting Biden by 2 percentage points in February to backing Trump by 11 percentage points immediately after the debate. More broadly, those aged 50 and above went from backing Trump by 4</p>

	<p>percentage points to backing him by 12 points. That accounted for most of the collapse of support for Biden this summer. . .</p> <p>Seniors also have seen their net worth rise faster and farther in recent years than younger people. That may presage tax and inheritance policies, in Washington and state capitals, that are friendlier to them.</p> <p>The political influence of seniors is likely to grow even stronger in the decades ahead. Not only is the population growing older, but as the MIT Technology Review recently reported, “A few key areas of research suggest that we might be able to push human lifespans further, and potentially reverse at least some signs of aging.”</p>
<p>Longevity</p>	<p>10. *New York Times September 14, 2024 How a 90-Year-Old Comedian Spends Her Sundays By Alix Strauss <i>D’yan Forest goes swimming, plays golf and then closes her day with a 10-minute set at Gotham Comedy Club that brings her a “huge sense of happiness and success.”</i> In July, D’yan Forest celebrated her 90th birthday by performing a one-woman comedy show at Joe’s Pub in Manhattan for more than 100 people. According to Guinness World Records, she is the oldest female comedian in the world. She is very active and has a regimented daily routine that includes swimming, golfing, memorizing new material, and performing at comedy clubs. Her act focuses on making fun of herself, her age, and her experiences. She finds humor in the challenges of aging and enjoys surprising audiences with her sharp wit and ukulele parodies.</p> <p>11. Harvard Gazette May 14, 2024 Science is making anti-aging progress. But do we want to live forever? By Anne J. Manning Mayflies live for only a day. Galapagos tortoises can reach up to age 170. The Greenland shark holds the world record at over 400 years of life. Venki Ramakrishnan, Nobel laureate and author of the newly released “Why We Die: The New Science of Aging and the Quest for Immortality,” opened his packed Harvard Science Book Talk last week by noting the vast variabilities of lifespans across the natural world. Death is certain, so far as we know. But there’s no physical or chemical law that says it must happen at a fixed time, which raises other, more philosophical issues. The “why” behind these enormous swings, and the quest to harness longevity for humans, have driven fevered attempts (and billions of dollars in research spending) to slow or stop aging. Ramakrishnan’s book is a dispassionate journey through current scientific understanding of aging and death, which basically comes down to an accumulation of chemical damage to molecules and cells. “The question is whether we can tackle aging processes, while still keeping us who we are as humans,” said Ramakrishnan during his conversation with Antonio Regalado, a writer for the MIT Technology Review. “And whether we can do that in a safe and effective way.” Even if immortality — or just living for a very, very long time — were theoretically possible through science, should we pursue it? Ramakrishnan likened the question to other moral ponderings.</p>

