



# The Dignity Digest

Issue # 209

October 29, 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](mailto:info@DignityAllianceMA.org).

## Spotlight

### [For the behemoth UnitedHealth, a new threat to Medicare profits](#)

#### Stat News

October 25, 2024

By Tara Bannow and Casey Ross

For the nation’s largest health insurer, the evidence of abuse was stunning and unmistakable: UnitedHealth Group reaped billions from the federal Medicare program by diagnosing patients with serious chronic illnesses, and then delivering no follow-up care. The [findings in the federal report reveal](#) that UnitedHealth repeatedly sent clinicians into patients’ homes and pored over their medical charts to add diagnoses for illnesses such as vascular disease, heart failure, and diabetes. The purpose was to collect more cash in Medicare Advantage — not to improve their health. The result? \$3.7 billion in dubious payments last year alone.

The revelations contradict a core claim of UnitedHealth’s public messaging about its principal Medicare business strategy — that it’s focused on identifying conditions early and keeping patients healthy — and could usher in further investigations and new restrictions that clamp down on its primary ways of making money.

“It just highlights the sad reality that these home visits that [insurers] love to claim are about providing care are really profit-generating tools; they’re not care,” said Richard Gilfillan, a former deputy administrator at the Centers for Medicare and Medicaid Services.

The findings add to two years of reporting by STAT that uncovered how UnitedHealth squeezes profits from the Medicare Advantage program, employing tactics that range from [pressing its physicians to diagnose patients with more diseases](#) to using [artificial intelligence to deny needed care](#). The company leverages its unique position as both the nation’s largest private health insurer and its largest physician enterprise, allowing it to stand on both sides of countless health care transactions and dominate huge swaths of the market. The Justice Department is [investigating](#) whether that dynamic breeds anticompetitive harm.

“Some insurers, especially United, are using these extra payments and the profits from them to get into other parts of the health care system by buying physician practices, which moves their risk scores even higher,” said Lawrence Casalino, an emeritus professor in the department of population health sciences at Weill Cornell Medicine.

Other insurers also use home visits and chart reviews to boost their revenue. But the report zeroed in on UnitedHealth’s disproportionate impact in collecting excessive and unwarranted payments from Medicare. It says UnitedHealth “stood out from its peers” in the industry for its use of in-home health risk assessments and chart reviews that added questionable diagnoses to patients’ records.

The company received about two-thirds of the questionable risk-adjustment payments Medicare made based on diagnoses reported only on those home visits and chart documentation reviews. Yet, in 2022, the report noted, UnitedHealth covered only about 28 percent of Medicare Advantage enrollees.

“United is really in a league of its own in health risk assessments,” said Richard Kronick, a professor in the University of California San Diego’s School of Public Health. “Of the large Medicare Advantage insurers, there is no other insurer that is getting as much from health risk assessments as United, and I think the OIG report is consistent with that.”

The report, together with STAT’s reporting, undercuts more than a decade of UnitedHealth’s marketing — and lobbying in Washington — that Medicare Advantage is a way to deliver stepped-up preventive care to keep older patients healthier. The agency that compiled the report — the Office of the Inspector General for the Department of Health and Human Services — said it is now looking deeper into electronic medical records to examine the evidence used to justify diagnoses, and determine whether patients received follow-up treatment from any provider. In a statement, UnitedHealth said its in-home visits are conducted by “highly trained and board-certified advanced practice clinicians” and provide comprehensive assessments of patients’ health and physical environments. The company said that “the vast majority” of in-home visits don’t lead to extra risk adjustment payments, and that 75% of its seniors visit a doctor within 90 days of an in-home assessment.

“A misleading, narrow and incomplete view of risk adjustment data is being used to draw inaccurate conclusions about the value of in-home care for America’s most vulnerable seniors in Medicare Advantage,” UnitedHealth said.

UnitedHealth reported \$22 billion in profit in 2023, and is the nation’s fourth largest company by revenue. It covers [about 9.5 million Medicare Advantage members](#), roughly 30% of all enrollees.

The report by the HHS inspector general is just the latest in a [series of audits and investigations](#) produced by that office and other federal agencies that have highlighted the excesses of Medicare Advantage, and the industry of consultants and companies that have formed around it to help insurers maximize their profits, even if their business and clinical practices harm patients.

Last week, a Senate report showed how the three biggest Medicare Advantage insurers increasingly refused to pay for rehabilitative care for seniors, after adopting technologies like AI to help with their coverage decisions. The report cited [STAT's series](#) last year that investigated the use of algorithms and artificial intelligence within Medicare Advantage plans. The series focused on how UnitedHealth and its subsidiary NaviHealth used unregulated algorithms to predict when someone could be cut off from rehab care.

Other insurers also relied on home visits and chart reviews to boost their Medicare Advantage revenue, according to Thursday's report. Humana collected \$1.7 billion in dubious payments in 2023, the inspector general found. Cigna and SCAN Health Plans collected \$237 million and \$128 million, respectively.

To be sure, the report identifies a total of \$7.5 billion in questionable payments to insurers, which is a small share of the \$455 billion in total federal payments that went to Medicare Advantage plans last year.

The health risk assessments highlighted in the OIG report are one component of Medicare's annual wellness visit, which is designed to allow doctors to take inventory of their patients' overall health, but which Medicare Advantage plans have turned into an opportunity to collect more diagnoses. [STAT recently uncovered](#) the myriad ways UnitedHealth pressures doctors at one practice to perform annual wellness visits for Medicare Advantage patients: using bonuses, peer pressure, and guilt.

CMS has, at times, fought back. This year, it promised to step up audits of insurers' risk adjustment payments as well as delays and denials of care that allow UnitedHealth and other insurers to further stretch their profits. The agency has also removed some of the diagnosis codes that resulted in excess payments, including a code for vascular disease.

Kronick said he thinks the changes CMS is rolling out will put a sizable dent in the inappropriate payments for diagnosis codes, especially for vascular disease, but also for major depression and diabetes with complications.

However, the agency rejected the inspector general's recommendations to impose additional restrictions on insurers' use of diagnoses reported in home health visits and chart reviews to collect risk adjustment payments. It also declined to take additional steps to validate those diagnoses. CMS officials noted that the inspector general's report did not dig deep enough in

	<p>medical records to determine whether they contained additional support for diagnoses reported through chart reviews and in-home assessments.</p> <p>Officials within the inspector general’s office said they intend to continue with their audits to examine those questions, pointing out that the evidence surfaced to date concerns the potential misuse of billions of taxpayer’s dollars.</p> <p>“We find the patterns we saw across the whole program to be concerning enough that we think the policy change is warranted. CMS didn’t see it the same way at this point in time,” said Erin Bliss, assistant inspector general for evaluations for the OIG.</p> <p>“We’ll continue to follow up and push for this recommendation, and hope they follow up in the future.”</p>
<p><b>Quotes</b></p>	<p><i>“Open Caption Tuesdays and Masked Mornings exemplify our commitment to community care and help ensure patrons continue to have choices in how they experience film at Amherst Cinema.”</i></p> <p><a href="#"><u>Amherst Cinema to screen films with subtitles for ‘Open Caption Tuesdays’</u></a> (*MassLive.com, October 24, 2024)</p> <p><i>“[American families] are essentially ‘sandwiched’ between the needs of two generations, often facing significant financial, emotional and time constraints. They may provide financial support, help with daily tasks, offer emotional support, and coordinate medical care for both their children and their aging parents. But they often experience stress, burnout, financial strain, and difficulty balancing their own needs with the needs of their loved ones.”</i></p> <p>Dr. Alison Galvani, professor of epidemiology at the School of Public Health, <a href="#"><u>Yale experts weigh in on Harris’ Medicare expansion plan</u></a>, Yale News, October 28, 2024</p>
<p><b>Book reading</b></p>	<p><b><i>American Eldercide: How It Happened, How to Prevent It</i></b></p> <p>by Margaret Morganroth Gullette</p> <p><i>A book reading and discussion</i></p> <p>Wednesday, October 30, 2024, 11:00 a.m. to 12:00 p.m.</p> <p>Register: <a href="https://tinyurl.com/American-Eldercide"><u>https://tinyurl.com/American-Eldercide</u></a></p> <p><i>A Pulitzer Prize-nominated book just published documenting the devastating impact of the Covid-19 pandemic on older Americans especially those in nursing homes.</i></p>

Margaret Morganroth Gullette is a Scholar-in-Residence with the Women's Studies Research Center at Brandeis University. She is a recipient of the MLA Prize for Independent Scholars and the APA's Florence L. Denmark Award for Contributions to Women and Aging. American Eldercide has been nominated for a Pulitzer Prize. Margaret is a member of Dignity Alliance Massachusetts' Coordinating Committee.

