



The Dignity Digest


Issue # 213

November 26, 2024

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

	<p>*May require registration before accessing the article.</p>
<p>DignityMA Zoom Sessions</p>	<p>Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.</p>
<p>Spotlight</p>	<p><u>As Americans Gather for Thanksgiving, New Federal Data Show Many Nursing Home Residents Endure Understaffed Facilities</u> Long Term Care Community Coalition November 25, 2024</p> <p>Federal law mandates that all nursing homes provide sufficient staff to meet the care and quality of life needs of their residents every day. However, new data show that hundreds of thousands of residents live in facilities that are staffed far below the minimum needed to provide basic clinical care, as identified in a landmark 2001 federal study.</p> <p>According to LTCCC's latest nursing home staffing report, based on CMS's Q2 2024 payroll-based journal data, over 70% of U.S. nursing homes are failing to provide the 4.1 hours per resident day (HPRD) of nursing staff identified as necessary in the 2001 study.</p> <p>In addition to information on nurse staffing levels, LTCCC's staffing report also provides detailed data on various non-nurse staffing categories, including the presence of medical directors, therapists, and activities staff, and the extent to which facilities are using contract staff. It also includes summary findings at the national level, as well as analyses by CMS Region and by state.</p> <p>Staffing Facts for Q2 2024</p> <ul style="list-style-type: none"> • U.S. nursing homes reported an average of 3.71 total nurse staff hours per resident day (HPRD). • Nearly three-fourths (72.7%) of nursing homes provide less nursing staff time than the minimum necessary (as determined by the landmark 2001 federal study.) • Missouri, Illinois, Texas, New Mexico, and West Virginia provided the lowest average staffing ratios. • Alaska, Oregon, North Dakota, Hawaii, and Washington —mostly smaller states—provided the highest staffing ratios. • More than a third (36.1%) of nursing homes reported zero medical director time in Q2 2024. Among nursing homes reporting a medical director, the medical director was on payroll for an average of 35 minutes per day or 4.1 hours per week per facility. <ul style="list-style-type: none"> ○ Note: LTCCC's recent study published in the Journal of the American Geriatrics Society, found alarming gaps in medical director presence in U.S. nursing homes. • The share of contract staffing hours continues to drop, accounting for 7.0% of all nurse staffing hours in Q2 2024 (compared to 9.7% in Q2 2023).

	<ul style="list-style-type: none"> • Understaffing is especially problematic on holidays and weekends. <ul style="list-style-type: none"> ○ On Mother's Day this year, nursing homes reported an average of only 3.13 total nurse staff HPRD. ○ Last year, nursing homes provided an average of 3.43 nurse staffing HPRD on Thanksgiving, over 10% less than the weekday average for that quarter (3.86 HPRD). Will nursing homes be any safer this Thanksgiving? <p>Source: CMS Payroll-Based Journal Data (Q2 2024, Q4 2023). Notes: (1) This report is based on the most recent payroll-based journal (PBJ) data reported by the federal Centers for Medicare & Medicaid Services (CMS). (Sources: PBJ Daily Nurse Staffing, PBJ Daily Non-Nurse Staffing, Provider Information). Visit the NursingHome411 Data Center for more information on staffing, five-star ratings, and other important nursing home data. (2) The new federal staffing requirements will not go into effect for several years. For more information, see LTCCC's brief, The New Federal Nursing Home Staffing Standard: What You Need to Know</p>
<p>Quotes</p>	<p><i>Last year, nursing homes provided an average of 3.43 nurse staffing HPRD on Thanksgiving, over 10% less than the weekday average for that quarter (3.86 HPRD). Will nursing homes be any safer this Thanksgiving?</i></p> <p>As Americans Gather for Thanksgiving, New Federal Data Show Many Nursing Home Residents Endure Understaffed Facilities (Long Term Care Community Coalition, November 25, 2024)</p> <p><i>“We are proud to appoint Robin Lipson to serve as Secretary of the Executive Office of Elder Affairs. Her work has made Massachusetts one of the best places to age, as we prioritize meeting the needs of older adults, lowering costs, and helping people safely stay in their communities.”</i></p> <p>Governor Maura Healey, Robin Lipson Appointed Secretary of Elder Affairs (Executive Office of Health and Human Services, November 20, 2024)</p> <p><i>The criminal legal system disproportionately affects historically marginalized communities. For men born in 2001, one in five Black men will be incarcerated, compared to only one in 20 white men.</i></p> <p>Five Ways Medicaid Can Improve Outcomes for People Involved in the Criminal Legal System, Center for Health Care Strategies, November 13, 2024</p>

	<p><u>Roughly 11,200 people a day are turning age 65 in the U.S. By 2034, it is projected that there will be more older adults than children in the country for the first time in U.S. history.</u> <i>An Aging America: Priorities and Policy Innovations</i>, The National Academy for State Health Policy, November 11, 2024</p> <p><u>Medicaid is the primary public source of coverage for long-term services and supports (LTSS), funding over half of these services in 2020.</u> <i>An Aging America: Priorities and Policy Innovations</i>, The National Academy for State Health Policy, November 11, 2024</p>
<p>DignityMA Study Session</p>	<p>DignityMA Study Session <u>Learn about the role of Options Counselors</u> December 6, 2024, 9:00 a.m. Registration required: https://tinyurl.com/OptionsCouncilors</p> <p>Join Tri-Valley, Center for Living & Working (CLW), and Elder Services of Worcester (ESWA) to learn about how their Option’s Counselors (OC) help individuals of all ages navigate not only Long-Term Services & Supports (LTSS), but myriad other programs, benefits, and options that are available to help them make choices that enable them to live fully. We will discuss the history and evolution of the OC program, the value of Options Counselors across the LTSS spectrum, and demonstrate how strengthening the current OC system could be the beacon of the future. Tri-Valley, EWSA, and CLW are one of eleven Aging & Disability Resource Consortia (ADRC) that cover all of Massachusetts. Open to all. Free registration. The session will be recorded with captions. Registration required: https://tinyurl.com/OptionsCouncilors Questions: Meg Coffin, Center for Living & Working, mcoffin@centerlw.org Betsey Crimmins, Mass Aging Access, bcrimmins@agingaccess.org</p>
<p>Robin Lipson Appointed Secretary of Elder Affairs</p> 	<p>Executive Office of Health and Human Services November 20, 2024 <u>Robin Lipson Appointed Secretary of Elder Affairs</u></p> <p>Today, Secretary of Health and Human Services Kate Walsh announced that Robin Lipson has been appointed to the role of Secretary of the Executive Office of Elder Affairs (EOEA), effective immediately. Lipson has been a senior leader at EOEA since 2015, including five years as Deputy Secretary before her appointment as Acting Secretary in June.</p> <p>“We are proud to appoint Robin Lipson to serve as Secretary of the Executive Office of Elder Affairs,” said Governor Maura Healey. “Her work has made Massachusetts one of the best places to age, as we prioritize meeting the needs of older adults, lowering costs, and helping people safely stay in their communities.”</p> <p>“Robin has a proven track record of supporting communities across Massachusetts as they improve access for older adults,” said Lieutenant Governor Kim Driscoll. “I look forward to her continued</p>

