



Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL

January 11, 2023

Please standby – the meeting will begin shortly

Today's presentation is available on the mass.gov/dph website under "Upcoming Events" by clicking on the January 11th Public Health Council listing



Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING JANUARY 11, 2023

Margret R. Cooke, Commissioner

2022 DPH Accomplishments



New Health Professions Coming to DPH

Bureau of Health Professions Licensure:

1. Chiropractors
2. Dieticians and Nutritionists
3. Hearing Instrument Specialists
4. Dispensing Opticians
5. Optometrists
6. Podiatrists
7. Speech Pathologists and Audiologists
8. Allied Health Professionals (occupational therapists, athletic trainers, physical therapists)
9. Psychologists
10. Social Workers
11. Allied Mental Health and Human Services Professionals (mental health counselors, marriage and family therapists, rehabilitation counselors, educational psychologists, applied behavior analysts)

Office of Local and Regional Health:

12. Registered Sanitarians
13. Certified Health Officers

“Get Boosted” Campaign through March 2023

Free, family-friendly **COVID-19 vaccine clinics**

**Protect your
whole family with
vaccines and
updated boosters**



mass.gov/GetBoosted



Massachusetts
Department of
Public Health

\$9M for Low Threshold Housing

 OFFERED BY [Executive Office of Health and Human Services](#)

PRESS RELEASE

Baker-Polito Administration awards \$9 million for 156 housing units for individuals who are homeless

Funding to provide low-threshold housing and support services for adults who are experiencing homelessness, substance use disorder, medical, or mental health conditions

FOR IMMEDIATE RELEASE:


12/22/2022

Executive Office of Health and Human Services

BOSTON — Today the Executive Office of Health and Human Services (EOHHS) and its constituent agency, the Department of Public Health (DPH) announced \$9 million to expand access for temporary low-threshold permanent housing and support services for adults experiencing homelessness, substance use disorder, co-occurring illness, mental health conditions or are at risk for or living with HIV.

MEDIA CONTACT

Cecille Joan Avila, Media
Relations Manager

 Phone

(857) 301-0508

\$15M for Community Health Center Funding

 OFFERED BY [Executive Office of Health and Human Services](#)

PRESS RELEASE

Baker-Polito Administration announces new round of funding for Massachusetts Community Health Centers

\$45 million distributed for workforce recruitment and retention, Health Safety Net services, and to address deferred care


FOR IMMEDIATE RELEASE:

12/22/2022

Executive Office of Health and Human Services

MEDIA CONTACT

Cecille Joan Avila, Media Relations Manager

 Phone

(857) 301-0508

BOSTON — Today the Baker-Polito Administration announced a new round of funding for Community Health Centers (CHCs) as part of the Administration's continued support for these critically important health care providers. This latest funding builds upon more than \$117 million in funding for CHCs throughout the past year.

"Community health centers provide essential primary, preventive, dental and behavioral health treatment to anyone regardless of their ability to pay. Maintaining the viability of our Massachusetts Community Health Centers in Massachusetts is important to address the whole health needs of their patients and to support the communities in which they work," said Health and Human Services Secretary Marylou Sudders. "The Baker-Polito Administration has made community health centers a priority in our health care investments."

\$4.1M for Reproductive Health

 OFFERED BY [Department of Public Health](#)

PRESS RELEASE

Baker-Polito Administration awards \$4.1 million to 11 organizations to improve access to reproductive health services

FOR IMMEDIATE RELEASE:

12/28/2022


Department of Public Health

BOSTON — The Baker-Polito Administration announced \$4.1 million in grants to 11 community-based organizations and health care providers to improve access to reproductive health, including abortion care, across the Commonwealth.


The 11 funded organizations include existing health care organizations that provide abortion services, sexual and reproductive health care providers that will begin offering abortion services, and support for costs associated with receiving abortion care, for example, transportation, childcare payments, lodging, translation services, and abortion doulas.

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Healthcare Capacity



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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Boston, Massachusetts 02108

CHARLES D. BAKER
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KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
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MEMORANDUM

TO: Steve Walsh, Massachusetts Hospital Association
Dr. Mark Girad, Steward Health
Lora Pellegrini, Massachusetts Association of Health Plans
Andrew Dreyfus, Blue Cross Blue Shield MA
Tara Gregorio, Massachusetts Senior Care Association
Elissa Sherman, LeadingAge MA

FROM: Marylou Sudders 

RE: 90-day Strategies to Address Healthcare Capacity

DATE: December 8, 2022

The Massachusetts healthcare system is facing severe capacity challenges as we head into the winter with record hospital occupancy levels, three prevalent viruses circulating, and significant workforce shortages. The challenges exist and compounding across the system – from the hospital emergency department to EMS transports to post-acute care – and warrant a multi-faceted response.

As we prepare for the next several months, once again, our healthcare system has stepped up and united in response. To that end, we have requested, and your respective membership organizations, plus Steward Health Care and Blue Cross Blue Shield of Massachusetts, have agreed to the following set of temporary operational and practice changes.

Posted here:
[Public Health Guidance and
Directives for Health Care
Organizations \(link\)](#)



Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING DECEMBER 14, 2022

Margret R. Cooke, Commissioner



Massachusetts Department of Public Health

Post-Comment Revisions to 105 CMR 700.000:

Implementation of M.G.L. c. 94C

Lauren B. Nelson

Acting Deputy Director, Bureau of Health Professions Licensure

David E. Johnson

Director, Drug Control Program

Regulation Overview

105 CMR 700.000, *Implementation of M.G.L. c. 94C*:

- Sets forth consistent standards for the safety, security and storage of controlled substances;
 - Outlines Drug Control Program requirements for practitioners and facilities to receive a Massachusetts Controlled Substances Registration (MCSR); and
 - Manages oversight of the Prescription Monitoring Program (PMP) and the Medication Administration Program(MAP).
- Amendments are needed to implement new state and federal controlled substances and health professions licensure laws enacted since the last version of this regulation and to clarify current requirements and available flexibilities.

