Dignity Bassachusetts Repet + Self-determination + Choicer DignityMA Zoom Sessions	The Dignily Digest contains information complied by Dignity Amance Massachuseus
Spotlight	What DignityMA Means to MeFive years ago, in the earliest days of the Covid pandemic, Dignity AllianceMassachusetts was established as a volunteer-driven to transform theprovision of long-term services and care in the Commonwealth. Since thattime, hundreds of individuals and organizations have used their collectivevoices and efforts to make a real difference through legislation, regulatoryreform, public policy, and information sharing.On behalf of Massachusetts older adults, persons with disabilities, andcaregivers, I would like to express my heartfelt appreciation to all involved.Together, we look forward to even more and greater achievements in theyear ahead.We asked DignityMA participants about their involvement with DignityMA:what motivates their participation and what they would like to seeaccomplished in the year ahead. We are sharing three responses. If youwould like to add your thoughts, you can viahttps://forms.gle/n3rh9kdw4wx5bfXd6.
	<ul> <li>Judi Fonsh, MSW, Leverett, MA</li> <li>What motivates me to be involved with DignityMA?</li> <li>Collaboration with folks who really care about the needs of older adults and those who live with disabilities and who demonstrate it by doing the work to show others what needs to be done to help.</li> <li>Here's what I would like to see accomplished in the year ahead. Older adults and those who are living with disabilities should be prioritized as important to those running the Commonwealth.</li> <li>What three words / phrases describe DignityMA for you? Collaboration, Dignity, Advocacy</li> <li>Former State Senator Richard T. Moore, Uxbridge, MA What motivates me to be involved with DignityMA?</li> <li>My initial motivation was the tragedy experienced by nursing home residents during COVID and the failure of nursing homes and government to keep those residents safe. I continue to be dismayed by the nursing home industry and the government - state and local - with the continued need to transform long-term care and expand opportunities for older adults and people with disabilities to remain in their homes and communities throughout their lives.</li> </ul>

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	<ul> <li>s what I would like to see accomplished in the year ahead. The current federal administration in Washington appears to be headed to making America more unhealthy by failing to improve on agencies and funding to support the growing population of resident age 60+ At the very least I want to see state government improve their oversight of long-term care - implement Marsters v. Healey, stand behind single, or not more than two residents per room in nursing homes, uphold and strengthen staffing regulations, implement C.197 of the Acts of 2024 and fight against cuts in Medicaid and Social Security.</li> <li>three words / phrases describe DignityMA for you? Independent honest broker (for aging, those with disabilities, and caregivers)</li> </ul>
•	ck, MBA, LICSW, ACSW, CSW-G, Brookline, MA motivates me to be involved:
vvnat	Over decades, I wrangled with some of the same types of
	issues that Dignity Alliance now confronts. The difference is
	that often, before the Dignity Alliance was formed, I was
	working on issues alone or with a small group of people.
	Dignity Alliance, however, has participants with special
	interests or expertise on a wide range of matters, so issues
	can be moved forward in a timely and strategic way. I feel I
	owe it to the people swept up in lower quality facilities, left to
	manage on their own in the community, or otherwise not in a good situation, to finally achieve changes in some of the
	systems that disserviced them. It is a very good feeling to
	work toward raising up the more vulnerable.
For th	ne year ahead:
	a. I want to visit some facilities with a surveyor, and
	document ventilation and heat stress (no air conditioning, no windows that open, or not enough heat in the winter),and follow it through to being corrected.
	b. I would like to see health insurers', hospitals', etc. plans of
	action and programs to help with climate change, heat stress,
	food insecurity. If they don't have such policies and
	programs, why not? If they do have it, how many people do they serve?
	c. I would like to work to change the mindset of hospital
	discharge planners to prioritize discharging patients back
	home with services, rather than the automatic attempt to
	discharge anyone with disabilities and older adults to a
	nursing home. This means we must ensure support services will be available in the home.
	d. I would like to see the growth of a hospital to home model,
	complete with a return to doctors making home visits like they
	sometimes used to do for patients with certain needs, and
	greater use of telehealth.
	e. I would like to consider combining the Disabled Persons
	Protection Commission with Adult Protective Services, and
	work to not turn anyone down for assistance if they have
	disabilities or are an older adult.

