



The Dignity Digest

Issue # 207

October 15, 2024

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

***May require registration before accessing the article.**

DignityMA Zoom Sessions

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

Spotlight

A Discussion of Morals and Values in Institutional Care for the Elderly: How we Justify the Unjustifiable: Part I

By Dave Kingsley

Center for Health Information and Policy

July 30, 2024

Corporate Neglect and Abuse of Nursing Home Patients: A Low Risk-High Reward Practice

Why do nursing home corporations provide suboptimal and neglectful care while earning robust profits?^[1] Because they can. Although the “law” is merely the codification of our morals, values, and ethics, it is of little consequence when it is not respected and enforced. Joe Sopcich’s article that is posted in this blog file indicates how laws and regulations designed to protect patients in nursing homes are pervasively ignored by providers while agencies of government fail to pursue remedies and hold culprits accountable.

Joe writes about what desperate family members experience when they seek help from agencies charged with enforcing the rights of nursing home patients and families. This happens to poor and affluent families alike. His late mother was a patient in the skilled nursing facility of a continuing care residential community (CCRC) – one of those retirement places where people can live through and receive services from independent and assisted living to skilled-long-term nursing home care. The experience described in the article is quintessential. Neglect of this type is pervasive while agency enforcement of codified patient rights is weak and ineffective.

The industry benefits financially from lack of oversight and accountability. Understaffing and low pay results in lower costs and increased cash flow – that is, unjustifiable cost cutting enhances and protects shareholder value. Furthermore, the industry has successfully disseminated and sold a false narrative constructed on a “financial hardship” theme that has no relationship to reality. Their message is that nursing homes are “running on a thin net,” or earning skimpy amounts for shareholders. This is nonsense but has not been adequately confronted by advocates and the media.

The Larger Context of Industry Neglect and Government Nonfeasance

Agencies can fail to hold tax-funded nursing home businesses accountable because the elderly have been devalued by media misinformation/disinformation, junk science, and even by the most prominent scholars and influencers in the field of bioethics. Furthermore, medical technology and science have increased life expectancy while social attitudes toward the elderly have evolved in a rather disturbing way. Older Americans are now seen as a problem for and even a threat to younger age cohorts.

According to many highly influential economists and bioethicists, the United States simply can't afford to provide all the healthcare needed by the growing elderly and disabled cohorts in a population of 330 million residents (approximately, based on 2020 Census). Medicare has been demonized as a budget busting monster robbing young people of needed healthcare. This is not true. Medicare expenditures are not an economic burden and threat to the U.S. economy.

More disturbing than the harmful misinformation generated by the economists and bioethicists is the lack of interest in and discourse concerning the morals and values of care of such low quality that it amounts to euthanasia by neglect. This post is the first in a series of posts that will call attention to the nature of a cruel, inhumane, institutional care system for frail patients needing skilled nursing care in the context of current medical and societal values and ethics. It is the entire money-driven system and the absence of discourse regarding morality that is harming patients and shortening their lives unnecessarily. It is to that issue we want to call attention to and about which we want to stimulate discourse.

Our point of departure in this discussion is the necessity of dehumanizing groups of people before they can be scapegoated and harmed by government policy with the approval of the broader society.

[\[1\]](#) Apart from The Ensign Group, which owns and/or operates approximately 300 facilities, nursing home corporations are closely held. Therefore, it is not possible to obtain the exact net operating revenue from facility cash flow. Based on my analysis of cost reports, I would estimate that "free cash flow" or "owners' earnings" ranges from 10 to 15 percent. For instance, In 2023, the Ensign Group had net operating revenue of \$376.7 million on \$3.7 billion in revenue or 10% in free cash flow. The distribution of earnings to investors are increased through avoidance of capital gains taxes. Furthermore, the operations side of the industry is separate from the lucrative commercial real estate side. The Ensign Group is sheltering the corporation from capital gains taxes due to property appreciation by forming a captive REIT or by transferring property to an UPREIT. A large number of executives and investors have individual or family trust for sheltering their compensation and assets. Black Rock, Vanguard, State Street and other major asset managers are the dominant investors in the Ensign Group,

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| <p>Quotes</p> | <p>REITs, and private equity groups. See: 0001125376-24-000018 (d18rn0p25nwr6d.cloudfront.net), page 96.</p> <p><i>Why do nursing home corporations provide suboptimal and neglectful care while earning robust profits? Because they can. Although the “law” is merely the codification of our morals, values, and ethics, it is of little consequence when it is not respected and enforced.</i> Dave Kingsley, A Discussion of Morals and Values in Institutional Care for the Elderly: How we Justify the Unjustifiable: Part I, Center for Health Information and Policy, July 30, 2024</p> <p><i>Care is not just a need, it’s an untapped economic motor - every carer is a worker, and care allows people to make choices — making care functional means unsticking the economy. It means unsticking society. It means freedom.</i> Ai-jen Poo, president, the National Domestic Workers Alliance, Kamala Harris’s big policy proposal is care, The.Ink, October 10, 2024</p> <p><i>[T]here is now plenty of evidence that having a plan to keep nursing homes in small towns publicly owned is not only the right thing to do but appears to be winning politics too.</i> A Sharp Reminder From Wisconsin That All Politics Is Local, Newsweek, April 17, 2024</p> <p><i>The program we’ve outlined tightly focuses benefits on the most vulnerable people who currently have little eligibility for care, and few means to pay for services.</i> A Home Care Benefit for Medicare, Brookings, September 10, 2024</p> <p><i>“Had to take a leave of absence from my employer in order to care for my 85-year-old mother.”</i> 63-year-old woman from Mississippi who provided care for her mother, The Affordability of Long-Term Care and Support Services: Findings from a KFF Survey, KFF, November 14, 2023</p> <p><i>“Nearly 7 million older adults live in a perilous financial situation, which can be hazardous to not just finances, but health care and access, too. Real policy change and relief for Near Duals is urgently needed so they can</i></p> |
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| | <p><i>receive the necessary long-term care needed to age in their homes, safely and surrounded by community.”</i></p> <p>Narda Ipakchi, vice president of policy at The SCAN Foundation, Long-Term Care Out of Reach for 6.5 Million 'Near Dual' American Seniors, U. S. News, October 14, 2024</p> |
| <p>Dignity Study Sessions</p> | <p>REV UP MA 2024 Disability Voting Webinar Tuesday, October 22, 2024, 1:00 to 2:30 p.m. This webinar will include information about preparing for the upcoming election, legal rights of Massachusetts voters, Accessible Electronic Vote by Mail, and accessibility requirements of polling places across Massachusetts.</p> <p>Tentative Agenda:</p> <ul style="list-style-type: none"> • Introduction by Brianna Zimmerman, Voting Rights Advocate, Disability Law Center • Massachusetts Voters’ Rights by Brianna Zimmerman • Accessible Electronic Vote by Mail in Massachusetts by Tatum Pritchard, Director of Litigation, Disability Law Center • Overview of Accessible Polling Places by Tom Murphy, Supervising Attorney, Disability Law Center • Tips for Advocating for Accessible Polling Places by Rick Glassman, Director of Advocacy, Disability Law Center • Questions & Answers <p>Space is limited and registration is required to participate. Reservations will be granted on a first-come, first-served. Register for Disability Voting Webinar Please submit accommodation requests to mail@dlc-ma.org.</p> <p>All about Adult Family Care Thursday, October 24, 2024, 10:00 to 11:00 a.m. Presenters:</p> <ul style="list-style-type: none"> • George Fleischner, President / CEO, Nonotuck Resource Associates • Sindelle Robles, Vice President, Nonotuck Resource Associates <p>Adult family care is a program that provides in-home support for individuals who need assistance with daily living activities. It offers a home-like setting, often within a family's home, rather than a traditional institutional setting like a nursing home.</p> <p>Key features of adult family care:</p> <ul style="list-style-type: none"> • Home-like environment: Individuals live with a caregiver in a family setting, providing a more personalized and comfortable experience. • Personalized care: Caregivers tailor their support to meet the specific needs of each individual, ensuring they receive the appropriate level of assistance. • Community-based: Adult family care allows individuals to remain in their communities, maintaining connections with friends and family. • Financial support: In many cases, programs provide financial assistance to caregivers to help offset the costs of providing care. <p>Individuals who may benefit from adult family care include:</p> <ul style="list-style-type: none"> • Adults with disabilities |

