



The Dignity Digest

Issue # 231

April 8, 2025

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

DignityMA Zoom Sessions

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

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

Spotlight

[2024 Double G Citations: Significant Increase in Nursing Home Noncompliance and Penalties](#)

Long Term Care Community Coalition

Substandard care, abuse, and neglect are persistent and widespread problems in nursing homes, primarily due to inadequate enforcement of minimum safety standards. To help combat this, the federal Centers for Medicare & Medicaid Services (CMS) imposes automatic penalties on facilities receiving “Double G” citations. These citations occur when a facility is cited for violations at a G level or higher in two consecutive surveys. A classification of G-level or higher indicates that the violation has either caused harm to one or more residents or placed them in immediate jeopardy of serious harm.

[Double G Data](#)

[Scope and Severity Grid](#)

Today, LTCCC is releasing the [2024 State Double G Data Report](#), which provides a detailed report of Double G citations by state and CMS region, along with trends in related penalties. Drawing on data from [CMS Quality, Certification, and Oversight Reports](#), the report offers valuable insights into how effectively states identify serious issues in nursing homes. It also highlights an upward trend in both the issuance of Double G citations and the penalties imposed for violations of minimum care standards. “The increasing number of Double G citations signals a deeply concerning trend of ongoing, serious noncompliance in nursing homes,” said Richard Mollot, LTCCC’s Executive Director. “This reflects the growing number of reports of substandard care and neglect that we are hearing from desperate families.”

The following are key national and regional findings. For information on specific facilities, visit our [Provider Data](#) page.

Key Findings:

- The number of facilities receiving Double G citations increased almost 18%, from 1,526 in 2023 to 1,801 in 2024.
- The per diem CMPs (civil money penalties) associated with these citations also increased by almost 18%, from \$55.87 million in 2023 to \$65.97 million in 2024.

	<ul style="list-style-type: none">• Per diem CMPs increased in both the total number and dollar amount, with a rise from 1,140 instances in 2023 to 1,365 in 2024.• Per instance CMPs increased slightly from 432 in 2023 to 466 in 2024.• The average dollar amount of per diem CMPs decreased slightly from \$49,007.49 in 2023 to \$48,326.57 in 2024, while the average per instance CMP increased about 12%, from \$13,246.32 in 2023 to \$14,807.02 in 2024. <table><tr><th>Category</th><th>2023 Totals</th><th>2024</th></tr><tr><td>Number of Providers with Double G Citations</td><td>1,176</td><td>1,340</td></tr><tr><td>Number of Double G Citations</td><td>1,526</td><td>1,801</td></tr><tr><td>Total Number Per Diem Citations</td><td>1,140</td><td>1,365</td></tr><tr><td>Total Number of Per Instance CMPs</td><td>432</td><td>466</td></tr><tr><td>Total Dollar Amount Per Diem CMPs</td><td>\$55,868,535.54</td><td>\$65,965,766.45</td></tr><tr><td>Total Dollar Amount Per Instance CMPs</td><td>\$5,722,411.67</td><td>\$6,900,071.66</td></tr><tr><td>Average Dollar Amount Per Diem CMPs</td><td>\$49,007.49</td><td>\$48,326.57</td></tr><tr><td>Average Dollar Amount Per Instance CMPs</td><td>\$13,246.32</td><td>\$14,807.02</td></tr><tr><td>Average Days in Effect Per Diem CMPs</td><td>30</td><td>28</td></tr><tr><td>Total Number Discretionary DPNAs (Denial of Payment for New Admissions)</td><td>304</td><td>338</td></tr><tr><td>Average Days in Effect Discretionary DPNAs</td><td>29</td><td>30</td></tr></table> <p>For details: Double G Data Scope and Severity Grid For more information, see LTCCC’s study on nursing home oversight. For information on Massachusetts nursing homes, see Double G Citations Report.</p> <p>Massachusetts facilities included in the Double G Citations Report: BLUEBERRY HILL REHABILITATION AND HEALTHCARE CTR (2023) BLUEBERRY HILL REHABILITATION AND HEALTHCARE CTR (2025) CARE ONE AT NORTHAMPTON HAVERHILL REHABILITATION AND HEALTHCARE CENTER ASPEN HILL REHABILITATION & HEALTHCARE CENTER MEADOW GREEN NURSING AND REHABILITATION CENTER HIGHVIEW OF NORTHAMPTON REGALCARE AT GLEN RIDGE FALL RIVER HEALTHCARE</p>	Category	2023 Totals	2024	Number of Providers with Double G Citations	1,176	1,340	Number of Double G Citations	1,526	1,801	Total Number Per Diem Citations	1,140	1,365	Total Number of Per Instance CMPs	432	466	Total Dollar Amount Per Diem CMPs	\$55,868,535.54	\$65,965,766.45	Total Dollar Amount Per Instance CMPs	\$5,722,411.67	\$6,900,071.66	Average Dollar Amount Per Diem CMPs	\$49,007.49	\$48,326.57	Average Dollar Amount Per Instance CMPs	\$13,246.32	\$14,807.02	Average Days in Effect Per Diem CMPs	30	28	Total Number Discretionary DPNAs (Denial of Payment for New Admissions)	304	338	Average Days in Effect Discretionary DPNAs	29	30
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employers will raise wages or improve working conditions.”

There had been a “misunderstanding of the labor market.” The reason American citizens aren’t in the agriculture sector—or elder care, or residential construction—isn’t solely about money. These jobs “are low-wage, low-status, high-exploitation unless workers organize unions.”

Janice Fine, a professor of labor studies and employment relations at Rutgers University, [A Chill Sets In for Undocumented Workers, and Those Who Hire Them](#), *New York Times, March 9, 2025

“Deportations could especially compromise long-term care, where immigrants play a large role. The resulting shortages could reverberate through emergency departments and hospitals, leading to the inability to discharge patients and tying up nurses and other staff.”

[Deportations weaken nursing home workforce](#), McKnights Long-Term Care News, April 4, 2025

“We don’t go out looking for people who are immigrants. We go out hiring people who answer the call — and they are all immigrants.”

A Dallas, TX nursing home administrator, [Deportations weaken nursing home workforce](#), McKnights Long-Term Care News, April 4, 2025

This [[supplemental budget](#)] also allocates. . . \$60 million, at no net cost to the state, for the Executive Office of Aging & Independence’s most vital direct care services, including home care services.

[Healey-Driscoll Administration Files \\$756 Million Supplemental Budget for Fiscal Year 2025](#), Office of Governor Maura Healey and Lt. Governor Kim Driscoll, April 2, 2025

Demand for caregivers is predicted to surge in the U.S. as the youngest baby boomers reach retirement age, with the need for home health and personal care aides [projected to grow about 21%](#) over a decade, according to the Bureau of Labor Statistics. Those

	<p>820,000 additional positions represent the most of any occupation. The need for nursing assistants and orderlies also is projected to grow, by about 65,000 positions.</p> <p>Immigration crackdowns disrupt caregivers. Families are paying the price., NBC News, April 3, 2025</p> <p><i>“[H]ere in Massachusetts, we’ve prioritized tax cuts for families, seniors, renters, homeowners and businesses to lower the cost of living.”</i></p> <p>Governor Maura Healey, With Tax Day Approaching, Governor Healey Promotes Savings for Seniors, Office of Governor Maura Healey and Lt. Governor Kim Driscoll, April 2, 2025</p> <p><i>“I won’t allow the Trump Administration to take unlawful actions that play politics with our public health.”</i></p> <p>Attorney General Andrea Campbell, AG Campbell Sues Trump Administration Over Illegal Funding Cuts And Delays For Medical And Public Health Research, Office of Attorney General Andrea Campbell, April 4, 2025</p> <p><i>“[Commissioner] Sarah [Peterson] will be a strong and close collaborator with the people we serve and their families so that people with intellectual and developmental disabilities in our state can live their best lives.”</i></p> <p>Secretary Kate Walsh, Executive Office of Health and Human Services, Sarah Peterson Appointed Commissioner of the Massachusetts Department of Developmental Services, (Executive Office of Health and Human Services, April 4, 2025)</p> <p><i>Like the U.S. economy overall, our nation’s long-term care system is powered by immigrants. More than one in four direct care workers are immigrants—with a much higher proportion in some regions.</i></p> <p>Immigration and the Direct Care Workforce (PHI, March 31, 2025)</p>
<p>By Dignity Alliance Massachusetts Supporters</p>	<p>How one man kept Mass. from sterilizing the disabled WBUR Cognoscenti By Alex Green April 1, 2025</p>

Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.