American Eldercide is a bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.

Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up.

Until now. In American Eldercide, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.

Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our own panic about aging and a social bias in favor of youth-based decisions about lifesaving care. The compassion this country failed to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone.

American Eldercide can be ordered at <https://tinyurl.com/UCPress-Eldercide> with a 30% promotional discount using promo code UCPNEW.

**Opportunity for Public Comment**

**Office of Attorney General Andrea Campbell**  
[Attorney General's Office Seeks Community Feedback To Inform Drafting Of Assisted Living Residences Regulations](#)  
**To submit comments:**  
[https://massgov.formstack.com/forms/community\\_feedback\\_on\\_a\\_go\\_assisted\\_living\\_residences](https://massgov.formstack.com/forms/community_feedback_on_a_go_assisted_living_residences)  
 The Massachusetts Attorney General's Office (AGO) is seeking public feedback to inform drafting consumer protection regulations for assisted living residences in Massachusetts. Members of the public can provide comments to the AGO through an online form, available [here](#).  
 Through regulation, the AGO seeks to protect residents of assisted living residences from unfair and deceptive acts and practices, including misrepresentation of available services, improper fees, and unlawful evictions. The aging population served by these facilities would benefit

greatly from stronger consumer protections in all of these areas, and owners and operators will benefit from greater specificity regarding their legal obligations. At this time, Massachusetts does not have consumer protection regulations specific to assisted living residences.

"We know the best way to serve our constituents is by listening to them," said **Attorney General Andrea Joy Campbell**. "Every resident of an assisted living facility has the right to live in a safe and habitable environment, free from abuse, neglect, and exploitation. Our older adults deserve to age safely with dignity and respect, which is why creating consumer protection regulations for assisted living facilities is so important and responsive to their advocacy."

Assisted living residences are designed for older adults who can live independently in a home-like environment, but may need help with daily activities like housekeeping, bathing, or medication assistance.

According to the Executive Office of Elder Affairs, more than 17,000 people currently live in these residences in Massachusetts and have various options available to them. It is critical that consumers know what to expect when choosing an assisted living residence as their home.

[Chapter 93A](#), the consumer protection statute, authorizes the Attorney General to promulgate regulations to protect consumers. These regulations can require that facilities make certain disclosures about their contractual terms, and they also can declare certain acts and practices to be unlawful.

Those who wish to provide feedback on the creation of regulations can do so through an online form, which can be found [here](#).

The AGO will use this feedback to inform draft regulations and will then proceed to promulgate regulations, a process which will include the publication of proposed regulations, a public hearing, and opportunities for the public to comment on the proposed regulations.

This project is being handled by Director Mary Freeley and Deputy Director Valerie Frias of the AGO's [Elder Justice Unit](#). AG Campbell created the Unit in August 2023 to protect and promote the safety and well-being of elders through enforcement actions, legislative advocacy, and community engagement and education.

**Statements of Support:**

**Acting Secretary Robin Lipson, Executive Office of Elder**

**Affairs:** "We thank Attorney General Andrea Joy Campbell and her team for their dedication to protecting residents in assisted living. The demographics of these residents continues to evolve – they are now older, with more complex needs, and it is essential that we ensure these individuals are informed and protected as they navigate their living options. Elder Affairs looks forward to working with the Attorney General's Office as the team explores ways to address assisted living residence consumer issues."

**Former Senator Richard Moore, Co-Founder of Dignity Alliance and Member of the Leadership Council of the National Consumer Voice for Quality Long-Term Care:**

"Protecting older adults in assisted living facilities from financial, or other forms of abuse, is an important goal for Dignity Alliance. Attorney General Campbell deserves high praise for taking action to expand consumer protections to this vulnerable population. And since October is designated as "Residents' Rights Month," it's a great time to launch the development of this vital effort."