Overview of Pre-Comment Changes

Pre-comment amendments to 105 CMR 700.000 include:

- Authorizing independent prescriptive practice for APRNs and expanded practice for optometrists;
- Allowing rescue medication administration by trained, non-licensed staff in congregate care settings;
- Authorizing nurse delegation of medication administration at Massachusetts Houses of Correction;
- Permitting pharmacy technicians to administer vaccines in pharmacies;
- Lowering minimum age for pharmacy vaccine administration from 9 to 5 years old;
- Authorizing pharmacists to administer methadone by medication order in Opioid Treatment Programs;
- Simplifying inspection process so it is more predictable and aligns with boards' investigatory procedures;
- Highlighting that practitioners may only dispense schedule VI sample medication from their office; and
- Removing exemptions from requirement to check the PMP before prescribing opioids and benzodiazepines.

Public Comment Period

A public hearing on the pre-comment changes was held on November 10, 2022, following the presentation to the Public Health Council.

- **Eight** comments were received, resulting in **three** changes
- No additional changes resulted from
 - **Three** supportive comments
 - **Two** comments outside the scope of the pre-comment changes

Final Amendments – Changes based on comments received

700.003(L) *Rescue Medication Administration*

Summary of Pre-Comment Changes

- Codifies COVID-19 emergency order relative to rescue medication administration by trained, unlicensed direct care staff in specified health care settings.

Summary of Proposed Final Amendment

- Added a training requirement to ensure that non-licensed direct care staff are capable of safely administering rescue medications in emergency situations.

Final Amendments – Changes based on comments received

700.004(B)(9) *Medication Administration by Pharmacists*

Summary of Pre-Comment Changes

- Removes barrier to pharmacists administering behavioral health and substance use disorder medications, including methadone, in registered Opioid Treatment Programs (OTP) pursuant to medication orders
 - Medication administration at OTPs is conducted pursuant to medication orders, rather than prescriptions

Summary of Proposed Final Amendment

- Removes barrier to pharmacists administering the first dose of specified behavioral health and substance use disorder medications in the pharmacy
 - Six years of pharmacists administering BH/SUD medications has demonstrated the safety of pharmacist administration, and that patients and practitioners want first doses to be available at pharmacies for convenience and medication adherence

Final Amendments – Changes based on comments received

700.007 *Inspection Process*

Summary of Pre-Comment Changes

- Underscores DPH's access during inspections and enforcement and states "failure to cooperate with an inspection" as grounds for revocation, suspension, or refusal to renew
 - Confusion from overly detailed inspection requirements led practitioners and facilities to push back against unscheduled inspection requirements

Summary of Proposed Final Amendment

- Adds language that was inadvertently deleted, clarifying that inspectors must show credentials upon request.
 - Provides assurance to registrants that inspectors are identifiable and authorized to enter and inspect the facility

Next Steps

- Based on a comprehensive review of 105 CMR 700.000: *Implementation of M.G.L. c. 94C*, and the incorporation of comments from stakeholders, DPH recommends Public Health Council approval of these amendments for promulgation.
- The Drug Control Program will provide sub-regulatory guidance on the amended regulation to ensure awareness, consistency, and compliance.



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

For more information regarding the Drug Control Program, please find the relevant statutory language and the full current regulation here:

<https://malegislature.gov/Laws/GeneralLaws/TitleXV/Chapter94C>

<https://www.mass.gov/regulations/105-CMR-70000-implementation-of-mgl-c94c>

Please direct any questions to:

DCP.DPH@mass.gov



Massachusetts Department of Public Health

Proposed Regulations 105 CMR 800.000 & 801.000:

Registration of Sanitarians & Certification of Health Officers

Samuel Wong

Director, Office of Local and Regional Health

Background - Statutory Change 1

Chapter 39 of the Acts of 2021:

- Moving 13 health boards from Division of Occupational Licensure (DOL) to Department of Public Health (DPH)
- Licensees of 2 of these health boards are primarily employed by local public health agencies
 - Board of Registration of Sanitarians - **Registered Sanitarians (RS)**
 - Board of Certification of Health Officers - **Certified Health Officers (CHO)**
- Transition to DPH be completed by early February, 2023

Background - Statutory Change 2

Chapter 268 of the Acts of 2022:

- New statutes, M.G.L. c. 111 §§ 27E and 27F, enacted for DPH's administration of RS and CHO credentials
 - Defines sanitarian and health officer
 - DPH to establish requirements, duties, qualifications, and application process, and promulgate rules and regulations to administer the two credentials
- Effective January 1, 2023

Proposed DPH Regulations for RS and CHO

Proposed DPH regulations

- Similar to DOL regulations
- Retain licensure of current licensees
- Consistent with each other and other credentials issued by DPH, such as EMT

Public Comments

- Posted publicly
- Shared with local health
- Public hearing scheduled for January 13, 2023