Not too long ago, [a vast network](#) of Massachusetts state schools and hospitals locked away tens of thousands of intellectually, developmentally and mentally disabled people. This is a topic I've studied for many years, and on occasion, people show me objects they believe were used to sterilize inmates, to prevent people with disabilities from having children.

They're not necessarily wrong to think so. Massachusetts could easily have become a major hub for sterilization in America — there was significant support from philanthropists, doctors, politicians, social workers, and other reformers for the state to be so. But Massachusetts never legalized sterilization of the disabled, largely because of the actions of one man: Dr. Walter E. Fernald. At a moment where [eugenic ideas are common](#), supports for disabled people [are being stripped](#), and our politics seek to [demonize disability](#), it is a story that tells us how much one person's commitment to their values can shape the lives of others.

In 1911, it looked Massachusetts was poised to join dozens of other states that were [introducing and passing laws](#) ordering the forced sterilization of so-called "defectives." The sudden explosion of these laws was no accident. In the first decade of the 1900s, new discoveries about genetics were used to give a veneer of respectability to the pseudo-sciences of eugenics and intelligence testing. Both fields gained a huge following [among middle-](#) and [upper-class](#) Americans who believed their station in life was pre-ordained by their biological superiority, and that their social responsibility was to intervene on behalf of nature to ensure that only the best traits were passed down to the next generation.

To accomplish these eugenic goals, they pushed for the segregation and sterilization of the disabled, and over time, they extended their definition of disability to include everything from sexual promiscuity to race.

These ideas were particularly appealing in Massachusetts, a center for American medicine, technology, and business. From high-society to the [halls of Harvard](#), eugenics drew supporters including the prominent neurologist [William Bullard](#), I.Q. testing pioneer [Robert Yerkes](#), and [Alexander Graham Bell](#), the Washington-based former principal of the Boston School for Deaf-Mutes and inventor of the telephone.

Walter E. Fernald kept company with them all — he was no mere follower of eugenics; he was one of the movement's prominent voices.

In 1887, Fernald was the superintendent of the Massachusetts School for the Feeble-Minded, the [nation's first public institution](#) for so-called "idiots" and "imbeciles." He moved the school from Boston to Waltham where he intended to build a utopian community for disabled people. By 1900, he was widely recognized as the world's leading expert on intellectual and developmental disabilities, but he was also taking a dark turn.

As a proponent of eugenics, Fernald developed a concept he called ["defective delinquency,"](#) which argued that some disabled people expressed their disabilities through criminality and vice. This idea underpinned the work of Fernald's friend and junior colleague, the psychologist Henry Goddard, who brought the I.Q. test to America. Goddard used it on a captive and abused population of disabled children to falsely confirm the existence of people with "defective delinquency" who Goddard termed morons. Fernald used Goddard's work, as well as his own influence and prominence, to persuade states and nations build

institutions like his own. He increasingly advocated for the lifetime segregation of disabled people.

Which brings us to May 1911 and a meeting of some of the eugenics movement's [most powerful leaders](#) in Monson, Mass., including Harry Laughlin, superintendent of the influential Eugenics Record Office and aide to the nation's leading eugenicist, Charles Davenport. At that conference, Laughlin joined doctors and philanthropists to develop a platform that would have made Massachusetts the world's testing ground for "[purging the blood of the American people](#) of the handicapping and deteriorating influences of these anti-social classes." It was [a message carried by](#) philanthropist and publisher Bleecker Van Wagenen to the First International Eugenics Congress in London in 1912.

Fernald was not at the meeting, and for a very important reason: He vehemently opposed eugenic sterilization.

Early in his career, Fernald had patients who masturbated so violently they could injure or kill themselves. He had agreed to the surgical castration of a handful of his patients at the request of their families. For the rest of his life, he was haunted by the catastrophic psychological impact of the procedure on his patients. He was also horrified by the story of an intellectually disabled woman who was sterilized by another Massachusetts doctor. The woman's caretakers assumed that sterilization was a "cure-all." Abandoned, she was raped by men from all over town who then spread sexually transmitted diseases.

The 1911 meeting was a catalyst, a turning point, for Fernald. As the eugenicists grew louder in their calls for sterilization, Fernald felt increasingly estranged from them, casting a methodical and increasingly critical eye at whether their scientific claims held up to scrutiny. Fernald was powerful and politically savvy, but he knew that if he started a public fight with eugenicists, he would be outnumbered. Instead, he began to wage a quietly relentless campaign to block their calls for sterilization at every turn. Given Massachusetts' large Catholic population, he raised the specter of the Church getting involved, which opposed all forms of sterilization.



Meanwhile, he quietly conducted [a first-of-its-kind study](#), tracking down inmates who had managed to break free from his institution to see how they were faring. Contrary to his earlier claims and the drumbeat of propaganda from eugenicists, it turned out, the former inmates were leading lives no different than non-disabled people. At the same time, Fernald began demonstrating, in scientific studies, that many intellectual and developmental disabilities were caused by disease and injury, not heredity.

In 1915, Fernald [testified as an expert witness](#) in New York on behalf of Frank Osborn, whose release from a state institution was conditional on being sterilized. Going toe-to-toe with Charles Davenport, Fernald's testimony was so devastating that the court struck down the validity of New York's sterilization law and the state legislature repealed it. Harry Laughlin wrote that it "set back eugenical progress among [New York's] institutions by 10 years." For the next decade, sterilization laws ground to a halt everywhere in America.

[Fernald's] legacy haunts our present, where intellectually and developmentally disabled people live lives of isolation, poverty and abuse.

	<p>But Fernald died in 1924 and without a powerful opponent, Laughlin and Davenport helped drive a case to the Supreme Court in 1927, Buck v. Bell, in which the Court reinstated many state sterilization laws, once again legalizing the practice. Still, Fernald's legacy on sterilization held firm in Massachusetts, where the practice was never embraced by the state.</p> <p>Nonetheless, while rulings have undercut Buck v. Bell over the last half century, it has never been overturned. Like the ruling, the ideas of eugenics were never fully repudiated in American life. Today they live on, regardless of party or politics in hidden and overt ways, to the continued detriment to the lives of disabled people. Fernald's life shows us how little it would take to turn the tide against these ideas. Indeed, at the time of his death, he was calling for a near-total dismantling of the institutional system he had developed and championed, arguing that instead of policing the disabled we should crack down on communities who were bad to the disabled people who had a right to live in them.</p> <p>Faced with a growing sense that he had gone in the wrong direction, Fernald was willing to methodically test his ideas, demonstrate their faults so that others would not repeat them, and change his views based on what he had learned. He was willing to do it with conviction, even if it meant pushing back against very the people who were once his allies. His legacy haunts our present, where intellectually and developmentally disabled people live lives of isolation, poverty and abuse. It demands to know why America still holds onto ideas about disabled people that should have been abandoned so long ago, why the non-disabled still turn to institutionalization rather than building the welcoming communities he hoped they could create, and why this country resists the spirit of change needed to truly begin that work.</p>
<p>Call for Presentations</p>	<p>Massachusetts Councils on Aging (MCOA) 2025 Fall Conference Call for Presentations</p> <p>Planning for the MCOA 2025 Fall Conference is now underway. This year's theme is "Facing the Future Together". MCOA's call for presentations is officially open. The organizers are looking for engaging, innovative, and impactful sessions to make this year's conference the best one yet. If you have knowledge, insights, or creative solutions to share with the aging services network, you are encouraged to submit a proposal. Submissions are due by May 19, 2025.</p> <p>Learn More & Apply</p> <p>National Consumer Voice for Quality Long-Term Care Call for Presentations</p> <p><i>Session Proposals for the Consumer Voice Conference Due May 2</i> 2025 Consumer Voice Conference at the Renaissance Arlington Capital View Hotel in Arlington, Virginia, November 3-6, 2025.</p> <p>Consumer Voice's Annual Conference educates and empowers long-term care consumers and consumer advocates. The conference covers long-term care issues, including current trends, best practices, advocacy opportunities, and new research. Attendees have the opportunity to learn, network, and exchange ideas with advocates from all over the country.</p> <p>Submit a Proposal to Present a Session: Review the Call for Proposals and Presenter Requirements. Submit your proposal via SurveyMonkey. NOTE: You will not be able to save incomplete submissions in SurveyMonkey, so you may want to review and</p>