	<p><b>John Ford, Northeast Justice Center and Dignity Alliance:</b> “The Attorney General’s concern for the residents of more than 250 Assisted Living Residences in Massachusetts echoes the concerns of many residents, their loved ones and their advocates. Their advocates in particular know the value and scope of the protections afforded by regulations issued pursuant to the Consumer Protection Act (chapter 93A), which give weight and specificity as to what would be an unfair act or practice. We applaud the Attorney General’s commitment to the growing numbers of consumers who will be protected by the regulations.”</p> <p><b>Kathleen Lynch Moncata and Liane Zeitz, Mass. Chapter of the National Academy of Elder Law Attorneys:</b> “Massachusetts has a long history of pioneering consumer protections for vulnerable populations such as nursing home residents and tenants and we welcome comparable protections for consumers of assisted living residences (ALRs). ALR residents currently have little legal recourse when they do not receive the quality of care they’ve contracted for or when their rights are violated. We support Attorney General Campbell’s efforts to provide increased protections for this vulnerable population.”</p> <p><b>To submit comments:</b>  <a href="https://massgov.formstack.com/forms/community_feedback_on_a_go_assisted_living_residences">https://massgov.formstack.com/forms/community_feedback_on_a_go_assisted_living_residences</a></p>																																							
<p><b>DignityMA Asks the Candidates</b></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 <a href="#">The Dignity Dozen</a>, twelve questions regarding key issues and proposals. Questionnaires have been distributed to all <b>candidates who have competitive general election contests</b>. 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 5<sup>th</sup>.</i></p> <p><b>Responses received</b> (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><a href="#">Damian Anketell</a></td> <td>Sen: 2<sup>nd</sup> Essex</td> <td><a href="#">Anketell website</a></td> </tr> <tr> <td><a href="#">Michelle Badger</a></td> <td>Rep: 1st Plymouth</td> <td><a href="#">Badger website</a></td> </tr> <tr> <td><a href="#">Sharon Cintolo</a></td> <td>Rep: 2nd Norfolk</td> <td><a href="#">Cintolo Website</a></td> </tr> <tr> <td><a href="#">Susanne H. Conley</a></td> <td>Rep: 2<sup>nd</sup> Barnstable</td> <td><a href="http://www.CapeCodConley.com">www.CapeCodConley.com</a></td> </tr> <tr> <td><a href="#">George Ferdinand</a></td> <td>Rep: 19<sup>th</sup> Middlesex</td> <td><a href="#">Ferdinand Facebook</a></td> </tr> <tr> <td><a href="#">Christopher Flanagan</a></td> <td>Rep: 1<sup>st</sup> Barnstable</td> <td><a href="#">Flanagan Website</a></td> </tr> <tr> <td><a href="#">Carmine Gentile</a></td> <td>Rep: 13<sup>th</sup> Middlesex</td> <td><a href="#">Gentile Website</a></td> </tr> <tr> <td><a href="#">Patricia Haddad</a></td> <td>Rep: 5<sup>th</sup> Bristol</td> <td></td> </tr> <tr> <td><a href="#">Patricia Jehlen</a></td> <td>Sen: 2<sup>nd</sup> Middlesex</td> <td><a href="#">Jehlen Website</a></td> </tr> <tr> <td><a href="#">Eric Meschino</a></td> <td>Rep: 12<sup>th</sup> Plymouth</td> <td><a href="#">Meschino Website</a></td> </tr> <tr> <td><a href="#">Steven J. Ouellette</a></td> <td>Rep: 8<sup>th</sup> Bristol</td> <td><a href="#">Ouellette Facebook</a></td> </tr> <tr> <td><a href="#">Jerry Parisella</a></td> <td>Rep: 6<sup>th</sup> Essex</td> <td><a href="#">Parisella Facebook</a></td> </tr> </tbody> </table>	Candidate	District	Website	<a href="#">Damian Anketell</a>	Sen: 2 <sup>nd</sup> Essex	<a href="#">Anketell website</a>	<a href="#">Michelle Badger</a>	Rep: 1st Plymouth	<a href="#">Badger website</a>	<a href="#">Sharon Cintolo</a>	Rep: 2nd Norfolk	<a href="#">Cintolo Website</a>	<a href="#">Susanne H. Conley</a>	Rep: 2 <sup>nd</sup> Barnstable	<a href="http://www.CapeCodConley.com">www.CapeCodConley.com</a>	<a href="#">George Ferdinand</a>	Rep: 19 <sup>th</sup> Middlesex	<a href="#">Ferdinand Facebook</a>	<a href="#">Christopher Flanagan</a>	Rep: 1 <sup>st</sup> Barnstable	<a href="#">Flanagan Website</a>	<a href="#">Carmine Gentile</a>	Rep: 13 <sup>th</sup> Middlesex	<a href="#">Gentile Website</a>	<a href="#">Patricia Haddad</a>	Rep: 5 <sup>th</sup> Bristol		<a href="#">Patricia Jehlen</a>	Sen: 2 <sup>nd</sup> Middlesex	<a href="#">Jehlen Website</a>	<a href="#">Eric Meschino</a>	Rep: 12 <sup>th</sup> Plymouth	<a href="#">Meschino Website</a>	<a href="#">Steven J. Ouellette</a>	Rep: 8 <sup>th</sup> Bristol	<a href="#">Ouellette Facebook</a>	<a href="#">Jerry Parisella</a>	Rep: 6 <sup>th</sup> Essex	<a href="#">Parisella Facebook</a>
Candidate	District	Website																																						
<a href="#">Damian Anketell</a>	Sen: 2 <sup>nd</sup> Essex	<a href="#">Anketell website</a>																																						
<a href="#">Michelle Badger</a>	Rep: 1st Plymouth	<a href="#">Badger website</a>																																						
<a href="#">Sharon Cintolo</a>	Rep: 2nd Norfolk	<a href="#">Cintolo Website</a>																																						
<a href="#">Susanne H. Conley</a>	Rep: 2 <sup>nd</sup> Barnstable	<a href="http://www.CapeCodConley.com">www.CapeCodConley.com</a>																																						
<a href="#">George Ferdinand</a>	Rep: 19 <sup>th</sup> Middlesex	<a href="#">Ferdinand Facebook</a>																																						
<a href="#">Christopher Flanagan</a>	Rep: 1 <sup>st</sup> Barnstable	<a href="#">Flanagan Website</a>																																						
<a href="#">Carmine Gentile</a>	Rep: 13 <sup>th</sup> Middlesex	<a href="#">Gentile Website</a>																																						
<a href="#">Patricia Haddad</a>	Rep: 5 <sup>th</sup> Bristol																																							
<a href="#">Patricia Jehlen</a>	Sen: 2 <sup>nd</sup> Middlesex	<a href="#">Jehlen Website</a>																																						
<a href="#">Eric Meschino</a>	Rep: 12 <sup>th</sup> Plymouth	<a href="#">Meschino Website</a>																																						
<a href="#">Steven J. Ouellette</a>	Rep: 8 <sup>th</sup> Bristol	<a href="#">Ouellette Facebook</a>																																						
<a href="#">Jerry Parisella</a>	Rep: 6 <sup>th</sup> Essex	<a href="#">Parisella Facebook</a>																																						
<p><b>Guide to news items in this week’s Dignity Digest</b></p>	<p><b>Nursing Homes</b></p> <p><a href="#">Lawsuit seeks immediate injunction of nursing home staffing rule to prevent ‘irreparable harm’ to operators</a> (McKnights Long-Term Care News, October 28, 2024)</p> <p><a href="#">South Hadley nursing home in receivership may be sold</a> (*Masslive.com, October 21, 2024)</p> <p><b>Medicaid</b></p>																																							

	<p><a href="#"><u>As Pandemic-Era Policies End, Medicaid Programs Focus on Enrollee Access and Reducing Health Disparities Amid Future Uncertainties: Results from an Annual Medicaid Budget Survey for State Fiscal Years 2024 and 2025</u></a> (KFF, October 23, 2024)</p> <p><b>Medicare</b></p> <p><a href="#"><u>Key Facts About Medigap Enrollment and Premiums for Medicare Beneficiaries</u></a> (KFF, October 18, 2024)</p> <p><a href="#"><u>Medigap May Be Elusive for Medicare Beneficiaries with Pre-Existing Conditions</u></a> (KFF, October 18, 2024)</p> <p><a href="#"><u>2025 Medicare Advantage Plan Choices are Stable. Following Years of Steady Growth</u></a> (KFF, October 15, 2024)</p> <p><a href="#"><u>Medicare Part D Premiums Are Increasing for Many But Not All Stand-Alone Plans in 2025, Reflecting Effects of New Premium Stabilization Demonstration</u></a> (KFF, October 3, 2024)</p> <p><b>Disability Topics</b></p> <p><a href="#"><u>Amherst Cinema to screen films with subtitles for ‘Open Caption Tuesdays’</u></a> (*MassLive.com, October 24, 2024)</p> <p><b>Election 2024</b></p> <p><a href="#"><u>Yale experts weigh in on Harris’ Medicare expansion plan</u></a> (Yale News, October 28, 2024)</p> <p><b>From around the Country</b></p> <p><a href="#"><u>108-year-old nursing home set to close in November: union, lawmakers fighting the decision</u></a> (McKnights Long-Term Care News, October 28, 2024)</p> <p><b>Public Sessions</b></p> <p><b>Executive Office of Health and Human Services</b>, Friday, November 1, 2024, 10:00 a.m., <a href="#"><u>Standard Payments to Nursing Facilities</u></a>, Public Hearing</p>
<p><b>Accessibility and Voter Rights</b></p> <p><a href="#"><u>Sign Up</u></a> to receive emails. Stay educated on your rights, and on the Issues, Candidates and Ballot Questions in Massachusetts!</p>	<p><b>Rev Up Massachusetts</b></p> <p><i>REV UP – Register! Educate! Vote! Use your Power!</i></p> <p><a href="https://revupma.org/wp/">https://revupma.org/wp/</a></p> <p>Learn more about the issues, and how you can help advance the disability agenda at our <a href="#"><u>2024 Disability Voting Rights Week post</u></a>.</p> <p><b>2024 Election Calendar</b></p> <p>Visit the <a href="#"><u>Secretary of State’s Upcoming Elections page</u></a>.</p> <ul style="list-style-type: none"> <li>• November 5 – Election Day <ul style="list-style-type: none"> <li>○ October 19 – First day of in-person early voting for state election</li> <li>○ October 26 – Last day to register to vote for state election</li> <li>○ October 29 5:00 p.m. – Deadline to apply for mail-in ballot for state election</li> <li>○ November 1 – last day of in-person early voting for state election</li> </ul> </li> </ul>
<p><b>Events</b></p>	<p><b>MassAbility</b></p> <p><i>Explore Possibility Summit</i></p> <p>Tuesday, October 29 And Wednesday, October 30, 2024</p> <p>Marriott Boston Quincy, 1000 Marriott Drive, Quincy</p> <p>MassAbility, formerly known as the Massachusetts Rehabilitation Commission, holds the annual Explore Possibility Summit. There will be workshops and activities to "inspire, connect, and empower the disability community." Commissioner Toni Wolf delivers opening remarks at 9 a.m. Registration and breakfast starts at 8 a.m. (<a href="#"><u>More Info</u></a>)</p> <p><b>Harvard Law School Project on Disability (HPOD)</b></p> <p>October 31, 2024, 12:15 to 1:30 p.m.</p> <p><a href="#"><u>Disability Rights and Access to the Ballot</u></a></p>