leadership to ensure we have the resources we need to improve the lives of older adults and their families in our state.”
“We are delighted that Robin has agreed to bring her experience and talents to our goal of making Massachusetts the best place to grow old,” said **Secretary Walsh**. “She will bring innovation and expertise to EOHHS and across other Secretariats to ensure that we are fully supporting aging adults and the people who love them. Robin’s relationships with cities and towns and community organizations will inform our work as we create places for people to age with independence and dignity.”

“I am grateful and fortunate for this opportunity to continue to serve our aging residents and their families,” said **Secretary Lipson**. “I look forward to continuing the strides our agency has made to make Massachusetts a more age- and dementia-friendly place to live. Together, we will continue to support aging adults to live and thrive, safely and independently.”

With approximately 1.7 million older adults and 1 million family caregivers in Massachusetts, EOEA provides quality aging-related resources to support individuals to live and thrive in their communities. Lipson, a family caregiver herself to her 95-year-old mother, is dedicated to making Massachusetts a great place to grow up and grow older, for all.

Lipson first joined EOEA as Chief of Staff in 2015. During her tenure, more than 200 cities and towns in Massachusetts have made positive changes to make their communities more age- and dementia-friendly, becoming more welcoming and livable for residents of all ages. Prior to joining EOEA, Lipson garnered 40 years of experience working extensively at the intersection of health care strategy, policy, and implementation. She has held leadership roles in the public, not-for-profit, and private sectors, including Deputy Director of the Massachusetts Medicaid Program, and later becoming the first-ever Vice President of Strategic Planning for Blue Cross and Blue Shield of MA. At EOEA, Lipson will continue to lead the agency in implementing services that enable residents to age in community, rather than a nursing home or similar long-term care facility.

Statements of Support

Betsey Crimmins, Executive Director, Mass Aging Access

“On behalf of Mass Aging Access and the 27 ASAP/AAA organizations across the Commonwealth that provide services and supports to older adults and people with disabilities to help them live independently in their homes and communities, we are thrilled that Robin Lipson will be the Secretary of the Executive Office of Elder Affairs. The Commonwealth could not ask for a better leader than Secretary Lipson. Few people have the historical knowledge of the multiple systems and programs that older adults and their caregivers must navigate along with the level of expertise that she possesses. Secretary Lipson is passionate about the older adult population, the work of EOEA, and its mission. She is highly respected by her staff, state partners, legislators, and community-based partners. Over my many years in the aging network, I cannot think of anyone else who could serve in the role of Secretary of EOEA with a greater level of expertise, passion, or community support.”

Nora Moreno Cargie, President, Point32Health Foundation

“Massachusetts is nationally recognized in its aging work because our leaders understand that success comes from honoring community, focusing on equity and centering the priorities and solutions of older people in the process.

“For nearly a decade at the Executive Office of Elder Affairs, Robin Lipson has demonstrated these values and more. Her collaborative spirit, her lived experience, and her commitment to improving the lives of older adults, especially ensuring equitable access to all programs, have made the Commonwealth a better place to grow up and grow old.

“We’re proud to work with the Healey-Driscoll Administration and celebrate the choice of Robin Lipson to lead EOEA. As the only New England funder focused on equity in aging, we are excited to build on the work already underway. The Commonwealth was one of the first states named “age-friendly” by AARP and remains in the forefront of this movement due to Robin Lipson’s leadership. In Massachusetts, we are finding ways to support caregivers, improve access to food, innovative transportation, and increase supportive housing—always engaging older people to get it right. I know I join scores of leaders in the aging movement in commending this appointment.”

Elissa Sherman, President, LeadingAge Massachusetts

“I applaud the selection of Robin Lipson as Secretary of the Executive Office of Elder Affairs. Robin Lipson is a highly respected leader, whose ability to build partnerships and drive collective action has been instrumental in establishing policies and programs aimed at improving the lives of all older adults in the Commonwealth. Her vision and dedication to creating age-friendly policies and environments are evident in the administration’s work to date and in its commitment to expanding this work into the future. LeadingAge Massachusetts and our membership of not-for-profit providers of aging services look forward to continuing our partnership with Secretary Lipson and EOEA to build a future where all older adults can live in age-friendly communities, where they receive the services they need, when they need them, in the place they call home.”

Emily Shea, Board Chair, Massachusetts Association of Councils on Aging

“We enthusiastically support Robin Lipson’s appointment as permanent Secretary of the Executive Office of Elder Affairs. She is a passionate advocate for older people, and has the depth of experience, knowledge and skills needed to meet the needs and opportunities of our rapidly aging population. We look forward to continuing our work with Secretary Lipson to make Massachusetts the best place to live and to age well.”

State House News

November 20, 2024

[Lipson Named Permanent Elder Affairs Secretary](#)

By Chris Lisinski

For the second time in less than a week, the Healey administration awarded an interim department head the permanent job.

Officials on Wednesday named Robin Lipson as the secretary of elder affairs effectively immediately, dropping the "interim" from her title.

Lipson joined EOEA as chief of staff in 2015. She stepped into the acting secretary role in June following the [sudden resignation](#) of Elizabeth Chen, who held the job for about five years.

