



The Dignity Digest

Issue # 212

November 19, 2024

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

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

DignityMA Zoom Sessions

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

Quotes

“Residents at [Centers for Care’s] nursing homes endured years of tragic and devastating mistreatment and neglect, while the owners made millions of dollars in profit. Centers’ owners operated the nursing homes with insufficient staffing so that they could pocket tens of millions of taxpayer dollars meant for resident care. Now, Centers and its owners will pay for the harm they caused and will continue to make major reforms at their facilities to ensure residents receive the care they deserve.”

State Attorney General Letitia James, [NY nursing home execs settle for \\$45M after stealing nearly double that through patient neglect, wretched conditions: AG](#), **New York Post**, November 15, 2024

“We’re not opposed to adequate staffing, but we’re not in favor of a one-size-fits-all.”

Brett Hoffman, director of public policy and communications with the South Dakota Health Care Association, [Nursing home representatives hope Trump administration halts ‘impossible’ staffing rule](#), **South Dakota Searchlight**, November 16, 2024

The US Centers for Disease Control and Prevention suggested that in 2022 roughly 6.9 percent of Americans had long COVID. But the algorithm developed by [Hosseini] Estiri’s team [at the Center for AI and Biomedical Informatics at Mass General Brigham] estimated that 22.8 percent of those who’d tested positive for COVID-19 met the diagnostic criteria for long COVID in the 12 months that followed, even though the vast majority had not received an official diagnosis.

[Long COVID may be far more common than previously known, new Mass General Brigham study finds](#), ***Boston Globe**, November 17, 2024

A study by the data analytics firm Kantar of nearly 50 million posts in the US found that more than two-thirds of posts about people with intellectual disabilities were negative, and [nearly 29 million contained slurs](#) — many using the word “retard” or “retarded” or other words combined with “-tard.”

[‘I’m really terrified’: Disability rights advocates concerned about return of r-word](#), ***Boston Globe**, November 17, 2024

“I’m really terrified.”

Maura Sullivan, chief executive officer of The Arc of Massachusetts, [‘I’m really terrified’: Disability rights advocates concerned about return of r-word](#), ***Boston Globe**, November 17, 2024

“I just want the r-word to go away.”

Melissa Reilly, a Special Olympics Athlete and an advocate for people with Down syndrome, [‘I’m really terrified’: Disability rights advocates concerned about return of r-word](#), ***Boston Globe**, November 17, 2024

Wheelchair maintenance did not exist. In the gym, there was what we called the wheelchair graveyard. I saw at least three dozen power chairs of all makes and models sitting around, abandoned, covered in dust and mold, and slowly rotting away. — it was a place where wheelchairs went to die.

[10 Years in Prison as a Wheelchair User](#), **New Mobility**, September 16, 2024

“This is the first step on a long journey towards change. Now, we call on all airlines to adopt this invocation and change the world for wheelchair users.”

Sophie Morgan, founder of the [Rights on Flights](#) campaign, [Delta Air Lines, DOT update plans for adaptive wheelchair seats on future flights](#), ***USA Today**, October 30, 2024 (updated)

The recently opened Inclusive Care Clinic at the University of Illinois Chicago [College of Dentistry](#) is not your typical dental clinic. Its focus is to care for patients

with physical, developmental, sensory, behavioral, cognitive or emotional conditions.

[Inclusive dental clinic 'a home' for patients](#), UIC Today, August 13, 2024

“We have been struggling with a provider shortage for many years, and sadly it appears to be worsening and has resulted in a crisis in access to health care.”

State Representative Mindy Domb (D-Amherst), [As number of health care workers in Valley dwindle, experts at UMass summit brainstorm ways to reverse trend](#), *Hampshire Gazette, October 29, 2024

In March, newly installed Social Security chief Martin O’Malley criticized [agency “injustices”](#) that “shock our shared sense of equity and good conscience as Americans.” He promised to overhaul the Social Security Administration’s [often heavy-handed efforts](#) to claw back money that [millions of recipients](#) — including people who are living in poverty, are elderly, or have disabilities — were allegedly overpaid.

[Social Security Tackles Overpayment ‘Injustices,’ but Problems Remain](#), KFF Health News, November 18, 2024

"Understanding if you're infected early can also more effectively help prevent transmission to others. Instead of walking around with an infection for several days wondering if you have flu or COVID you can know right away. It's really a wonderful advancement for public health and for human health."

Dr. [Chaz Langelier](#), an infectious disease physician at the University of California, San Francisco, [Is it the flu or is it COVID? One at-home test can tell you](#), NPR Shots, November 18, 2024

“The challenge in battling vaccine reluctance — misinformation, hesitancy and fatigue — is not unique to the long-term care community, and everyone has a unique perspective that contributes to their individual decision. Family members are often making healthcare decisions for LTC residents, so the attitude of the general public can very much have an impact on resident vaccination rates.

David Gifford, chief medical officer at AHCA/NCAL, [COVID vaccination among community-dwelling seniors tops that of nursing home residents](#), **McKnight's Long-Term Care News**, November 18, 2024

“Some [Republicans] are looking at Medicaid and food stamps. When you talk about spending, that is the place they immediately go, but I’m not sure they want the headlines about paying for tax cuts by cutting those programs.”

A GOP policy adviser, [Trump allies eye overhauling Medicaid, food stamps in tax legislation](#), **Washington Post**, November 18, 2024

Republicans have long denied that they are trying to reduce benefits for low-income Americans on either Medicaid or food stamps. They have framed their efforts as an attempt to reduce wasteful and unnecessary spending, arguing that streamlining the programs would preserve government benefits, not penalize people who use them.

[Trump allies eye overhauling Medicaid, food stamps in tax legislation](#), **Washington Post**, November 18, 2024

“[Herlda Senhouse](#), a 113-year-old Massachusetts woman and the [second-oldest person in the US](#) who died Saturday,] never could say anything bad about anybody and was always so gracious and kind, and always saw the positive side of things. It was impressive and inspiring.”