	<p>Singer Classroom (WCC B010), Harvard Law School  HPOD is co-hosting a lunch panel event on disability rights and access to the ballot on <b>October 31, 2024, from 12:15 to 1:30 PM in the Singer Classroom (WCC B010)</b>, together with the <a href="#">Harvard Civil Rights-Civil Liberties Law Review</a>, the <a href="#">Harvard Disabled Law Students Association</a>, and the <a href="#">Equal Democracy Project at HLS</a>.  Professor <a href="#">Michael Ashley Stein</a>, HPOD's co-founder and Executive Director, will moderate this timely discussion featuring panelists <a href="#">Tatum A. Pritchard</a>, Director of Litigation at the Disability Law Center; <a href="#">Rebecca Williford</a>, President &amp; CEO of Disability Rights Advocates; and <a href="#">Elizabeth Westfall</a>, Deputy Chief of the DOJ Civil Rights Division, <a href="#">Disability Rights Section</a>.</p>
<b>Webinars and Online Sessions</b>	
<b>Previously posted webinars and online sessions</b>	<b>Previously posted webinars and online sessions can be viewed at:</b> <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a>
<b>Nursing Homes</b>	<ol style="list-style-type: none"> <li>1. <b>McKnights Long-Term Care News</b>  October 28, 2024  <a href="#">Lawsuit seeks immediate injunction of nursing home staffing rule to prevent 'irreparable harm' to operators</a>  By Kimberly Marselas  A group of 20 attorneys general has filed a lawsuit against the Centers for Medicare &amp; Medicaid Services (CMS) to challenge the new nursing home staffing rule. They argue that the rule exceeds CMS's statutory authority and will impose significant financial burdens on nursing homes. The attorneys general have now requested a preliminary injunction to immediately pause the implementation and enforcement of the rule while the court considers the case. They argue that the rule will lead to increased costs, reduced services, and closures of nursing homes, ultimately harming residents.</li> <li>2. <b>*Masslive.com</b>  October 21, 2024  <a href="#">South Hadley nursing home in receivership may be sold</a>  By Greta Jochem  Months after nursing home <a href="#">staff protested</a> over bounced paychecks and state legislators <a href="#">called for an investigation</a>, Pioneer Valley Health and Rehabilitation will likely be sold.  The nursing home and two others in Amesbury and Whitinsville run by the same company, BluPoint Healthcare, have <a href="#">been in receivership</a> since July when a judge approved a petition from the state attorney general's office. "My understanding is all parties agree this would be a path forward, to sell them to new operators," Mary B. Freeley of the attorney general's office told Judge John Pappas in Suffolk County Superior Court on Monday afternoon. The three facilities have moved past the initial "crisis timeline," said Paul Valentine, a representative of the receiver, KCP Advisory Group, during the status conference.  The receivership has largely stabilized the facilities, Valentine and Freely said. Now, they are eyeing a sale agreement and hearing from interested buyers for the facilities and their related property companies.  The receiver is talking with BluPoint, the state and BluPoint's bank about a sale agreement, according to a recently-filed receiver status report.</li> </ol>

	<p>The parties agree on the idea of a sale, but they have not agreed to the details, the report says, adding that any proposed processes for a sale would come back before the court.</p> <p>David Aisenberg, an attorney representing BluPoint, said Monday that he has doubts about how smoothly the receivership has gone. “We have concerns about how this is being managed and run,” he said, asking the court to keep the process moving.</p> <p>The attorney general’s office <a href="#">filed for receivership</a> in July, it said, to protect hundreds of residents “from imminent danger of death or serious physical injury.”</p> <p>State legislators called for an investigation after hearing that staff were without supplies and cleaning messes with pillow cases. The state Department of Public Health received complaints that staff at the three facilities were not getting paid. <a href="#">At least 38 employees</a> in South Hadley resigned in one month this summer because they were not being paid. Since being put into receivership, the state has spent nearly \$3 million to keep operations afloat, according to the recent receivership report.</p> <p>The BluPoint entities in receivership are in an estimated \$28 million of debt, according to the report.</p> <p>There is still an ongoing investigation by the U.S. Department of Labor into retirement saving contributions at multiple BluPoint facilities, including the three in receivership, Valentine said.</p> <p>BluPoint purchased Pioneer Valley Health and Rehabilitation in February 2023. Joseph Cuzzupoli owns 5% of it and an entity called “Cuzzupoli Family 2011 Irrevocable Trust” owns 95%.</p> <p>In the receivership case, parties are due back in court on Nov. 19.</p>
<p><b>Medicaid</b></p>	<p><b>3. KFF</b>  October 23, 2024  <a href="#">As Pandemic-Era Policies End, Medicaid Programs Focus on Enrollee Access and Reducing Health Disparities Amid Future Uncertainties: Results from an Annual Medicaid Budget Survey for State Fiscal Years 2024 and 2025</a></p> <p>By Elizabeth Hinton, Elizabeth Williams, Jada Raphael, Anna Mudumala, Robin Rudowitz, Kathleen Gifford, Aimee Lashbrook, and Caprice Knapp</p> <p>This annual Medicaid budget survey report highlights certain policies in place in state Medicaid programs in state fiscal year (FY) 2024 and policy changes implemented or planned for FY 2025. The findings are drawn from the 24th annual budget survey of Medicaid officials conducted by KFF and Health Management Associates (HMA), in collaboration with the National Association of Medicaid Directors (NAMD).</p> <p><b>Medicaid budget survey reports from prior years are available in the <a href="#">archives</a>.</b></p> <p><b>NEWS RELEASE</b></p> <ul style="list-style-type: none"> <li>• A <a href="#">news release</a> announcing the publication of the 2024 Medicaid Budget Survey is available.</li> </ul> <p><b>EXECUTIVE SUMMARY</b></p> <ul style="list-style-type: none"> <li>• The Executive Summary provides an overview of the 2024 survey results and is available under the <a href="#">Executive Summary tab</a>.</li> </ul> <p><b>FULL REPORT</b></p> <ul style="list-style-type: none"> <li>• The complete 2024 Medicaid Budget Survey Report is available under the <a href="#">Report tab</a>. The Report tab contains 6 separate sections. Users can view each section separately or download a full Report PDF that is forthcoming and will be available on the right side of the page.</li> </ul>