	<p>"We are delighted that Robin has agreed to bring her experience and talents to our goal of making Massachusetts the best place to grow old," said Health and Human Services Secretary Kate Walsh. "She will bring innovation and expertise to EOHHS and across other Secretariats to ensure that we are fully supporting aging adults and the people who love them. Robin's relationships with cities and towns and community organizations will inform our work as we create places for people to age with independence and dignity."</p> <p>The Executive Office of Elder Affairs helps provide resources to the roughly 1.7 million older adults in Massachusetts. Lipson herself is among the state's 1 million family caregivers: Walsh's office said Lipson cares for her 95-year-old mother.</p> <p>Gov. Maura Healey praised Lipson, saying her work "has made Massachusetts one of the best places to age."</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 <u>here</u>.</p> <p>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. <u>Chapter 93A</u>, 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 <u>here</u>.</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>
Recruitment	See: Listings on MASsterList.com’s Job Board

<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Homelessness <u>Cross-Sector Strategies for Addressing Homelessness: Three State Programs Leading the Way for Targeted Populations</u> (The National Academy for State Health Policy, November 13, 2024)</p> <p>Aging Topics <u>An Aging America: Priorities and Policy Innovations</u> (The National Academy for State Health Policy, November 11, 2024)</p> <p>Caregiving <u>Caregiving State Policy Learning Collaborative</u> (The National Academy for State Health Policy, November 11, 2024)</p> <p>Incarceration <u>Five Ways Medicaid Can Improve Outcomes for People Involved in the Criminal Legal System</u> (Center for Health Care Strategies, November 13, 2024)</p> <p>Federal Administration Transition Public Policy <u>Advancing Health Care Transparency: A Menu of Options for State Policymakers</u> (CHIRblog, November 15, 2024) <u>Who Would Lose Coverage If Enhanced Premium Tax Credits Expire?</u> (Urban Institute, November 14, 2024)</p> <p>Climate Change From Our Colleagues Around the Country <u>As Americans Gather for Thanksgiving, New Federal Data Show Many Nursing Home Residents Endure Understaffed Facilities</u> (Long Term Care Community Coalition, November 25, 2024) <u>The Voice</u> (The Consumer Voice, November 19, 2024) <u>Senior Care Policy Brief: Undervalued and Underpaid</u> (Long Term Care Community Coalition, November 15, 2024)</p> <p>From Around the Country <u>Burnout, retirement, too few students: How NJ's nursing crisis will likely get worse</u> (NorthJersey.com, November 25, 2024) <u>Immediate Jeopardy in Nursing Homes is Rising: We Have Tools to Use Now</u> (GoLocalProv.com, November 25, 2024)</p>
<p>International Day for the Elimination of Violence against Women</p>	<p><u>International Day for the Elimination of Violence against Women</u> November 25, 2024</p> <p>Every 10 minutes, a woman is killed. #NoExcuse UNiTE to End Violence against Women</p> <p>Violence against women and girls remains one of the most prevalent and pervasive human rights violations in the world. Globally, almost one in three women have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both, at least once in their life. For at least 51,100 women in 2023, the cycle of gender-based violence ended with one final and brutal act—their murder by partners and family members. That means a woman was killed every 10 minutes. This scourge has intensified in different settings, including the workplace and online spaces, and has been exacerbated by conflicts, and climate change. The solution lies in robust responses, holding perpetrators accountable, and accelerating action through well-resourced national strategies and increased funding to women's rights movements.</p> <p>Join our 16 days of activism</p> <p>The International Day for the Elimination of Violence Against Women will mark the launch of the <u>UNiTE campaign</u> (Nov 25- Dec 10) — an initiative of</p>

	<p>16 days of activism concluding on the day that commemorates the International Human Rights Day (10 December). This 2024 campaign Every 10 Minutes, a woman is killed. #NoExcuse. UNiTE to End Violence against Women will draw attention to the alarming escalation of violence against women to revitalize commitments, call for accountability and action from decision-makers. Official Campaign Website</p>
<p>Webinars and Online Sessions</p>	<p>1. Honoring Choices Massachusetts Tuesday, December 3, 2024, 1200 to 1:00 p.m. Become a Health Care Planning Ambassador Enhance your knowledge and communication skills to confidently engage adults in simple health care planning conversations to complete a Health Care Proxy and Personal Directive (Living Will). Ambassadors gain strategies for seamless conversations from simple to helping adults manage chronic illness and live well with serious illness. Webinar Includes: • Health Care Planning Process- start key conversations and accompanying documents; • Review of 5 MA care planning documents, tools and conversation guides; • Review of the consumer friendly Getting Started Tool Kit; • Introduce the Next Steps Tool Kit and other conversation guides to engage adults in chronic to serious illness conversations. • Strategies to help adults subject to Guardianship explore possible alternatives; • New Video for Community Outreach: Who is Your Health Care Agent? Choosing and Agent and multilingual consumer handout. Who can attend: All interprofessional care team members and community professionals. Participants receive: Honoring Choices MA Health Care Planning Ambassador Certificate. Access to no cost tools kits, video, multilingual documents and conversation guides. For More Information: Contact Ellen DiPaola, President & CEO, edipaola@honoringchoicesmass.com REGISTER HERE</p>
<p>Previously posted webinars and online sessions</p>	<p>2. Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Homelessness</p>	<p>3. The National Academy for State Health Policy November 13, 2024 Cross-Sector Strategies for Addressing Homelessness: Three State Programs Leading the Way for Targeted Populations By Ella Roth States are responding to a series of overlapping public health crises, including increased homelessness and housing instability, increased morbidity and mortality due to substance use disorders, and over-reliance on corrections and institutional care in the absence of robust community-based solutions for complex behavioral health and social support needs. State policymakers are key players in shaping the policy ecosystem toward aligned federal, state, and local resources needed to implement effective programs. At NASHP’s 2024 Annual Health Policy Conference, Ohio, Michigan, and Illinois shared how they are implementing such strategies, tailored to the needs of individuals with substance use disorder, individuals reentering the community from incarceration, and transition-age youth.</p> <ul style="list-style-type: none"> • Ohio’s Recovery Housing Program relies on close collaboration among various state and local agencies to improve housing stability for individuals with substance use disorder. Recovery residences are