Tom Perls, a Boston University researcher who has the largest study of centenarians and their families in the world, [Massachusetts' oldest resident dies at 113](#), **Boston Globe**, November 18, 2024

Free Covid Tests

Administration on Community Living
[Order free at-home COVID-19 tests](#)

At-home COVID-19 tests are again available at no cost through a partnership between the HHS Administration for Strategic Preparedness and Response and the United States Postal Service. These tests will detect the currently circulating COVID-19 variants and are intended for use through the end of 2024. Each order will include four tests. One of the available options is the Orasure InteliSwab test, which is more accessible for people who are blind or have low vision, as well as people who have low manual dexterity. What makes the Orasure InteliSwab tests more accessible? None of the tests on the market today are fully accessible because all must be read visually. However, some tests have features that make

them more accessible than others. Based on input from people with low dexterity, people who have low vision, and the National Federation for the Blind, the OraSure IntelliSwab test was found to be the most accessible of the available options, because:

- The test has only three components – a swab, a tube the swab is inserted into, and a base that holds the tube.
- There is no liquid that must be added to a test cartridge, which means:
 - There are no drops to count visually, which creates problems for blind/low-vision users
 - There is no dropper to squeeze, which can be difficult for people with low dexterity
- Components are easily distinguishable from each other by feel. The handle of the swab also is easily identified by feel, which makes it easier for blind/low vision users to avoid touching the swab.
- The components are much larger than most (important for users with low dexterity):
 - This makes them easier to handle in general.
 - There are no small pieces that have to be inserted into each other; the opening the swab is inserted into is much larger than the swab.
- Administering the test is a simple process. The user has to place the tube into the base, swab their nose, and place swab in the tube. In addition, the Department of Health and Human Services worked with OraSure to make the test instructions fully accessible to blind users by:
- Creating digital PDF instructions with alt text, so the instructions can be read with screen readers.
- Creating descriptive audio for the instructional video.
- Ensuring the website itself is navigable with assistive technologies like screen readers.
- Making the instructions easy to find on the company's website. (HHS continues to [support development](#) of test technologies to improve accessibility.)

How to order:

Order online:

- More accessible tests can be ordered through a [special web page within COVIDtests.gov](#)
 - . (To ensure that these tests are reserved for people who truly need them, the link to this special page will not be published on the COVIDtests.gov home page.)

If you are able to use the standard tests, you can order them through using the [regular form on at COVIDtests.gov](#)

Order by phone:

Call 1-800-232-0233 to reach the CDC Information line, and then:

- Select language: Press 1 for English, 2 for Spanish, 3 for other languages
- Press 1 to order regular COVID-19 at-home tests
- Press 8 to order the more accessible tests or remain on the line to order the regular tests.

Need more help?

The trained staff at the [Disability Information and Access Line](#) (DIAL) can provide additional assistance with:

- Connecting blind users to services that may be able to help with reading tests.

	<ul style="list-style-type: none"> • Finding other COVID tests. • For those who cannot use an at-home test, DIAL operators can: <ul style="list-style-type: none"> ○ Connect callers to local organizations for assistance locating other testing options in their community, including in-home testing programs or transportation or companion support to visit a community-based testing site. <p>Call 888-677-1199, visit the DIAL website for chat and ASL services, or email DIAL@usaginganddisability.org. DIAL operators are available Monday-Friday from 8 a.m. to 9 p.m. (Eastern)</p>
<p>Opportunity for Public Comment</p>	<p>Office of Attorney General Andrea Campbell <u>Attorney General’s Office Seeks Community Feedback To Inform Drafting Of Assisted Living Residences Regulations</u></p> <p>To submit comments: <u>https://massgov.formstack.com/forms/community_feedback_on_a_go_assisted_living_residences</u></p> <p>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.</p> <p>“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.”</p> <p>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.</p> <p>Those who wish to provide feedback on the creation of regulations can do so through an online form, which can be found here.</p> <p>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.</p>

	<p>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.</p> <p>Statements of Support:</p> <p>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."</p> <p>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> <p>John Ford, Northeast Justice Center and Dignity Alliance: "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>Kathleen Lynch Moncata and Liane Zeitz, Mass. Chapter of the National Academy of Elder Law Attorneys: "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>To submit comments: https://massgov.formstack.com/forms/community_feedback_on_a_go_assisted_living_residences</p>
Surveys	<p>The Craig H. Neilson Foundation Spinal Cord Injury and Prescription Medication Management</p> <p>The Craig H. Neilson Foundation is trying to better understand issues affecting the management of prescription medications for people living with spinal cord injury (SCI). Your participation will help the Neilson Foundation continue to explore opportunities to support programs and scientific research for people living with SCI to improve quality of life. No identifiable information will be collected.</p>

	Take the Survey
Recruitment	See: Listings on MASterList.com's Job Board
Guide to news items in this week's <i>Dignity Digest</i>	<p>Nursing Homes Nursing home deaths stayed higher than pre-pandemic norms through 2023. Researchers say that confuses public health efforts (McKnight's Long-Term Care News, November 18, 2024)</p> <p>Medicare KFF Examines Plan Offerings, Premiums and Benefits in Medicare Advantage Plans During the Medicare Open Enrollment Season for Coverage in 2025 (KFF, November 18, 2024) The Sickest Patients Are Fleeing Private Medicare Plans—Costing Taxpayers Billions (*Wall Street Journal, November 11, 2024)</p> <p>Covid / Long Covid COVID vaccination among community-dwelling seniors tops that of nursing home residents (McKnight's Long-Term Care News, November 18, 2024) Is it the flu or is it COVID? One at-home test can tell you (NPR Shots, November 18, 2024) Long COVID may be far more common than previously known, new Mass General Brigham study finds (*Boston Globe, November 17, 2024)</p> <p>Disability Topics Social Security Tackles Overpayment 'Injustices,' but Problems Remain (KFF Health News, November 18, 2024) 'I'm really terrified': Disability rights advocates concerned about return of r-word (*Boston Globe, November 17, 2024) Delta Air Lines, DOT update plans for adaptive wheelchair seats on future flights (*USA Today, October 30, 2024 (updated)) DDS Releases New Self Determination & Self-Directed Regulations (Massachusetts Department of Developmental Services, October 28, 2024) Inclusive dental clinic 'a home' for patients (UIC Today, August 13, 2024)</p> <p>Longevity Massachusetts' oldest resident dies at 113 (*Boston Globe, November 18, 2024)</p> <p>Incarceration 10 Years in Prison as a Wheelchair User (New Mobility, September 16, 2024)</p> <p>Federal Administration Transition Trump allies eye overhauling Medicaid, food stamps in tax legislation (*Washington Post, November 18, 2024) Selection of RFK Jr. will amplify discussion of public health, Deborah Birx says (Politico, November 17, 2024) How Radical Can RFK Jr. Be as America's Top Health Official? (*Wall Street Journal, November 16, 2024)</p> <p>Public Policy As number of health care workers in Valley dwindle, experts at UMass summit brainstorm ways to reverse trend (*Hampshire Gazette, October 29, 2024)</p> <p>Climate Change</p>