	<p><b>ENROLLMENT &amp; SPENDING BRIEF</b></p> <ul style="list-style-type: none"> <li>This companion <a href="#">issue brief</a> provides an overview of Medicaid enrollment and spending growth with a focus on FY 2024 and FY 2025.</li> </ul>
<p><b>Medicare</b></p>	<p><b>4. KFF</b>  October 18, 2024  <a href="#">Key Facts About Medigap Enrollment and Premiums for Medicare Beneficiaries</a>  By Meredith Freed, Nancy Ochieng, Juliette Cubanski, and Tricia Neuman  Health insurance through Medicare provides important financial protections for <a href="#">67 million</a> Americans. However, people with Medicare can face substantial cost-sharing requirements for Medicare-covered services, and unlike most health insurance policies, Medicare has no limit on out-of-pocket spending. Many Medicare beneficiaries have <a href="#">modest incomes and little savings</a> to draw on to pay for expensive medical care, and <a href="#">medical debt is a concern</a> for more than one in five (22%) older adults. In light of these facts, the Medicare supplement insurance market, also known as Medigap, plays a key role in helping beneficiaries afford medical care by limiting their exposure to catastrophic out-of-pocket medical costs. This brief presents facts about Medigap, including the characteristics of Medicare beneficiaries with a Medigap policy, variation in Medigap enrollment by state, and Medigap premiums. This analysis is based on data from the National Association of Insurance Commissioners (NAIC) compiled by Mark Farrah Associates (MFA), through the end of 2023 (the most recent year of annual data) and the Centers for Medicare &amp; Medicaid Services (CMS) Medicare Current Beneficiary Survey 2022 Survey File data. See methods for more information. A companion brief <a href="#">Medigap May Be Elusive for Medicare Beneficiaries with Pre-Existing Conditions</a> analyzes federal and state guaranteed issue rules and how they impact beneficiaries' access to Medigap.</p> <p><b>Key Takeaways</b></p> <ul style="list-style-type: none"> <li>In 2022, 12.5 million, or four in 10 (42%) people in traditional Medicare had a Medigap policy. Compared to all traditional Medicare beneficiaries in 2022, traditional Medicare beneficiaries with a Medigap policy are more likely to be White, have higher incomes, and report better health. Among traditional Medicare beneficiaries, a smaller share of beneficiaries under age 65 with disabilities have a Medigap policy compared to beneficiaries ages 65 and older (7% vs 46%), due in part to a lack of Medigap guaranteed issue protections under federal law for those under age 65.</li> <li>The share of traditional Medicare beneficiaries with Medigap varies by state, ranging from 9% in Hawaii to 67% in Iowa. States with higher Medigap enrollment tend to be in the Midwest and plains states, where relatively <a href="#">fewer beneficiaries</a> are enrolled in Medicare Advantage plans.</li> <li>Medigap Plan G, which is the most comprehensive Medigap policy available to new policyholders, was the most popular plan type in 2023, accounting for 39% of all policyholders, or nearly 5.3 million people. Part F, which has the same benefits as Plan G but also covers the Part B deductible, has the second largest share of Medigap policyholders in 2023 (36% or nearly 4.9 million people), although it has not been available to new beneficiaries since 2020.</li> <li>The average monthly premium among current Medigap policyholders was \$217 in 2023, or \$2,604 for a full year of coverage, according to KFF analysis of NAIC data from MFA.</li> </ul>

- Medigap premiums vary by state and by policy type. For example, in 2023, the average monthly premium for people enrolled in Plan G was \$164 (\$1,968 for 12 months), but this varied from a low of around \$140 in D.C., Hawaii, and New Mexico to \$236 in New York.

## 5. KFF

October 18, 2024

### [Medigap May Be Elusive for Medicare Beneficiaries with Pre-Existing Conditions](#)

By Meredith Freed, Nancy Ochieng, Juliette Cubanski, and Tricia Neuman  
Medicare supplement insurance, known as Medigap, helps cover Medicare Part A and Part B cost-sharing requirements, including deductibles, copayments, and coinsurance. Medigap policies, which are sold by private insurance companies, are a key source of supplemental coverage for people in traditional Medicare without employer-sponsored retiree benefits or Medicaid (Medigap does not work with Medicare Advantage). In 2022, [12.5 million Medicare beneficiaries](#), or 42% of all traditional Medicare beneficiaries, had a Medigap policy. However, federal requirements that prohibit the use of medical underwriting by insurers when issuing Medigap policies – known as guaranteed issue protections – are limited, which means it may be hard or impossible for people with pre-existing conditions, like asthma or cancer, to get a Medigap policy, outside of specified time periods. *(For more information on the basics of Medigap, see [Key Facts About Medigap Enrollment and Premiums for Medicare Beneficiaries](#)).* Federal law requires Medigap insurers to issue Medigap policies without medical underwriting during a one-time, six-month Medigap open enrollment period for beneficiaries ages 65 and older when first enrolling in Medicare Part B, and for certain qualifying events, such as during a Medicare Advantage trial period. But federal law allows Medigap insurers to use medical underwriting to either deny Medicare beneficiaries a policy or charge higher premiums outside of guaranteed issue periods. Federal law also does not require Medigap insurers to issue Medigap policies to people who choose to disenroll from a Medicare Advantage plan, except under limited circumstances, or to beneficiaries under age 65 who qualify for Medicare due to a long-term disability. Some [lawmakers](#) have proposed to strengthen federal guaranteed issue protections for the Medigap market, though doing so could impact premiums.

This issue brief analyzes federal and state guaranteed issue rules and how they impact beneficiaries' access to Medigap, including the implications for Medicare beneficiaries with pre-existing conditions and those under age 65 with long-term disabilities. This brief also explores a recently finalized rule: [Nondiscrimination in Health Programs and Activities](#) regarding Section 1557 of the Affordable Care Act that may have implications for the Medigap market. This analysis is based on KFF review and collection of federal and state insurance regulations, insurers' Medigap applications, other publicly available information, and KFF analysis of data from the Centers for Medicare & Medicaid Services (CMS) Chronic Conditions Data Warehouse Master Beneficiary Summary File (MBSF), 2022.

#### **Key Takeaways**

- **Federal law provides some guaranteed issue protections for Medicare beneficiaries who seek to purchase a Medigap policy, such as during the first six months after signing up for Medicare Part B or if their Medicare Advantage plan terminates coverage in their area.** However, in all but four states, beneficiaries may be denied

a Medigap policy if they have a pre-existing condition if they choose to switch from Medicare Advantage to traditional Medicare outside the initial trial period or seek to purchase a Medigap policy years after enrolling in Medicare.

- **Nine out of ten (90%) Medicare Advantage enrollees ages 65 and older, or 22.4 million people, do not have guaranteed issue protections to purchase Medigap beyond the initial Medicare Advantage trial period, as of 2022.**
- **The list of potentially deniable medical conditions includes Alzheimer’s disease, asthma, cancer, congestive heart disease, diabetes with complications, end-stage renal disease (ESRD), high blood pressure, limitations of daily activities, stroke and other conditions, based on KFF’s review of Medigap applications of leading insurers.** Applicants may also be charged higher Medigap premiums if they have conditions such as diabetes with no complications, bipolar disorder, or osteoporosis that is treated with infusion. The Affordable Care Act [prohibits insurance companies from denying coverage or charging higher premiums based on pre-existing conditions](#), but does not apply to Medigap insurers.
- **Four states (CT, MA, ME, NY) require either continuous or annual guaranteed issue protections for Medigap for all beneficiaries ages 65 and older, regardless of medical history.** With continuous enrollment, insurers are required to issue Medigap policies at any time during the year in Connecticut, Massachusetts and New York; in Maine, which has a one-month guaranteed issue period each year, insurers are required to offer only Medigap Plan A, which is less comprehensive than some Medigap plans, such as Plan G – [the most popular policy in 2023](#). Minnesota enacted legislation to institute annual guaranteed issue protections, which are slated to go into effect on August 1, 2025, though there are indications that implementation may be delayed.
- **Thirty-five states require Medigap insurers to issue policies to Medicare beneficiaries ages 65 and older due to certain qualifying events**, such as when an applicant has a change in their employer (retiree) coverage (29 states) or when beneficiaries lose their Medicaid eligibility (10 states).
- **Thirty-six states require insurance companies to offer at least one kind of Medigap policy to Medicare beneficiaries under age 65 with disabilities during an initial open enrollment period, regardless of medical conditions.**

6. KFF

October 15, 2024

[2025 Medicare Advantage Plan Choices are Stable, Following Years of Steady Growth](#)

By Jeannie Fuglesten Biniek, Meredith Freed, Anthony Damico, and Tricia Neuman

In the months leading up to the Medicare annual open enrollment period that runs from October 15<sup>th</sup> through December 7<sup>th</sup>, there were questions about how [modifications to the payment formula](#) and [higher utilization](#) would impact the number of Medicare Advantage plans that would be offered in 2025. A review of the plans available for individual enrollment shows that the total number of plans declined by 7% (from 3,959 to 3,699). Some reports have suggested that this translates into a dramatic drop in the number of plans available to the average Medicare beneficiary. However,

taking a closer look, the Medicare Advantage market appears relatively stable.