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	<ul> <li>f. I want to see a plaque in the State House, acknowledging the illness, suffering, and deaths of so many of the most vulnerable in our Commonwealth during the coronavirus pandemic. And every year, the Great Hall should showcase educational material on the true story of why the vulnerable were left to sicken or die. This includes residents and staff in nursing homes, group homes, assisted living, rest homes, elderly housing, older adults and people with disabilities in apartments, hospital staff, essential workers like grocery store employees, caregivers, home health and home care workers, etc.</li> <li>g. I would like to see actual housing units for people with disabilities and older adults, rather than just talk about creating it in the future, I want to see it opening now, from vacated strip malls, vacated churches and office towers, etc. Accessible units, and units at all price points. I am tired of hearing maybe soon, maybe this and maybe that. Hotels have closed, office towers have closed, malls have closed-use political muscle and get buildings renovated now to be accessible and affordable, also climate hardy with air conditioning, hurricane-proof windows, etc.</li> <li>h. I can't accept that a body of legislators cannot give a substantial raise to the PNA, when they themselves get raises most years. Maybe we should propose to roll back state salaries to the year that the PNA stopped increasing, and then let's see how they manage on 20 year old income in a 2025 world. In fact, let's have a campaign to roll back doctors' salaries, nursing home administrators' salaries, governors' salaries, etc. everyone's salaries to what it was twenty-odd years ago and see who can afford today's rent/mortgage, clothes, etc. , and let's see how quickly they then push to raise the PNA.</li> <li>Words/phrases to describe DignityMA:</li> <li>A smorgasbord of work groups and advocacy events, enough to fill the problem-solving and emotional appetite of the most hungry for change, while surrounded b</li></ul>
Quotes	I often ask myself – who could have predicted that
	when I was on life support and not expected to survive, I would one day thrive and live a full life
	thanks to my mind, my consciousness, my cognitive
	strengths and abilities that I benefit from every day?

Penny Shaw, state and national nursing home advocate, <b>How My</b> Mind Helps Me Thrive, <u>Disability Issues</u> , Vol. 45, No. 2, Spring 2025
The world can feel uncertain, and challenges come in many forms. While self-care won't solve every problem, it can help you build strength and resilience to better navigate whatever comes your way. Taking time for yourself and for others. It's a powerful way to stay hopeful and engaged. Sandy Alissa Novack, Self-care During Challenging Times, Disability Issues, Vol. 45, No. 2, Spring 2025
Federal prosecutors have said Skyline's IRS debt led to the collapse of the firm, which included 95 facilities in 11 states, spread from Massachusetts to Arkansas and South Dakota. Overall, some 15,000 employees and 7,000 patients were involved. State officials took over dozens of facilities through the <u>receivership</u> <u>process</u> when concerns about getting food and medicine to residents became evident. <u>Skyline's Schwartz gets 3 years in prison for scheme that collapsed</u> <u>dozens of nursing homes</u> , McKnights Long Term Care News, April 10, 2025
"By creating more opportunities for equitable access to high-demand fields, we can grow the health care workforce at a rate that meets the needs of Massachusetts residents." Education Secretary Dr. Patrick Tutwiler, <u>Healey-Driscoll</u> <u>Administration Awards Community Colleges \$9.7 Million to</u> <u>Strengthen the Massachusetts Health Care Workforce</u> , Office of Governor Maura Healey and Lt. Governor Kim Driscoll, April 17, 2025
"[Harriet Chandler] is among the state's most distinguished legislators as well as having been the first female president in the history of the Massachusetts Senate." Museum of Worcester Executive Director Bill Wallace, [Former State Senator Harriet] Chandler to receive prestigious 2025 Harvey Ball Smile Award, The Worcester Guardian, April 18, 2025

"We feel that [the proposed FY 2026 state budget] provides the services that are necessary in these times, which is unprecedented in terms of the chaos that we're dealing with from not having a reliable partner on the federal side of things."

House Ways and Means Chair Aaron Michlewitz, <u>Spend Now, React</u> <u>Later</u>, \*State House News, April 18, 2025

*"[Insulin] keeps me alive, but the drug companies are profiting from my condition. And there's nothing I can do about it."* 

Carolyn McGrath, a community college professor, <u>said that rising</u> <u>drug prices are hammering patients, employers, and insurers. Is</u> <u>there any end in sight?</u>, **\*Boston Globe,** April 17, 2025

About 50,000 of Blue Cross's 3 million members were taking GLP-1s as of Jan. 1, with 80 percent of those members taking it for weight loss. . . While there is variation, the average monthly retail price of the class of obesity medications is about \$1,200 without insurance. . . Costs for five of the GLP-1 drugs — Ozempic, Mounjaro, Wegovy, Zepbound, and Saxenda — topped \$300 million for Boston-based Blue Cross last year, more than double what it spent in 2023. The five medicines accounted for nearly 20 percent of all the insurer's drug spending in 2024.