	<p><u>Damaged infrastructure creating challenges for social services in NC disaster counties</u> (NC Health News, November 16, 2024)</p> <p>From Our Colleagues Around the Country</p> <p>From Around the Country</p> <p><u>Nursing home representatives hope Trump administration halts 'impossible' staffing rule</u> (South Dakota Searchlight, November 16, 2024)</p> <p><u>NY nursing home execs settle for \$45M after stealing nearly double that through patient neglect, wretched conditions: AG</u> (New York Post, November 15, 2024)</p> <p><u>Nursing home that once fought receivership now asks state to help accomplish it</u> (McKnight's Long-Term Care News, November 14, 2024)</p> <p>Public Sessions</p> <p>Autism Commission, Thursday, November 21, 2024, 1:00 p.m.</p>
<p>Events</p>	<p>Harvard Law School Project on Disability</p> <p><u>How Disability Inclusion Drives U.S. Foreign Policy</u></p> <p>Monday, November 25, 2024, 12:20 to 1:30 p.m.</p> <p>In WCC 1015, The Harvard Law School Project on Disability (HPOD)</p> <p><i>In conversation with U.S. Department of State Special Advisor Sara Minkara</i></p> <p>On November 25th, from 12:20 to 1:30pm in WCC 1015, HPOD, along with Harvard Law School's Human Rights Program and Disabled Law Students Association, will welcome Sara Minkara (HKS MPP '14), the U.S. Department of State's <u>Special Advisor on International Disability Rights</u>, back to the Harvard campus for a conversation about her current priorities as she leads the Department's efforts to promote and protect the rights of persons with disabilities internationally. She recently played a vital role in organizing the first-ever G7 ministerial meeting on disability and inclusion, resulting in the <u>Solfagnano Charter</u>, which aims to guide the G7 countries' efforts to advance disability rights both domestically and abroad.</p> <p>A proud Lebanese-American Muslim woman, Minkara acquired her disability at the age of 7, and has since dedicated her time and talents to <u>prove that disability is an asset</u> and to empower others to do the same. Minkara has advised and addressed numerous academic, government, inter-governmental, and policy groups on issues related to disability, inclusion, adaptive leadership and social entrepreneurship across 5 continents. She has been recognized for her many contributions through appointments and awards, including honors and recognitions from the <u>Forbes 30 Under 30</u>, <u>Echoing Green</u>, the <u>Harvard Kennedy School</u>, <u>Halcyon House</u>, and the <u>Vital Voices "100 Women Using Their Power to Empower"</u> retrospective.</p> <p>ASL interpretation will be provided. Lunch from <u>Saloniki</u> will also be provided with advance registration.</p>
<p>Webinars and Online Sessions</p>	<p>1. The Long-Term Care Community Coalition</p> <p>Tuesday, November 19, 2024, 1:00 p.m.</p> <p><u>Transforming Nursing Home Advocacy: Lessons from New Jersey's Resident-Centered Approach.</u></p> <p>Join Ray DiFrancesco, Gail Smith, other New Jersey nursing home residents, and Elizabeth Speidel (NJ LTCO Director of Community Engagement) as they share how New Jersey elevates resident voices in LTC advocacy. <u>Submit a question for the speakers.</u></p>

Note: You must register using the link above to access the program live. If you cannot attend, video and slides will be posted within a few days at nursinghome411.org/webinars.

2. United Spinal Association

Tuesday, November 19, 2024, 5:00 to 6:00 p.m.

[United Spinal Association's Advocacy LIVE](#)

Interested in grassroots advocacy? The United Spinal Association holds a monthly meeting for advocates to collaborate with advocates from across the United States on Federal, state, and local issues affecting the disability community. Top priorities include wheelchair repair, air travel, SSI asset limits, parking, emergency preparedness, care support, and housing. Advocacy LIVE meetings are held monthly on the third Tuesday, alternating each month from 1-2 PM and 5-6 PM.

[Register here](#)

3. Administration on Community Living

Wednesday, November 20 2024, 2:00 to 3:30 p.m.

[Addressing the Needs of Older Adults and People with Disabilities During Extreme Winter Weather](#)

Join the Administration for Community Living's webinar on addressing the needs of older adults and people with disabilities during extreme winter weather. Learn from experts about inclusive preparedness, response, and recovery measures, with a focus on health risks, accessibility, and critical resources. A Q&A session will follow the panel discussions.

4. Disability Community Engagement Partner Project and the All of Us Research Program

Wednesday, November 20 2024, 2:00 to 3:30 p.m.

[Disability, Nutrition & All of Us](#)

This November we are celebrating the power of food and nutrition, with an eye to access! In our third webinar in the 2024-2025 Disability & Health Webinar series, we are continuing our exploration of health questions that affect the disability community. This conversation will focus on the importance of good nutrition for people with disabilities, and how diet intersects with our unique health needs. We will look at the social drivers that affect access to nutrition through a disability lens. We will also share about an ancillary study on nutrition currently underway with the All of Us Research Program, and the importance of inclusive health research in improving treatments and care. We invite community members, disability advocates, and health care providers to tune in. This webinar is supported with funding from the NIH All of Us Research Program.

5. Boston Center for Independent Living

Wednesday, November 20 2024, 6:30 p.m.

[Immigrants' Rights – A Critical Discussion at the 2024 BCIL Annual Meeting](#)

At BCIL's annual meeting on Wednesday, November 20, at 6:30 p.m., we will feature Laura Rotolo, the Field Director for the American Civil Liberties Union, who'll discuss immigrants' rights and their intersection with disability rights. Why immigrants' rights? Because BCIL provides services to many immigrants, and in a time where there's significant immigrant bashing, we will note that many of our staff are immigrants and that much of the workforce in health care, especially the PCA program, includes high numbers of immigrants. It's absolutely no stretch to say that immigrants are a critical part of the independent living picture. The meeting will be held virtually this year. Along with the discussion on immigrants' rights, we will