	<p>substance-free living environments that support individuals who are recovering from addiction.</p> <ul style="list-style-type: none"> • Michigan’s state prison system has a reentry program designed to support individuals transitioning from incarceration to the community that is funded through an annual appropriation in the state budget. As a result of this program, over the past 20 years, Michigan has seen state prison recidivism rates drop from 45 percent to 22 percent. • Illinois has a longstanding program to address homelessness among youth. This initiative highlights the importance of collaboration between child welfare systems and housing authorities to provide long-term support for families and young adults transitioning out of foster care. The Illinois Department of Children and Family Services (DCFS) supports coordination with housing assistance programs, working closely with public housing authorities (PHAs) — who administer the Family Unification Program (FUP) and the Foster Youth to Independence (FYI) vouchers — and homeless Continuums of Care. • For more information about NASHP’s Health and Housing work, please visit our Health and Housing Resource Center.
<p>Aging Topics</p>	<p>4. The National Academy for State Health Policy November 11, 2024 An Aging America: Priorities and Policy Innovations By Wendy Fox-Grage and Ella Taggart</p> <p>At NASHP’s 2024 conference in Nashville, Tennessee, the aging of America and how states are prioritizing and innovating to better serve this growing population was a major topic of discussion. Alison Barkoff, in her former role as acting administrator and assistant secretary of aging for the Administration for Community Living (ACL), was the keynote speaker at NASHP’s aging preconference event. Her remarks were followed by a panel of state leaders and additional presentations from policymakers and aging experts throughout the day.</p> <p>Here are key themes from the aging preconference, examples of state innovations from New York and North Dakota, and federal aging initiatives that support states:</p> <p>Creating a sustainable system to effectively support our aging population is critical. Roughly 11,200 people a day are turning age 65 in the U.S. By 2034, it is projected that there will be more older adults than children in the country for the first time in U.S. history. Medicaid is the primary public source of coverage for long-term services and supports (LTSS), funding over half of these services in 2020. The Older Americans Act is an important funding source for states, but it is not keeping pace with today’s senior population. The American Rescue Plan Act (ARPA) increased federal funding for home- and community-based services (HCBS), but most of the pandemic-related funding is now expiring. States are implementing creative initiatives to continue to support the health-related needs of this growing aging population.</p> <ul style="list-style-type: none"> • Innovations: States are using both remote technology and in-person education to better serve older adults while stretching limited dollars. The New York State Office for the Aging has partnerships with more than 20 technology companies to increase services and improve the health and well-being of older adults and caregivers. New York added social isolation and technology screening questions to its comprehensive assessment so older adults can be connected to digital solutions such as robotics, online courses, and virtual senior centers,

when appropriate. In **North Dakota**, the state conducts [LTSS Options Counseling](#) for all Medicaid individuals over age 21 who are referred for a long-term stay in a nursing home. The state sends staff to meet with individuals and provide education on the types of care options available to them, from nursing home care to in-home care. Nearly 5,000 visits were completed in 2023, in which more than 1,000 referrals were sent to HCBS case managers.

The U.S. will need more new direct care workers than any other occupation. The direct care workforce of aides and nursing assistants will add [more than 1 million new jobs](#) by 2031, which is more new jobs than any other occupation. At the same time, [nearly 9.3 million](#) total direct care jobs will need to be filled.

- **Innovations:** The pandemic and correlated funding to states has resulted in investments in the direct care workforce, as [40 of the states included at least one workforce-related item in their HCBS ARPA spending plans](#). **New York** has encouraged counties to hire personal care aides directly as county employees, giving them access to a full-time living wage, health and retirement benefits, and county transportation. To date, 14 counties are either directly hiring their own aides or contracting with a licensed home care agency to have aides specifically assigned to their county. The state is seeing a reduction in waiting lists and overall turnover of the aides. **North Dakota** issued [23 grants of up to \\$50,000](#) — provided by Money Follows the Person (MFP) and ARPA funds — to develop or expand access to in-home care providers in rural and Tribal communities. Sixty new in-home care agencies have enrolled since 2022. North Dakota is also developing a direct care careers online provider registry to help individuals and their caregivers find in-home care, similar to the [New York State Home Care Registry](#).
- At the federal level, [ACL's Direct Care Workforce Strategies Center](#) was launched to create a centralized place for best practices, guidance, and resources. The center is providing technical assistance to six states as well as 14 additional states in a learning collaborative.

Family caregivers are shoring up the workforce. With the direct care workforce shortage, [53 million family caregivers are providing \\$600 billion](#) of unpaid care annually. When they do not have support and time for self-care, [their health and well-being can suffer](#).

- **Innovations:** Many states have taken action to support family caregivers, including expansion of [Medicaid reimbursement for their services](#), increased [access to respite care](#), and the creation of additional supports in communities such as [training](#) and [educational resources](#). For example, the **New York** State Office for the Aging (NYSOFA), in partnership with the New York State Department of Labor, launched the [Working Caregiver Initiative](#) to address the unique stresses faced by employees who are juggling work and caregiving responsibilities. The initiative helps businesses, both public and private, and their human resources departments, understand and plan for the impact of caregiving on employees and foster a supportive workplace culture. As part of this initiative, NYSOFA provides the [ARCHANGELS' Caregiver Intensity Index \(CII\)](#) free to all caregivers in New York state. The CII provides caregivers with an intensity score that validates their caregiving experience and connects them to resources. NYSOFA has also

partnered with Trualta to offer a [free online evidence-based training and education platform to any caregiver in the state](#).

- The [National Strategy to Support Family Caregivers](#) provides a first-of-its-kind roadmap for a coordinated strategy for helping caregivers. It contains 500 actions, 150 of which can be implemented by states, communities, and others. A [2024 Report to Congress](#) found that nearly all of the 350 federal actions were completed or are in progress, and a [new progress report showcases the early impact on states and communities](#).

People first need housing to receive home- and community-based services. By 2035, households will be headed by someone 65 or older. With rising demand for housing that can meet the needs of older adults and people with disabilities, the [lack of both affordable and accessible housing will be barriers to aging in place](#) for many Americans.