Blue Cross Blue Shield will stop covering popular weight-loss drugs amid surging costs, \*Boston Globe, April 17, 2025

Lauren Peters, executive director of the Center for Health Information and Analysis, expressed alarm about the soaring spending. With the 8.6 percent increase, health care spending in Massachusetts totaled \$11,153 per resident. . . Spending on prescription drugs represented the largest share of overall health care expenditures and increased by 11.6 percent over 2022, to \$15.2 billion, the report stated. The next-largest category was outpatient care at hospitals, which totaled \$14 billion, an increase of 8.3 percent over the previous year.

	Health care spending in Massachusetts soared in 2023. Here's what's to blame, *Boston Globe, March 25, 2025 "We oftentimes frame this [debate over Medicaid funding cuts] as 'People will lose their health insurance,' and that is true," said [Dr. Adam Brown, a Washington, D.Cbased emergency physician and founder of a health care strategy firm]. But "the constituencies affected are not just the people who have Medicaid." Less funding for Medicaid, or an increase in the number of people without insurance, would harm people with any kind of insurance, he said. It could lead to longer wait times at hospitals, fewer services offered and, in some cases, hospital closures. <u>1 in 5 Americans are on Medicaid. Some enrollees have no idea</u> . PBS News, April 13, 2025 "I feel as young as when I was 50, and I'd like to be doing this well into my 80's. That's my personal goal."
Commentary by	<ul> <li>Rice can't explain her gift but is grateful she has it.</li> <li><i>"Maybe I'm just lucky and blessed."</i></li></ul>
DignityMA participants	Jeannie Rice, At 77. she's as fit as a 25-year-old. What her body tells us about aging. <li>*Washington Post, April 20, 2025</li> <li>Steward and Nursing Homes: The Grift that Keeps Taking</li> <li>April 21, 2025</li> <li>By James Lomastro, PhD</li> <li>The Steward Health Care bankruptcy saga represents just the tip of the iceberg in a healthcare industry beset by financial instability and questionable business practices. After failing to pay vendors like Brewster Ambulance, Steward has now taken the extraordinary step of suing to recover the partial payments it did make, claiming they were "preferential payments" under bankruptcy law. This legal maneuver has left already struggling vendors in an even more precarious position—first underpaid, and now potentially forced to return what little they did receive.</li> <li>This pattern of financial manipulation isn't isolated to Steward. As reported in the Post Acute Commission Meeting, the nursing home industry is facing a staggering \$630 million in unpaid bills. When distributed across approximately 330 facilities, this amounts to roughly \$1.9 million in debt per facility, with many operating on just four days of cash reserves. Such thin margins leave care facilities vulnerable to sudden disruption of services, closure, or severe service reductions.</li>