	<p>review the past year and update you on current advocacy campaigns. We'll also have videos marking BCIL's 50th anniversary.</p> <p>6. Christopher & Dana Reeve Foundation Thursday, November 21, 2024, 2:00 to 3:00 p.m. Regional Champions Join on Thursday, November 21, 2024, from 2:00 – 3:00 PM ET for the next Regional Champions Webinar where our Public Policy and Advocacy Team will provide a legislative update from Washington, DC, speak about recent FY2025 appropriation updates, post General Election updates, our current coalition efforts, and our grassroots advocacy initiatives. Register today to stay informed and engaged! This event is FREE for everyone to attend. Live captioning and ASL interpretation will be available. This webinar will be recorded and made available on the Reeve Foundation YouTube channel.</p> <p>7. Riders' Transportation Access Group (RTAG) Thursday, November 21, 2024, 5:30 to 7:30 p.m. Advisory Meeting Riders' Transportation Access Group (RTAG) The Riders' Transportation Access Group (RTAG) is a customer organization that advises the MBTA on transportation issues affecting older adults and people of all ages who have disabilities. Membership in the group and attendance at group events are open to the general public.</p> <p>8. U. S. Access Board Tuesday, November 26, 2024, 1:00 to 2:30 p.m. Section 508 Best Practices Webinar: Essential Strategies for Creating Accessible Social Media Content Section 508 of the Rehabilitation Act requires federal agencies to ensure equal access to social media content, data, and platforms. Join the U.S. Access Board to learn how to craft social media posts, write alternative text, check color contrast, use hashtags and emojis appropriately, and ensure that video content is properly captioned.</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>9. McKnight's Long-Term Care News November 18, 2024 Nursing home deaths stayed higher than pre-pandemic norms through 2023. Researchers say that confuses public health efforts By Zee Johnson Deaths among nursing home residents for any cause remained higher through June 2023 than they were prior to the pandemic, and a new analysis indicates that might muddy perceptions about how well public health interventions have worked. A Health Affairs Scholar study released Thursday revealed there were 5,692 deaths per 100,000 residents in Dec. 2020, the month that saw the highest all-cause mortality rate. The number, however, hovered above pre-pandemic levels through June 2023. Many of the deaths can be attributed to COVID, the study said, since nursing home residents were and remain disproportionately affected by the virus. From Nov. 2023 to February, AARP found that approximately 3,000 nursing home residents had died from COVID, signifying its sustained relevance. And since the pandemic began, the virus has claimed the lives of about 188,000 total residents.</p>

	<p>Fewer seniors entered nursing homes during COVID due to negative safety perceptions and instead chose to stay with family or friends, the analysis reported. There were also fewer beds available in facilities due to ongoing staffing challenges and closures.</p> <p>That could have blurred where conditions were most dangerous and who most needed public health resources such as Nursing Home & Long-Term Care Facility Strike Teams, the researchers reported.</p> <p>“Having better information about mortality rates could have assisted in targeting these efforts,” they wrote. “In an ideal world policymakers would have longitudinal health and mortality risk information on all persons residing in nursing homes, as well as on persons at risk of entering a nursing home, or who recently left nursing homes, combined with detailed staffing information. With such comprehensive, longitudinal information, policymakers and researchers could gain an accurate assessment of how future pandemics are impacting this vulnerable population.”</p> <p>Their analysis measured the change in the overall nursing home population – 1.33 million seniors were living in nursing homes before the pandemic, and a 239,000 (18%) resident decline was recorded by January 2021. In Jan. 2017, there were 16,161 nursing homes operating in the US. By Dec. 2022, that number declined to 15,054. During the nearly six-year analysis period, 1,077 nursing homes had closed, 514 opened and 42 opened then closed.</p>
<p>Medicare</p>	<p>10. KFF November 18, 2024 <u>KFF Examines Plan Offerings, Premiums and Benefits in Medicare Advantage Plans During the Medicare Open Enrollment Season for Coverage in 2025</u></p> <p>With less than one month remaining in Medicare’s annual open enrollment period, two new KFF analyses provide a detailed look at plan offerings, benefits and premiums in the Medicare Advantage market, as beneficiaries weigh their options and make coverage selections for 2025.</p> <p>Medicare Advantage, the private plan alternative to traditional Medicare, covers nearly 33 million Medicare beneficiaries in 2024, or 54%, of the eligible Medicare population. The <u>first analysis</u> finds that the average Medicare beneficiary can choose among 34 Medicare Advantage plans with prescription drug coverage (MA-PD), two fewer than last year, and among plans offered by eight firms. About 5% of current Medicare Advantage enrollees in individual MA-PDs are in a plan that has been terminated for 2025.</p> <p>A <u>companion analysis</u> provides an overview of premiums and benefits in Medicare Advantage plans for 2025 and key trends over time. It finds that two-thirds of all Medicare Advantage plans with prescription drug coverage (67%) will charge no premium (other than the Part B premium) in 2025, similar to 2024. Nearly one-third (32%) of Medicare Advantage plans will offer some reduction in the Medicare Part B premium in 2025, up from 19% in 2024. It also finds that nearly all Medicare Advantage plans (97% or more) are offering vision, dental and hearing benefits. The share of plans offering certain other benefits has declined.</p> <p>The open enrollment period ends December 7.</p> <p>11. *Wall Street Journal November 11, 2024 <u>The Sickest Patients Are Fleeing Private Medicare Plans—Costing Taxpayers Billions</u></p>

	<p>By Anna Wilde Mathews, Christopher Weaver, and Tom McGinty After Janet Burch, right, had a stroke, her Medicare Advantage insurer refused to pay for a nursing-home stay. Her sister Susan Orr, left, helped care for her.</p> <p>Patricia Greene had spent a month recovering from a devastating stroke when her Medicare Advantage insurer, a unit of UnitedHealth Group, decided to stop paying for her nursing home.</p> <p>The 85-year-old was so weak and fragile, her son said, that she couldn't even get herself out of bed. Her family felt she wasn't ready to leave the facility in New York City's Queens borough.</p>
<p>Covid / Long Covid</p>	<p>12. McKnight's Long-Term Care News November 18, 2024 COVID vaccination among community-dwelling seniors tops that of nursing home residents By Zee Johnson New data from the Centers for Disease Control and Prevention shows that US senior vaccination rates have increased over last year. Nursing homes residents' rates, however, lag community-dwelling seniors' numbers by 8.6%. The CDC's COVID-19 Vaccination Dashboard showed that 37.6% of Americans 65 and older had already received this year's COVID vaccine as of Nov. 2. And although nursing home residents are recording a larger vaccination number than last year, they fall behind all other older Americans with 29% being up-to-date on their shot as of Nov. 10. . . <i>McKnight's Long-Term Care News</i> recently reported on a study from the <i>American Journal of Infection Control</i> that found the ongoing nurse shortage may have reduced the number of providers willing to institute vaccine mandates. The CDC's Nursing Home COVID-19 Vaccination Data Dashboard found that the percentage of nursing home staff members who are up-to-date on their COVID vaccine was just 6% as of Nov. 10.</p> <p>13. NPR Shots November 18, 2024 Is it the flu or is it COVID? One at-home test can tell you By Rob Stein Summary: New Combo Flu and COVID Tests A new wave of home tests can now detect both flu and COVID-19 simultaneously. These over-the-counter tests are designed to provide quick and reliable results, allowing individuals to identify the cause of their illness and take appropriate precautions. Key benefits of these combined tests:</p> <ul style="list-style-type: none"> • Faster diagnosis: Quick results can help individuals start treatment promptly. • Reduced transmission: Early identification can help prevent the spread of illness. • Informed decision-making: Knowing the specific infection can guide treatment choices and precautions. <p>By using these tests, individuals can take proactive measures to protect themselves and others during flu and COVID seasons.</p> <p>14. *Boston Globe November 17, 2024 Long COVID may be far more common than previously known, new Mass General Brigham study finds</p>