	<p>print or save the PDF version of the proposal questions so you can plan your responses prior to starting the submission.</p> <p>Proposals are due by May 2, 2025. Late or incomplete proposals will not be considered.</p>
<p>Call to Action <u>Take Action on the PNA</u></p> <p>Ask your legislators to co-sponsor PNA legislation. https://dignityalliancema.org/take-action/#/25</p> <p>Residents, family, staff: Add your story about personal needs allowances. https://tinyurl.com/PNAStory</p>	<p><i>Increase the personal needs allowance (PNA) for nursing home residents</i> <i>Dignity Alliance Massachusetts' Top Legislative Proposal for the 2025-2026 Session</i> House Sponsor: Rep. Thomas Stanley; Senate Sponsor: Senator Joan Lovely</p> <p>Please take a moment to contact your state senator and state representative, and other state legislators in your area to ask them to support the increase in the Personal Needs Allowance for nursing home residents both by supporting bills (SD2385, SD401, and HD830) that would increase the amount as well as amendments in the state budget when that gets debated in April and May.</p> <p>Nursing home residents are forced to make choices when purchasing items not provided by the nursing home since a monthly allowance of \$72.80 doesn't go very far today! If it had been linked to increases in inflation when it was last set in FY'07, it should be at least \$113.42.</p> <p>The Personal Needs Allowance is a minimal amount of monthly income that a nursing home resident can retain for personal use. It covers expenses such as clothing, hair appointments, vitamins, books, magazines, stationery, stamps, cell phone costs, and favorite snacks.</p> <p>By using our handy outreach form, it only takes a minute. In addition, if you should meet any state legislators in the next few months, let them know you'd appreciate their support of Dignity Alliance legislation and budget amendments.</p> <p>For more information / questions contact Dick Moore, DignityMA Legislative Workgroup Chair, rmooore8743@charter.net.</p> <p><u>Ask Legislators to Increase the MA Personal Needs Allowance</u></p>
<p>Advocacy Under the Golden Dome</p>	<p><u>20th annual Autism Advocacy Day</u> Tuesday, April 8, 2025, 10:00 a.m. Great Hall, State House, Boston Advocates for Autism of Massachusetts holds its 20th annual Autism Advocacy Day, focused this year on "advocating for rights and opportunities across the spectrum of need." Hundreds of self-advocates, families, caregivers, and professionals are expected, and the organization will honor Rep. Christine Barber of Somerville and Sen. Cindy Friedman of Arlington. Register</p> <p><u>Older Adult Lobby Day</u> Tuesday, May 13, 2025 Great Hall, State House, Boston Organized by Mass Aging Access Multiple organizations, including DignityMA, will be participating. If you plan to attend, please register here: https://agingaccess.org/lobby-day/</p>

	<p>For more information, contact Ellen Taintor, ETaintor@agingaccess.org</p>
<p>April Is National Volunteer Month</p>  <p>Link to response form: https://forms.gle/TKSA8Ga8QWP RkJ2FA</p>	<p>Dignity Alliance Massachusetts - Five Years of Collective Effort</p> <p>Five years ago, in the earliest days of the Covid pandemic, Dignity Alliance Massachusetts was established as a volunteer-driven to transform the provision of long-term services and care in the Commonwealth. Since that time, hundreds of individuals and organizations have used their collective voices and efforts to make a real difference through legislation, regulatory reform, public policy, and information sharing.</p> <p>On behalf of Massachusetts older adults, persons with disabilities, and caregivers, heartfelt appreciation is gratefully extended to all involved.</p> <p>Together, we look forward to even more and greater achievements in the year ahead.</p> <p>We welcome hearing from you about your involvement with DignityMA: what motivates your participation and what you would like to see accomplished in the year ahead.</p> <p>Link to response form: https://forms.gle/TKSA8Ga8QWPRkJ2FA</p>
<p>The National Consumer Voice for Quality Long-Term Care – Fifty Years of Advocacy</p> <p>Editor's note: Two of Dignity Alliance Massachusetts' co-founders have relationships with The Consumer Voice, Arlene Germain and Richard Moore.</p> <p>Arlene Germain served on the Leadership Council of the National Consumer Voice for Quality Long-Term Care. In 2013, she received the Consumer Voice's Janet Tulloch Award for her dedication to nursing home resident advocacy. Then in 2019, she received the Consumer Voice's Elma Holder Founder's Award, a lifetime achievement award to honor a person whose life work exemplifies leadership in the field of long-term care reform. Arlene is a member of DignityMA's Coordinating Committee and Co-Chair of the Facilities Workgroup.</p>	<p><u>National Consumer Voice for Quality Long-Term Care – The Early Years</u></p> <p>The National Citizens' Coalition for Nursing Home Reform (NCCNHR, now the National Consumer Voice for Quality Long-Term Care) was organized in June 1975 when representatives from various citizen groups and ombudsman programs met together in Washington, D.C. Their meeting preceded attendance at a conference sponsored by the American Health Care Association. The Long-Term-Care Action Project of the National Gray Panthers, which secured the consumer groups' invitation to the conference, called the advance meeting so that representatives from the consumer groups could develop recommendations to present to the conference in a united consumer voice. On the opening day of the conference, the newly formed Coalition held a press conference and released a statement proposing several recommendations for nursing home reform.</p>  <p>Early members of NCCNHR</p> <p>Elma Holder, co-author of <i>Nursing Homes: A Citizens' Action Guide</i>, was the principal organizer of the Coalition, for which she served as Executive Director for more than twenty years. Ms. Holder worked for the National Council on Aging, Ralph Nader's Retired Professional Action Group, the National Gray Panthers, and the National Paralegal Institute, where she</p>

Former State Senator Richard Moore a member of the Leadership Council of the National Consumer Voice for Quality Long-Term Care. He is a member of DignityMA's Coordinating Committee and Chair of the Legislative Workgroup.

conducted the first nursing home advocacy training program for state nursing home ombudsmen.

In **1977**, consumer representatives met again in Washington, D.C. to finalize plans for a national conference on nursing home reform. The group also met the Associate Director of the White House Domestic Policy Staff to discuss major nursing home issues. NCCNHR held its first annual conference in May 1977, with individuals representing citizen groups, legal services programs and government agencies involved in nursing home work, including ombudsman program developmental specialists. At the meeting, the groups exchanged strategies and ideas for action and identified priority issues. NCCNHR began formalizing its organization by electing its first national steering committee (which served as a nucleus for the first Board of Directors, elected in 1978).