He has over forty years of experience in health care and disability services management, policy, and quality assurance. He has a PhD in Policy, Research and Administration from the Heller School at Brandeis University.	The healthcare financial crisis affects multiple stakeholders. It threatens vendors providing critical services, including potential bankruptcy. Employees suffer from wage uncertainty, and most importantly, vulnerable patients are the ones who bear the brunt, experiencing disruptions in care quality and continuity. Many nursing homes and healthcare facilities have adopted aggressive financial engineering strategies. These strategies prioritize investor returns over operational stability and patient care. They create a system in which they extract profits while debt accumulates. This systemic problem requires not just any reform, but comprehensive regulatory reform and oversight. Initiatives like Chapter 197 are a step in the right direction, ensuring healthcare organizations maintain appropriate financial reserves, operate with greater transparency, and prioritize patient care over short-term economic gains. Without such reforms and oversight, the Commonwealth can expect more healthcare organizations to follow Steward's pattern—accumulating debt, undermining vendors, and ultimately leaving patients, communities, and businesses to suffer the consequences of their financial mismanagement.
By Dignity Alliance	Self-care During Challenging Times
Massachusetts	Disability Issues (Vol. 45, No. 2, Spring 2025)
Participants	By Sandy Alissa Novack
Sandy Alissa Novack, MBA, LICSW, ACSW, CSW-G is on the Board of Directors of the Disability Policy Consortium and volunteers with the Boston Center for Independent Living. Sandy is an active DignityMA participant and a regular contributor to The Dignity Digest.	<ul> <li>Does any of this sound familiar? Your income hasn't increased to keep pace with the rising costs of food or rent. You're not sure whether college is the right path for your child, and you're unsure what that might mean for their future. The family car stopped working, and you had to dip into your emergency fund to cover the cost of repairs. You've postponed surgery more than once to take care of responsibilities at work and home, yet you haven't had the chance to focus on your own health.</li> <li>Life can feel overwhelming at times. Whether you're balancing work, family, health concerns, or unexpected setbacks, it's easy to put your own needs at the bottom of the list. When we don't make time for rest and recovery, stress can take a toll – physically and emotionally. And in a time when healthcare services are often stretched, it's especially important to listen to what your body and mind are telling you.</li> <li>Even small steps toward self-care can make a big difference. Here are a few gentle reminders that may help you take better care of yourself and the people around you.</li> <li>1. Set Aside "Me-Time" Every Day</li> <li>It might seem impossible to carve out time for yourself when your to-do list feels endless. Maybe you're juggling a job, have a pile of laundry to do, and a pet's vet appointment. Still, setting aside even 30 minutes a day – whether it's for a quiet walk in the park, reading a chapter of a good book, or doing something else that rejuvenates you can give you a much-needed moment of peace and perhaps joy. It's not selfish; it's essential.</li> <li>2. Set Aside "Us-Time"</li> <li>Relationships thrive when we make time for connection. Whether it's your partner, a parent, a neighbor, or a friend, take the time to do more than exchange passing pleasantries as you run out the door. Instead, check in and</li> </ul>

	really listen or show up when they need a hand. When you're there for someone else, you create shared moments of care and support that benefit both of you. It feels good to be present for someone who is important to you, or even a stranger who you have a brief interaction with. 3. Find Reasons to Smile and Laugh
	Some of us have gotten used to covering our smiles with face masks so we may not be smiling as much, but it's still important to find reasons to smile – at ourselves and with others. Go into the bathroom; yes now. Smile at the mirror. Does it feel unnatural or that your lips are too tight? It's
	a sign that you may need to smile more. Try watching something funny – a comedy show, or a lighthearted movie. If you are lucky enough to have a friend who cracks great jokes, spend more time with them. Instead of stifling a belly laugh when you are out in public, let your hearty laugh ring out for all to hear – maybe others will join in. Smiling and laughter can lift your mood and reduce stress, so do it often.
	4. Try Something Different
	Routines are comforting, but a small change can offer a fresh perspective. If
	you always drive the same route to work or to the store, taking a new route
	can become an unexpected adventure. You may notice brilliant spring
	flowers blooming or see a bakery you've never tried so you stop in to treat
	yourself to a warm cookie that's just out of the oven. Maybe you'll see a
	Little League game and pull over to watch an inning. You don't have to spend
	a lot of money or time to add a little sparkle to your day.
	5. Learn Something New
	When life feels heavy, learning something new can add a bounce of excitement to your day. Maybe try your hand at quilting, plant tomatoes in a raised garden, or explore a new language – especially one that's spoken by neighbors or people in your community. Being curious and learning new things doesn't need to be formal to be enriching.
	6. Find Your Voice
	Do you want to feel heard? Of course you do. Sometimes, it helps to know
	that your thoughts and experiences matter. You might choose to write a
	letter to your local paper, speak at a community meeting or give testimony at the State House either in-person or virtually. It can be deeply meaningful
	to do something that contributes to positive change. Volunteer
	opportunities come in all shapes and sizes, from one-day events to ongoing
	commitments. You might help out at a hospital, support a health
	organization, or read with children at a local school.
	The world can feel uncertain, and challenges come in many forms. While self- care won't solve every problem, it can help you build strength and resilience
	to better navigate whatever comes your way. Taking time for yourself and
	for others. It's a powerful way to stay hopeful and engaged.
	How My Mind Helps Me Thrive
	Disability Issues (Vol. 45, No. 2, Spring 2025)
	By Penelope Ann Shaw
	Twenty-four years ago, I became unexpectedly disabled. I was on life support and not expected to live – but I did. It left me with physical limitations that prevent me from standing, walking, washing or
	dressing myself, cooking or cleaning. I also have no fine motor skills. For example, I need scissors to open an envelope, I use a power
	wheelchair, and I'm unable to drive a car.