	<p>By Adam Piore Summary: Long COVID's True Prevalence and Impact A new study suggests that the prevalence of long COVID may be significantly higher than previously estimated. Using AI to analyze electronic health records, researchers found that 22.8% of people who tested positive for COVID-19 met the criteria for long COVID. However, the study also highlights a bias in long COVID diagnosis. While the condition disproportionately affects marginalized communities, the majority of those officially diagnosed are white, non-Hispanic females with greater access to healthcare. This is due in part to the subjective nature of many long COVID symptoms and the challenges in obtaining an official diagnosis. The study's findings have implications for future research and treatment. By leveraging AI to identify potential cases, researchers can better understand the long-term consequences of COVID-19 and develop targeted interventions to support those affected.</p>
<p>Disability Topics</p>	<p>15. KFF Health News November 18, 2024 Social Security Tackles Overpayment 'Injustices,' but Problems Remain By David Hilzenrath and Jodie Fleischer, Cox Media Group Summary: Social Security Overpayment Reforms Social Security Commissioner Martin O'Malley has made significant strides in addressing the issue of overpayments and harsh recovery methods. Key changes include:</p> <ul style="list-style-type: none"> • Reduced Withholdings: The agency has shifted from withholding 100% of benefits to a maximum of 10%, significantly reducing the financial burden on beneficiaries. • Streamlined Appeal Process: Efforts are underway to simplify the appeal process and make it easier for beneficiaries to contest overpayment claims. • Increased Transparency: The agency is working to provide clearer explanations of overpayment determinations and the appeals process. <p>However, challenges remain:</p> <ul style="list-style-type: none"> • Delayed Implementation: Some promised reforms, such as shifting the burden of proof to the agency, have not yet been fully implemented. • Lack of Statute of Limitations: The absence of a time limit on overpayment recovery can lead to significant financial hardship for beneficiaries. • Insufficient Staffing: Understaffing at the Social Security Administration can hinder its ability to effectively process claims and resolve disputes. <p>While O'Malley's efforts have brought about positive changes, more work is needed to ensure that the Social Security system is fair and equitable for all beneficiaries.</p> <p>16. *Boston Globe November 17, 2024 'I'm really terrified': Disability rights advocates concerned about return of r-word By Beth Teitell Summary: The word "retard" is experiencing a resurgence in usage, particularly online and in political discourse. This trend is deeply concerning to advocates for</p>

people with intellectual disabilities, as it perpetuates harmful stereotypes and contributes to a culture of bullying and discrimination. The use of this word has serious consequences. It can lead to stigmatization, social isolation, and even violence against individuals with disabilities. It is crucial to recognize the impact of language and to actively work to eliminate the use of such harmful terms. Advocates are calling for increased awareness and education about the negative effects of using the r-word. They are also urging individuals to choose their words carefully and to be mindful of the potential harm they may cause. By working together, we can create a more inclusive and compassionate society where everyone is valued and respected.

17. *USA Today

October 30, 2024 (updated)

[Delta Air Lines, DOT update plans for adaptive wheelchair seats on future flights](#)

By Zach Wichter

Summary: A Breakthrough for Wheelchair Users

- The DOT, FAA, and Delta Air Lines are working to allow wheelchair users to fly in their own wheelchairs.
- The FAA expects to determine the feasibility of wheelchairs on aircraft by the end of 2025.
- Airlines will need time to install new seats and get approvals, but wheelchair users could be flying in their own chairs regularly by the end of the decade.

A significant advancement is underway in air travel accessibility for wheelchair users. The Department of Transportation (DOT), Federal Aviation Administration (FAA), and Delta Air Lines are collaborating to make it possible for wheelchair users to fly in their own chairs.

This groundbreaking initiative aims to address the long-standing issue of damaged or lost wheelchairs during air travel. By allowing passengers to remain in their own chairs, airlines can significantly reduce the risk of damage and improve the overall travel experience for disabled individuals. While the process of implementing this change may take several years, it represents a significant step forward. The potential for increased independence, comfort, and dignity for wheelchair users is immense. This development is a testament to the growing advocacy efforts of disability rights groups and the commitment of airlines and regulatory bodies to improve accessibility in air travel.

18. Massachusetts Department of Developmental Services

October 28, 2024

[DDS Releases New Self Determination & Self-Directed Regulations](#)

These services helps an individual to have more control in their life and to make decisions about services based on their vision, path, preferences, beliefs and abilities.

On Friday, October 25, 2024 the Secretary of State's Office published the regulations of the Department of Developmental Services (DDS), for Self-Determination and self-Directed services designed to increase the independence and autonomy of people with disabilities.

Throughout the development of these regulations, DDS conducted public hearings and met with stakeholders, which resulted in these regulations. We are grateful for the extensive feedback from the community for their contributions to these regulations.

The Code of Massachusetts Regulations (CMR) 115 CMR 14.00 "Self-Determination and Self-Directed Services" can be found [here](https://www.mass.gov/doc/here-198/download) .
<https://www.mass.gov/doc/here-198/download>

19. UIC Today

August 13, 2024

[*Inclusive dental clinic 'a home' for patients*](#)

The University of Illinois Chicago College of Dentistry has opened a new clinic dedicated to providing dental care for individuals with disabilities. This innovative clinic, funded by a \$2 million grant from Delta Dental of Illinois, offers a welcoming and supportive environment for patients with a wide range of physical, developmental, sensory, behavioral, cognitive, or emotional conditions.

The clinic's focus is on providing comprehensive dental care, including preventive, restorative, and emergency services. It also serves as a valuable training ground for dental students, equipping them with the skills and knowledge to effectively treat patients with disabilities.

By prioritizing patient comfort and understanding, the clinic has created a positive and empowering experience for individuals who may have faced challenges accessing dental care in the past. This initiative is a significant step forward in promoting oral health equity and improving the lives of people with disabilities.

Longevity



Herlda Senhouse, as she sat at her dining room table in March 2023. Jessica Rinaldi/Globe Staff



A newspaper clipping of the Clique Club Revue which Herlda Senhouse was a part of shows Senhouse in the foreground in 1960. Jessica Rinaldi/Globe Staff

20. *Boston Globe

November 18, 2024

[*Massachusetts' oldest resident dies at 113*](#)

By Kay Lazar

[Herlda Senhouse](#), a 113-year-old Massachusetts woman and the [second-oldest person in the US](#) whose age was verified, died Saturday.