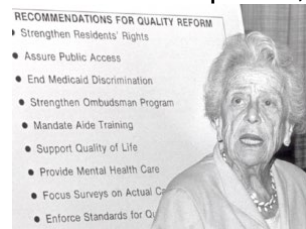
- **February 1978** – Members of the Coalition met in a group with representatives of the Department of Health, Education and Welfare (HEW), the Administration on Aging, the Health Care Financing Administration, and the Inspector General's office to present its first "working paper" entitled *The Plight of the Nurses' Aide in America's Nursing Homes: An Obstacle to Quality Care for Nursing Home Residents* and a preliminary report on cost-related issues in nursing homes.
- **1978 to 1981**– The Coalition received a national grant from VISTA/ACTION to recruit, train, and place 40 VISTA volunteers in 13 project sites over each of the three years. The goal of this project was to increase effectiveness of the national network by strengthening and enhancing the capability of the Coalition's local/state member groups.
- **1981** – The Coalition established its Information Clearinghouse, serving as a valuable resource to those interested in nursing home issues; expanded its focus to include Board and Care Issues; and conducted the first national survey on Medicaid discrimination. The Coalition produced *A Citizens' Action Guide to Reimbursement Issues*, introducing consumer advocates to principles of reimbursement and strategies for promoting quality care through the reimbursement system.



Barbara Frank presents the Consumer Perspectives report **1982-1983** – When the Department of Health and Human Services proposed new regulations that the Coalition believed would severely weaken the existing system for monitoring

nursing home conditions, NCCNHR spearheaded a national response to the proposal. In concert with 43 national organizations and hundreds of state and local organizations and individuals, the Coalition issued *A Consumer Statement of Principles for the Nursing Home Regulatory System* calling for careful review of enforcement practices and survey procedures in order to make them more effective in their evaluation of the care that nursing home residents receive under the Medicaid Program.


- **1983-1985** – In response to this call and directives from Congress, the Department of Health and Human Services funded a two-year study of nursing home regulation by the Institute of Medicine from 1983-1985. NCCNHR participated in several briefings and special work sessions with the Committee members.
 - NCCNHR launched its own study in 1984 to learn how nursing home residents define quality care. In fifteen cities across the country, NCCNHR project sites convened small groups of residents for a series of three discussions to describe what constitutes quality care in a nursing home. Their ideas were compiled in a report, *A Consumer Perspective on Quality Care: The Residents' Point of View*, released on April 26, 1985.



Betty Hamburger advocates for nursing home residents' rights

1986 – The Institute of Medicine released “Improving the Quality of Care in Nursing Homes,” a report which highlighted the need for improvements in nursing home quality. In response, NCCNHR kicked off the Campaign for Quality Care in Nursing Homes (CQC), bringing together national groups representing various health professions, workers, providers, and consumers, to develop consensus positions to recommend to Congress.

- **1987** – The culmination of NCCNHR’s diligent efforts helped secure the passage, with bi-partisan support, of the Nursing Home Reform Act, which included a resident-focused assessment and care-planning system, mandatory training for nurse aides, residents’ rights, and other provisions supported by the CQC consensus positions. As a coalition of residents, family members, ombudsmen, citizen advocates, policy experts, and others, NCCNHR/Consumer Voice depends on its membership to relate their daily experiences working in nursing homes in order to facilitate an exchange of ideas among advocates and to

	<p>respond to national proposals affecting the nursing home system. The residents' voice in this Coalition has grown vibrant since NCCNHR began.</p>
<p>Transitions</p>  <p>Commissioner Sarah Peterson, Department of Developmental Services (DDS). Photo credit: DDS</p>	<p><u>As commissioner, Peterson sees DDS "through a different lens"</u> State House News April 4, 2025 By Alison Kuznitz</p> <p>Sarah Peterson has been appointed as the permanent Commissioner of the Department of Developmental Services (DDS). She was previously the General Counsel at DDS from 2022 to 2024 and took over as acting commissioner in September.</p> <p>DDS serves over 49,000 children and adults with intellectual and developmental disabilities, autism spectrum disorder, and acquired brain injuries.</p> <p>Since taking the position, Peterson has focused on visiting DDS facilities and engaging with the people the agency supports, their families, and the DDS workforce.</p> <p>Key challenges and priorities for DDS under Peterson's leadership include:</p> <ul style="list-style-type: none"> • Rising demand for more complex care, including for young adults in the Turning 22 program. • Consolidating group homes with long-term vacancies to save costs. • Preparing for potential federal funding cuts to Medicaid and SNAP, which would significantly impact people with disabilities. DDS generates \$1 billion in Medicaid revenue annually. • Addressing workforce issues, although Peterson notes some improvement due to recent budget investments in human services provider rates.
Recruitment	<p>See: <u>Listings on MASsterList.com's Job Board</u> for all current listings</p>
Guide to news items in this week's Dignity Digest	<p>State Budget <u>Budget Hearing</u> (Joint Ways and Means Committee, Tuesday, April 8, 2025, 11:00 a.m., Gardner Auditorium, State House, Boston) <u>Healey-Driscoll Administration Files \$756 Million Supplemental Budget for Fiscal Year 2025</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, April 2, 2025)</p> <p>Nursing Homes <u>Deportations weaken nursing home workforce</u> (McKnights Long-Term Care News, April 4, 2025) <u>Deporting Immigrants May Further Shrink the Health Care Workforce</u> (*JAMA Network, April 3, 2025)</p> <p>Benjamin Healthcare Center <u>Troubled Boston nursing home could face \$5 million deficit by end of year</u> (CommonWealth Beacon, April 4, 2025)</p> <p>Workforce <u>Immigration and the Direct Care Workforce</u> (PHI, March 31, 2025) <u>A Chill Sets In for Undocumented Workers, and Those Who Hire Them</u> (*New York Times, March 9, 2025)</p> <p>From Around the Country <u>27-year-old had to live in nursing home for more than a year</u> (WCPO-TV (video report), April 3, 2025)</p>

	<p>Public Policy <u>With Tax Day Approaching, Governor Healey Promotes Savings for Seniors</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, April 2, 2025)</p> <p>Federal Policy <u>AG Campbell Sues Trump Administration Over Illegal Funding Cuts And Delays For Medical And Public Health Research</u> (Office of Attorney General Andrea Campbell, April 4, 2025) <u>Immigration crackdowns disrupt caregivers. Families are paying the price.</u> (NBC News, April 3, 2025)</p> <p>Public Sessions <u>Second Meeting</u> (Special Commission on Continuing Care Retirement Communities, Tuesday, April 8, 2025, 10:00 a.m.) <u>TACPAC Task Force Meeting</u> (Virtual) (Transitions from Acute Care to Post-Acute Care (TACPAC) Task Force, Wednesday, April 16, 2025, 10:30 a.m. to 12:00 p.m.) <u>Assisted Living Residences Commission Meeting</u> (Virtual) (Assisted Living Residences Commission, Thursday, April 17, 2025, 1:00 to 2:30 p.m.) <u>Assisted Living Residences Commission Meeting</u> (Virtual) (Assisted Living Residences Commission, Wednesday, May 7, 2025, 10:00 to 11:30 a.m.)</p>
<p>Webinars and Online Sessions</p>	<p>1. The Long-Term Care Discussion Group Tuesday, April 8, 2025, 2:00 to 3:00 p.m. <u>The Relationship between Medicaid Payments and the Costs of Care in Nursing Homes</u> Topic: The speakers present new information on the relationship between Medicaid nursing home reimbursement rates and the reported costs of care. Medicaid is the primary payer for nursing home care, covering over 60% of all nursing home residents on a typical day. Any public reimbursement system requires a balance between providing adequate reimbursement and being financially prudent with taxpayer dollars. Setting nursing home reimbursement rates too high can lead to excess profits at the expense of taxpayers. At the same time, to invest in nursing staff and other quality improvement efforts to assure proper care, nursing homes need to be appropriately reimbursed. An independent assessment of Medicaid reimbursement and the cost of caring for Medicaid-reimbursed nursing home residents is needed to determine if Medicaid reimbursement rates are in line with the costs of providing care. This study, funded by the U.S. Department of Health and Human Services, does this by analyzing state Medicaid nursing home reimbursement rates and care costs on a facility-by-facility basis across the country. The study found that for each dollar a nursing home spends providing care to a Medicaid recipient, the average nursing home receives just 82 cents in reimbursement. <u>https://aspe.hhs.gov/reports/assessing-medicaid-payments-costs-nursing-homes</u> About the Speakers: <ul style="list-style-type: none"> • Edward Alan Miller, PhD, MPA is Professor and Chair, Department of Gerontology, Fellow, Gerontology Institute, Manning College of Nursing and Health Sciences, University of Massachusetts Boston; Adjunct Professor, Department of Health Services, Policy, and Practice, School of Public Health, Brown University; Editor-in-Chief, </p>