DOL and Proposed DPH Regulations – Registration of Sanitarians Crosswalk of Key Differences

| DOL Registration of Sanitarians Regulations | Proposed DPH Registration of Sanitarians Regulation |
|--|--|
| Designated the Board of Registration of Sanitarians to manage the credential | Designates DPH to manage the credential , per updated statutes |
| Separated into 3 regulations <ul style="list-style-type: none"> • 255 CMR 2: Purpose, authority and definitions • 255 CMR 3: Registration as a sanitarian • 255 CMR 4: Continuing education | One single regulation <ul style="list-style-type: none"> • 105 CMR 800.000: Registration of Sanitarians |
| Required the Board to administer a licensing exam | Provides DPH the authority to approve an exam |
| Required the Board to approve a Continuing Education (CE) provider as “Recognized Entity” | Removes the approval process for CE providers and sets standards for CE programs |
| Limited language on disciplinary actions | Establishes clear structure for: <ul style="list-style-type: none"> • handling complaints • process to correct deficiencies • due process and grounds for disciplinary actions |

DOL and Proposed DPH Regulations – Certification of Health Officers Crosswalk of Key Differences

| DOL Certification of Health Officers Regulations | Proposed DPH Certification of Health Officers Regulation |
|---|--|
| Designated the Board of Certification of Health Officers to manage the credential | Designates DPH to manage the credential , per updated statutes |
| Separated into 3 regulations <ul style="list-style-type: none"> • 241 CMR 2: General Provisions • 241 CMR 3: Certification as a Health Officer • 241 CMR 4: Continuing Education Requirement | One single regulation <ul style="list-style-type: none"> • 105 CMR 801.000: Certification of Health Officers |
| Required the Board to conduct an exam | Provides DPH the authority to approve an exam |
| Required a minimum of 3 of the 12 continuing education contact hours pertain to subject matters in public health administration, management, or leadership | Requires a minimum of 6 of the 12 continuing education contact hours pertaining to subject matters in public health administration, management, or leadership |
| Limited language on disciplinary actions | Establishes clear structure for: <ul style="list-style-type: none"> • handling complaints • process to correct deficiencies • due process and grounds for disciplinary actions |

Next Steps

- Following this presentation to the Public Health Council, staff will hold a public hearing.
- After the close of the public comment period, staff will review public comments, revise as necessary to reflect comments received, and then request approval of the final revised regulation at a subsequent meeting of the Public Health Council.



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

For more information regarding Registration of Sanitarians and Certification of Health Officers, please find the relevant statutes and regulations here:

Proposed DPH Regulations:

<https://www.mass.gov/lists/registration-of-sanitarians-and-certification-of-health-officers>

Massachusetts Law:

<https://malegislature.gov/Laws/SessionLaws/Acts/2021/Chapter39>

<https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter268>



Massachusetts Department of Public Health

Overview of Massachusetts Services for Older Adults

Secretary Elizabeth Chen & Deputy Secretary Robin Lipson
Executive Office of Elder Affairs

**Deirdre Calvert, Marita Callahan, Nassira Nicola,
Donna Quinn, Jessica del Rosario, & Kevin Cranston**
Department of Public Health



Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION



Overview of EOEA for Public Health Council

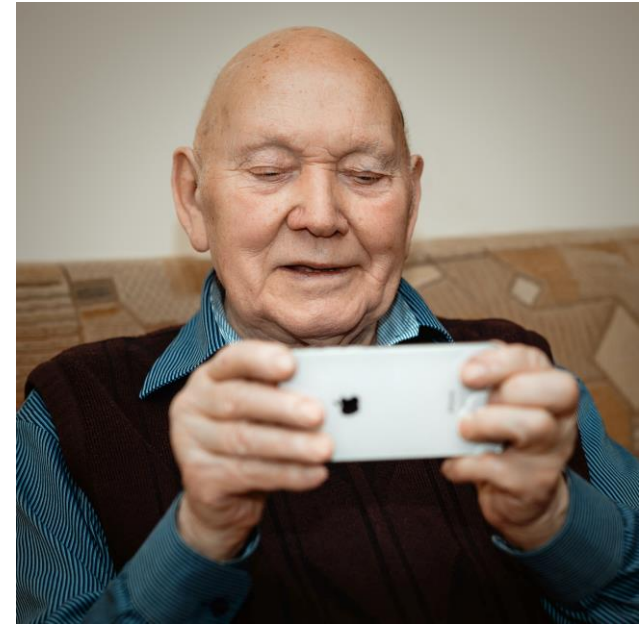
Secretary Elizabeth Chen &
Deputy Secretary Robin Lipson

11 January 2023

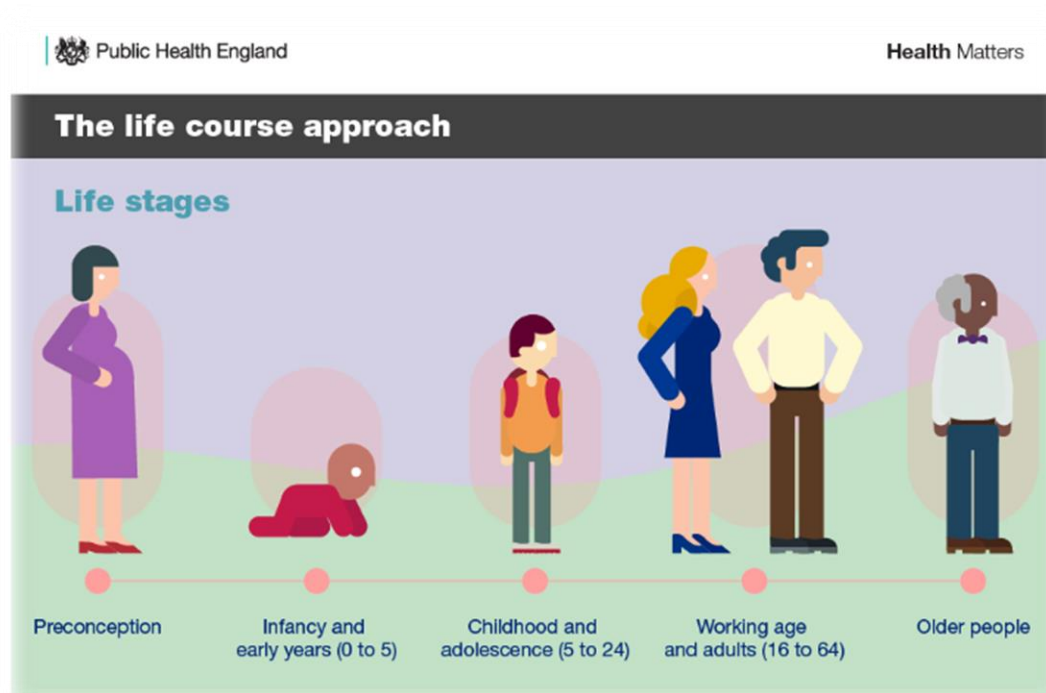
Executive Office of Elder Affairs (EOEA)