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| | <ul style="list-style-type: none"> • Seniors who require assistance with daily living activities • Individuals who are recovering from illness or injury |
| Events | <p>Massachusetts Commission for the Blind and Perkins School for the Blind Friday, October 18, 2024, 10:00 a.m. Great Hall, State House, Boston <i>Annual White Cane Awareness Day celebration</i> The event aims to boost awareness of the state's White Cane Law, which requires drivers to yield to pedestrians who are using white canes or dog guides at street crossings. Health and Human Services Secretary Kate Walsh reads a proclamation from the Healey administration. Sen. Robyn Kennedy and Rep. Jay Livingstone, co-chairs of the Joint Committee on Children, Families and Persons with Disabilities, give remarks. Attendees can use the accessible entrance at Ashburton Park. The event starts at 10 a.m., with the speaking program at 11 a.m. More Info</p> <p>Deaf Survivors Center Saturday, October 19, 2024, 4:00 to 11:00 p.m. <i>25th Anniversary Deaf Survivors Center Gala.</i> Gillette Stadium, Foxborough "The evening will be filled with inspiring stories, heartfelt tributes, and the opportunity to connect with others who share our passion for supporting the Deaf community," according to organizers. The keynote speaker is Raven Sutton and Molly Karp, general Counsel at MassAbility (formerly the Mass. Rehab Commission), is among the award recipients. Tickets for individuals are \$175, or \$125 for those 62 and over.</p> |
| Opportunity for Public Comment | <p>Federal Emergency Management Agency (FEMA) <u>National Disaster Recovery Framework Public Comment Period</u> Comments due Wednesday, October 23, 2024 The Federal Emergency Management Agency (FEMA) is requesting public comments on its National Disaster Recovery Framework, which explains the federal government's roles and responsibilities for organizing and deploying disaster recovery assistance. It also enhances effective collaboration among federal agencies; state, local, and territorial governments; and tribal nations, while informing nongovernmental partners. Individuals wishing to comment on the document should download the comment matrix, complete it, and return it through the blue "Submit Comments" button on the comment period webpage. This will open an email to fema-recovery-icd-pdb@fema.dhs.gov; attach the matrix and use "NDRF V3 Public Comment Feedback" as the subject line. Comments submitted outside of the matrix and after the deadline will not be considered.</p> |
| Transitions | <p>Brianna Zimmerman (she/her/hers) Disability Law Center's New Voting Rights Advocate Prior to her current position at DLC, Brianna was the Systems Change Advocate at Stavros Center for Independent Living in Amherst, MA, the Independent Living Center that serves people with disabilities in Hampshire, Hampden, and Franklin Counties of Western Massachusetts. During her time at Stavros, Brianna advocated on a variety of systemic issues impacting the disability communities – including in the areas of housing, transportation, voting access,</p> |