The beloved Wellesley resident, known affectionately as "auntie" to legions of friends from the historic [Myrtle Baptist Church of West Newton](#) and beyond, co-founded a charity more than half a century ago called the Clique Club that helped many Black students in Massachusetts pay for college. "When I went to high school, I never got the chance to go to college," she said in an interview earlier this year. "I was happy to present money for them to go to college."

Her cause of death was not immediately available.

Senhouse, who was born before the first World War in heavily segregated Piedmont, WV, moved to Woburn to live with an aunt in 1927 for the chance to finish high school and attend college. Since childhood, she'd been fascinated by the workings of the human body and dreamed of becoming a nurse.

Senhouse set her sights on Boston Medical Center, which was then known as Boston City Hospital, an imposing, block-long series of brick buildings in the city's South End. City Hospital was a mecca for Boston's poorest residents; it's where they would go for care, and when she was ready to apply in 1931, it had recently opened a nurses training program for Black women.

Senhouse had not often ventured outside Woburn on her own, but she was determined. She figured out the bus to the big city and walked into the hospital in the South End, eager for her interview.

But that's as far as she got.

"They were only taking two Blacks in City Hospital," she recalled very matter-of-factly in a story she related to the Globe last year.

"I was told that when I went there for an interview."

	<p>Those two slots for the Black nurses training program were filled, an administrator told her. The hospital had its quota, and that was it. No word on when another slot might open. No information available on when she might check back.</p> <p>Senhouse went on to work as a domestic for several families and became a beacon in the community for many young Black people.</p> <p>And yet today, the hospital that more than 90 years earlier turned Senhouse away will benefit from her kindness so that scientists might one day help others live as healthy and long a life as she has.</p> <p>That's because when Senhouse was 105, she enrolled in the New England Centenarian Study at Boston Medical Center. (Boston City Hospital was the forerunner of the medical center.)</p> <p>The centenarian study, now housed at Boston University's Chobanian and Avedisian School of Medicine is the world's oldest and largest research program of its kind. It includes several long-running studies, as well as a massive biobank with tens of thousands of pieces of data amassed over decades from more than 3,000 centenarians and their offspring, data derived from blood samples, cognitive tests, brain scans, medical records, and in-depth interviews.</p> <p>The goal of the studies and the data collection is to pinpoint the genes, proteins, lipids, and other precious substances in the biological stew of rare souls like Senhouse that fuels their longevity. The hope is to essentially capture that secret sauce in medicine that can help others enjoy a much longer span of good health.</p> <p>"It was such an incredible gift to have her so nearby and to be able to visit her," said Dr. Tom Perls, a professor at the medical school and founder of the centenarian study.</p> <p>"She never could say anything bad about anybody and was always so gracious and kind, and always saw the positive side of things," Perls said Monday. "It was impressive and inspiring."</p>
<p>Incarceration</p>	<p>21. New Mobility September 16, 2024 10 Years in Prison as a Wheelchair User By Ian Ruder Summary: A Wheelchair User's Perspective on Prison Life Donavan Bryant, a wheelchair user serving a 12-year sentence, shares his experiences of life in prison. He discusses the challenges of accessing necessary medical equipment, maintaining hygiene, and navigating a system that often seems indifferent to the needs of disabled inmates. Key points from his account:</p> <ul style="list-style-type: none"> • Challenges with Medical Care: Difficulty accessing specialized equipment, inconsistent medical care, and delayed treatment for conditions like pressure sores and UTIs. • Physical and Emotional Toll: The constant struggle with physical discomfort, the emotional impact of incarceration, and the challenges of maintaining mental health. • Limited Independence: The reliance on others for basic needs, such as showering and transferring, and the lack of privacy and autonomy. • The Power of Knowledge: The importance of information and education, particularly for individuals with disabilities who may be unaware of available resources and support. <p>Bryant's story highlights the systemic issues faced by disabled inmates and the need for greater awareness and advocacy to improve their quality of life.</p>

22. *Washington Post

November 18, 2024

[Trump allies eye overhauling Medicaid, food stamps in tax legislation](#)

By Jacob Bogage, Jeff Stein, and Dan Diamond

President-elect Donald Trump's economic advisers and congressional Republicans have begun preliminary discussions about making significant changes to Medicaid, food stamps and other federal safety net programs to offset the enormous cost of extending Trump's 2017 tax cuts next year. Among the options under discussion by GOP lawmakers and aides are new work requirements and spending caps for the programs, according to seven people familiar with the talks, many of whom spoke on the condition of anonymity because they were not authorized to speak publicly. Those conversations have included some economic officials on Trump's transition team, the people said.

However, concern is high among some Republicans about the political downsides of such cuts, which would affect programs that provide support for at least 70 million low-income Americans, and some people familiar with the talks stressed that discussions are preliminary. . .

The discussions center on Trump's 2017 tax bill, which lowered taxes for the vast majority of Americans. Major portions of that law are set to expire at the end of next year, and extending those provisions — as Trump has proposed — would add more than \$4 trillion to the already soaring national debt over the next decade, according to congressional bookkeepers. The debt exceeds \$36 trillion now. Trump also campaigned on a bevy of new tax cuts — such as ending taxes on tips and overtime — which tack trillions more onto the overall price tag. . .

Republicans warn that Medicaid spending has ballooned in the wake of the Affordable Care Act's expansion, saying that the program's structure puts outside pressure on the federal budget. While states administer the program, the federal government provides matching payments that heavily subsidize it.

House Budget Committee Chair Jodey Arrington (R-Texas) told reporters Wednesday that a "responsible and reasonable work requirement" for Medicaid benefits resembling the one that already exists for food stamps could yield about \$100 billion in savings. He also said another \$160 billion in reduced costs could come from checking Medicaid eligibility more than once per year. . .

One influential conservative think tank, the Paragon Health Institute, published a [July paper](#) outlining some additional Medicaid changes that it said would cut federal deficits by more than \$500 billion over a decade.

Republicans are also discussing stripping presidential authority to recalculate benefits for the Supplemental Nutrition Assistance Program, the food stamp program known as SNAP, lawmakers say. The 2017 farm bill allowed the White House to increase benefits even if doing so raised the national debt. Republicans argue that if they eliminate that authority and hemmed in SNAP benefits — which increase automatically with inflation — that should count as reducing the deficit by tens of billions of dollars, according to some estimates.