	<p>“There’s no physical or chemical law that says we can’t colonize other galaxies, or outer space, or even Mars,” he said. “I would put it in that same category. And it would require huge breakthroughs, which we haven’t made yet.”</p> <p>In fact, we’re a lot closer to big breakthroughs when it comes to chasing immortality. Ramakrishnan noted the field is moving so fast that a book like his can capture but a snippet. He then took the audience on a brief tour of some of the major directions of aging research. And much of it, he said, started in unexpected places.</p> <p>Take rapamycin, a drug first isolated in the 1960s from a bacterium on Easter Island found to have antifungal, immunosuppressant, and anticancer properties. Rapamycin targets the TOR pathway, a large molecular signaling cascade within cells that regulates many functions fundamental to life. Rapamycin has garnered renewed attention for its potential to reverse the aging process by targeting cellular signaling associated with physiological changes and diseases in older adults.</p> <p>Other directions include mimicking the anti-aging effects of caloric restriction shown in mice, as well as one particularly exciting area called cellular reprogramming. That means taking fully developed cells and essentially turning back the clock on their development.</p> <p>The most famous foundational experiment in this area was by Kyoto University scientist and Nobel laureate Shinya Yamanaka, who showed that just four transcription factors could revert an adult cell all the way back to a pluripotent stem cell, creating what are now known as induced pluripotent stem cells.</p>
<p>From around the Country</p>	<p>12. Times Union (free access) September 15, 2024 <u>‘Living in fear’: Nursing home residents reckon with widespread neglect</u> By Raga Justin <i>More than four years later, the pandemic's worst effects have largely waned. But the sense of despair among nursing home residents, staff and family members has not.</i></p> <p>The article highlights the neglect and abuse experienced by nursing home residents in New York. Despite numerous complaints and lawsuits, the state has failed to adequately regulate the industry, leading to widespread problems such as inadequate staffing, unsanitary conditions, and a lack of basic care.</p> <p>The article details specific cases of neglect, including residents who died under suspicious circumstances, suffered severe injuries, or were deprived of essential medical treatment. Family members expressed frustration and anger with the quality of care provided by the nursing homes, and the state's failure to hold facilities accountable.</p> <p>The root of the problem lies in the industry's shift towards for-profit nursing care, which prioritizes profits over patient care. This has led to understaffing, self-dealing, and a lack of transparency in financial matters. The state's regulatory oversight has been inadequate, and enforcement actions are often limited and time-consuming.</p> <p>The article calls for systemic change to address the crisis in nursing home care, including stricter regulations, increased enforcement, and greater transparency. It also highlights the need for a shift towards a more compassionate and patient-centered approach to care for the elderly.</p> <p>13. *Portland Press Herald</p>

September 15, 2024

[Maine's long-term care facilities struggle amid labor shortage](#)

By Kelley Bouchard

The shortage affects nursing home and assisted-living jobs of all kinds, from nurses and personal care assistants, to food service workers and maintenance staff.

The labor shortage in Maine's long-term care industry is significantly impacting the quality of care and access to services for seniors.

Nursing homes and assisted-living facilities are struggling to fill positions, which has led to closures, increased waitlists, and diminished care.

The shortage is exacerbated by chronic underfunding, economic factors, and new staffing requirements. The pandemic has worsened the crisis, with many facilities relying on temporary workers from outside agencies, which is expensive and can negatively impact care quality.

State agencies are taking steps to address the issue, including increasing pay, improving reimbursement rates, and implementing recruiting efforts.

However, the challenges remain significant, and the future of long-term care in Maine is uncertain.

14. Fox61

September 13, 2024

[Relocation of Abbott Terrace nursing home residents in Waterbury underway after feds pull funding to force shutdown](#)

By Matt Caron

A mass relocation of nursing home residents in Waterbury is underway after state health and safety violations led to the feds pulling Medicare and Medicaid reimbursement funding.

The move essentially forces [Abbott Terrace Health Center](#) to shut down since the vast majority of their residents do not privately pay for services.

The company that runs the nursing home is saying they've done everything they can to make the facility safe, but that depends on who you ask.

Abbott Terrace Health Center in Waterbury is facing an imminent closure within 30 days that will impact the seniors.

In a nearly unprecedented move, the Center for Medicare and Medicaid services has stripped the Abbott Terrace nursing home, an Athena Healthcare Systems run facility, of its federal funding. A document delivered to Athena cited a "failure to meet basic health and safety requirements."

Those safety issues are chronicled in more documents that show years of state health department inspection violations that have resulted in multiple citations including unsafe flooring and fire doors not up to code. Athena Healthcare said they spent \$200,000 to fix the floors and that, "Our team did everything possible."

Mairead Painter is Connecticut's Long-term Care Ombudsman who is charged with advocating for nursing home residents and their families. She questioned the timeliness of the response from Athena.

"In what time period? Because they had months to do this and they sort of waited until the last hour," said Painter.

The Connecticut Department of Health and Department of Social Services said in a joint statement, "Every nursing home resident deserves to be treated with dignity and respect."

That dignity is called into question by a documented incident where a nurse allegedly told an incontinent patient, "I can smell you in the hallway."

The nurse removed the resident's soiled Johnny coat and tossed it so that it "landed on the resident's face."

The Abbott Terrace facility now prepares for closure. They have 30 days to relocate residents.

What are we going to do live on the street?" asked resident Marcy Stowe. It will be a traumatic experience for the 180 people who call Abbott Terrace home.