KFF analysis finds the average Medicare beneficiary will have the option of 34 Medicare Advantage prescription drug (MA-PD) plans in 2025, just 2 fewer than the [36 options available in 2024](#) (Figure 1). Across all plans for individual enrollment, including those with and without prescription drug coverage, the average beneficiary has 42 options in 2025, [compared to 43 options in both 2023 and 2024](#). Since 2018, the number of plans available to the average beneficiary has doubled.

While a full KFF analysis of plan offerings and benefits will follow, at a high level, 2025 looks similar to 2024 in terms of plan choice.

- The average Medicare beneficiary has access to plans offered by 8 different firms in 2025, [the same as in 2024](#), and an increase of 2 firms since 2018.
- Virtually all enrollees (99%) also have access to at least one zero premium plan that includes prescription drug coverage, consistent with recent years and substantially higher than the 84% in 2018.

The decrease in the total number of Medicare Advantage plans means that some Medicare beneficiaries will find that their current coverage is no longer an option for next year. In most cases, these beneficiaries live in counties where they will continue to have a myriad of Medicare Advantage plan options, potentially including some from the same insurer for the plan in which they are currently enrolled. In some cases, people will be [moved](#) into a new plan under the same insurer automatically if the contract includes another plan of the same type (i.e., HMO or PPO) in the same county. Others will have to make an active choice about their Medicare coverage if they wish to enroll in another Medicare Advantage plan.

Though higher than in previous years, a relatively small number of Medicare Advantage beneficiaries are enrolled in a plan in 2024 that has been terminated for the coming year and will not be automatically assigned to a new plan. People in this group will be able to enroll in another Medicare Advantage plan if one is available or choose traditional Medicare. If they choose traditional Medicare, they will qualify for a special enrollment period for Medigap with guaranteed issue rights, meaning they can switch to traditional Medicare and will not be denied a Medigap policy due to a pre-existing condition.

Every year, Medicare Advantage plans change in ways that could be important to enrollees, including the scope and generosity of extra benefits, cost sharing for Medicare-covered benefits, rules for using covered services (such as referral requirements and prior authorization), drug formularies, and provider networks. Despite these changes, most Medicare beneficiaries [report](#) that they do not compare coverage options on an annual basis. While reviewing the various features of plans can be daunting, beneficiaries can take some comfort in the stability of the Medicare Advantage market in terms of the number of plans available to them in 2025.

## 7. KFF

October 3, 2024

[\*Medicare Part D Premiums Are Increasing for Many But Not All Stand-Alone Plans in 2025, Reflecting Effects of New Premium Stabilization Demonstration\*](#)

By Juliette Cubanski

CMS has just released information about Medicare Part D plans for 2025, including plan availability and premiums for the coming year. While [CMS's](#)

[headline emphasized stability](#) in terms of average Part D premiums, a quick review of the data shows that many insurers are increasing premiums for their stand-alone drug plan offerings, but not across the board. Some major plan sponsors, including Aetna and UnitedHealthcare, are also reducing their stand-alone prescription drug plan offerings, and overall, there will be fewer PDPs in 2025 than in 2024 – 524 plans nationwide, down from 709 in 2024.

Normally the release of the Medicare plan “[landscape file](#)” is a somewhat sleepy late September occurrence, but there was greater anticipation of this year’s release due to uncertainty around the impact on premiums of [changes to the Part D benefit](#) under the Inflation Reduction Act that are taking effect in 2025. These changes include a new \$2,000 cap on out-of-pocket drug spending for Part D enrollees and an increase in the share of high drug costs paid for by insurers. While Part D enrollees stand to benefit from enhanced financial protection for their drug costs, [concerns were raised](#) that the changes in the benefit design would lead insurers to significantly increase premiums for Part D coverage, especially for Medicare’s stand-alone prescription drug plans.

A comprehensive KFF analysis will follow in the future, but it appears that premium increases for 2025 were moderated due to a new Biden-Harris administration [Part D premium stabilization demonstration](#) for PDPs, which capped premium increases at \$35 per month along with other measures. However, looking at premium changes for a few of the more popular plans shows a mixed picture across plans, with premium decreases in some cases (based on premiums in California; monthly premiums and premium changes vary by state) (Figure 1):

- The monthly premium for the most popular PDP nationally, Wellcare Value Script, is increasing by \$17 in California, from \$0.40 to \$17.40.
- The second most popular PDP, Aetna’s SilverScript SmartSaver, will no longer be offered nationwide in 2025. Enrollees in that plan will be switched into Aetna’s sole PDP offering for 2025, SilverScript Choice, unless they choose a different plan, and their monthly premium will increase from \$18.60 to \$53.60, a \$35 increase. But enrollees currently in SilverScript Choice will see their premium decrease by \$1.60 between 2024 and 2025.
- Enrollees in another popular PDP, Humana’s Value Rx Plan, will see their premiums increase by \$35, from \$59 to \$94.

At most, stand-alone drug plan premiums are increasing by \$35 per month over 2024 levels, due to the premium stabilization demonstration. According to CMS, [virtually all PDP enrollees](#) are in plans sponsored by insurers that opted to participate in the voluntary demonstration. In the absence of this demonstration, premium increases would certainly have been larger. In California, enrollees in 8 of the 16 national PDPs offered in 2024 will see their premiums increase by \$35 if they do not switch to a different plan in 2025, while enrollees in 6 other national PDPs in 2024 will see a premium reduction. With [57% of all Part D enrollees in Medicare Advantage drug plans in 2024](#) and 43% in stand-alone PDPs, most Part D enrollees are not likely to face increases of this magnitude. This is because Medicare Advantage plans can use rebate dollars from the federal government to reduce premiums for prescription drug coverage. According to CMS, Medicare Advantage drug plan premiums for 2025 are holding steady at [considerably lower levels](#) than stand-alone drug plans, on average, with many plans charging zero premium as in previous years.