	<p><i>Journal of Aging & Social Policy</i>. His research focuses on understanding the determinants and effects of public policies and practices affecting older adults in need of long-term services and supports. He is author/co-author/editor/co-editor of more than 151 journal articles, 22 book chapters, and 9 books.</p> <ul style="list-style-type: none"> • Marc A. Cohen, PhD is Clinical Professor, Department of Gerontology, Fellow and Co-Director, LeadingAge Long Term Services and Supports Center, Gerontology Institute, Manning College of Nursing and Health Sciences, University of Massachusetts Boston. Prior to joining UMass in the fall of 2016, Dr. Cohen served as the Chief Research and Development Officer and former President and co-founder of LifePlans, Inc., a long-term care research and risk management company. Dr. Cohen has conducted extensive research on public policy issues affecting the financing and delivery of long-term care services (LTSS) and has influenced LTSS policy in his many roles. For example, he has testified before Congress and other organizations, served on Governor Patrick's Task Force on LTSS Financing for Massachusetts, was a Steering Committee member of the Long-Term Care Financing Collaborative, and served as a Chair for a National Academy of Social Insurance Study panel on Designing State-Based Social Insurance for LTSS. • Elizabeth Simpson, MPH is Doctoral Student, Department of Gerontology, Manning College of Nursing and Health Sciences, University of Massachusetts Boston, and Managing Editor of the <i>Journal of Aging and Social Policy</i>. She has played a key role in research projects on LTSS. <p>Register in advance for this meeting: https://umassboston.zoom.us/meeting/register/UMIGmoM2RdahhDLEXzN01A</p> <p>After registering, you will receive a confirmation email containing information about joining the meeting.</p> <p>2. Mass Law Reform Institute Thursday, April 10, 2025, 2:00 p.m. SNAP ABAWD Work Rules training Massachusetts is required to implement a federal 3-month time limit for certain SNAP recipients ages 18 through 54 who DTA identifies as "Able-Bodied Adults Without Dependents" (ABAWDs). The ABAWD Work Rules re-start on May 1. Many people do not have to meet these punitive rules. However, some do - and they risk losing SNAP after 3 months unless they show DTA they are exempt or meet the rules. Please join us to learn more about these rules and what you can do to make sure vulnerable adults are not terminated from SNAP. <u>Register for MLRI's training on April 10 at 2 PM here.</u></p> <p>3. Moving Forward Monday, April 14, 2025, 4:00 p.m. More Than Just Visitors: Engaging Family Members and Care Partners Meaningfully Description: Family members and other care partners are more than visitors—they're vital partners in improving nursing home care. Meaningful engagement with these individuals is not only essential to resident well-being, but also effective quality improvement and organizational decision-making.</p>
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	<p>Join panelists Libby Hoy, Diane Mariani, and Jenine Ferrari to learn about the importance of family engagement and practical strategies to build trust, gather meaningful input, and create collaborative systems that reflect the diverse needs and capacities of community members. We will explore how to establish structured, ongoing opportunities for dialogue and partnership that go far beyond surveys or complaints. We will also discuss how family engagement in nursing homes differs from hospitals, home care, or other settings—and how to tailor strategies accordingly. Whatever your role in the nursing home community, you'll gain tools and insights to partner more effectively with residents' chosen advocates and foster a culture of shared accountability and person-centered care.</p> <p>Read speaker's bios here.</p> <p>Register Here</p> <p>4. Citizens' Housing and Planning Association (CHAPA) Tuesday, April 15, 2025, 1:00 to 4:00 p.m. CHAPA's 2025 Fair Housing Symposium: Collective Action for a Thriving Future</p> <p>Join CHAPA virtually on April 15th as they commemorate 57 years since the signing of the Fair Housing Act and examine how fair housing champions are furthering this work at the local, state, and federal levels.</p> <p>Keynote Speaker:</p> <ul style="list-style-type: none"> Secretary Ed Augustus, Executive Office of Housing and Livable Communities (EOHLC) <p>Speakers & Panelists:</p> <ul style="list-style-type: none"> Whitney Demetrius, Director of Fair Housing, EOHLC Shannon Lawler, Fair Housing and Inclusionary Housing Program Specialist, City of Somerville Fair Housing Commission Lisa Rice, President and CEO, National Fair Housing Alliance (NFHA) Paige Stopperich, Clinical Fellow & Fair Housing Test Coordinator, Suffolk University Center for Housing Justice and Policy <p>2025 Robert L. Terrell Fair Housing Awardees:</p> <ul style="list-style-type: none"> The Fair Housing Alliance of Massachusetts Karla L. Chaffee, Counsel, Nixon Peabody Dr. Kenann McKenzie-DeFranza, President, North Shore NAACP <p>Visit CHAPA's website for the most up-to-date information or contact Sade Ratliff (sratliff@chapa.org) with any questions about this event.</p> <p>Register now</p> <p>5. Mass Law Reform Institute Tuesday, May 6, 2025, 9:00 a.m. to 1:00 p.m. (In person plus live webcast) Wednesday, May 21, 2025, 12:00 to 4:00 p.m. (Recorded webcast) Thursday, May 29, 2025, 10:00 a.m. to 2:00 p.m. (Recorded webcast) Income Maximization Basic Benefits Training</p> <p>This training focuses on benefits that help working families and individuals maximize their income and reduce expenses. It is designed as a broad overview for new and experienced legal services advocates, social and health services workers, and community activists who want to learn about or get an update on key income supports.</p> <p>To register (select reduced rate) click here.</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>