"It's devastating to me," said resident Patricia Shedrick.

Many residents also call the staff "family."

"There are many people here who are going to suffer so much from this. Because we are their family," said Abbott Terrace nursing assistant Barbara Sedlak.

Relatives of residents said it's an uncertain future that could mean losing touch with nearby loved ones.

"My husband is here, and I don't know how I'm going to get to where they are going to ship him to," remarked Shirley Schofield, whose husband is a resident of Abbott Terrace.

"I've got family only five or 10 minutes away and I don't want to lose that connection," added Shedrick.

But other residents said that facility management and Athena corporate have no one to blame but themselves.

"Just one simple word. Accountability," said Chaka Fagon, another resident of Abbott.

Fagon described an environment where problems are ignored.

"If it's not resolved and it's dismissed, that's what is bringing this place down."

He went on to talk about a toxic culture that has impacted quality of care.

"Some employees use threats to get their way," said Fagon.

The state is now working with Athena to find other nursing homes with open beds. Athena says they are engaging with lawmakers in a last-ditch effort to keep Abbott Terrace open.

During the height of the COVID-19 pandemic, the state of Connecticut partnered with Athena to stand-up COVID recovery facilities to serve as an intermediate level of care between the hospital and home setting. Those recovery homes were quickly dissolved due to low utilization.

In more recent years, Athena is a company that has run into financial trouble. They owe back taxes in several communities and recently sold five skilled nursing facilities.

Connecticut State Long-term Care Ombudsman Mairead Painter points out that when companies complain about their financial struggles they often point to a need to increase the Medicare and Medicaid reimbursement rates. But Painter cautions that before that is done there needs to be more transparency from companies in terms of knowing where that funding is going and accountability for why it often doesn't get reinvested into the care and safety of residents and staff.

FULL STATEMENT FROM ATHENA HEALTH CARE SYSTEMS (Sept. 11, 2024)

Abbott Terrace, a 205-bed skilled nursing facility located in Waterbury, Conn, has been providing quality and compassionate care since 1986 to the greater Waterbury region.

Abbott Terrace supports Connecticut residents and gives them the opportunity for short-term rehabilitation, long-term care, respite services,

hospice care and a specialized unit for those with dementia. The center also offers a unique niche in caring for individuals with substance use disorder and behavioral health needs. Waterbury is home to two major hospitals with Level II trauma centers, and Abbott Terrace is an important part of the health care continuum for patients discharged from these hospitals every day.

Connecticut Department of Public Health identified updates that needed to be made to the physical plant, particularly flooring. Due to the magnitude of the project and availability of vendors, products and the need to relocate residents, these factors extended the regulatorily required timeframe of the project completion. In addition, relocating residents in order to commence the repairs required 30-day legal notice given to the residents.

Approximately \$200,000 was invested in renovating the flooring in the specified areas. The facility had also earmarked additional dollars for further renovations to benefit the quality of life and life safety of the residents at Abbott Terrace.

During a subsequent DPH revisit in late August, a fire door was identified as requiring updates to comply with life safety codes. DPH made a revisit to inspect this door and noted compliance. However, during the revisit observed another door to be out of compliance. The issue with the second door was rectified swiftly the same day.

Though we addressed all issues and had expected to achieve compliance in early September, the facility was notified by the Centers for Medicare and Medicaid that they terminated our participation in the Medicare and Medicaid programs. In turn, this will result in the inability for Abbott Terrace to operate and require closure due to the loss of federal and state reimbursement.

Our team did everything possible in the past several weeks to address the physical plant concerns identified by DPH. We have invested significant financial resources in returning our facility to compliance by upgrading floors, doors, and other identified facility infrastructure. We believed that the identified issues had been successfully resolved. We are aggressively working with Representatives in the area, Congressman and women, and State Senators to avoid this outcome.

While we will continue to meet with both the Connecticut DPH and CMS officials and take steps to return our program to full compliance, at this time we must prepare for the closure of the facility. This includes identifying other locations for our residents and supporting our staff as they prepare to transfer to other employers. Our highest priority is assuring continued quality of care for our residents during this period.