| | <p>healthcare, expanding access to assistive technology and durable medical equipment, and expanding the rights of nursing home residents. She helped to lead several legislative campaigns during her time at Stavros.</p> <p>You can reach Brianna by email at bzimmerman@dlc-ma.org or by phone at (617) 315-4593.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Recruitment</p> | <p>Massachusetts Association of Mental Health <u>Director of Programs and Innovation</u> The Director of Programs and Innovation will work in close collaboration with the MAMH President and CEO, Co-Directors of Public Policy and Government Relations, and Director of Communications to ensure that technical assistance activities are in alignment with MAMH policy, advocacy, and public awareness goals. As a key member of MAMH's senior leadership team, the Director of Programs and Innovation will contribute to strategic and operational planning and implementation across the organization.</p> <p>Massachusetts Executive Office of Housing and Livable Communities <u>Assistant Undersecretary of Housing Stabilization</u> The Assistant Undersecretary of Housing Stabilization is a strategic leader, overseeing key programs within the Division of Housing Stabilization (DHS), and playing a pivotal role in developing and executing policies related to helping families and individuals find housing stability.</p> <p>Abundant Housing Massachusetts <u>Director of Operations</u> The Director oversees the day-to-day operations of the hybrid office environment, ensuring that it runs efficiently and that all members of the team have what they need to succeed- creating and implementing policies and procedures, developing strong relationships with employees, and planning for future organizational development.</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 <u>The Dignity Dozen</u>, 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"> <thead> <tr> <th>Candidate</th> <th>District</th> <th>Website</th> </tr> </thead> <tbody> <tr> <td><u>Damian Anketell</u></td> <td>Sen: 2nd Essex</td> <td><u>Anketell website</u></td> </tr> <tr> <td><u>Michelle Badger</u></td> <td>Rep: 1st Plymouth</td> <td><u>Badger website</u></td> </tr> <tr> <td><u>Sharon Cintolo</u></td> <td>Rep: 2nd Norfolk</td> <td><u>Cintolo Website</u></td> </tr> <tr> <td><u>Susanne H. Conley</u></td> <td>Rep: 2nd Barnstable</td> <td><u>www.CapeCodConley.com</u></td> </tr> <tr> <td><u>George Ferdinand</u></td> <td>Rep: 19th Middlesex</td> <td><u>Ferdinand Facebook</u></td> </tr> <tr> <td><u>Christopher Flanagan</u></td> <td>Rep: 1st Barnstable</td> <td><u>Flanagan Website</u></td> </tr> <tr> <td><u>Carmine Gentile</u></td> <td>Rep: 13th Middlesex</td> <td><u>Gentile Website</u></td> </tr> <tr> <td><u>Patricia Haddad</u></td> <td>Rep: 5th Bristol</td> <td></td> </tr> <tr> <td><u>Patricia Jehlen</u></td> <td>Sen: 2nd Middlesex</td> <td><u>Jehlen Website</u></td> </tr> <tr> <td><u>Eric Meschino</u></td> <td>Rep: 12th Plymouth</td> <td><u>Meschino Website</u></td> </tr> <tr> <td><u>Steven J. Ouellette</u></td> <td>Rep: 8th Bristol</td> <td><u>Ouellette Facebook</u></td> </tr> <tr> <td><u>Jerry Parisella</u></td> <td>Rep: 6th Essex</td> <td><u>Parisella Facebook</u></td> </tr> </tbody> </table> | Candidate | District | Website | <u>Damian Anketell</u> | Sen: 2 nd Essex | <u>Anketell website</u> | <u>Michelle Badger</u> | Rep: 1st Plymouth | <u>Badger website</u> | <u>Sharon Cintolo</u> | Rep: 2nd Norfolk | <u>Cintolo Website</u> | <u>Susanne H. Conley</u> | Rep: 2 nd Barnstable | <u>www.CapeCodConley.com</u> | <u>George Ferdinand</u> | Rep: 19 th Middlesex | <u>Ferdinand Facebook</u> | <u>Christopher Flanagan</u> | Rep: 1 st Barnstable | <u>Flanagan Website</u> | <u>Carmine Gentile</u> | Rep: 13 th Middlesex | <u>Gentile Website</u> | <u>Patricia Haddad</u> | Rep: 5 th Bristol | | <u>Patricia Jehlen</u> | Sen: 2 nd Middlesex | <u>Jehlen Website</u> | <u>Eric Meschino</u> | Rep: 12 th Plymouth | <u>Meschino Website</u> | <u>Steven J. Ouellette</u> | Rep: 8 th Bristol | <u>Ouellette Facebook</u> | <u>Jerry Parisella</u> | Rep: 6 th Essex | <u>Parisella Facebook</u> |
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| <p>Guide to news items in this week's <i>Dignity Digest</i></p> | <p>An Act to improve quality and oversight of long-term care (Chapter 197 of the Acts of 2024)</p> <p>Long-Term Care Public Policy</p> <p>Long-Term Care Out of Reach for 6.5 Million 'Near Dual' American Seniors (U. S. News, October 14, 2024)</p> <p>Kamala Harris's big policy proposal is care (The.Ink, October 10, 2024)</p> <p>A Home Care Benefit for Medicare (Brookings, September 10, 2024)</p> <p>The Affordability of Long-Term Care and Support Services: Findings from a KFF Survey (KFF, November 14, 2023)</p> <p>Nursing Homes</p> <p>Iowa leads 20 states in lawsuit against Biden nursing home staffing rule (The Hill, October 11, 2024)</p> <p>Behavioral Health</p> <p>New Grant Expands Outreach and Professional Training in Behavioral Health for Aging Network (Administration on Community Living's Office of Nutrition and Health Promotion Programs)</p> <p>Medicaid</p> <p>New Medicaid Administrative Claiming Resource for State Medicaid Programs (Administration of Community Living with support from the Centers for Medicare & Medicaid Services and the National Association of Medicaid Directors)</p> <p>From around the Country</p> <p>A Sharp Reminder From Wisconsin That All Politics Is Local (Newsweek, April 17, 2024)</p> <p>Public Sessions</p> <p>MassHealth, Friday, October 18, 2024, 9:00 a.m., <i>Assertive Community Treatment Services Remote public hearing</i></p> <p>Executive Office of Health and Human Services, Friday, October 18, 2024, 10:00 a.m., <i>Substance Use, Addiction Services Remote public hearing</i></p> <p>Executive Office of Health and Human Services, Friday, October 18, 2024, 10:00 a.m., <i>Adult Foster Care Public Hearing</i></p> <p>Division of Medical Assistance, Monday, October 21, 2024, 9:00 a.m., Durable Medical Equipment Services Public Hearing</p> <p>Executive Office of Health and Human Services, Monday, October 21, 2024, 10:30 a.m., Rates for Durable Medical Equipment, Oxygen and Respiratory Public Hearing</p> <p>Executive Office of Health and Human Services, Friday, November 1, 2024, 10:00 a.m., Standard Payments to Nursing Facilities, Public Hearing</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</p> <p><i>REV UP – Register! Educate! Vote! Use your Power!</i></p> <p>https://revupma.org/wp/</p> <p>Learn more about the issues, and how you can help advance the disability agenda at our 2024 Disability Voting Rights Week post.</p> <p>2024 Election Calendar</p> <p>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 |