The last time Republicans controlled both branches of Congress and the White House, in the first two years of Trump's first term, they came within one Senate vote of repealing the Affordable Care Act — amid a significant backlash even in GOP-controlled states to plans to cut Medicaid spending. More than 70 million people receive health benefits through Medicaid. One

	<p>plan considered by the Senate in 2017 would have lowered Medicaid enrollment by 15 million people, with most of them unlikely to find alternate health coverage, according to projections by the nonpartisan Congressional Budget Office.</p> <p>23. Politico November 17, 2024 <u>Selection of RFK Jr. will amplify discussion of public health, Deborah Birx says</u> By David Cohen Dr. Deborah Birx, President-elect Donald Trump’s Covid response coordinator during his first term, said Sunday she expects that the nomination of Robert F. Kennedy Jr. for Trump’s second-term Cabinet will lead to illuminating discussions about public health. . . When it comes to the Department of Health and Human Services, Birx said she thought that Kennedy would need “a management person at his side, a chief of staff” to help him lead a department that manages all the areas that fall under the umbrella of public health. “HHS is probably one of our most complicated departments,” she said.</p> <p>24. *Wall Street Journal November 16, 2024 <u>How Radical Can RFK Jr. Be as America’s Top Health Official?</u> By Betsy McKay and Catherine Lucey Robert F. Kennedy Jr. has pledged to make sweeping changes to public health if he is confirmed as the <u>nation’s top health official</u>. He might hit some roadblocks along the way. As secretary of the Health and Human Services Department, Kennedy would oversee 13 operating divisions with more than 80,000 employees, including the Food and Drug Administration, National Institutes of Health and the Centers for Disease Control and Prevention. . . Kennedy would have power to make some but not all changes he has said he wants to make at the FDA. He could overrule the agency’s decisions about drug approvals. It is a rare step, but in 2011, HHS Secretary Kathleen Sebelius overruled an FDA decision to allow an emergency contraceptive to be sold without a prescription to all women and girls, regardless of age. The matter landed in federal court, which ordered a lifting of age restrictions. Kennedy has criticized fees that companies pay to the FDA for review of drug applications. The arrangement ensures that the FDA has the staff needed for speedy reviews, according to industry executives, who say the fees are like a tax and don’t buy favor with the FDA, as Kennedy has suggested.</p>
Public Policy	<p>25. *Hampshire Gazette October 29, 2024 <u>As number of health care workers in Valley dwindle, experts at UMass summit brainstorm ways to reverse trend</u> By Alexa Lewis Summary: Western Massachusetts Faces Health Care Crisis Western Massachusetts is grappling with a significant health care crisis, primarily due to severe workforce shortages. This issue is particularly acute in rural areas, where aging populations and limited access to care exacerbate the problem. Key challenges include:</p> <ul style="list-style-type: none"> • Nursing Shortages: A critical shortage of nurses is impacting the quality and availability of care.

	<ul style="list-style-type: none"> • Delayed Care: Many residents are facing long wait times for appointments and essential medical services. • Inequitable Access: Disparities in access to care exist across different demographics and geographic regions. • Financial Strain: Increased labor costs and decreased reimbursement rates are putting a strain on healthcare providers. <p>To address these challenges, various solutions are being proposed, including:</p> <ul style="list-style-type: none"> • Workforce Development: Investing in programs to train and retain healthcare workers, particularly nurses. • Financial Support: Providing financial incentives and support for healthcare education and training. • Policy Changes: Implementing policies to streamline the hiring process for foreign-trained healthcare professionals. • Improved Working Conditions: Addressing issues such as burnout and workplace violence to improve job satisfaction and retention. <p>By addressing these issues, it is hoped that Western Massachusetts can improve access to quality healthcare for all residents, especially those in rural and underserved communities.</p>
<p>Climate Change</p>	<p>26. NC Health News November 16, 2024 <u>Damaged infrastructure creating challenges for social services in NC disaster counties</u> By Lucas Thomae Summary: Western North Carolina Struggles with Post-Hurricane Helene Recovery Tropical Storm Helene caused significant damage to Western North Carolina, particularly impacting Department of Social Services (DSS) operations. Key challenges faced by DSS agencies include:</p> <ul style="list-style-type: none"> • Accessibility: Road damage hindered in-person visits for child welfare checks, foster care oversight, and inspections of adult care facilities. • Communication Disruptions: Power outages and communication disruptions made it difficult to contact families and coordinate services. • Staffing Shortages: DSS staff were overwhelmed with additional responsibilities, including managing emergency shelters and disaster relief programs. • Housing Displacements: Some families and individuals were displaced from their homes, requiring temporary housing arrangements. <p>Despite these challenges, DSS agencies have worked tirelessly to ensure the safety and well-being of children and adults under their care. State and federal assistance, along with the dedication of DSS staff, has been crucial in the recovery process. However, the long-term impact of the storm on the region's social services infrastructure remains to be seen.</p>
<p>From Around the Country</p>	<p>27. South Dakota Searchlight November 16, 2024 <u>Nursing home representatives hope Trump administration halts 'impossible' staffing rule</u> By Makenzie Huber Organizations representing South Dakota nursing homes are hopeful President-elect Donald Trump will halt a staffing rule they say could devastate their industry. The organizations have said for over a year that a new staffing rule imposed by the U.S. Centers for Medicare and Medicaid under President Joe Biden</p>

will decimate nursing homes in the state. The price tag for South Dakota nursing homes will be just under \$20 million, or \$205,000 per facility, they estimate.

“I think we can look forward to different outcomes with those different policymakers in place, not taking that for granted or counting on it as we continue to pursue other strategies,” said Brett Hoffman, director of public policy and communications with the South Dakota Health Care Association. He spoke to the Legislature’s budget committee Thursday in Pierre.

The rule is aimed at increasing accountability and addressing [chronically understaffed](#) nursing homes, which can lead to low quality and unsafe care, according to the [U.S. Department of Health and Human Services](#).

Urban areas of the state, such as Sioux Falls and Rapid City as well as midsize cities such as Aberdeen, Spearfish and Yankton, must meet requirements by May 2026. Rural areas have until May 2027.

The most controversial rules dictate that a registered nurse be on staff at all times and that nursing homes meet a staffing standard of 3.48 hours per resident day.

It would be “impossible” to implement the requirements in South Dakota, Hoffman said. He added that up to 600 nursing home residents — 12.5% of the statewide nursing home resident population — would be at risk for displacement.

After a sharp decline during the pandemic in staffing and slow recovery since then, the rule could cost significantly more if nursing homes must contract travel nurses, said Justin Hinker, vice president of post-acute care at the South Dakota Association of Healthcare Organizations.

About 5% of South Dakota facilities currently meet the hours per resident day requirement, Hinker added.