Our goal is to ensure that older people across the Commonwealth have opportunities to age and thrive in the communities of their choice.

Our programs and services support the 1.7 million older adults and their caregivers across the Commonwealth.

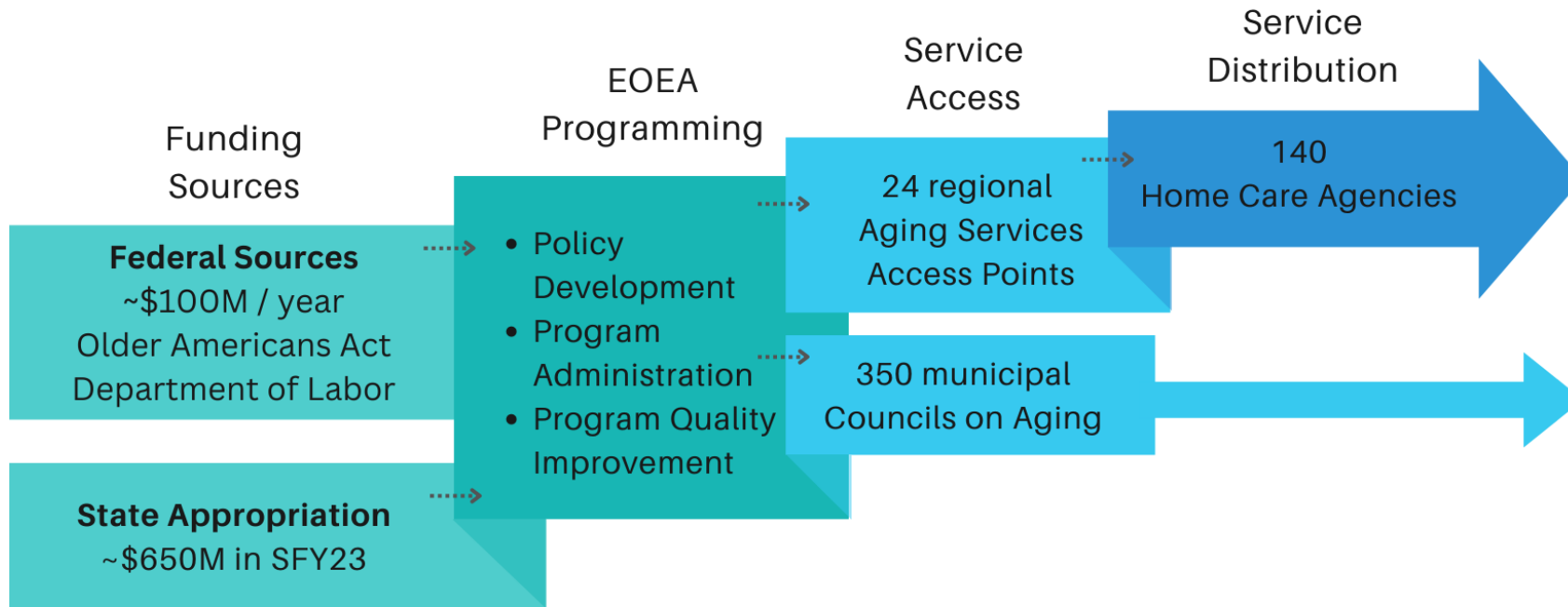


EOEA Uses the Life Course Approach to Prevention and Intervention for Optimal Health



- ✓ Acknowledge that there are protective and risk factors for optimal health and function across every stage in the life course.
- ✓ A supportive environment can enhance individual functional abilities.
- ✓ Altering policies, societal norms, and built environments to enhance functional abilities benefits people of all ages.
- ✓ Focusing on older people also includes considerations for younger, working-age people who are caregivers to older adults; or younger people who are in the care of older adults who are custodial parents or grandparents.