- **Innovations:** While states are broadly working to increase access to housing, some are specifically targeting aging populations in these efforts. In **North Dakota**, MFP recipients receive transition supports as they are discharged from a nursing home, including a housing coordinator, through the [MFP Housing Program](#). This program helps find safe, affordable housing for persons who are MFP qualified and wish to transition out of institutions or nursing facilities and back into the community.
- Launched in 2021, the [Housing and Services Resource Center](#) is a partnership with the U.S. Department of Housing and Urban Development and ACL that highlights best practices and helpful resources. The [Housing and Services Partnership Accelerator](#) is supporting eight states in developing or expanding innovative housing-related supports and services for Medicaid-eligible people with disabilities and older adults who are experiencing or at risk of homelessness.

Rural areas need specific solutions. Rural areas have [higher concentrations of older residents than urban areas](#). These rural, older adults can have [access to fewer resources](#), experience more [complex health conditions](#), and be more affected by [provider shortages and service gaps](#). Care for people with LTSS needs in rural and frontier areas is challenging.

- **Innovations:** [Several states are focusing on better supporting older rural residents to age in place](#). For example, in **North Dakota**, 50 percent of people live in rural areas, and only nine cities have a population of more than 15,000 people. The state allows spouses and other family members to receive Medicaid payment for providing care. The state Medicaid program also pays a [higher rate to aides who are willing to travel to provide services in rural areas](#). Providers are not paid for travel time; the rural differential rate is paid for time spent providing services. The rates are based on the number of miles per round trip that a provider travels to serve an individual.

Partnerships and interagency coordination are crucial for states to serve older adults. Aging is both impacting and is impacted by health care, transportation, housing, technology, and workforce. All levels of government and agencies need to plan well.

- **Innovations:** [Multisector Plans for Aging](#) are being developed in many states, including as **New York** and **North Dakota**. Modeled after the state efforts, the [Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities](#), authorized by the Older Americans Act

	<p>and led by ACL, is working to improve coordination across federal agencies to promote healthy aging and age-friendly communities. In summer 2024, it released a Strategic Framework for a National Plan on Aging.</p> <p>It is estimated that more than half of people turning 65 today will need some LTSS during their life courses, and over 4.1 million people will turn 65 in 2024 alone. Women, people with lower incomes, and people with poorer health are more likely to need LTSS and need it for longer periods of time. It is time to modernize the state of care for older adults across federal, state, and local governments in partnership with communities. State leaders are taking action through legislation, regulation, and investments. NASHP remains committed to supporting state policymakers to improve the health and well-being of older adults.</p>
<p>Caregiving</p>	<p>5. The National Academy for State Health Policy November 11, 2024 Caregiving State Policy Learning Collaborative</p> <p>The National Academy for State Health Policy (NASHP), in partnership with The John A. Hartford Foundation and the Ralph C. Wilson, Jr. Foundation, is pleased to announce the selection of 14 states to participate in its 18-month Caregiving State Policy Learning Collaborative beginning January 2025 and ending June 2026 including Massachusetts. Participating states will share best practices and opportunities to strengthen policies and strategies to improve family caregiver policy. The collaborative, which is an initiative of the RAISE Act Family Caregiver Implementation and Technical Assistance Center, will focus on strengthening state family caregiving policy in alignment with the National Strategy to Support Family Caregivers. Topics to be addressed will include enhancing family caregiving training and awareness, expanding access to respite care, improving family caregiving assessment tools, and strengthening federal and state partnerships to support family caregivers. Through this learning collaborative, NASHP will connect states with peers and experts, identify best practices, and disseminate lessons learned and successes to state policymakers looking to better support family caregivers.</p>
<p>Incarceration</p>	<p>6. Center for Health Care Strategies November 13, 2024 Five Ways Medicaid Can Improve Outcomes for People Involved in the Criminal Legal System</p> <p>By Liz Buck and Charlie Thaxton</p> <p>This summary effectively captures the complex relationship between health and the criminal legal system, highlighting the disproportionate impact on marginalized communities. It emphasizes the crucial role of Medicaid agencies in addressing these issues through prevention, diversion, and reentry support.</p> <p>Key points include:</p> <ul style="list-style-type: none"> • Prevention and Diversion: Investing in behavioral health services and housing options to reduce reliance on law enforcement and address underlying causes of arrests. • Youth Support: Expanding Medicaid coverage and targeted case management services for incarcerated youth to facilitate reintegration and prevent future involvement. • Involving Lived Experience: Centering the voices of formerly incarcerated individuals in policymaking and workforce development.

	<ul style="list-style-type: none"> • Strengthening Community Care: Addressing barriers to care for reentering individuals and supporting culturally appropriate care. • Leveraging 1115 Waivers: Expanding Medicaid coverage for pre-release services and reinvesting in community-based prevention and diversion programs. <p>By implementing these strategies, Medicaid agencies can significantly improve health outcomes for individuals with criminal legal system involvement and contribute to a more just and equitable society.</p>
Public Policy	<p>7. CHIRblog November 15, 2024 Advancing Health Care Transparency: A Menu of Options for State Policymakers By CHIR Faculty</p> <p>This summary discusses the challenges of accessing affordable healthcare in the US and the role of state policymakers in increasing transparency to address this issue. Key points include:</p> <ul style="list-style-type: none"> • High healthcare costs: Many Americans struggle to afford healthcare due to rising costs. • Transparency as a tool: State policymakers are focusing on increasing transparency to lower commercial healthcare prices. • Ownership transparency: Understanding the ownership and control of healthcare providers is crucial for competition and affordability. • Billing location transparency: Transparency in facility fees can help consumers make informed decisions. • Building on federal transparency efforts: States can enforce and enhance federal transparency requirements to improve access to price information. • All-payer claims databases (APCDs): APCDs can provide valuable insights into healthcare spending and utilization. <p>While transparency is not a silver bullet, it can be a valuable tool to inform more robust policy actions and promote a more competitive and affordable healthcare market.</p> <p>8. Urban Institute November 14, 2024 Who Would Lose Coverage If Enhanced Premium Tax Credits Expire? By Jameson Carter, Michael Simpson, Matthew Buettgens, and Jessica Banthin</p> <p>A decade ago, the Affordable Care Act (ACA) reformed the American health care system, offering millions of Americans an affordable health insurance option. Today, more than 21 million Americans have enrolled in an ACA Marketplace plan, and the number of people without health insurance has been cut by 42 percent.</p> <p>The enhanced premium tax credit (PTC) has played a large role in this coverage expansion. Introduced as part of the American Rescue Plan Act in March 2021, enhanced PTCs made ACA insurance more affordable and available by lowering premiums and raising income eligibility thresholds. As a result, 92 percent of Marketplace enrollees qualified for enhanced PTCs in 2024, and an additional 5 million people enrolled.</p> <p>Yet, the enhanced PTCs are set to expire at the end of 2025. If nothing is done to preserve them, an Urban Institute analysis finds that an additional 4 million people would become uninsured after 2025. The rollback of enhanced PTCs would have wide-ranging implications, particularly for people with low incomes and people of color.</p>