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| <p>Webinars and Online Sessions</p> | <p>1. National Alzheimer’s and Dementia Resource Center (NADRC) Wednesday, October 16, 2024, 2:00 to 3:00 p.m. <u>Webinar on Selection, Implementation, and Evaluation of Dementia Programs for Delivery in Communities</u> Join the ACL-funded National Alzheimer’s and Dementia Resource Center (NADRC) for their upcoming webinar where presenters will discuss the process of choosing, implementing, and evaluating dementia programs. There are many programs designed to support people living with dementia and their caregivers in their communities. When deciding to offer a dementia program, organizations must first determine which program meets the needs of their community and clients. Organizations must then assess how they will implement and evaluate the chosen program. It is essential to pay careful attention to multiple factors, such as the cost, training and staffing requirements, method of program delivery, and evaluation options. Additionally, the presenters will review the updated NADRC resource <u>Grantee-Implemented Evidence-Based and Evidence-Informed Dementia Interventions</u> and highlight key aspects of the guide. Presenters:</p> <ul style="list-style-type: none"> • Ashlee Cordell, MGS, NADRC, RTI International • Sari B. Shuman, MPH, MSW, Co-Director, NADRC, RTI International <p>NADRC webinars are free of charge and open to the public, although pre-registration is required. The webinars are recorded and available for viewing on the <u>NADRC website</u>. Closed captioning is available during the webinar and will be included in the recording. If you have questions, please email <u>NADRC-Webinars@rti.org</u>. <u>Register for the webinar</u></p> <p>2. Administration on Community Living Thursday, October 17, 2024, 3:00 to 4:00 p.m. <u>Implementing the APS Rule: New webinar series and continuing TA and training</u> Join ACL for the first webinar in a new webinar series to assist with implementation of this rule. The “LIVE with ACL” technical assistance webinar series will address topics of interest based on feedback from APS state directors and other stakeholders. The first webinar in the series will explore effective planning strategies. This webinar will feature two planning worksheets to assist APS programs and delve into the importance of planning for implementation of the 2028 APS final rule now. Presenters:</p> <ul style="list-style-type: none"> • Erin Kee, Aging Program Specialist, Office of Elder Justice and Adult Protective Services • Michael Biscoff, Strategy/Strategic Planning Subject Matter Expert, APS TARC • Jennifer Kirchen, Senior Research Associate, APS TARC <p>As part of ACL’s stewardship of the APS rule in the coming year, we will be providing a robust set of training and technical assistance resources through webinars, tip sheets, FAQs, and other materials. ACL will be conducting APS final rule webinars and listening sessions every 2nd Thursday of each month from 3:00-4:00 p.m. ET. The first topics scheduled are:</p> <ul style="list-style-type: none"> • Planning for compliance <ul style="list-style-type: none"> ○ Webinar: October 17, 2024 |
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| | <ul style="list-style-type: none"> ○ Listening session: November 14, 2024 • Definitions <ul style="list-style-type: none"> ○ Webinar: December 12, 2024 ○ Listening session: January 9, 2025 <p>Additional planned topics include client consent, accepting reports, dual relationships, state plans, program performance reporting, and more. We will post updates to the schedule on the APS Final Rule page.</p> |
| <p>Previously posted webinars and online sessions</p> | <p>3. Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p> |
| <p>Long-Term Care Public Policy</p> | <p>4. U. S. News October 14, 2024 Long-Term Care Out of Reach for 6.5 Million 'Near Dual' American Seniors By Dennis Thompson Summary:</p> <ul style="list-style-type: none"> • The study highlights a significant issue facing many older Americans: the inability to afford long-term care. Specifically, "Near Dual" seniors, who are eligible for Medicare but not yet Medicaid, are particularly vulnerable. • These seniors often have significant health needs but are unable to meet the financial requirements to qualify for Medicaid, which covers long-term care. As a result, they face significant challenges in managing their care. • The study suggests that policy changes, such as expanding Medicare to cover long-term care or increasing Medicaid eligibility, are necessary to address this issue and ensure that older adults have access to the care they need. <p>5. The.Ink October 10, 2024 Kamala Harris's big policy proposal is care <i>With a transformative announcement on paying for long-term care for older Americans, Harris aims to make the care economy a reality.</i> Kamala Harris) laid out a proposal that could remake the way we look at aging — expanding Medicare to cover the cost of long-term care at home, and letting people Medicaid-related spend-down requirements that can force care recipients and their families into poverty. Almost one in five Americans over age 65 are unable to manage basic activities of daily life—bathing, dressing, eating, toileting—without assistance. Among those over age 85, the proportion is closer to half. Friends and family members can and do help out, but even so, about half of people reaching the age of 65-years of age will use paid long-term services and supports (LTSS) at some point. Most Americans do not have enough income or savings to cover these costs.</p> <p>6. Brookings September 10, 2024 A Home Care Benefit for Medicare By Sherry Glied, Richard G. Frank, Jonathan Gruber, Vani Agarwal, and Wendell Primus Almost one in five Americans over age 65 are unable to manage basic activities of daily life—bathing, dressing, eating, toileting—without assistance. Among those over age 85, the proportion is closer to half. Friends and family members can and do help out, but even so, about half of people reaching the age of 65-years of age will use paid long-term services</p> |

and supports (LTSS) at some point. Most Americans do not have enough income or savings to cover these costs. The private long-term care insurance industry has never worked well despite many creative efforts to fix it and to encourage enrollment. The Federal Medicare program provides limited home health care services that, in practice, means short-term care and, as such, does not offer long-term care for lasting functional impairments. That leaves Medicaid. Medicaid offers a critical long-term care safety net for people who get their healthcare primarily through Medicaid—but it isn't a good solution for most Medicare beneficiaries as it doesn't align with the system that manages their care and pays their providers. Moreover, eligibility for Medicaid is restricted to those with very low incomes and few assets, so few older adults qualify. It is well past time to add a universal home care program to Medicare itself.

Prior efforts to move in this direction have been stymied. Some proponents have called for a universal, open-ended benefit. Critics have argued that any universal home care benefit would be a budget buster. These tensions are ubiquitous in social program design. An additional tension in designing a program that serves people towards the end of their lives is that public funds should be focused on expanding access to necessary care rather than protecting the ability of people to leave large bequests to their children. Designing a fiscally responsible, universal benefit that does all that is a challenging task—but we believe it is not an impossible one. In this post, we describe some design options for a Medicare home care benefit that could be dialed up or down depending on the priority assigned to program generosity or fiscal feasibility.

Several features make designing a universal home care benefit challenging.