Penelope Ann Shaw, Ph.D., has a complex physical disability from Guillain-Barre Syndrome. She is a state and national advocate who uses her personal experiences to push for public policies that will improve the lives of children and adults with all types of disabilities. In Spring 2020, she was appointed as a member of the White House Coronavirus Task Force's Coronavirus Commission on Safety and Quality in Nursing Homes. Because of these changes, I am more aware of the many ways my mind benefits me. I notice how often I journey inward to a different world where I have incredible skills. In this world, I have the ability to plan, analyze, make decisions, remember, reflect, observe, organize, recognize people, identify patterns and make sense of them. It's a place where I think creatively, synthesize, reason, communicate, evaluate information and experiences. All these abilities have practical applications, such as, they help me manage daily tasks, to focus my attention on something and ponder it. They help me to process different types of information, gaze inward at visual pictures, recognize sounds, distinguish colors, imagine new opportunities.

With my mind, I can process and interpret physical sensations like being hot, cold, in pain or fatigued as well as emotional sensations like being relaxed, pleased, concerned, frustrated, disappointed, determined. I use all my senses; not only visual, but also hearing, touch and smell. When I'm under pressure or feeling overly taxed or frustrated, I often cope with my worrisome thoughts by escaping into my mind. There, I gain new perspectives by quieting my thoughts and having an inner conversation with myself. I emerge feeling revitalized and more optimistic.

With visual perception and spatial awareness, I scan the environment to judge the distance and speed of vehicles crossing streets in front of me. If necessary, I can then stop to be safe before proceeding. Thus, I can simultaneously focus on driving my wheelchair and checking out my surroundings.

I am a curious person. I read the latest local, national and international news to learn about the world I live in and try to make sense of what is going on in it. When reading, I am inspired by new ideas and insights that provide useful points I want to make in pieces I'm writing. When editing the piece, my mind also triggers other ideas. In addition to finding intellectual tasks interesting and illuminating, they are also intellectually stimulating and rewarding. Coming up with new ideas is like being on a journey and traveling to a new country. Something I can no longer do in person.

Decision-making skills are essential to my well-being. I rely on them to solve problems and navigate hardships, which helps me feel more peaceful. Thinking things through is like consulting with and being supported by another person—my inner voice of guidance. I often talk through an issue in my mind and then decide how best to approach it based on the strategies I develop and evaluate. Sometimes, this process even includes an imagined conversation with the person I hope to influence.

With my language capabilities of French and some Spanish, I'm able to communicate with staff from various countries who work in my facility. Additionally, my skills with English as a Second Language, helps me communicate in English with staff who have limited proficiency.

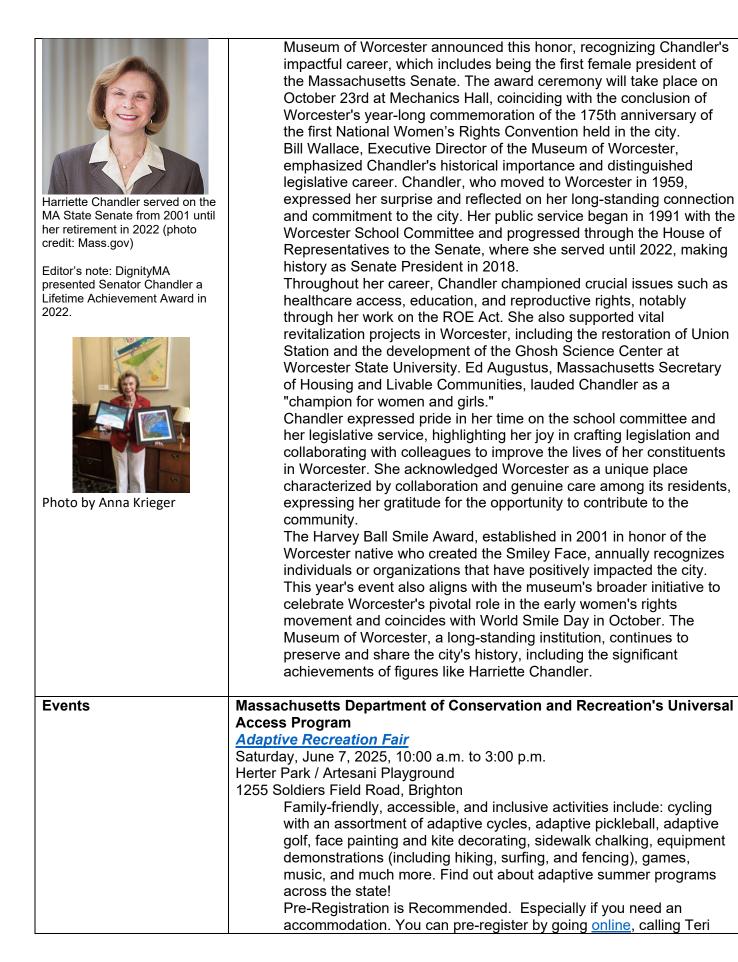
I often let my mind wander freely and engage in daydreaming. For example, during the winter, I dream of summer and being outside, enjoying the warm weather. In this way, I look to the future. When I'm in bed at night, I often go to a quiet inner world where my cognitive functions stimulate me, keep me busy, and mitigate boredom. This