Currently, the center is home to 180 residents, including those with behavioral health challenges, substance use disorders, and dementia. Abbott Terrace employs 287 people; Notably, 11 employees have between 30-38 years of service; 25 employees between 20-28 years of service; and 26 employees between 10-19 years of service.

**FULL STATEMENT OF CONNECTICUT LONG TERM CARE
OMBUDSMAN MAIREAD PAINTER**

The recent developments at Abbott Terrace Skilled Nursing Facility in Waterbury are deeply concerning. While public relations efforts may attempt to frame this situation in a different light, the responsibility for the current state of affairs rests squarely with the facility's owner and corporate management. For years, this facility has neglected necessary repairs, failed

to update the physical plant, and has not provided adequate support for residents or staff. Unfortunately, this is not an isolated issue, as we have observed similar concerns at other facilities operated by the same corporation.

The measures taken by the Centers for Medicare & Medicaid Services (CMS) are unprecedented in Connecticut, and to my knowledge, have not been seen in the past 25 years if ever. All skilled nursing facilities undergo regular surveys to ensure they meet health and safety requirements for residents. However, Abbott Terrace has repeatedly failed to come into compliance with these standards.

Despite claims by the facility that they have invested over \$200,000 to address compliance issues, the bulk of these repairs only occurred after CMS threatened to terminate their provider agreement. Members of the Long-Term Care Ombudsman Program have been regularly visiting the facility, identifying concerns, and communicating with state agencies. These problems were not a surprise to the facility. The Department of Public Health has been actively addressing ongoing concerns that jeopardize the health and well-being of the residents.

The facility has repeatedly highlighted the \$200,000 expenditure to address life safety concerns, but they have not disclosed that they waited until the last moment, when both state and federal agencies intervened before taking action. For months, the conditions, particularly the floors, posed significant risks to residents and staff. The corporate office did not initiate any meaningful steps to rectify these issues until it was clear that their inaction could result in the loss of Medicare and Medicaid funding.

The situation deteriorated further in August, when some residents were forced to transfer to another facility to allow the floors to be repaired. Despite legal requirements for a 30-day notice that was provided, residents were given only days to move, after being told that if they did not agree, the facility would lose federal funding and potentially close. For that reason, residents agreed to transfer. In addition, the facility's inadequate infrastructure, such as only having one working washing machine for over 180 residents, created anxiety and stress for some residents about having the personal clothing they needed during the transfer. This further exemplifies the owner's disregard for resident quality of life and the need to keep the infrastructure of the building fully operating.

These are just a few examples of the systemic failures at Abbott Terrace. The company may downplay these issues, but fire safety systems, working elevators, and life safety measures are not minor concerns, they are essential for ensuring the well-being of residents. Many skilled nursing facilities in Connecticut operate with diligence, promptly addressing such concerns and providing a safe, homelike environment for residents. Unfortunately, this has not been the case at Abbott Terrace.

It is critical that every nursing facility in our state, regardless of ownership, provides an environment that meets the needs of its residents. With most nursing home funding coming from state and federal sources, taxpayer dollars should not support facilities that fail to uphold their responsibilities. Often situations like this are portrayed as a financial or reimbursement issues, but before there is a call for greater funding, we should ensure there is absolute transparency of where the funds are going and who is receiving them. Facilities, like Abbott Terrace, have parent companies that charge the facility for services under other companies they or related parties own. This

is legal, but also makes it appear the facility did not make a profit, however the owner profited from the money they paid themselves in other ways. Nursing Facility Cost Reports--Cost Report (ct.gov) If we are looking at this objectively private companies and individuals would not buy or own skilled nursing facilities if they could not profit from them.

The Long-Term Care Ombudsman Program, alongside state oversight agencies, works diligently to identify issues in long-term care settings across Connecticut. However, it is unacceptable for facilities to act only when an investigation forces them to. Facility owners commit to providing dignified care to residents when they sign provider agreements, and if they cannot meet those obligations, they should not be allowed to operate.