- The need for home care is based on measures of functioning, not lab tests. A program must have simple and reliable ways to measure who needs care and how much care they need.
- Most people report a [preference](#) for care in their own homes over that in nursing homes or other institutional settings. This is because, unlike medical care, which is often unpleasant and painful, home care typically provides support, comfort, and a degree of safety for beneficiaries. One consequence of these preferences is that a home care benefit would be susceptible to overspending. The program will need to have measures in place to avoid overuse.
- Income alone is a poor indicator of how much Medicare beneficiaries can afford to pay for home care. For example, beneficiaries who are renters may depend on their incomes to afford housing; other beneficiaries may have very large, non-liquid assets but limited incomes, leaving them ineligible for Medicaid programs while unable to pay for care. Program design will have to address the importance of assets in this population.
- Much LTSS is provided through informal care. Beneficiaries often prefer care provided by family members, but paying for informal care raises the potential for overspending, fraud, and exploitation of older adults.
- State Medicaid programs currently cover the cost of home care for 4.2 million people, according to KFF, though eligibility and costs vary considerably across the country. Medicaid would continue to provide home and community-based services for people who are not Medicare beneficiaries. Some of this spending could be redeployed by states to improve the quality of nursing home care and for home and community-

based services for people who are not eligible for Medicaid. The federal share of Medicaid savings could be used to defray the costs of a new Medicare home care program.

None of these challenges can be ignored—but none of them are damning either. As with any program, policymakers will need to make tradeoffs across these challenges to design a program that provides the maximum benefits consistent with their budget appetite. The good news is that the current landscape of home care financial protections is so limited that even a modest program that made conservative choices across these parameters, with costs we estimate at around \$40 billion annually, would make many people who currently lack services much better off. Turning the dials more generously would, of course, cost more—and it would extend more benefits to more frail and vulnerable Medicare beneficiaries. What might such a very-conservatively designed universal program look like? Eligibility for the program would be restricted to people who independent clinical reviewers determined were unable to perform two activities of daily living (e.g., bathing, toileting, or eating). That’s the standard that many State Medicaid programs already use, and it could be assessed annually during the initial implementation period to further develop and monitor the uniformity of functional assessments over time. Second, the program would include cost-sharing that varied according to people’s means. Medicare beneficiaries with high income and assets would receive modest assistance from the program to defray a portion of the costs of home care; those with fewer assets and less income would pay much less. Third, beneficiary contributions to the costs of their care would depend on both their current income and their accumulated assets, but through cost-sharing rather than a strict cutoff. For example, at the cost listed above, we could allow all qualifying Medicare beneficiaries to fully retain income up to 150% of the poverty line (\$22,600 in 2024) and assets up to \$30,000; beyond that limit, individuals would still qualify but would pay cost-sharing out of their resources to defray taxpayer costs. Fourth, only care provided by formal caregivers associated with home care agencies would be covered. Hours of support would be based on need, but provider agencies would be subject to a population-based hours of service budget. The combination of resource-based copayments with population-level budgeting will ensure that the costs of this program will not explode. Finally, Federal Medicaid savings from shifting home care benefits from Medicaid to Medicare would be used to defray the costs of the program. The program we’ve outlined tightly focuses benefits on the most vulnerable people who currently have little eligibility for care, and few means to pay for services. But many others could also benefit from a new home care program. People who have impaired functioning that does not meet the two activities of daily living standard may also need assistance. Lower cost-sharing for middle-class people would leave them more resources to make the most of their lives. The tradeoff is simple: at a higher cost to the federal budget, more people would get more protection. We can’t define where the lines should be drawn—that’s Congress’s job—but our analysis suggests that there are programmatically tractable, fiscally feasible ways to add a home care benefit to the Medicare program.

7. KFF

November 14, 2023

[The Affordability of Long-Term Care and Support Services: Findings from a KFF Survey](#)

By Liz Hamel and Alex Montero

Millions of older adults in the U.S., as well as some younger people with disabilities, require assistance with activities of daily living that may be provided in residential facilities like nursing homes or assisted living facilities, or in their homes or other settings by paid or unpaid caregivers. It is estimated that 5.8 million people used paid long-term services and supports (LTSS) in 2020, while another 1.9 million used LTSS in institutional settings, according to CBO estimates¹. Despite the prevalence of the need for such services as people age, a KFF survey, conducted in 2022 as part of a broader reporting project by KFF Health News and The New York Times, finds that most adults do not feel prepared to handle the costs of such care, and most older adults have not taken financial or practical steps to plan for care needs that might arise in the future.² For more about LTSS financing, policy, and the populations who use these services, see KFF's reports on [Long-Term Services and Supports \(LTSS\)](#) and [Medicaid's role in financing these services](#).

Key Findings

- Fewer than half of adults say they have had a serious conversation with a loved one about who will take care of them if they need help with daily activities in the future (43%) or how the cost of such care would be paid for (39%). Four in ten adults (43%) say they are not confident that they will have the financial resources to pay for the care they might need as they age.
- Among those ages 50-64, many of whom are on the cusp of retirement, just under three in ten (28%) say they have set aside money that could be used to pay for future living assistance expenses. This share is higher among adults ages 65 and older (48%), but still half of adults in this age group say they have not put any money aside for this purpose.
- The overwhelming majority of adults say that it would be impossible or very difficult to pay the estimated \$100,000 needed for one year at a nursing home (90%) or the estimated \$60,000 for one year of assistance from a paid nurse or aide (83%).
- There is also a fair amount of confusion about how long-term care is financed in the United States. Although Medicaid is the main source of coverage for these services and Medicare coverage of them is limited, 23% of adults – rising to 45% of those ages 65 and older – assume that Medicare would pay the bill for their own or a loved one's time in a nursing home if they had a long-term illness or disability. Four in ten adults overall incorrectly believe that Medicare (rather than Medicaid) is the primary source of insurance coverage for low-income people who need nursing care or home care over a long period of time.
- Many find that long-term care and support services are difficult to find and afford. Among those who say they or a loved one has resided in a nursing home or other long-term care facility in the past two years, about six in ten (62%) say it was difficult to find a facility to meet their needs and a similar share say it was difficult to afford the cost of the facility. About half say the same about finding and affording support from paid nurses or aides.
- Although most people who say they or a loved one have used long-term care or support services report being at least somewhat satisfied with