EOEA Funding and Distribution of Services



Councils on Aging

The 350 Councils on Aging (COA)/Senior Centers are municipal departments in the Commonwealth. Programs and services that may be offered by the COA include:

- ✓ Transportation
- ✓ Meals
- ✓ Health Screening
- ✓ Health Insurance Counseling
- ✓ Social and Community Engagement
- ✓ Fitness, Wellness, and Recreation Activities
- ✓ Local Outreach and Information

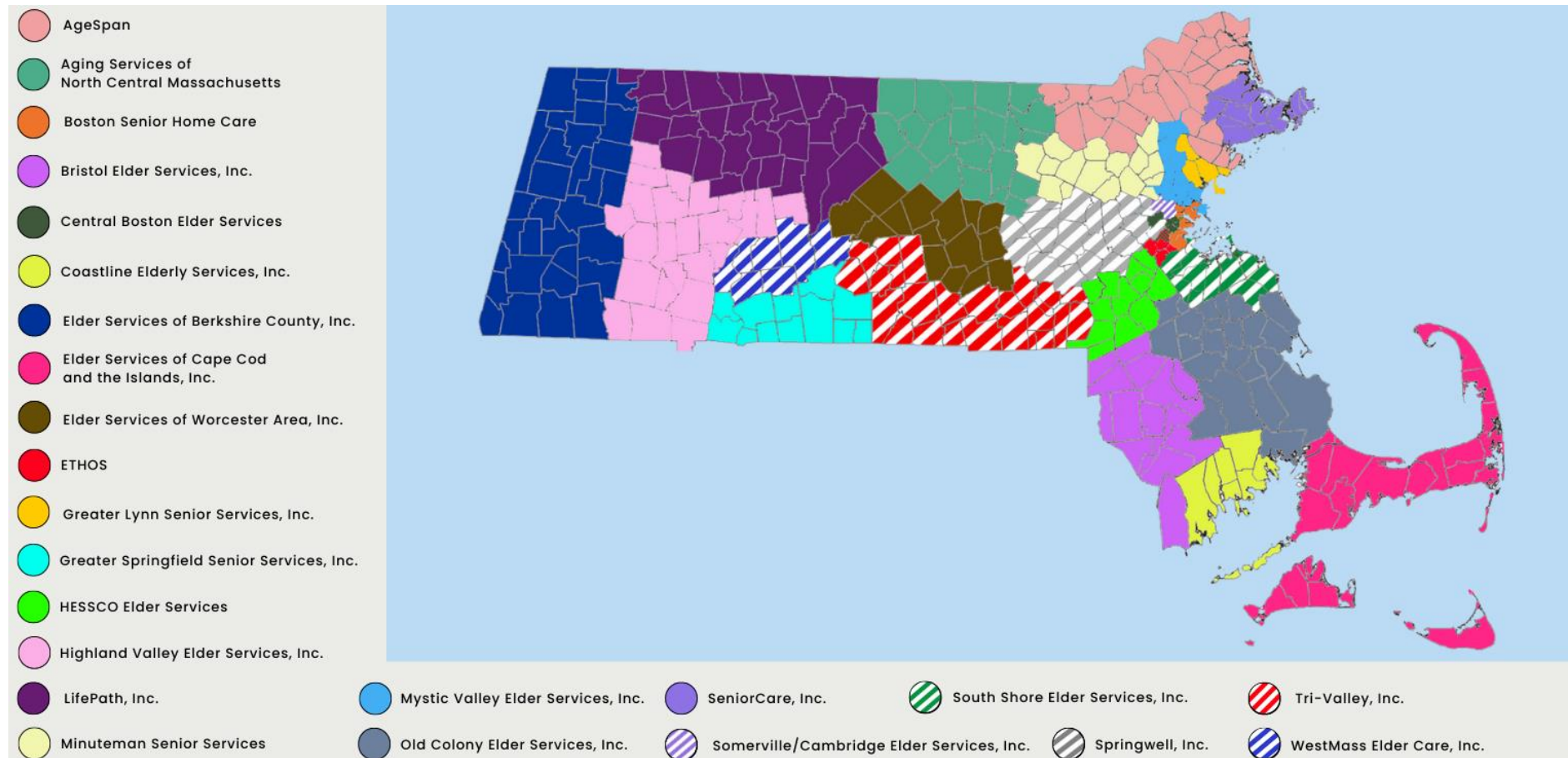
Councils on Aging continued to provide essential services amid the pandemic by changing their operations to a physically distanced and sometimes, virtual, environment. This included delivering care packages, hosting programming online, sponsoring walking groups, sharing information on COVID-19 vaccinations/boosters/guidelines, hosting pop-up vaccination clinics, and coordinating at-home vaccinations.

Find your local Council on Aging at <https://mcoaonline.com/what-is-a-coa/coa-directory>