<p>State Budget</p>	<p>6. Joint Ways and Means Committee Tuesday, April 8, 2025, 11:00 a.m. Gardner Auditorium, State House, Boston and Livestream Budget Hearing Wraps up the review of Gov. Healey's \$62 billion fiscal 2026 budget plan (H 1) with the one and only opportunity for members of the general public to offer their thoughts in person. The feedback will flow as House Ways and Means wraps up its redraft of the budget. Rep. Diggs and Sen. Payano chair the hearing. Testimony sign-up ends Monday. People who sign up to testify on the day-of will only be called if the committee has time. Livestream</p> <p>7. Office of Governor Maura Healey and Lt. Governor Kim Driscoll April 2, 2025 Healey-Driscoll Administration Files \$756 Million Supplemental Budget for Fiscal Year 2025 <i>Bill Closes Funding Gaps to Ensure Continuation of Critical State Programs for Emergency Services, Seniors, Veterans, Children and Families</i> Today, Governor Maura Healey filed a supplemental budget for Fiscal Year 2025 (FY25) to address time-sensitive spending needs for state services such as food access, public safety, housing and child care, create opportunities for Massachusetts businesses, and boost local economies through the celebration of the 250th anniversary of American independence. The bill allocates \$756.3 million in gross spending, at a net cost to the state of \$544.7 million after offsets. “This budget bill proposes targeted investments that improve quality of life in Massachusetts, such as ensuring access to health care, supporting families with child care costs, and making sure veterans get their benefits,” said Governor Maura Healey. “We’ve also heard clearly from local officials and medical professionals across the state, especially in communities impacted by Steward Health Care’s closures, that they need more support. That’s why we’re proposing significant funding for EMS providers that have faced extraordinary costs. Our administration remains committed to maintaining a responsible state budget that tangibly benefits the people of Massachusetts.” “This supplemental budget bill for FY25 meets pressing spending needs so that Massachusetts continues to be the best place in the country to live, work, and raise a family,” said Lieutenant Governor Kim Driscoll. “I am proud that the investments in this bill, such as a new reserve of funding for Emergency Medical Services (EMS), are responsive to the needs of our local communities.” Among the programs funded by this bill that support Massachusetts residents at a time of rising costs is \$189.6 million for the Department of Early Education and Care (EEC)’s Child Care Financial Assistance (CCFA), which helps families pay for child care and out-of-school time programs. The administration also proposes \$15.5 million, at a net cost to the state of \$7.8 million after reimbursements, to help combat food benefit theft by replacing Electronic Benefit Transfer (EBT) cards with more secure chip cards. “This bill furthers the FY25 budget strategy that our administration crafted at the start of the Fiscal Year with our Legislative partners, which</p>
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	<p>carefully manages growth and controls spending while preserving vital state programs,” said Administration and Finance Secretary Matthew J. Gorzkowicz. “I appreciate the Legislature’s consideration of this bill, and I look forward to continuing to collaborate on maintaining a responsible and balanced budget.”</p> <p>This bill also appropriates \$10 million to reimburse local and regional emergency medical services (EMS) providers for recent extraordinary costs incurred to provide services.</p> <p>The largest deficiency addressed in this bill is \$240 million for Group Insurance Commission (GIC) Plans and Premiums, which will address increased costs due to high utilization rates.</p> <p>An outside section in this bill will unlock new opportunities for small and diverse businesses by raising procurement thresholds under public construction laws, such as for competitive bidding processes, certain reporting and record keeping mandates, and the necessity of paying bonds for payment and performance on small projects. These threshold increases align with recommendations from the Public Construction Projects Advisory Council that Governor Healey convened in 2024 through Executive Order 630.</p> <p>Additional outside sections in this bill make technical updates to recent legislation to streamline policy implementation. The supp also includes Collective Bargaining Agreements (CBAs) ratifications, for CBAs entered into since the last supplemental budget.</p> <p>This bill also allocates:</p> <ul style="list-style-type: none"> • \$134.5 million for supplemental funding, at no net cost to the state, for a Medical Assistance Trust Fund Transfer • \$60 million, at no net cost to the state, for the Executive Office of Aging & Independence’s most vital direct care services, including home care services • \$42.9 million for Residential Assistance for Families in Transition (RAFT) • \$15 million for municipal and statewide tourism efforts for Massachusetts 250, celebrating the 250th anniversary of the American Revolution • \$5.8 million to implement the Veterans annuity payment increases passed in the <i>HERO Act</i> • \$4.2 million for the State Police Crime Lab to ensure the timely review of evidence • \$600,000 for National Guard wildfire response costs
<p>Nursing Homes</p>	<p>8. McKnights Long-Term Care News April 4, 2025 <i>Deportations weaken nursing home workforce</i> By Zee Johnson</p> <p>New research indicates that immigrant direct caregivers are crucial to the US healthcare system, particularly in long-term care, and would be difficult to replace.</p> <ul style="list-style-type: none"> • The US healthcare system employs over 1 million immigrants, including approximately 70,000 documented and 38,000 undocumented nursing home personnel. • Around 250,000 documented and 192,000 undocumented immigrants work as certified nursing assistants. • Immigrant workers tend to stay in direct care positions longer than US workers.

	<ul style="list-style-type: none"> • President Trump's immigration policies, which promote deportations, could significantly harm the future of long-term care by removing a vital portion of the workforce. • The long-term care industry is already facing staffing shortages, with many facilities not expecting to return to pre-COVID staffing levels. • Surveys indicate high vacancy rates for CNAs, licensed practical nurses, and registered nurses in nursing homes and assisted living communities. • The suspension of programs like the US Refugee Admissions Program (USRAP), which recruit foreign talent, could worsen the staffing situation. • There is growing concern among long-term care experts about the potential impact of these policies. • Refugee resettlement programs have historically shown high rates of workforce participation and employment among resettled immigrants, surpassing those of the general US population. • Authors in the Journal on Migration and Human Security argue that USRAP and similar programs are being unfairly targeted, which could negatively affect industries like healthcare that rely on immigrant workers. • The Temporary Protected Status (TPS) program has also been targeted by the Trump administration, creating further uncertainty for foreign-born workers. • The long-term effects of these immigration policies are still unfolding, but some nursing homes are already experiencing increased pressure. • A Texas nursing home reports that approximately 80% of its direct care workers are immigrants. • Job placement programs that help nursing homes hire foreign-born workers are being suspended, further limiting options for addressing staffing gaps. <p>9. *JAMA Network April 3, 2025 <i>Deporting Immigrants May Further Shrink the Health Care Workforce</i> By Lenore S. Azaroff, MD, ScD; Steffie Woolhandler, MD, MPH; Sharon Touw, MPH; David Bor, MD; David U. Himmelstein, MD Nearly half of US nursing homes report limiting admissions because of staffing shortages,¹ and only 19% currently meet the minimum staffing levels mandated by the Centers for Medicare & Medicaid Services by 2029.² Shortages of nurses and other personnel caused two-thirds of hospitals to operate below full capacity in 2023.³ The Trump administration's plans to deport undocumented immigrants and some with temporary protected status (TPS)—which allows some migrants from countries with unsafe conditions to live and work in the US—and increase legal barriers even for skilled immigrants, could worsen workforce shortages. This study estimated the number of immigrants employed in health care who might be affected by deportation or immigration restrictions.</p>
Benjamin Healthcare Center	<p>10. Commonwealth Beacon April 4, 2025 <i>Troubled Boston nursing home could face \$5 million deficit by end of year</i> By Gintautas Dumcius</p>