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| | <p>the quality of care received, the share reporting dissatisfaction with the quality of residential care is notably higher among those with lower household incomes (42% of those with incomes less than \$40,000 vs. 28% of those with higher incomes).</p> <ul style="list-style-type: none"> • Providing or paying for long-term care and support services can also lead to financial consequences for families. For example, among those who contributed financially to their own or another’s long-term care or acted as a caregiver for a loved one, 56% say they cut back on spending on food, clothing or other basic household items as a result (rising to 67% among those in lower-income households) and one-third (rising to 49% of those with lower incomes) say they had trouble paying rent or other utilities. |
| <p>Nursing Homes</p> | <p>8. The Hill October 11, 2024 <u>Iowa leads 20 states in lawsuit against Biden nursing home staffing rule</u> By Nathaniel Weixel Summary: States Sue Biden Admin Over Nursing Home Staffing Mandate A coalition of 20 states is suing the Biden administration over a new policy that mandates minimum staffing levels in nursing homes. The states argue that this policy will lead to mass closures of nursing homes across the country. The lawsuit, filed in Iowa, claims that the policy is unfeasible due to a nationwide staffing shortage and that it will exceed the authority of the Centers for Medicare and Medicaid Services. The policy requires nursing homes to have a registered nurse on staff 24/7 and provide a certain amount of nursing care per resident per day. While the administration argues that this will improve care quality, the states contend that it will impose undue financial burdens on nursing homes. The requirements of the rule will be introduced in phases, with longer time frames for rural communities. Limited, temporary exemptions will be available for both the 24/7 registered nurse requirement and the underlying staffing standards for nursing homes in workforce shortage areas that demonstrate a good faith effort to hire. Nonrural facilities must meet the requirements by May 2027, and rural facilities have five years, until May 2029. The lawsuit is one of several legal challenges to the policy.</p> |
| <p>Behavioral Health</p> | <p>9. Administration on Community Living’s Office of Nutrition and Health Promotion Programs <u>New Grant Expands Outreach and Professional Training in Behavioral Health for Aging Network</u> ACL’s Office of Nutrition and Health Promotion Programs is pleased to award the 2024 Expanding Outreach and Professional Training to Engage Older Adults With Behavioral Health Conditions in Evidence-Based Health Promotion Programs funding opportunity to the Lake Erie College of Osteopathic Medicine. The total award is \$3.2 million for a three-year project period (September 2024-August 2027). The training, resources, and technical assistance provided through this grant will help the ACL aging and disability network to develop new, practical skills to support older adults with behavioral health conditions and improve coordination among local aging and behavioral health service providers. For questions about this grant, contact <u>Chelsea.Gilchrist@acl.hhs.gov</u>. To</p> |

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| | <p>learn more about ACL’s chronic disease grant program, visit ACL’s Chronic Disease Self-Management Education Programs webpage.</p> |
| <p>Medicaid</p> | <p>10. Administration of Community Living with support from the Centers for Medicare & Medicaid Services and the National Association of Medicaid Directors New Medicaid Administrative Claiming Resource for State Medicaid Programs September 23, 2024 ACL, with support from the Centers for Medicare & Medicaid Services and the National Association of Medicaid Directors, developed a resource for state Medicaid programs detailing the benefits of leveraging Medicaid administrative claiming for No Wrong Door (NWD) System functions. The two-page resource details how state and community-based partners can obtain federal reimbursement for activities performed in support of Medicaid, such as application assistance, outreach, program planning, etc. Various organizations can benefit from this type of federal reimbursement, including area agencies on aging, aging and disability resource centers, developmental disabilities resource centers, centers for independent living, brain injury organizations, and others. Older adults, people with disabilities, and caregivers face barriers and challenges when accessing long-term services and supports. Duplicative processes often lead to barriers to accessing community supports, and people may enter nursing facilities prematurely or lack coordinated care. State NWD Systems address these access inefficiencies through a coordinated network of key partners and stakeholders, making it easier for people to learn about their options through established access points and person-centered approaches. Medicaid administrative claiming is one way to sustain states’ efforts to enhance their NWD Systems. This resource provides action steps for how to strengthen partnerships between the state Medicaid agency and other partners to enhance NWD infrastructure and increase opportunities for sustainability. Contact the NWD technical assistance team with questions at nowrongdoor@acl.hhs.gov.</p> |
| <p>From around the Country</p> | <p>11. Newsweek April 17, 2024 A Sharp Reminder From Wisconsin That All Politics Is Local By George Goehl [Wisconsin] has been hammered by a rash of nursing home closures across the state. Since 2020, at least 23 nursing homes in Wisconsin have been shuttered, many in rural communities. Dozens more were closed in the preceding four years. In at least three counties . . . , conservative members of County Boards who led the charge or supported selling their county-owned nursing homes to private companies were caught off guard, given the boot by voters and replaced by candidates who opposed the privatization of these facilities. Unlike nursing homes that make headlines for poor care, these are beloved and longstanding county-owned institutions, often receiving five-star ratings. . . . Nancy Eggleston, supported keeping the facility publicly owned. "County entities are accountable to the public," Eggleston said to the Stevens-Point Journal. "I would oppose the center's sale. Private companies put profit motives first, which can result in low pay, low morale, and more staff turnover leading to lower quality care." Eggleston won handily, 59 percent—</p> |

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| | <p>40 percent. Haga was one of five proponents of selling the nursing home who lost their reelection bids. . .</p> <p>There was plenty of evidence of where Lincoln County voters stood on the issue. The Foto-News and the Tomahawk Leader, two local papers, posted a survey asking residents to weigh in on the issue. The central question was "Would you support a property tax increase for five or more years to keep Pinecrest county owned?" A whopping 85 percent of respondents said "yes." This, in a county that voted 63 percent Republican in the last week's election.</p> |
| <p>Public Sessions</p> | <p>12. MassHealth Friday, October 18, 2024, 9:00 a.m. <i>Assertive Community Treatment Services</i> <i>Remote public hearing</i> on a new regulation for the Program of. The proposed regulations describe the program as a "comprehensive service model for adult members with serious mental illness who may benefit from intensive coordinated services and have not responded well to program or office-based interventions." The regulations would create a new MassHealth provider type; define MassHealth's fee-for-service program; and establish payable services including treatment planning, vocational services, housing supports, pharmacotherapy and crisis intervention referrals. Written testimony will be accepted through 5 p.m. More Info and Access</p> <p>13. Executive Office of Health and Human Services Friday, October 18, 2024, 10:00 a.m. <i>Substance Use, Addiction Services</i> <i>Remote public hearing</i> on adjusting rates for "substance-related and addictive disorders programs," which are paid by the Department of Public Health and MassHealth. The services are provided in a "24-hour residential setting for individuals with a moderate-to-severe substance use and mental health disorder," according to the hearing notice. The increased rates are expected to cost the state more than \$9.5 million in fiscal 2025. Written testimony will be accepted through 5 p.m. More Info and Access</p> <p>14. Executive Office of Health and Human Services Friday, October 18, 2024, 10:00 a.m. <i>Adult Foster Care</i> <i>Public Hearing</i> Executive Office of Health and Human Services holds a remote public hearing for an emergency amendment for certain adult foster care services. Officials want to increase the existing per diem rate by almost 15 percent, from \$43.53 to \$50. "This rate increase is proposed to enhance access to group adult foster care (GAFC) services, and in response to provider feedback and fiscal health of the provider network based on the profitability analysis of the reported FY 2022 cost data," the hearing notice says. The proposed change would cost Massachusetts \$8.4 million annually. Written testimony will be accepted through 5 p.m. More Info and Access</p> <p>15. Division of Medical Assistance Monday, October 21, 2024, 9:00 a.m. Durable Medical Equipment Services <i>Public Hearing</i></p> <p>16. Executive Office of Health and Human Services</p> |