	<p>Changes in plan availability and premium increases for some of the more popular stand-alone drug plans are likely to bring about substantial enrollment shifts in the PDP market during this year’s open enrollment period, more so than in previous years when plan availability and premium changes overall were more modest. It’s also possible that premium increases for PDPs will lead to more enrollees switching from traditional Medicare to Medicare Advantage drug plans, accelerating the <a href="#">steady growth</a> in the Medicare Advantage market.</p>
<p><b>Disability Topics</b></p>	<p>8. <b>*MassLive.com</b>  October 24, 2024  <a href="#">Amherst Cinema to screen films with subtitles for ‘Open Caption Tuesdays’</a>  By Ashley Potter  Amherst Cinema is launching "Open Caption Tuesdays" starting Oct. 29 to make movies more accessible for deaf or hard-of-hearing people, English language learners, or anyone who prefers subtitles. Every Tuesday, new releases will be shown with captions for dialogue and sound effects. This is in addition to their existing assistive technologies like closed captioning devices and headsets. The first "Open Caption Tuesday" will have screenings of "Conclave", "My Old Ass", "The Outrun", "Rumours", and "The Substance".</p>
<p><b>Election 2024</b></p>	<p>9. <b>Yale News</b>  October 28, 2024  <a href="#">Yale experts weigh in on Harris’ Medicare expansion plan</a>  By Fareed Salmon  The elderly care crisis has hit new peaks in recent years as <a href="#">healthcare costs</a> are making long-term home care difficult to access. Many families struggle to balance their work with caring for elderly family members and cannot access government-supported long-term home care. Kamala Harris, the Democratic Party presidential candidate, promises to change that.  This month, on the talk show <a href="#">“The View,”</a> she announced the plan to expand the coverage of Medicare, the federal health insurance plan, to include long-term home nursing care for the elderly. . .  While Medicare’s coverage has expanded to preventive health measures, and more people are now eligible for the program, there are still many coverage gaps.  It still does not cover dental, vision or hearing care. And though it covers temporary skilled nursing care at a facility or at home, such as occupational and physical therapy, it does not cover long-term non-skilled nursing care. .  .  Under Harris’ plan, Medicare will cover long-term home care for beneficiaries. Additionally, Medicare will cover vision and hearing benefits to help seniors live longer independently. . .  According to some estimates, such Medicare expansion would cost the federal government <a href="#">nearly \$40 billion annually</a>. Ross, however, believes that cost should not be a deterrent.  “[While] 40 billion sounds like a lot, the healthcare economy is in the trillions of dollars,” [Dr. Joseph Ross, professor of medicine and health policy at the School of Medicine] said. “This sounds expensive, but it has so much greater potential upside. And I can see where the benefits are.”. . .  According to <a href="#">Consumer Affairs</a>, a consumer research journal, over half of Americans turning 65 today will develop a disability serious enough to require long-term service and support.</p>



<p><b>From around the Country</b></p>	<p><b>10. McKnights Long-Term Care News</b>  October 28, 2024  <a href="#">108-year-old nursing home set to close in November: union, lawmakers fighting the decision</a>  By Zee Johnson  The Rosa Coplon Living Center in Amherst, NY, is closing due to severe financial difficulties. Despite efforts to sell the campus and join a non-profit collaboration, the center remains unable to meet its financial obligations. Employees and residents' families are protesting the closure and calling for state intervention to prevent it. They argue that state funding restrictions have made it increasingly difficult for nursing homes to survive, and that the closure of Rosa Coplon is a result of this ongoing disinvestment.</p>
<p><b>Public Sessions</b></p>	<p><b>11. Executive Office of Health and Human Services</b>  Friday, November 1, 2024, 10:00 a.m.,  <a href="#">Standard Payments to Nursing Facilities, Public Hearing</a></p>
<p><b>Support Dignity Alliance Massachusetts</b></p> <p><b><a href="#">Please Donate!</a></b></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><b>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, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>, which has thousands of visits each month.</b></p> <p><b>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.</b></p> <p><a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a></p> <p>Thank you for your consideration!</p>
<p><b>Dignity Alliance Massachusetts Legislative Endorsements</b></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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a>  Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:moore8473@charter.net">moore8473@charter.net</a>.</p>
<p><b>Websites</b></p>	
<p><b>Blogs</b></p>	
<p><b>Podcasts</b></p>	
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a>. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a>.</p>

Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>	
Contact information for reporting complaints and concerns	<b>Nursing home</b>	<a href="#">Department of Public Health</a> 1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a> 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 <a href="#">Ombudsman Program</a>
Money Follows the Person	<b>MassHealth</b> <a href="#">Money Follows the Person</a> 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 ( <a href="#">Alternative Housing Voucher Program</a> ) nursing home vouchers, 14 currently in use <a href="#">Open PDF file, 1.34 MB, MFP Demonstration Brochure</a> <a href="#">MFP Demonstration Brochure - Accessible Version</a> <a href="#">MFP Demonstration Fact Sheet</a> <a href="#">MFP Demonstration Fact Sheet - Accessible Version</a>	
Determination of Need (Pending proposals)	<a href="#">Massachusetts Department of Public Health</a> <a href="#">Lasell Village, Inc. – Conservation Long Term Care Project</a> Lasell House is a thirty-eight (38) bed Medicare certified skilled nursing facility, located in Newton. 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. 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	

	<p>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><b>Application Documents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Application (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Capital Costs (XLSX)</a></li> <li>• <a href="#">Affiliated Parties (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Change in Service (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">CPA Report (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Attachments (PDF)</a>   <a href="#">(DOCX)</a></li> </ul>
<p>Nursing Home Closures (pending)</p>	<p><b><u><a href="#">Massachusetts Department of Public Health</a></u></b>  <i>Highview of Northampton</i>  <i>Closure date: February 6, 2025</i>  <b>Public hearing date:</b>  <b>Wednesday, November 6, 2024, 6:00 p.m.</b>  <b>Toll-Free number: 888-946-3502</b>  <b>Participant passcode: 6102133</b>  <a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a>  <a href="#">Massachusetts Nursing Home Survey Performance Tool</a> and the <a href="#">CMS Nursing Home Compare website</a>.</p>
<p>Nursing Home Closures</p>	<p><b><u><a href="#">Massachusetts Department of Public Health</a></u></b>  <i>Marion Manor, South Boston</i>  <i>Closure date: September 11, 2024</i>  <i>Bridgewater Nursing &amp; Rehab, Bridgewater</i>  <i>Closure date: May 24, 2024</i>  <i>Savoy Nursing and Rehabilitation Center, New Bedford</i>  <i>Closure date: April 3, 2024</i>  <i>New England Sinai Hospital Transitional Care Unit</i></p>

	<p>Closure date: April 2, 2024  <i>South Dennis Health Care</i>, Dennis  Closure date: January 30, 2024  <i>Arnold House Nursing Home</i>, Stoneham  Closure date: September 22, 2023  <i>Willimansett East</i>, Chicopee  Closure date: June 6, 2023  <i>Willimansett West</i>, Chicopee  Closure date: June 6, 2023  Chapin Center Springfield  Closure date: June 6, 2023  <i>Governors Center</i>, Westfield  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</i>, West Roxbury  Closure date: February 10, 2022  <i>Heathwood Healthcare</i>, Newton  Closure date: January 5, 2022  <i>Mt. Ida Rest Home</i>, Newton  Closure date: December 31, 2021  <i>Wingate at Chestnut Hill</i>, Newton, MA  Closure date: October 1, 2021  <i>Halcyon House</i>, Methuen  Closure date: July 16, 2021  <i>Agawam HealthCare</i>, Agawam  Closure date: July 27, 2021  <i>Wareham HealthCare</i>, Wareham  Closure date: July 28, 2021  <i>Town &amp; Country Health Care Center</i>, Lowell  Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p><b>Massachusetts Department of Public Health</b>  <a href="#"><u>Highview of Northampton</u></a></p>
Massachusetts Department of Public Health Determination of Need Projects	<p><b>Massachusetts Department of Public Health</b>  <b>Determination of Need Projects: Long Term Care 2023</b>  <a href="#"><u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u></a>  <a href="#"><u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u></a>  <b>2022</b>  <a href="#"><u>Ascentria Care Alliance – Laurel Ridge</u></a>  <a href="#"><u>Ascentria Care Alliance – Lutheran Housing</u></a>  <a href="#"><u>Ascentria Care Alliance – Quaboag</u></a>  <a href="#"><u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u></a>  <a href="#"><u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u></a>  <a href="#"><u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u></a></p>