	<p>This article summarizes the precarious financial situation and internal conflicts plaguing the Benjamin Healthcare Center, a historic nursing home in Boston placed into receivership to avoid closure. Key points include:</p> <ul style="list-style-type: none"> • Financial Crisis: The facility faces a potential \$5 million deficit by year-end despite state funding and is burdened by past unpaid bills and significant legal/accounting fees incurred during the receivership. • Low Occupancy: With only 80 of its 164 beds filled, Judge Belezos suggests increasing occupancy as a key to financial recovery. • Lawsuit Against Former Administrator: The nursing home has sued its previous administrator, alleging \$3 million in siphoned funds. • Receivership Timeline: The temporary receivership is set to end in June, prompting the Attorney General's office to seek detailed financial information. • Options for the Future: The court-appointed receiver is exploring options like an "angel donor" or a new owner to ensure the facility's survival. • Property Uncertainty: Vital questions remain about whether the property has a mortgage or if a previous corporation holds a claim, which could significantly impact its future. • Allegations of Mismanagement Under Receiver: Anonymous staff and the current administrator under the receiver have sent letters alleging mismanagement, including a hostile work environment, retaliatory suspension, and nepotism in hiring and contracting by the receiver's assistant, former state senator Dianne Wilkerson. • Receiver's Defense: The receiver denies the allegations, claiming the administrator is underperforming and retaliating. He defends the snow plowing contract as legitimately secured and highlights Wilkerson's role in uncovering past financial mismanagement. • Focus on Viability: Despite the internal conflicts, the judge emphasizes that the primary focus remains determining the long-term viability of the Benjamin Healthcare Center.
Workforce	<p>11. PHI March 31, 2025 <i>Immigration and the Direct Care Workforce</i> Research demonstrates the value of immigrant direct care workers for the U.S. long-term care system and for individuals' health and quality of life:</p> <ul style="list-style-type: none"> • Increased immigration has been shown to lead to higher staffing levels in nursing homes, alleviating workforce shortages and improving care quality and health outcomes for nursing home residents. • Conversely, punitive immigration restrictions and rhetoric create a chilling effect—even for the vast majority of immigrant direct care workers who have valid work authorization—that reduces staffing levels in nursing homes and may exaggerate the overall shortage of direct care workers (including in home care and other settings). • Immigrant workers remain in direct care positions longer than U.S.-born workers, providing important workforce stability and continuity of care. <p>12. *New York Times March 9, 2025 <i>A Chill Sets In for Undocumented Workers, and Those Who Hire Them</i> By Rebecca Davis O'Brien and Miriam Jordan</p>

Fearing roundups, many immigrants are staying home. Construction, agriculture, senior care and hospitality employers say labor shortages will worsen.

This article from the New York Times details the growing fear and economic impact felt by undocumented workers and the industries that rely on them in the United States, following President Trump's increased immigration enforcement. Here's a summary of the key points:

- **Fear and Desolation:**
 - Undocumented workers, particularly those in sectors like construction, agriculture, and elder care, are living in fear of deportation.
 - Day laborer gathering spots, like those in Freehold, N.J., have become desolate as workers stay home.
- **Economic Impact:**
 - Industries reliant on immigrant labor are facing shortages, leading to potential increases in costs for consumers.
 - Sectors like residential construction, agriculture, and elder care are particularly vulnerable.
 - The potential phasing out of Temporary Protected Status and the slowdown of refugee arrivals are exacerbating the labor shortage.
- **Industry Concerns:**
 - Industry leaders warn of widespread consequences, including increased costs and production delays.
 - They call for immigration reform, including expanding work visas, to address the labor shortage.
 - Elder care facilities are having a very hard time finding people to fill open positions.
- **Agriculture Sector:**
 - The agriculture sector, particularly in California's Central Valley, relies heavily on undocumented workers.
 - Increased enforcement actions have led to absenteeism and potential disruptions in the food supply chain.
 - Many farmers express that they cannot find enough American born workers to fill the open positions.
- **Elder Care Sector:**
 - The elder care sector is already facing a worker shortage.
 - A large portion of the elder care workforce is made up of immigrants.
 - Mass deportations would make it harder to find workers and would drive up the cost of care.
- **Mixed-Status Families:**
 - Many families have a mix of legal and undocumented members.
 - Increased enforcement actions place great strain on these families.
- **Worker and Advocacy Group Response:**
 - Migrants and advocacy groups are preparing for further raids and increased enforcement.
 - Workers express fear of workplace raids and reduced working hours.

	<ul style="list-style-type: none"> There is a sentiment that many low wage jobs that are performed by immigrants, would not be filled by American born citizens.
Disability Topics	13. WBUR Cognoscenti April 1, 2025 How one man kept Mass. from sterilizing the disabled By Alex Green
From Around the Country	14. WCPO-TV (video report) April 3, 2025 27-year-old had to live in nursing home for more than a year
Public Policy	15. Office of Governor Maura Healey and Lt. Governor Kim Driscoll April 2, 2025 With Tax Day Approaching, Governor Healey Promotes Savings for Seniors <i>Massachusetts taxpayers can learn more about the ways Governor Healey lowered their taxes at Mass.gov/TaxCuts</i> Governor Maura Healey is promoting the benefits of the historic tax cuts package she signed in 2023 with the tax filing deadline approaching on April 15th. She visited the Lynn Senior Center to discuss with seniors how they are saving money due to these cuts. A key highlight is the doubling of the Senior Circuit Breaker Tax Credit, which could provide eligible seniors with up to \$2,730 this year. Key provisions of the tax cuts package that benefit seniors include: <ul style="list-style-type: none"> Senior Circuit Breaker Tax Credit: Doubled to a maximum of \$2,730 for eligible residents aged 65 or older in tax year 2024. Child and Family Tax Credit: Increased to \$440 per child under 13, senior 65 or older, or individual with a disability, with the elimination of the two-dependent cap. This means individuals caring for aging parents could receive \$880 this year. Estate Tax: The threshold increased from \$1 million to \$2 million with a credit to mitigate the cliff effect. Senior Property Tax Volunteer Program: The maximum property tax abatement for seniors performing volunteer services increased from \$1,500 to \$2,000. Governor Healey has launched mass.gov/taxcuts to provide residents with more information on available credits and deductions. Information on free tax assistance can also be found at findyourfunds.org . Statements of support were provided by Luz Arevalo of Greater Boston Legal Services, Joe Diamond of MASSCAP, and Meegan Best of the Lynn Senior Services Center, all emphasizing the positive impact of these tax credits on vulnerable populations and families.
Federal Policy	16. Office of Attorney General Andrea Campbell April 4, 2025 AG Campbell Sues Trump Administration Over Illegal Funding Cuts And Delays For Medical And Public Health Research Massachusetts Attorney General Andrea Joy Campbell is leading a coalition of 16 attorneys general in a lawsuit against the Trump Administration. The lawsuit, filed in the U.S. District Court for Massachusetts, addresses the Administration's actions that disrupt grant funding from the National Institutes of Health (NIH). The lawsuit focuses on two main issues: <ul style="list-style-type: none"> Delays in NIH Grant Reviews: The Administration has caused unreasonable delays in reviewing NIH grant applications. This

includes canceling meetings for expert review panels and advisory councils and withholding final decisions on already-approved applications. The states involved have billions of dollars in pending research funding.

- **Termination of Existing NIH Grants:** The Administration has terminated numerous ongoing NIH-funded projects, citing reasons such as the projects' connection to "DEI," "transgender issues," or "vaccine hesitancy." The attorneys general argue that these terminations lack proper justification.

The attorneys general argue that the Administration's actions violate NIH's statutory obligations, applicable regulations, and the principle that the executive branch cannot unilaterally decline to spend funds appropriated by Congress. The lawsuit seeks a court order to compel the Administration to promptly review delayed applications and to prevent the termination of already-awarded grants.

This lawsuit follows a previous one led by AG Campbell, where a federal judge issued a preliminary injunction against the Administration's attempts to cut "indirect cost" reimbursements for NIH grants.

17. NBC News

April 3, 2025

[Immigration crackdowns disrupt caregivers. Families are paying the price.](#)

By Vanessa G. Sánchez and Daniel Chang

This report highlights the predicted surge in demand for caregivers in the U.S. due to the aging baby boomer population. The Bureau of Labor Statistics projects an increase of 820,000 home health and personal care aide positions and 65,000 nursing assistant and orderly positions over the next decade.

The article emphasizes that these low-paying and physically demanding jobs often struggle to attract native-born Americans, with median pay ranging from \$34,000 to \$38,000 annually. Consequently, long-term care facilities and home health agencies have historically relied on immigrant workers to fill these critical roles, facing high turnover and staffing shortages.

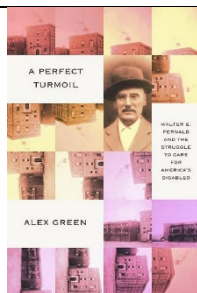
The primary concern raised is that Trump's immigration policies are creating a "perfect storm" for the caregiving sector, potentially choking off a key source of workers. This is exacerbated by the reorganization of the Administration for Community Living and potential Medicaid cuts.