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| | <p>Monday, October 21, 2024, 10:30 a.m. Rates for Durable Medical Equipment, Oxygen and Respiratory Public Hearing</p> <p>17. Executive Office of Health and Human Services Friday, November 1, 2024, 10:00 a.m. Standard Payments to Nursing Facilities Public Hearing</p> <p>The proposed amendments to 101 CMR 206.00 implement Fiscal Year 2025 (FY25) budget requirements. The following adjustments are being made to the rates, consistent with the FY25 budget:</p> <ol style="list-style-type: none"> 1) applying an updated cost adjustment factor of 23.50% to 2019 nursing and operating costs and of 8.02% to 2019 capital payments; 2) increasing the maximum increase cap on capital payment rates from 30% to 50% of the capital payment rates in effect on September 30, 2021; and <p>amending certain aspects of existing rate adjustments, add-ons, including but not limited to removing the description of the COVID-19 Testing Supplemental Payment program that has ended;</p> <ol style="list-style-type: none"> 3) establishing a new Add-on for Dialysis Services Provided at an Affiliated Inpatient Chronic Disease and Rehabilitation Hospital to allow nursing facilities to receive payment when members receive dialysis services at an affiliated inpatient chronic disease and rehabilitation hospital; and 4) establishing a Supplemental Payment for Qualified Nursing Facilities Located Near North Adams to allocate supplemental payments to facilities located within 17 miles of 71 Hospital Avenue in North Adams, MA in proportion to qualified facilities' Massachusetts Medicaid days. <p>The regulation will go into effect as an emergency on October 1, 2024. The annual fiscal impact of these amendments for the MassHealth Nursing Facility program is estimated to be \$43,000,000.</p> <p>18.</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> |

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| | https://dignityalliancema.org/donate/ Thank you for your consideration! | |
| Dignity Alliance Massachusetts Legislative Endorsements | 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 Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmooore8473@charter.net . | |
| Websites | National Domestic Workers Alliance https://www.domesticworkers.org/ The National Domestic Workers Alliance (NDWA) works to win respect, recognition, and labor rights and protections for the nearly 2.5 million nannies, housecleaners, and homecare workers who do the essential work of caring. | |
| Blogs | | |
| Podcasts | | |
| 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 September 27, 2024: 710 people enrolled, most in nursing facilities 173 people transitioned out of nursing facilities 10 people through the cycle since 2023, off the program, living independently in the community. 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 | |
| Determination of Need (Pending proposals) | Massachusetts Department of Public Health Lasell Village, Inc. – Conservation Long Term Care Project | |

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| | <p>Lasell House is a thirty-eight (38) bed Medicare certified skilled nursing facility, located in Newton.</p> <p>This project is a phased renovation of the third floor Skilled Nursing Facility Lasell House. The facility has twenty-five (25) total bedrooms accommodating up to thirty-eight (38) residents. At present, all twenty-five (25) bedrooms have a toilet and sink with only one of the twenty-five (25) bedrooms having its own shower (the Special Care Isolation Bedroom). The other patients are currently transported to the Tub/Shower Room resulting in patients having to wait to receive a shower when the room is not occupied.</p> <p>Upon completion of the phased renovation, the facility will provide skilled nursing care in seventeen (17) Private Bedrooms and three (3) Semi-Private Bedrooms. The Semi-Private Bedrooms will be able to accommodate two residents or allow for a couple to remain together as they age through the Continuum of Care. The twenty (20) total bedrooms accommodate twenty-three (23) licensed beds with each bedroom having a full bathroom including toilet, sink, and shower. A select number of rooms will also be outfitted with additional structural blocking within the ceilings to accommodate Hoyer lifts in the future if they are needed. The tub room will be relocated to the lower level within the same building and located directly off the elevator. Service spaces will include a nursing station and two charting stations, a rehabilitation gym, dining space with nourishment kitchen, clean linen, clean utility room, medication room, oxygen storage, general storage, and public bathrooms. A new Linen Chute will be integrated into the building from the third floor emptying into a new Soiled Linen Room located in the lower level. The chute will alleviate the need for soiled linen closets to be located on the unit and will assist with infection prevention.</p> <p>The feel of the existing facility is reminiscent of a hospital setting as was typical of most skilled nursing facilities when Lasell House was constructed. One of the goals of this renovation, and one that is tied to Lasell's overall desire to improve the culture is to create a more homelike and welcoming feel within the facility. To achieve this goal, the new design does not include a central nurse's station and instead locates nurses and charting stations directly off the corridors so that they are easily accessible and able to monitor patients without being in the main circulation space. While finished materials still need to be durable and meet the fire rated standards for a skilled nursing facility, the design team will choose warm and inviting materials that would feel more like a home setting. Patient bedrooms will have new beds, bedside cabinets, bureaus, chairs, and window treatments as part of the renovation. Common areas will have new furniture, tables, and other accessories.</p> <p>Regarding building systems, the existing main mechanical, electrical, and plumbing infrastructure will remain, and the new design will connect to these existing systems. Improvements for patient comfort will be made by providing each bedroom with its own thermostat to independently control heating and cooling as currently two bedrooms share a single thermostat control.</p> <p>Additionally, the existing windows on the third floor will be replaced with new high-performing energy efficient windows. The roof on the building will be replaced as it is past its useful life.</p> <p>The Maximum Capital Expenditure (MCE) for the project is \$6,703,239.35.</p> <p>Application Documents</p> |
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| | <ul style="list-style-type: none"> • Application (PDF) (DOCX) • Capital Costs (XLSX) • Affiliated Parties (PDF) (DOCX) • Change in Service (PDF) (DOCX) • CPA Report (PDF) (DOCX) • Attachments (PDF) (DOCX) |
| Nursing Home Closures (pending) | <p>Massachusetts Department of Public Health <i>Highview of Northampton</i> Closure date: February 6, 2025 Public hearing date: Pending Notice of Intent to Close (PDF) (DOCX) Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website.</p> |
| Nursing Home Closures | <p>Massachusetts Department of Public Health <i>Marion Manor, South Boston</i> Closure date: September 11, 2024 <i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024 <i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024 <i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024 <i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024 <i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023 <i>Willimansett East, Chicopee</i> Closure date: June 6, 2023 <i>Willimansett West, Chicopee</i> Closure date: June 6, 2023 <i>Chapin Center Springfield</i> Closure date: June 6, 2023 <i>Governors Center, Westfield</i> Closure date: June 6, 2023 <i>Emerson Rehabilitation and Transitional Care Unit</i> Closure date: May 17, 2023 <i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure date: February 10, 2022 <i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022 <i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021 <i>Wingate at Chestnut Hill, Newton, MA</i> Closure date: October 1, 2021 <i>Halcyon House, Methuen</i> Closure date: July 16, 2021 <i>Agawam HealthCare, Agawam</i> Closure date: July 27, 2021 <i>Wareham HealthCare, Wareham</i></p> |