Two lawsuits are challenging the rule, including [one involving South Dakota](#), and there are several federal bills that could overturn the rule, Hinker said. A potential U.S. Supreme Court decision in a separate case could impact federal agencies’ rulemaking authority.

“We’re not opposed to adequate staffing, but we’re not in favor of a one-size-fits-all,” Hinker said.

Hinker told lawmakers a withdrawal of the rule is not the only action needed to support nursing homes in the state. Lawmakers should continue to invest in the “health care continuum” for South Dakota seniors, he said, including assisted living, home health, hospice and palliative care.

28. New York Post

November 15, 2024

[NY nursing home execs settle for \\$45M after stealing nearly double that through patient neglect, wretched conditions: AG](#)

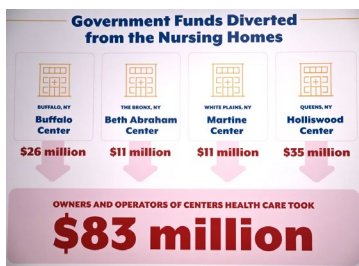
By Peter Senzamici

Summary:

Nursing home executives in New York have agreed to a \$45 million settlement after being accused of a massive fraud scheme. The owners of Centers for Care, Kenneth Rozenberg and Daryl Hagler, were accused of diverting \$83 million from their nursing homes to benefit themselves while neglecting residents. The settlement includes a \$35 million fund for improved resident care and staffing, as well as restitution to Medicare and Medicaid. The AG’s office has also filed similar lawsuits against other nursing homes in New York.

29. McKnight’s Long-Term Care News

November 14, 2024



	<p><u>Nursing home that once fought receivership now asks state to help accomplish it</u> By Zee Johnson Summary: The owners of Cold Spring Hills Center for Nursing & Rehabilitation, a financially struggling New York nursing home, have requested receivership. This comes after a year of battling employees and the state's attorney general over similar requests. The facility's owners have found a potential buyer, who has applied to become the receiver while the change of ownership process is underway. The nursing home has faced numerous financial and operational challenges, including delayed employee payments and healthcare benefit issues. This situation highlights the growing trend of nursing homes seeking receivership to address financial difficulties and improve resident and worker conditions. Similar cases have occurred in Massachusetts and New York, where state authorities have intervened to protect residents and staff.</p> <p>30. Bangor Daily News November 14, 2024 <u>Developer scales back midcoast nursing home plan</u> By Jules Walkup</p>
<p>Public Sessions</p>	<p>31. Autism Commission Thursday, November 21, 2024, 1:00 p.m. <i>Housing Subcommittee of the Autism Commission meeting</i> <u>Zoom</u></p>
<p>Support Dignity Alliance Massachusetts</p> <p><u>Please Donate!</u></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, <u>www.DignityAllianceMA.org</u>, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p><u>https://dignityalliancema.org/donate/</u></p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts</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: <u>https://tinyurl.com/DignityLegislativeEndorsements</u></p>

Legislative Endorsements	Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmooore8473@charter.net .	
Websites		
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 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	

	<p>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. 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. 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> <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)
<p>Nursing Home Closures (pending)</p>	<p>Massachusetts Department of Public Health <i>Phillips Manor Nursing Home</i> <i>Closure date: February 25, 2025</i></p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p><i>Highview of Northampton</i></p>

	<p><i>Closure date: February 6, 2025</i> Notice of Intent to Close (PDF) (DOCX) “We would additionally request a one-year temporary deactivation of our license as we are in the architectural phase of evaluating the building.” 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> <i>Closure date: September 11, 2024</i> <i>Bridgewater Nursing & 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> <i>Closure date: April 2, 2024</i> <i>South Dennis Health Care, Dennis</i> <i>Closure date: January 30, 2024</i> <i>Arnold House Nursing Home, Stoneham</i> <i>Closure date: September 22, 2023</i> <i>Willimansett East, Chicopee</i> <i>Closure date: June 6, 2023</i> <i>Willimansett West, Chicopee</i> <i>Closure date: June 6, 2023</i> <i>Chapin Center Springfield</i> <i>Closure date: June 6, 2023</i> <i>Governors Center, Westfield</i> <i>Closure date: June 6, 2023</i> <i>Emerson Rehabilitation and Transitional Care Unit</i> <i>Closure date: May 17, 2023</i> <i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> <i>Closure date: February 10, 2022</i> <i>Heathwood Healthcare, Newton</i> <i>Closure date: January 5, 2022</i> <i>Mt. Ida Rest Home, Newton</i> <i>Closure date: December 31, 2021</i> <i>Wingate at Chestnut Hill, Newton, MA</i> <i>Closure date: October 1, 2021</i> <i>Halcyon House, Methuen</i> <i>Closure date: July 16, 2021</i> <i>Agawam HealthCare, Agawam</i> <i>Closure date: July 27, 2021</i> <i>Wareham HealthCare, Wareham</i> <i>Closure date: July 28, 2021</i> <i>Town & Country Health Care Center, Lowell</i> <i>Closure date: July 31, 2021</i></p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health Highview of Northampton</p>

<p>Massachusetts Department of Public Health Determination of Need Projects</p>	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care</i> 2023 <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboag</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u> <u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated April 24, 2024 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. What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.

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

Massachusetts facilities listed (updated)

Newly added to the listing

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

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)

	<p>https://www.geneshihcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523</p> <ul style="list-style-type: none"> • 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
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica Nursing Home Inspect Data updated April 24, 2024 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p>

	<p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # 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	in # Facilities	MA facilities cited	B	284	198	Tag B	C	108	85	Tag C	D	7,496	1,469	Tag D	E	1,965	788	Tag E	F	656	317	Tag F	G	568	384	Tag G	H	44	33	Tag H	I	3	2	Tag I	J	57	27	Tag J	K	8	5	Tag K	L	5	2	Tag L
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. 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> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																																																
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. 																																																

	<ul style="list-style-type: none"> • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																													
Access to Dignity Alliance social media	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																																													
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Jim Lomastro Arlene Germain</td> <td>jimlomastro@comcast.net agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <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 Forrow	lforrow@bidmc.harvard.edu	Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	jimlomastro@comcast.net agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Legislative	Richard Moore	rmoore8743@charter.net	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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Bringing People Home: Implementing the Marsters class action settlement	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/																																													
REV UP Massachusetts	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: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .																																													
The Dignity Digest	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"> • <i>SCI Boston Advocacy Alert</i> 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 The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.

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.

Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.

The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.

Previous issues of The Tuesday Digest and The Dignity Digest are available at:

<https://dignityalliancema.org/dignity-digest/>

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.