Industry leaders like LeadingAge have called for federal action, including raising work-related immigration visa caps and expanding refugee status, but report little current political support for these measures.

The article provides examples of how refugees have filled crucial roles in nursing homes, particularly in Wisconsin, and how partnerships have been established to provide language and professional training for immigrant workers. However, the suspension of the refugee resettlement program has halted these efforts.

Furthermore, the article points out the importance of immigrant caregivers who can speak the native languages and understand the customs of older and disabled immigrants, fostering a deeper connection and higher quality of care. The Service Employees International Union (SEIU) emphasizes that the relationships between caregivers and clients are crucial and difficult to replace.

	<p>The story of Alanys Ortiz, a Venezuelan au pair caring for Josephine Senek, illustrates the vital role caregivers play in enabling individuals with disabilities to communicate, develop independence, and improve their quality of life. The article concludes by underscoring that caregiving is essential work that supports the entire ecosystem of individuals and their families, and a shortage of caregivers can have cascading negative effects.</p>
From Our Colleagues Around the Country	<p>18. National Council on Aging April 7, 2025 Insights for Advocates</p> <ul style="list-style-type: none"> • Healthy Aging in the Spotlight as Big Changes Come to HHS • Small but Mighty, MIPPA Helps Millions Afford Medicare Costs • A Close Eye on OAA Services <p>19. National Consumer Voice for Quality Long-Term Care E-Newsletter April 1, 2025 In this Issue:</p> <ol style="list-style-type: none"> 1. Restructuring and Cuts to the US Department of Health and Human Services 2. New Issue of The Resident Advocate Newsletter 3. Proposals for Sessions at the Consumer Voice Conference Due May 2 4. 15th Anniversary of the Elder Justice Act 5. Illinois Law Protects Nursing Home Residents Against Retaliation
Public Sessions	<p>20. Special Commission on Continuing Care Retirement Communities Tuesday, April 8, 2025, 10:00 a.m. Second Meeting Presentation from Elissa Sherman and Jim Freehling from LeadingAge. Agenda and Access Info</p> <p>21. Transitions from Acute Care to Post-Acute Care (TACPAC) Task Force Wednesday, April 16, 2025, 10:30 a.m. to 12:00 p.m. TACPAC Task Force Meeting (Virtual) Agenda: (forthcoming) Join via Zoom</p> <ol style="list-style-type: none"> 1. Click on the following link: Zoom 2. Enter the Webinar ID: 977 6068 2894 3. Passcode: TACPAC <p>Join by phone:</p> <ol style="list-style-type: none"> 1. Dial: (305) 224-1968 2. Enter the Webinar ID: 977 6068 2894 <p>22. Assisted Living Residences Commission Thursday, April 17, 2025, 1:00 to 2:30 p.m. Assisted Living Residences Commission Meeting (Virtual)</p> <p>23. Assisted Living Residences Commission Wednesday, May 7, 2025, 10:00 to 11:30 a.m. Assisted Living Residences Commission Meeting (Virtual)</p>
Books by DignityMA Participants	<p><u>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</u> By Alex Green</p> <p>From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that</p>



About the Author:

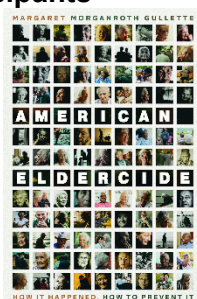
Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.

continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, *A Perfect Turmoil* is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time.

In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures.

[Buy the book here](#)

Books by DignityMA Participants



About the Author:

Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.

[American Eldercide: How It Happened, How to Prevent It](#)

By [Margaret Morganroth Gullette](#)

A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.

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

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

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

[Buy the book here.](#)

Bringing People Home: The Marsters Settlement

Webpages:

https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/
<https://marsters.centerforpublicrep.org/>

<div><div><div>Support Dignity Alliance Massachusetts</div><div>Please <u>Donate!</u></div></div></div>	<div>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.</div> <div>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.</div> <div>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</div> <div>https://dignityalliancema.org/donate/</div> <div>Thank you for your consideration!</div>	
<div>Dignity Alliance Massachusetts Legislative Endorsements</div>	<div>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</div> <div>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores473@charter.net.</div>	
<div>Websites</div>		
<div>Blogs</div>		
<div>Podcasts</div>		
<div>YouTube Channels</div>		
<div>Previously recommended websites</div>	<div>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>.</div>	
<div>Previously posted funding opportunities</div>	<div>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</div>	
<div>Websites of Dignity Alliance Massachusetts Members</div>	<div>See: https://dignityalliancema.org/about/organizations/</div>	
<div>Contact information for reporting complaints and concerns</div>	<div>Nursing home</div>	<div>Department of Public Health<div><div>1. Print and complete the Consumer/Resident/Patient Complaint Form</div><div>2. Fax completed form to (617) 753-8165</div><div>Or</div><div>Mail to 67 Forest Street, Marlborough, MA 01752</div><div>Ombudsman Program</div></div></div>
<div>MassHealth Eligibility Information</div>	<div>MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care</div> <div>Table of Contents (Last updated: December 16, 2024)</div>	

	Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid
Money Follows the Person	MassHealth Money Follows the Person <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 March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning</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
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Pending: Town of Nantucket – Long Term Care Substantial Capital Expenditure
List of Special Focus Facilities	Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-november-2024.pdf <p>Updated December 4, 2024</p> <p>CMS has published a new list of Special Focus Facilities (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.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p>

	<ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • Somerset Ridge Center, Somerset https://somersetridgerehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225747 • Tremont Healthcare Center, Wareham https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488/ <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • 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 <p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • AdviniaCare Newburyport (10) https://www.adviniacare.com/adviniacare-country-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225332 • Charwell House Health and Rehabilitation, Norwood (34) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Fall River Healthcare (16) https://www.nextstephc.com/fallriver Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225723/ • Norwood Healthcare (5) https://www.nextstephc.com/norwood Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225597 • Plymouth Harborside Healthcare (5) https://www.nextstephc.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225284 • Plymouth Rehabilitation & Health Care Center (29)
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	<p>https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207</p> <ul style="list-style-type: none">• RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523• Royal Norwell Nursing & Rehabilitation Center (11) https://norwell.royalhealthgroup.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225482/ <p>Massachusetts Facilities that have graduated from the program</p> <ul style="list-style-type: none">• Marlborough Hills Rehabilitation & Health Care Center, Marlborough https://marlboroughhillsrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063/• Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/ <p>No longer operating</p> <ul style="list-style-type: none">• South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram																																																
<i>Nursing Home Inspect</i>	<p>ProPublica Nursing Home Inspect Data updated April 24, 2024 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table><tr><th>Deficiency Tag</th><th># Deficiencies</th><th>in # Facilities</th><th>MA facilities cited</th></tr><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></table> <p>Updated April 24, 2024</p>	Deficiency Tag	# Deficiencies	in # Facilities	MA facilities cited	B	284	198	Tag B	C	108	85	Tag C	D	7,496	1,469	Tag D	E	1,965	788	Tag E	F	656	317	Tag F	G	568	384	Tag G	H	44	33	Tag H	I	3	2	Tag I	J	57	27	Tag J	K	8	5	Tag K	L	5	2	Tag L
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K	8	5	Tag K																																														
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Nursing Home Compare	Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes: <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. Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite		
Data on Ownership of Nursing Homes	Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.		
DignityMA Call Action	<ul style="list-style-type: none"> • 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	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom.	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

Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	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	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/		
REV UP Massachusetts	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : • 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>		
<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> <i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i> <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> <i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i> https://dignityalliancema.org/dignity-digest/ <i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i>			