The consequences of Abbott Terrace's failures are now painfully clear. The termination of the CMS provider agreement has placed both residents and staff in an unsustainable situation, all due to the ongoing concerns as well as the inaction and neglect of the facility's owner and corporate management. Residents are devastated that they have been told they will need to leave their home, family members, their care team members and potentially their communities of origin.

We stand with the residents, families, and staff affected by this situation, and we will continue our efforts to support them and protect their rights throughout this situation. The Long-Term Care Ombudsman Program will also continue to work to ensure that all long-term care facilities in Connecticut meet the standards of care that every resident deserves.

JOINT STATEMENT FROM CT DEPARTMENT OF PUBLIC HEALTH AND DEPARTMENT OF SOCIAL SERVICES

The following is a statement from Manisha Juthani, MD, Commissioner of CT Public Health, and Andrea Barton Reeves, Commissioner of CT Social Services, on the federal Centers for Medicare and Medicaid Services' decision today to issue a termination notice to Abbott Terrace Health Center in Waterbury, ending the facility's participation in the Medicare and Medicaid programs.

"Every nursing home resident in the State of Connecticut deserves to be treated with dignity and respect, and they deserve an appropriate level of care that protects their well-being and allows them to thrive. CMS' notice of termination from the Medicare and Medicaid programs given to Abbott Terrace demonstrates the commitment of our federal partner, in close coordination with our agencies, to enforce that standard at all skilled nursing facilities and take prompt action when facility owners fail to meet those standards. Today's relatively unprecedented decision by CMS was not taken lightly and was necessitated by the repeated failures of Abbott Terrace's owner and management team to prioritize the health and safety of its residents.

Medicare and Medicaid will continue to pay for resident care at Abbott Terrace for up to 30 days, after which Abbott Terrace will no longer be allowed to bill Medicare or Medicaid for services. This does not mean that Abbott's residents have lost their coverage. Residents will still be covered when they move to a facility that participates in the Medicare and Medicaid programs.

Our focus now turns to ensuring that Abbott Terrace's owner and management use the next 30 days to assist residents with finding and transitioning to new living arrangements while also adhering to the regulations governing residents' health, safety, and well-being at the facility.

	<p>DPH will have monitors at Abbott Terrace daily until the last resident has left the facility. Our agencies will also work with the Long-Term Care Ombudsman to help ensure residents understand their rights, explore available living arrangement options, and have as smooth a transition as possible to their next home.”</p> <p>15. *MaineBiz September 13, 2024 Portland nursing home to shutter its doors, move residents to new facility By William Hall</p> <p>After nearly a half century of operation, a Portland nursing home will shut its doors next week, but the residents aren't going far. St. Joseph's Rehabilitation and Residence, a post-acute care facility owned by MaineHealth Maine Medical Center, is being replaced by a more modern facility, Fallbrook Commons. All residents of St. Joseph's, at 1133 Washington Ave., will move to Fallbrook, which is about a mile away at 91 Merrymeeting Drive. Employees of St. Joseph's are making the move, too. The nursing home will close its doors for good on Sept. 20. Founded by the Roman Catholic Diocese of Portland in 1975, St. Joseph's was acquired by MaineHealth in 2017 and since then has operated as a subsidiary of Maine Med in Portland. . . The new facility has 102 beds with dedicated areas for nursing-home-level memory care, short-term skilled nursing care and traditional long-term care nursing. Fallbrook Commons is adjacent to the Fallbrook Woods assisted living center in Portland's North Deering neighborhood. . . Across Maine and the United States, long-term care centers are closing due to low reimbursement and staffing shortages, a trend that was made worse by the COVID-19 pandemic. Since 2020, nine nursing homes have closed in Maine and the state has lost approximately 1,200 beds.</p> <p>16. Washington Examiner September 10, 2024 House Republicans clash with Cuomo over nursing home deaths By Gabrielle M. Etzel</p> <p>House Republicans came to verbal blows with former New York Gov. Andrew Cuomo during his first public testimony before Congress on Tuesday regarding his state's excessive nursing home deaths during the COVID-19 pandemic. Cuomo agreed to testify before the Select Subcommittee on the Coronavirus Pandemic regarding the order from the New York State Department of Health on March 25, 2020, that prohibited nursing homes from denying admittance to patients “solely based upon a confirmed or suspected diagnosis of COVID-19.”</p>
<p>Public Sessions</p>	<p>17. Committee for Supportive Housing Production and Services Tuesday, September 17, 2024, 1:00 p.m. art of the Interagency Council on Housing and Homelessness, the Committee meets virtually. Agenda includes an update on the Affordable Homes Act. For access, contact Pearl Chan at pchan@cedac.org or 617-727-5944 ext. 100. More Info</p> <p>18. Statewide Mental Health Advisory Council Thursday, September 19, 2024, 8:30 a.m.</p>