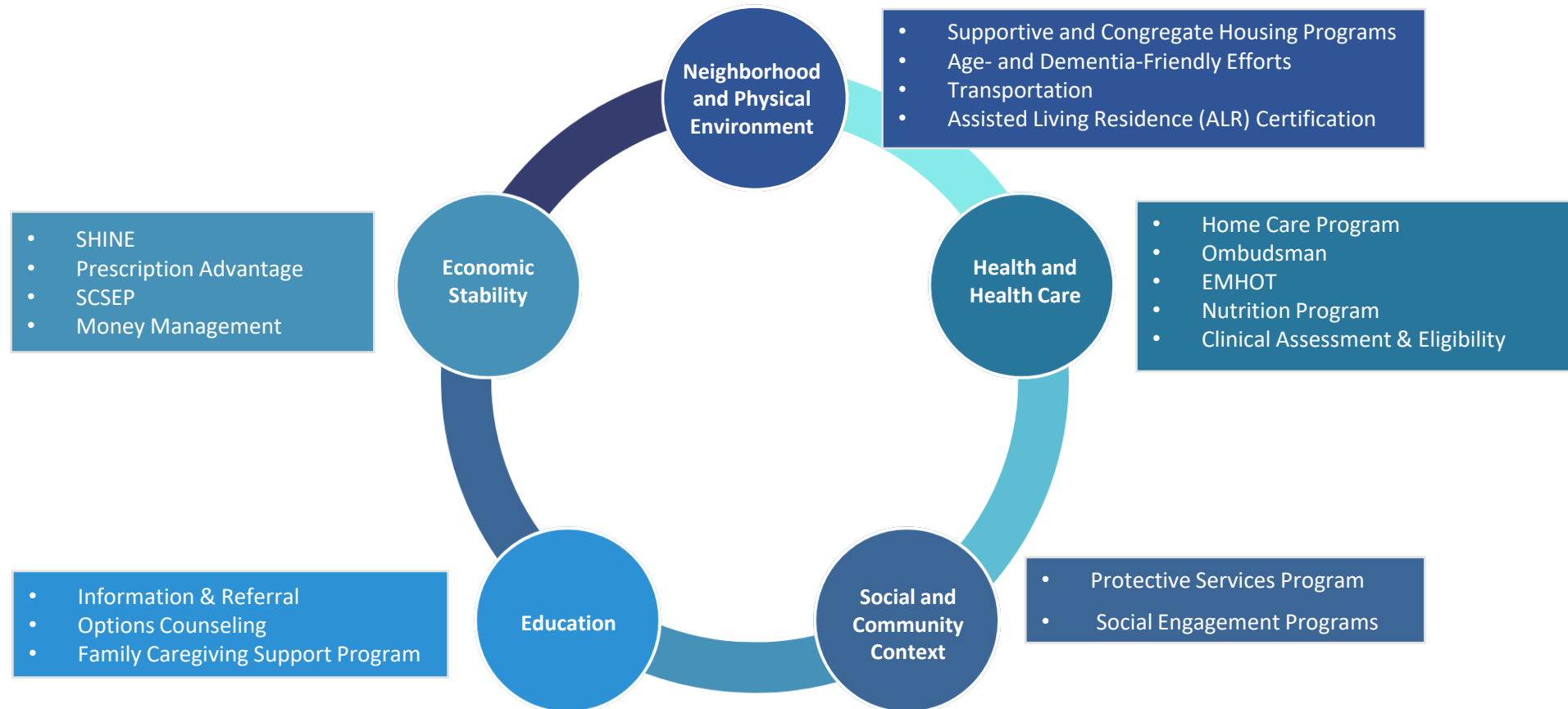
Aging Services Access Points (ASAPs)

Aging Services Access Points (ASAPs) are not-for-profit agencies that are contracted to administer programs and services funded by the Executive Office of Elder Affairs. There are **24 regional ASAPs**. To reach your local ASAP call MassOptions at 1-800-243-4636 or visit www.mass.gov/location-details/aging-services-access-points-asaps-in-massachusetts.



Social Determinants of Health and EOEA Programs and Services

EOEA Programs and Services support the social determinants that impact older adults' overall health and well-being.



Economic Stability

SHINE (Serving the Health Insurance Needs of Everyone):

- ✓ Free, unbiased health insurance information and counseling to all Massachusetts residents with Medicare and their caregivers to ensure residents pick the best plan for themselves.
- ✓ Over 72,000 consumers served by 650 volunteer counselors.
- ✓ Find your SHINE Counselor at mass.gov/service-details/find-a-shine-counselor

Prescription Advantage:

- ✓ Provides financial help to lower prescription drug costs for Massachusetts residents aged 65 and older who meet income and employment guidelines.
- ✓ During FY2022, 6,675 unique individuals received assistance from Prescription Advantage.
- ✓ Learn more: www.prescriptionadvantage.ma.org/

SCSEP (Senior Community Service Employment Program)

- ✓ Helps low-income job seekers age 55 and older develop the skills and self-confidence to get jobs and become financially self-sufficient.
- ✓ Learn more: www.mass.gov/senior-community-service-employment-program-scsep

Money Management

- ✓ Free program that deploys volunteers who provide bill-paying assistance to income-eligible older adults (60+) who are having difficulty managing their finances.
- ✓ Helps individuals manage their day-to-day financial matters so that they can be as independent as possible in their communities.
- ✓ Learn more: www.mass.gov/info-details/1-services

Neighborhood and Physical Environment

Supportive and Congregate Housing Programs:

- ✓ Supportive Housing combines housing with supportive services. Residents live in private apartments and have access to on-site service coordinators who offer services such as care management, 24-hour on-call assistance, meals, and structured social activities. There are 51 supportive housing sites.
- ✓ Congregate Housing provides a shared living environment. Each resident has a private bedroom and shares one or more of the following: kitchen facilities, dining facilities, and/or bathing facilities. There are 42 congregate housing sites.
- ✓ Learn more: www.mass.gov/senior-housing-resources

Age- and Dementia-Friendly Efforts:

- ✓ [Age-and Dementia-Friendly](#) communities are welcoming and livable for residents of all ages. Many AF/DF communities utilize community grants to support these efforts.
- ✓ AF/DF communities focus on improving accessibility in the following areas:

Outdoor Spaces & Buildings

Respect & Social Inclusion

Transportation

Civic Participation & Employment

Housing

Communication & Information

Social Participation

Community & Health Service

Digital Access

Transportation:

- ✓ Through the Home Care Program, in-home supports are available in the community to assist with activities such as transportation, grocery shopping, and meal preparation.
- ✓ COAs offer transportation services to medical appointments, grocery stores, and other essential destinations.