<p>From Our Colleagues Around the Country</p>	<p>Here, we show how the expiration of the enhanced PTCs would affect people of different income levels, ages, races, and ethnicities nationwide. Access Interactive Data File</p> <p>9. Long Term Care Community Coalition November 25, 2024 As Americans Gather for Thanksgiving, New Federal Data Show Many Nursing Home Residents Endure Understaffed Facilities</p> <p>Federal law mandates that <i>all</i> nursing homes provide sufficient staff to meet the care and quality of life needs of their residents every day. However, new data show that hundreds of thousands of residents live in facilities that are staffed far below the minimum needed to provide basic clinical care, as identified in a landmark 2001 federal study. According to LTCCC's latest nursing home staffing report, based on CMS's Q2 2024 payroll-based journal data, over 70% of U.S. nursing homes are failing to provide the 4.1 hours per resident day (HPRD) of nursing staff identified as necessary in the 2001 study. In addition to information on nurse staffing levels, LTCCC's staffing report also provides detailed data on various non-nurse staffing categories, including the presence of medical directors, therapists, and activities staff, and the extent to which facilities are using contract staff. It also includes summary findings at the national level, as well as analyses by CMS Region and by state.</p> <p>Staffing Facts for Q2 2024</p> <ul style="list-style-type: none"> • U.S. nursing homes reported an average of 3.71 total nurse staff hours per resident day (HPRD). • Nearly three-fourths (72.7%) of nursing homes provide less nursing staff time than the minimum necessary (as determined by the landmark 2001 federal study.) • Missouri, Illinois, Texas, New Mexico, and West Virginia provided the lowest average staffing ratios. • Alaska, Oregon, North Dakota, Hawaii, and Washington —mostly smaller states—provided the highest staffing ratios. • More than a third (36.1%) of nursing homes reported zero medical director time in Q2 2024. Among nursing homes reporting a medical director, the medical director was on payroll for an average of 35 minutes per day or 4.1 hours per week per facility. <ul style="list-style-type: none"> ○ Note: LTCCC's recent study published in the Journal of the American Geriatrics Society, found alarming gaps in medical director presence in U.S. nursing homes. • The share of contract staffing hours continues to drop, accounting for 7.0% of all nurse staffing hours in Q2 2024 (compared to 9.7% in Q2 2023). • Understaffing is especially problematic on holidays and weekends. <ul style="list-style-type: none"> ○ On Mother's Day this year, nursing homes reported an average of only 3.13 total nurse staff HPRD. ○ Last year, nursing homes provided an average of 3.43 nurse staffing HPRD on Thanksgiving, over 10% less than the weekday average for that quarter (3.86 HPRD). Will nursing homes be any safer this Thanksgiving? <p>Source: CMS Payroll-Based Journal Data (Q2 2024, Q4 2023).</p>
--	--

Notes: (1) This report is based on the most recent payroll-based journal (PBJ) data reported by the federal Centers for Medicare & Medicaid Services (CMS). (Sources: [PBJ Daily Nurse Staffing](#), [PBJ Daily Non-Nurse Staffing](#), [Provider Information](#)). Visit the [NursingHome411 Data Center](#) for more information on staffing, five-star ratings, and other important nursing home data. (2) The new federal staffing requirements will not go into effect for several years. For more information, see LTCCC's brief, [The New Federal Nursing Home Staffing Standard: What You Need to Know](#).

10. The Consumer Voice

November 19, 2024

[The Voice](#)

In this Issue:

- [CMS Issues Guidance to State Surveyors Enforcing Nursing Home Regulations](#)
- [HHS Asks Court to Throw Out Lawsuit Opposing Staffing Rule](#)
- [Resources for National American Indian Heritage Month](#)

CMS Issues Guidance to State Surveyors Enforcing Nursing Home Regulations

On November 18, 2024, the Centers for Medicare & Medicaid Services (CMS) released [updated guidance](#) to state surveyors charged with enforcing federal nursing home regulations. The wide-ranging new guidance offers updates on:

- Unnecessary use of psychotropic medications
- Resident admission, transfer, and discharge rights.
- Resident assessments
- Infection control
- Additional areas

In the coming days, Consumer Voice will have a detailed summary of the new changes. Stay tuned!

HHS Asks Court to Throw Out Lawsuit Opposing Staffing Rule

Last week, the Department of Health and Human Services (HHS) [requested](#) a federal court in Texas throw out a lawsuit opposing the Centers for Medicare & Medicaid Service's (CMS) minimum staffing rule in nursing homes. In the request, HHS argued that Congress had granted the department "expansive authority" to regulate nursing homes that treat residents covered by Medicare and Medicaid. HHS also pointed out that CMS regulations include other staff requirements for nursing homes like those for infection preventionists and nutritionists. In addition, HHS argued that the Supreme Court ruled on the breadth of CMS' statutory authority when it upheld its COVID-19 healthcare worker vaccination rule. HHS' request comes in response to a lawsuit filed in October by the American Health Care Association, LeadingAge, and several other plaintiffs opposing the staffing rule.