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| | <p>Closure date: July 28, 2021 <i>Town & Country Health Care Center, Lowell</i> Closure date: July 31, 2021</p> |
| Nursing homes with admission freezes | <p>Massachusetts Department of Public Health Highview of Northampton</p> |
| Massachusetts Department of Public Health Determination of Need Projects | <p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care</i> 2023 Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022 Ascentria Care Alliance – Laurel Ridge Ascentria Care Alliance – Lutheran Housing Ascentria Care Alliance – Quaboag Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation Next Step Healthcare LLC-Conservation Long Term Care Project Royal Falmouth – Conservation Long Term Care Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020 Advocate Healthcare of East Boston, LLC. Belmont Manor Nursing Home, Inc.</p> |
| List of Special Focus Facilities | <p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated April 24, 2024 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally 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</p> |

either graduates from the program or is terminated from Medicare and/or Medicaid.

This is important information for consumers – particularly as they consider a nursing home.

What can advocates do with this information?

- Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.
- Post the list on your program’s/organization’s website (along with the explanation noted above).
- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://somersestridgerehab.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare
<https://www.nextstephpc.com/southdennis>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225320>

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

- The Oxford Rehabilitation & Health Care Center, Haverhill
<https://theoxfordrehabhealth.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225218>
- Worcester Rehabilitation and Health Care Center, Worcester
<https://worcesterrehabcare.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225199>

Massachusetts facilities that are candidates for listing (months on list)

- AdviniaCare Newburyport (3)
<https://www.adviniacare.com/adviniacare-country-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225332>

| | |
|-----------------------------|--|
| | <ul style="list-style-type: none"> • Charwell House Health and Rehabilitation, Norwood (27) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Fall River Healthcare (9) https://www.nextstephc.com/fallriver Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225723/ • Glen Ridge Nursing Care Center, Medford (13) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • Mill Town Health and Rehabilitation, Amesbury (26) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Parkway Health and Rehabilitation Center, West Roxbury (7) https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225497 • Pioneer Valley Health & Rehabilitation Center, South Hadley (24) https://pioneervalleyhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 • Plymouth Harborside Healthcare (4) https://www.nextstephc.com/plymouth Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225284/ • Plymouth Rehabilitation and Health Care Center (22) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Royal Norwell Nursing & Rehabilitation Center (4) https://norwell.royalhealthgroup.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225482/ <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 |
| <i>Nursing Home Inspect</i> | ProPublica Nursing Home Inspect Data updated April 24, 2024 |

| | <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 |
|------------------------------------|--|----------------|-----------------------|--------------|---------------------|---|-----|-----|-----------------------|---|-----|----|-----------------------|---|-------|-------|-----------------------|---|-------|-----|-----------------------|---|-----|-----|-----------------------|---|-----|-----|-----------------------|---|----|----|-----------------------|---|---|---|-----------------------|---|----|----|-----------------------|---|---|---|-----------------------|---|---|---|-----------------------|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nursing Home Compare | <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</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-------|--------------------|-------------------------------|--|-----------------|-----------|--|-------------------|--------------|--|----------------|----------------|--|---|--------------------------------|--|-----------------------------------|------------|--|-------------|---------------|--|--------------|------------------|--|----------------|------------|-------|---------|--------------|--|------------------|----------------|--|----------------|----------------------------|--|--------------------|----------------|--|----------------------|-----|--|
| DignityMA Call Action | <ul style="list-style-type: none"> The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. Support relevant bills in Washington – Federal Legislative Endorsements. Join our Work Groups. Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Access to Dignity Alliance social media | <p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p> | <table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Farrow</td> <td>lfarrow@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> <tr> <td>Legal Issues</td> <td>Stephen Schwartz</td> <td>sschwartz@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td>baskinfrank19@gmail.com cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table> | Workgroup | Workgroup lead | Email | General Membership | Bill Henning Paul Lanzikos | bhenning@bostoncil.org paul.lanzikos@gmail.com | Assisted Living | John Ford | jford@njc-ma.org | Behavioral Health | Frank Baskin | baskinfrank19@gmail.com | Communications | Lachlan Farrow | lfarrow@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 | Legal Issues | Stephen Schwartz | sschwartz@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 |
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| | Legislative | Richard Moore | rmoore8743@charter.net | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Legal Issues | Stephen Schwartz | sschwartz@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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bringing People Home: Implementing the Marsters class action settlement | <p>Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REV UP Massachusetts | <p>REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote.</p> <p>Website: https://revupma.org/wp/</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | To join REV UP Massachusetts – go to the SIGN UP page . |
| <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 • 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> | |