Neighborhood and Physical Environment

Assisted Living Residence (ALR) Certification:

- ✓ [Assisted Living Residences](#) (ALRs) offer housing, meals, and personal care services to adults. They do not provide medical or nursing services.
- ✓ EOEА certifies and regulates the 270 ALRs across the Commonwealth that are home to more than 15,000 residents.
- ✓ EOEА's Assisted Living Certification Program is responsible for regulatory oversight of ALRs, which includes processing and reviewing over 20,000 incident reports submitted by the ALRs in accordance with the requirements of the regulations. Over 80% of these incidents were falls/suspected falls or acute health/behavioral emergencies.



Education

I&R (Information and Referral):

- ✓ Helps residents navigate various networks to quality care.
- ✓ Provides a connection to information about services and supports provided by public and private service providers.

Options Counseling:

- ✓ Helps residents make decisions related to programs, services, and housing
- ✓ Free service with no income qualifications for older people, adults with disabilities, and their caregivers.
- ✓ Learn more:
<https://www.mass.gov/service-details/options-counseling-program>

Family Caregiver Support Program:

- ✓ Connects family caregivers (people age 55+ caring for a grandchild, relative, or an individual living with a disability) with a Caregiver Specialist who will help them create a care plan and offer tips and support related to caregiving
- ✓ The Family Caregiver Support Program also offers grants for respite services.
- ✓ Learn more:
<https://www.mass.gov/family-caregiver-support-program>

Call MassOptions at (800) 243-4636 to connect to Options Counseling and Family Caregiver Support Program.

Social and Community Context

Protective Services Program:

- Adult Protective Services (APS) develops a service plan to mitigate or alleviate an abusive situation for adults aged 60 and older living in the community.
- APS conducted 17,378 investigations and confirmed 9,707 cases of abuse and neglect in FY2022. The majority (47%) of cases involved self-neglect.
- Protective Services works in collaboration with ASAP programs, local municipal departments, and law enforcement, as needed.
- To report abuse call (800) 922-2275 or report online at <https://www.mass.gov/how-to/report-elder-abuse>

Social and Community Engagement Programs:

- Councils on Aging and Senior Centers promote volunteerism and social engagement through dining, fitness, wellness, recreation activities, and digital access.
- Evidence Based Programs offered by the COAs and ASAPs, such as Matter of Balance, Savvy Caregiver and Powerful Tools for Caregivers offer important skills and points of connection.
- Memory Cafes: Welcoming places for people with cognitive decline and their family and friends. Memory cafés meet at a variety of places including coffeehouses, museums, or community organizations.



Health & Health Care

Home Care Program:

The ability to age in one's home and community often comes with a higher quality of life and well-being.

Residents who are age 60 or older (or under 60 with an Alzheimer's Disease or related dementia diagnosis) of any income level who require support to be able to remain in their home, can take advantage of the home care program.

The program provides care management and in-home support services to older adults, including:

- ✓ Comprehensive Care Plan
- ✓ In-Home IADL and ADL Services
- ✓ Referrals for services and community care

Ombudsman:

An Ombudsman is an advocate. The ombudsman service offers a way for consumers to voice their complaints and have concerns addressed so they can live with dignity and respect.

The **Community Care Ombudsman** helps consumers who live in the community to review and resolve service complaints. They address concerns with services:

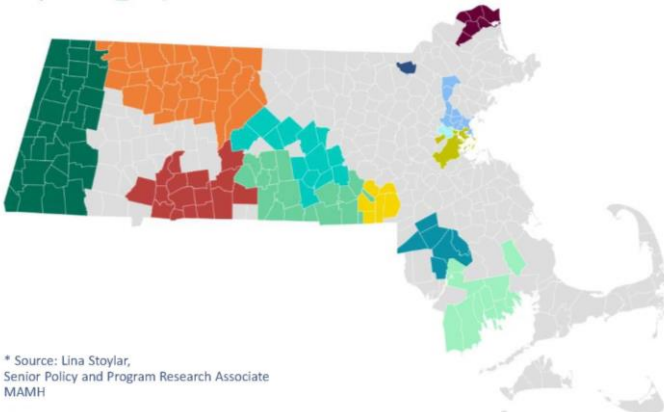
- ✓ Home health care
- ✓ Community-based MassHealth programs
- ✓ Home care funded program
- ✓ Federal private pay elder care programs

Long Term Care Ombudsmen are available to advocate for individuals living in nursing, rest homes, and assisted living residences.

Health & Health Care

EMHOT (Elder Mental Health Outreach Team):

- ✓ EMHOTs are mobile multi-disciplinary teams, designed to meet older adults in their community, often in their own homes.
- ✓ Teams intervene to help solve problems and connect to behavioral health services to prevent an acute behavioral health crisis.
- ✓ There are currently 14 EMHOT programs operating in over half of the Commonwealth's cities and towns (*see map*).



Care Transitions

- ✓ The Aging Service Access Points (ASAPs) assess clinical eligibility for consumers needing: Adult Day Health, Adult Foster Care, Group Adult Foster Care, and the Home and Community Based Waiver for Frail Elders
- ✓ ASAPs provide special support to adults who want to transition from skilled nursing facilities to the community



Health & Health Care

Senior Nutrition Program:

- ✓ It's more than the meal. The program provided 10 million home-delivered, grab-and-go, and congregate meals to approximately 61,000 older residents annually.
- ✓ Food builds community. Most meals are delivered by volunteer drivers. Each meal served is also a wellness check.
- ✓ Medically and culturally tailored meals are available, as well as nutrition counseling/education.
- ✓ 29 local programs are available through COAs and ASAPs with no income eligibility.