Resources for National American Indian Heritage Month

November is [National American Indian Heritage Month](#). American Indian and Alaska Native communities experience significant systemic barriers to accessing health and social supports. Important resources regarding these issues:

- [Long-Term Care Ombudsman Services to Tribal Elders](#) - Technical Assistance Brief from the National Long-Term Care Ombudsman Resource Center (NORC)
- [Justice for Tribal Elders: Issues Impacting American Indian and Alaska Native Older Adults](#) - Issue brief from Justice in Aging

	<ul style="list-style-type: none"> • Tribal Nursing Home Best Practices from the Centers for Medicare & Medicaid Services (CMS) including resources on Cultural Sensitivity and Trauma and Person-Centered Care <p>11. Long Term Care Community Coalition November 15, 2024 Senior Care Policy Brief: Undervalued and Underpaid The Senior Care Policy Briefing covers important long-term care issues by highlighting policy updates, news reports, and academic research. Read the full Senior Care Policy Briefing below or download here.</p> <p>NEWSFLASH</p> <ul style="list-style-type: none"> • USA Today Network New York reported that a total of 428 nursing homes across New York failed to meet the minimum staffing requirements mandated by law, with some facilities providing as little as one-third of the required care hours. Despite these serious violations, the investigation found that no fines have yet been issued. • The NY staffing law, effective since 2022, requires each nursing home to provide at least 3.5 hours of daily care per resident. Though this is well below the 4.1 hours identified as necessary in a landmark 2001 study, only 30% of the state’s 606 nursing homes currently meet the standard. • Eight individuals have been indicted for allegedly defrauding Medicaid of approximately \$68 million through two social adult day care centers and a home health care intermediary. The scheme allegedly involved kickbacks and bribes for services that were not provided. <ul style="list-style-type: none"> ○ Each defendant faces multiple charges, including health care fraud, conspiracy, and money laundering, with severe potential penalties including lengthy prison sentences. <p>LTC BY THE NUMBERS</p> <ul style="list-style-type: none"> • Brookdale Senior Living, the nation’s largest senior living operator, announced plans to acquire 41 senior living communities for \$610 million. Brookdale’s CEO, Cindy Baier, highlighted the immediate financial benefits, including improved cash flow and lower capital costs. <ul style="list-style-type: none"> ○ Unfortunately for residents, this acquisition could mean further strain on resources if the company focuses more on growth rather than improving care standards. ○ According to federal data, the average Five-Star ratings for Brookdale Senior Living nursing homes are: <ul style="list-style-type: none"> ▪ Overall: 2.7 ▪ Inspections: 2.5 ▪ Staffing: 3.8 <p>UNDervalUED AND UNDERPAID</p> <ul style="list-style-type: none"> • According to a new factsheet from PHI, in 2023, direct care workers in all 50 states and Washington, D.C., earned less than workers in similar jobs in other industries. The hourly wage gap ranged from \$0.46 in Rhode Island to \$5.56 in Texas. <ul style="list-style-type: none"> ○ This wage gap highlights the undervaluation of direct care workers, who provide essential support to elderly and disabled individuals. Low wages can lead to high turnover, burnout, and staffing shortages, directly impacting the quality of care.
<p>From Around the Country</p>	<p>12. NorthJersey.com November 25, 2024</p>

	<p>Burnout, retirement, too few students: How NJ's nursing crisis will likely get worse</p> <p>By Scott Fallon</p> <p>The article highlights the severe nursing shortage in New Jersey, particularly in the wake of the COVID-19 pandemic. This shortage is exacerbated by an aging population requiring increased healthcare and a lack of qualified nursing professionals.</p> <p>While enrollment in nursing programs is increasing, several factors hinder expansion. Limited clinical training spots and faculty shortages are significant obstacles. Additionally, the low pay and demanding nature of nursing assistant roles contribute to high turnover rates in nursing homes. To address these issues, hospitals are turning to per-diem nurses like Kadesha Bryan, who work flexible shifts to supplement their income and provide much-needed support. However, long-term solutions require increased investment in nursing education and improved working conditions to attract and retain healthcare professionals.</p> <p>13. GoLocalProv.com November 25, 2024</p> <p>Immediate Jeopardy in Nursing Homes is Rising; We Have Tools to Use Now</p> <p>By Carol Costa</p> <p>The Senior Agenda Coalition of Rhode Island (SACRI) is alarmed by the recent surge in Immediate Jeopardy (IJ) citations at nursing homes in the state. IJ is a serious designation indicating potential harm or death to residents due to noncompliance with regulations. SACRI highlights several disturbing examples, including resident elopements, unlicensed staff performing procedures, medication errors, and instances of sexual assault. SACRI attributes these issues to factors like inadequate funding, a workforce crisis, and the increasing number of large, out-of-state corporations operating nursing homes. The coalition advocates for solutions such as minimum staffing standards, specialized training, better models for dementia care, and fair wages for direct care staff.</p> <p>SACRI calls on state officials to take immediate action, including appointing independent quality assurance monitors for facilities with multiple IJ citations and allocating funds to address the needs of residents with behavioral health issues. Additionally, the coalition urges the legislature to override the governor's veto of the Nursing Home Workforce Standards Board legislation.</p>
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p>

	<p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
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	<p>Nursing home Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
Money Follows the Person	<p>MassHealth Money Follows the Person</p> <p>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.</p> <p>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</p> <p>Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version</p>
Determination of Need (Pending proposals)	<p>Massachusetts Department of Public Health Lasell Village, Inc. – Conservation Long Term Care Project</p>