	<p>Meets virtually. Department of Mental Health Commissioner Brooke Doyle gives an update. There will also be an update on suicide prevention treatment and services for DMH clients and non-affiliated Bay Staters.</p> <p>Agenda and Zoom)</p>
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores8473@charter.net.</p>
<p>Websites</p>	<p>TASH</p> <p>https://tash.org/</p> <p>TASH is an international leader in disability advocacy. Founded in 1975, TASH advocates for human rights and inclusion for people with significant disabilities and support needs – those most vulnerable to segregation, abuse, neglect and institutionalization. TASH works to advance inclusive communities through advocacy, research, professional development, policy, and information and resources for parents, families and self-advocates. The inclusive practices TASH validates through research have been shown to improve outcomes for all people.</p> <p>TASH advances equity, opportunity and inclusion for people with disabilities, with a focus on those with the most significant support needs, in the areas of education, employment and community living through advocacy, research and practice.</p>
<p>Blogs</p>	
<p>Podcasts</p>	<p>Consumer Voice Podcast Library</p> <p>The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics.</p>

Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
Money Follows the Person	MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of August 9, 2024: 645 people enrolled, most in nursing facilities 137 people transitioned out of nursing facilities 38 people approved for AHVP (Alternative Housing Voucher Program) nursing home vouchers, 14 currently in use Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures (pending)	Massachusetts Department of Public Health <i>Marion Manor, South Boston</i> Closure date: September 11, 2024 • 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><u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation 2020</u></p> <p><u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated April 24, 2024</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 <u>https://somersetridge rehab.com/</u> Nursing home inspect information: <u>https://projects.propublica.org/nursing-homes/homes/h-225747</u> • South Dennis Healthcare <u>https://www.nextstephc.com/southdennis</u> Nursing home inspect information: <u>https://projects.propublica.org/nursing-homes/homes/h-225320</u> <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities which showed improvement</p>

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
<https://tinyurl.com/MarlboroughHills>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225063>
- Massachusetts facilities which have graduated from the program**
- The Oxford Rehabilitation & Health Care Center, Haverhill
<https://theoxfordrehabhealth.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225218>
 - Worcester Rehabilitation and Health Care Center, Worcester
<https://worcesterrehabcare.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225199>
- Massachusetts facilities that are candidates for listing (months on list)**
- AdviniaCare Newburyport (3)
<https://www.adviniacare.com/adviniacare-country-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225332>
 - Charwell House Health and Rehabilitation, Norwood (27)
<https://tinyurl.com/Charwell>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225208>
 - Fall River Healthcare (9)
<https://www.nextstephc.com/fallriver>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225723/>
 - Glen Ridge Nursing Care Center, Medford (13)
<https://www.genesishcc.com/glenridge>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225523>
 - Mill Town Health and Rehabilitation, Amesbury (26)
No website
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225318>
 - Parkway Health and Rehabilitation Center, West Roxbury (7)
<https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225497>
 - Pioneer Valley Health & Rehabilitation Center, South Hadley (24)
<https://pioneervalleyhealth.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225757>
 - Plymouth Harborside Healthcare (4)
<https://www.nextstephc.com/plymouth>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225284/>
 - Plymouth Rehabilitation and Health Care Center (22)
<https://plymouthrehab.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225207>

	<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 <i>Nursing Home Inspect</i> 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). 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><i>Nursing Home Compare</i></p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p>																																																

	<ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</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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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 • Chris Hoeh • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i> https://dignityalliancema.org/dignity-digest/</p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			