Thank You

Massachusetts Executive Office Elder Affairs

www.mass.gov/elders

MassOptions.org or 1-800-243-4636



@Mass_EOEA



Massachusetts Executive Office of Elder Affairs - EOEA



Massachusetts Executive Office of Elder Affairs

DPH Bureau of Substance Addiction Services (BSAS)

Programs under the State Opioid Response (SOR) Grant:

- **MAT Enhanced program** with Spectrum Health Systems to support 3 SNFs in the Worcester area that provide counseling, recovery support navigation and methadone treatment within the 3 facilities.
- In partnership with Bureau of Health Care Safety and Quality to support a **Technical assistance and training program called MOUD** in Long Term Care: [The Care of Residents with Opioid & Stimulant Use Disorders in Long-Term Care Settings Toolkit](#)

BSAS also holds an annual **Aging with Dignity** conference focused on older adults and substance use issues.

- The planning group usually includes staff from EOEA and other MA aging-focused organizations.
- Partnerships for the Aging conference (and perhaps other work in the future) include - Mass Councils on Aging, Older Adult Behavioral Health Network, Hearth Inc, Mass League of Community Health Centers, & MassPACE.

DPH Bureau of Health Care Safety and Quality (BHCSQ)

Regulatory Oversight

- Oversees and regulates long-term care facilities, which include nursing homes and rest homes, and adult day health programs
 - Review and investigate complaints related to care provided at these facilities
- Acts as the state surveying agency for the Center for Medicare and Medicaid Services (CMS)
 - CMS recertification surveys occur every 1 – 1 ½ years to ensure quality care is provided to the residents of nursing homes

Specific Projects

- **Medications for Opioid Use Disorder (MOUD):** Bureau staff, in conjunction with an outside vendor and stakeholders, developed a toolkit for facilities to use to ensure that they are able to provide care for residents who are on MOUD.
 - Building on the Toolkit, a self-paced web-based training module was also developed. A subset of LTC facilities also received in depth coaching.
 - Entering its third iteration, this program continues to expand the available resources to reach more facilities and more personnel.
- **Dementia Care Training Program:** In collaboration with stakeholders, Bureau staff and an outside vendor developed a dementia care training program designed to promote individualized dementia care for residents in nursing homes and promote culture change.
 - Training is provided to nursing home leadership, clinical staff and non-clinical staff.

DPH Office of Population Health – Office of Health Equity

No named programs with an older-adult focus – but a "no wrong door" approach

Example - Health and Disability Program municipal mini-grants:

- Fund accessibility improvements in local public-health infrastructure (like community gardens!)
- Grantee communities frequently focus on age-related mobility and sensory needs
- Assessment and implementation has involved COAs, Age and Dementia Friendly programs, ADRC affiliates, senior housing residents



DPH Office of Preparedness and Emergency Management (OPEM)

OPEM supports emergency preparedness for older adults in several ways

Annual Funding:

- MA Senior Care Association which supports the **MA Long Term Care Mutual Aid Plan (MassMAP)** that provides resources and coordination to facilities experiencing an emergency
- Six **Health and Medical Coordinating Coalitions (HMCCs)** which are multi-disciplinary preparedness and response coordination entities in which long term care facilities participate. They work with local communities and healthcare to support whole community planning, which is a concept that takes an inclusive approach to emergency planning.

Staffing:

- DPH's **Resource Unit**, which sits in OPEM and provides PPE and testing supplies to long term care facilities

Information and Materials:

- Webpage supporting [preparedness planning for individuals who may need additional support](#)
- Preparedness materials at the [MA Health Promotion Clearinghouse](#) supporting individual planning including:
 - [Stay Aware Be Prepared Booklet for Individuals with Access and Functional Needs](#)
 - [Disaster Preparedness for Seniors by Seniors](#)

DPH Bureau of Community Health and Prevention (BCHAP)

BCHAP promotes the well-being of Massachusetts residents by addressing social and structural conditions that contribute to poor health.

Programs that support older adults:

- Massachusetts Falls Prevention Programs
- Mass in Motion Municipal Wellness & Leadership Initiative
- Massachusetts Healthy Aging Fund

DPH Bureau of Infectious Disease and Laboratory Sciences (BIDLS)

BIDLS Programming and Collaborations addressing the needs of older adults:

In-home COVID-19 Vaccines & Treatments

- BIDLS contracts with CDR Health to provide in-home COVID-19 vaccination and in-home COVID-19 therapeutics administration
- Services are for individuals who meet clinical criteria and have difficulty accessing vaccine/treatment in the community (targets older homebound individuals).
- [In-home COVID-19 Treatment Program](#)

COVID-19 Collaborations

- BIDLS collaborated with the Executive Office of Elder Affairs and DPH Bureau of Health Care Safety and Quality on COVID-19 and other infectious disease testing, vaccination, and infection control support in senior living environments

Special Legislative Commission on LGBT Aging

- Permanent Commission assessing the needs of older lesbian, gay, bisexual, and transgender adults and policies, regulations, and programs to respond to these needs
- BIDLS Director, Assistant Commissioner Kevin Cranston, serves as Commissioner Cooke's designee to the Commission

Annual Conference on HIV and Aging

- Annual conference organized by the New England AIDS Education and Training Center (NEAETC).
- Dawn Fukuda, Director of the BIDLS Office of HIV/AIDS, is the annual plenary speaker



Massachusetts Department of Public Health

Thank you!

Secretary Elizabeth Chen & Deputy Secretary Robin Lipson

Executive Office of Elder Affairs

**Deirdre Calvert, Marita Callahan, Nassira Nicola,
Donna Quinn, Jessica del Rosario, Kevin Cranston**

Department of Public Health



Massachusetts Department of Public Health

Next Meeting:
February 8, 2023