	<p>Lasell House is a thirty-eight (38) bed Medicare certified skilled nursing facility, located in Newton.</p> <p>This project is a phased renovation of the third floor Skilled Nursing Facility Lasell House. The facility has twenty-five (25) total bedrooms accommodating up to thirty-eight (38) residents. At present, all twenty-five (25) bedrooms have a toilet and sink with only one of the twenty-five (25) bedrooms having its own shower (the Special Care Isolation Bedroom). The other patients are currently transported to the Tub/Shower Room resulting in patients having to wait to receive a shower when the room is not occupied.</p> <p>Upon completion of the phased renovation, the facility will provide skilled nursing care in seventeen (17) Private Bedrooms and three (3) Semi-Private Bedrooms. The Semi-Private Bedrooms will be able to accommodate two residents or allow for a couple to remain together as they age through the Continuum of Care. The twenty (20) total bedrooms accommodate twenty-three (23) licensed beds with each bedroom having a full bathroom including toilet, sink, and shower. A select number of rooms will also be outfitted with additional structural blocking within the ceilings to accommodate Hoyer lifts in the future if they are needed. The tub room will be relocated to the lower level within the same building and located directly off the elevator. Service spaces will include a nursing station and two charting stations, a rehabilitation gym, dining space with nourishment kitchen, clean linen, clean utility room, medication room, oxygen storage, general storage, and public bathrooms. A new Linen Chute will be integrated into the building from the third floor emptying into a new Soiled Linen Room located in the lower level. The chute will alleviate the need for soiled linen closets to be located on the unit and will assist with infection prevention.</p> <p>The feel of the existing facility is reminiscent of a hospital setting as was typical of most skilled nursing facilities when Lasell House was constructed. One of the goals of this renovation, and one that is tied to Lasell's overall desire to improve the culture is to create a more homelike and welcoming feel within the facility. To achieve this goal, the new design does not include a central nurse's station and instead locates nurses and charting stations directly off the corridors so that they are easily accessible and able to monitor patients without being in the main circulation space. While finished materials still need to be durable and meet the fire rated standards for a skilled nursing facility, the design team will choose warm and inviting materials that would feel more like a home setting. Patient bedrooms will have new beds, bedside cabinets, bureaus, chairs, and window treatments as part of the renovation. Common areas will have new furniture, tables, and other accessories.</p> <p>Regarding building systems, the existing main mechanical, electrical, and plumbing infrastructure will remain, and the new design will connect to these existing systems. Improvements for patient comfort will be made by providing each bedroom with its own thermostat to independently control heating and cooling as currently two bedrooms share a single thermostat control.</p> <p>Additionally, the existing windows on the third floor will be replaced with new high-performing energy efficient windows. The roof on the building will be replaced as it is past its useful life.</p> <p>The Maximum Capital Expenditure (MCE) for the project is \$6,703,239.35.</p> <p>Application Documents</p> <ul style="list-style-type: none">• Application (PDF) (DOCX)
--	--

	<ul style="list-style-type: none"> • Capital Costs (XLSX) • Affiliated Parties (PDF) (DOCX) • Change in Service (PDF) (DOCX) • CPA Report (PDF) (DOCX) • Attachments (PDF) (DOCX)
Nursing Home Closures (pending)	<p>Massachusetts Department of Public Health <i>Phillips Manor Nursing Home</i> Closure date: February 25, 2025</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> Closure date: February 6, 2025 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.”</p> <p>Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website.</p>
Nursing Home Closures	<p>Massachusetts Department of Public Health <i>Marion Manor, South Boston</i> Closure date: September 11, 2024</p> <p><i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024</p> <p><i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024</p> <p><i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024</p> <p><i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024</p> <p><i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023</p> <p><i>Willimansett East, Chicopee</i> Closure date: June 6, 2023</p> <p><i>Willimansett West, Chicopee</i> Closure date: June 6, 2023</p> <p><i>Chapin Center Springfield</i> Closure date: June 6, 2023</p> <p><i>Governors Center, Westfield</i> Closure date: June 6, 2023</p> <p><i>Emerson Rehabilitation and Transitional Care Unit</i> Closure date: May 17, 2023</p> <p><i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure date: February 10, 2022</p> <p><i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022</p> <p><i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021</p> <p><i>Wingate at Chestnut Hill, Newton, MA</i> Closure date: October 1, 2021</p> <p><i>Halcyon House, Methuen</i> Closure date: July 16, 2021</p>

	<p><i>Agawam HealthCare, Agawam</i> Closure date: July 27, 2021</p> <p><i>Wareham HealthCare, Wareham</i> Closure date: July 28, 2021</p> <p><i>Town & Country Health Care Center, Lowell</i> Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health Highview of Northampton</p>
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health Determination of Need Projects: Long Term Care 2023 Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022 Ascentria Care Alliance – Laurel Ridge Ascentria Care Alliance – Lutheran Housing Ascentria Care Alliance – Quaboag Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation Next Step Healthcare LLC-Conservation Long Term Care Project Royal Falmouth – Conservation Long Term Care Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020 Advocate Healthcare of East Boston, LLC. Belmont Manor Nursing Home, Inc.</p>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated April 24, 2024 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have</p>

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?

- 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>

	<ul style="list-style-type: none"> • Charwell House Health and Rehabilitation, Norwood (27) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Fall River Healthcare (9) https://www.nextstephc.com/fallriver Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225723/ • Glen Ridge Nursing Care Center, Medford (13) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • Mill Town Health and Rehabilitation, Amesbury (26) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Parkway Health and Rehabilitation Center, West Roxbury (7) https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225497 • Pioneer Valley Health & Rehabilitation Center, South Hadley (24) https://pioneervalleyhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 • Plymouth Harborside Healthcare (4) https://www.nextstephc.com/plymouth Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225284/ • Plymouth Rehabilitation and Health Care Center (22) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Royal Norwell Nursing & Rehabilitation Center (4) https://norwell.royalhealthgroup.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225482/ <p>Massachusetts Facilities that have graduated from the program</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation & Health Care Center, Marlborough https://marlboroughhillsrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063/ • Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/ <p>No longer operating</p> <ul style="list-style-type: none"> • South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram
Nursing Home Inspect	ProPublica Nursing Home Inspect Data updated April 24, 2024

	<p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># Facilities</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>284</td> <td>198</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>108</td> <td>85</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>7,496</td> <td>1,469</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,965</td> <td>788</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>656</td> <td>317</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>568</td> <td>384</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>44</td> <td>33</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>3</td> <td>2</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>57</td> <td>27</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>8</td> <td>5</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>5</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated April 24, 2024</p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	284	198	Tag B	C	108	85	Tag C	D	7,496	1,469	Tag D	E	1,965	788	Tag E	F	656	317	Tag F	G	568	384	Tag G	H	44	33	Tag H	I	3	2	Tag I	J	57	27	Tag J	K	8	5	Tag K	L	5	2	Tag L
Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited																																														
B	284	198	Tag B																																														
C	108	85	Tag C																																														
D	7,496	1,469	Tag D																																														
E	1,965	788	Tag E																																														
F	656	317	Tag F																																														
G	568	384	Tag G																																														
H	44	33	Tag H																																														
I	3	2	Tag I																																														
J	57	27	Tag J																																														
K	8	5	Tag K																																														
L	5	2	Tag L																																														
Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i></p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p> <p>This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>																																																
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple</p>																																																

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

<i>The Dignity Digest</i>	<p>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</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"> • Wynn Gerhardt • Richard Moore • Ellen DiPaolo • <i>SCI Boston Advocacy Alert</i> <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i></p>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	