	<p><a href="#"><u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u></a>  <a href="#"><u>Next Step Healthcare LLC-Conservation Long Term Care Project</u></a>  <a href="#"><u>Royal Falmouth – Conservation Long Term Care</u></a>  <a href="#"><u>Royal Norwell – Long Term Care Conservation</u></a>  <a href="#"><u>Wellman Healthcare Group, Inc</u></a>  <b>2020</b>  <a href="#"><u>Advocate Healthcare, LLC Amendment</u></a>  <a href="#"><u>Campion Health &amp; Wellness, Inc. – LTC - Substantial Change in Service</u></a>  <a href="#"><u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u></a>  <a href="#"><u>Notre Dame Health Care Center, Inc. – LTC Conservation</u></a>  <b>2020</b>  <a href="#"><u>Advocate Healthcare of East Boston, LLC.</u></a>  <a href="#"><u>Belmont Manor Nursing Home, Inc.</u></a></p>
<p>List of Special Focus Facilities</p>	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram"><u>https://tinyurl.com/SpecialFocusFacilityProgram</u></a>  <b>Updated April 24, 2024</b>          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 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.  <b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Post the list on your program’s/organization’s website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Massachusetts facilities listed (updated )</b>  <b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• Somerset Ridge Center, Somerset  <a href="https://somersetridge rehab.com/"><u>https://somersetridge rehab.com/</u></a>            Nursing home inspect information:</li> </ul>

<https://projects.propublica.org/nursing-homes/homes/h-225747>

- South Dennis Healthcare  
<https://www.nextstephc.com/southdennis>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225320>

**Massachusetts facilities not improved**

- None

**Massachusetts facilities which showed improvement**

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

**Massachusetts facilities which have graduated from the program**

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

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

- AdviniaCare Newburyport (3)  
<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.geneshihcc.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)

	<p><a href="https://www.nextstephc.com/plymouth">https://www.nextstephc.com/plymouth</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225284/">https://projects.propublica.org/nursing-homes/homes/h-225284/</a></p> <ul style="list-style-type: none"> <li>• Plymouth Rehabilitation and Health Care Center (22) <a href="https://plymouthrehab.com/">https://plymouthrehab.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225207">https://projects.propublica.org/nursing-homes/homes/h-225207</a></li> <li>• Royal Norwell Nursing &amp; Rehabilitation Center (4) <a href="https://norwell.royalhealthgroup.com/">https://norwell.royalhealthgroup.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225482/">https://projects.propublica.org/nursing-homes/homes/h-225482/</a></li> </ul> <p><b>Massachusetts Facilities that have graduated from the program</b></p> <ul style="list-style-type: none"> <li>• Marlborough Hills Rehabilitation &amp; Health Care Center, Marlborough <a href="https://marlboroughhillsrehab.com/">https://marlboroughhillsrehab.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225063/">https://projects.propublica.org/nursing-homes/homes/h-225063/</a></li> <li>• Oxford Rehabilitation &amp; Health Care Center, Haverhill <a href="https://theoxfordrehabhealth.com/">https://theoxfordrehabhealth.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225218/">https://projects.propublica.org/nursing-homes/homes/h-225218/</a></li> </ul> <p><b>No longer operating</b></p> <ul style="list-style-type: none"> <li>• South Dennis Healthcare, South Dennis <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>																																																
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b> <b>Nursing Home Inspect</b> <b>Data updated April 24, 2024</b></p> <p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases).</p> <p>Massachusetts listing: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Facilities</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>284</td> <td>198</td> <td><a href="#">Tag B</a></td> </tr> <tr> <td>C</td> <td>108</td> <td>85</td> <td><a href="#">Tag C</a></td> </tr> <tr> <td>D</td> <td>7,496</td> <td>1,469</td> <td><a href="#">Tag D</a></td> </tr> <tr> <td>E</td> <td>1,965</td> <td>788</td> <td><a href="#">Tag E</a></td> </tr> <tr> <td>F</td> <td>656</td> <td>317</td> <td><a href="#">Tag F</a></td> </tr> <tr> <td>G</td> <td>568</td> <td>384</td> <td><a href="#">Tag G</a></td> </tr> <tr> <td>H</td> <td>44</td> <td>33</td> <td><a href="#">Tag H</a></td> </tr> <tr> <td>I</td> <td>3</td> <td>2</td> <td><a href="#">Tag I</a></td> </tr> <tr> <td>J</td> <td>57</td> <td>27</td> <td><a href="#">Tag J</a></td> </tr> <tr> <td>K</td> <td>8</td> <td>5</td> <td><a href="#">Tag K</a></td> </tr> <tr> <td>L</td> <td>5</td> <td>2</td> <td><a href="#">Tag L</a></td> </tr> </tbody> </table> <p><b>Updated April 24, 2024</b></p>	Deficiency Tag	# Deficiencies	in # Facilities	MA facilities cited	B	284	198	<a href="#">Tag B</a>	C	108	85	<a href="#">Tag C</a>	D	7,496	1,469	<a href="#">Tag D</a>	E	1,965	788	<a href="#">Tag E</a>	F	656	317	<a href="#">Tag F</a>	G	568	384	<a href="#">Tag G</a>	H	44	33	<a href="#">Tag H</a>	I	3	2	<a href="#">Tag I</a>	J	57	27	<a href="#">Tag J</a>	K	8	5	<a href="#">Tag K</a>	L	5	2	<a href="#">Tag L</a>
Deficiency Tag	# Deficiencies	in # Facilities	MA facilities cited																																														
B	284	198	<a href="#">Tag B</a>																																														
C	108	85	<a href="#">Tag C</a>																																														
D	7,496	1,469	<a href="#">Tag D</a>																																														
E	1,965	788	<a href="#">Tag E</a>																																														
F	656	317	<a href="#">Tag F</a>																																														
G	568	384	<a href="#">Tag G</a>																																														
H	44	33	<a href="#">Tag H</a>																																														
I	3	2	<a href="#">Tag I</a>																																														
J	57	27	<a href="#">Tag J</a>																																														
K	8	5	<a href="#">Tag K</a>																																														
L	5	2	<a href="#">Tag L</a>																																														

Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b>  <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"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <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.  <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>		
Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b>  <i>Data on Ownership of Nursing Homes</i>  CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify 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 <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>		
DignityMA Call Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <a href="#">Download the DignityMA Response to Reimagining the Future of MA.</a></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>  Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>  Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>		
Participation opportunities with Dignity Alliance Massachusetts	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Assisted Living	John Ford	<a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a>
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Lachlan Farrow	<a href="mailto:lfarrow@bidmc.harvard.edu">lfarrow@bidmc.harvard.edu</a>



<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>	Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a> <a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Legal Issues	Stephen Schwartz	<a href="mailto:sschwartz@cpr-ma.org">sschwartz@cpr-ma.org</a>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>
	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
<b>Bringing People Home: Implementing the Marsters class action settlement</b>	<p>Website: <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a>  Center for Public Representation  5 Ferry Street, #314, Easthampton, MA 01027  413-586-6024, Press 2  <a href="mailto:bringingpeoplehome@cpr-ma.org">bringingpeoplehome@cpr-ma.org</a>  Newsletter registration: <a href="https://marsters.centerforpublicrep.org/7b3c2-contact/">https://marsters.centerforpublicrep.org/7b3c2-contact/</a></p>		
<b>REV UP Massachusetts</b>	<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.  Website: <a href="https://revupma.org/wp/">https://revupma.org/wp/</a>  To join REV UP Massachusetts – go to the <a href="#">SIGN UP page</a>.</p>		
<b>The Dignity Digest</b>	<p>For a free weekly subscription to <i>The Dignity Digest</i>:  <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a>  Editor: Paul Lanzikos  Primary contributor: Sandy Novack  MailChimp Specialist: Sue Rorke</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> <li>• Chris Hoeh</li> <li>• Dick Moore</li> </ul> <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.  If you have submissions for inclusion in <u><i>The Dignity Digest</i></u> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</p>		
<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>  Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.  The information presented in “<i>The Dignity Digest</i>” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.  Previous issues of <i>The Tuesday Digest</i> and <i>The Dignity Digest</i> are available at:  <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a>  For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</p>			