	internal space is my office with no interrupting distractions. In bed, I
	often read books, using a pen and paper to write down thoughts for
	what I'm writing and to plan my days. Later, when I am asleep, my
	mind rests in preparation for the next day's work. Due to my
	paralysis, having something satisfying to do in bed is especially
	important because once I'm in bed, I cannot get up myself. I'll be
	there until the aides get me up the next morning.
	With my memory skills I store useful information and later retrieve
	what I need. With short-term memory, I can remember the name of a
	person I just met, a task I must complete or something I need to buy.
	With long-term memory, I can recall events from long ago, which I
	think I'd forgotten.
	I can reflect on my personal history, replay events and reminisce
	about the passage of time by calling up both people and experiences.
	Reflections can also be purposeful, such as, knowing people's
	names, or recalling information I've read and studied. All my
	memories are internally organized for easy access. It is like having a
	personal library where everything has been catalogued. I am amazed
	at how large the storage area is!
	Cognitive skills are especially useful when living in a nursing home.
	To get my care done right, I often need to figure out how to work with
	nursing assistants who have different personalities and skills. I also
	need to know how to inform, motivate and persuade the management
	of my facility to address the problems I encounter. With these skills, I
	survive institutional life. I would prefer home and community-based
	services, but I do not quality for these since I'm a 2-person assist and
	require 24-hour access to care.
	Overall, I am amazed by my mind. I'm in awe of the power of thought
	and all it offers me. Because of it, I feel stronger, more confident,
	and uplifted. Most importantly, through the workings of my mind, I
	transcend my limitations. My cognitive abilities, interior journeys, and
	inner life liberate me from the constraints of my disability. Providing
	me with a positive state of mind and a full life each day – something
	for which I am appreciative of.
	In closing, I often ask myself – who could have predicted that when I
	was on life support and not expected to survive, I would one day
	thrive and live a full life thanks to my mind, my consciousness, my
	cognitive strengths and abilities that I benefit from every day?
Call for Presentations	Massachusetts Councils on Aging (MCOA) 2025 Fall Conference
	Call for Presentations
	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.
	Learn More & Apply
	Learn More & Apply National Consumer Voice for Quality Long-Term Care

	2025 Consumer Voice Conference at the Renaissance Arlington Capital View Hotel in Arlington, Virginia, November 3-6, 2025. 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. Submit a Proposal to Present a Session: Review the <u>Call for Proposals</u> and Presenter Requirements. Submit your proposal via <u>SurveyMonkey</u> . NOTE: You will not be able to save incomplete submissions in SurveyMonkey, so you may want to review and print or save the PDF version of the proposal questions so you can plan
Call to Action	your responses prior to starting the submission. Proposals are due by May 2, 2025. Late or incomplete proposals will not be considered. Increase the personal needs allowance (PNA) for nursing home
Take Action on the         PNA         Ask your legislators to co-         sponsor PNA legislation.	<i>residents</i> ( <i>Dignity Alliance Massachusetts'</i> <b>Top Legislative Proposal</b> for the 2025- 2026 Session House Sponsor: Rep. Thomas Stanley; Senate Sponsor: Senator Joan Lovely
https://dignityalliancema.org/t ake-action/#/25 Residents, family, staff: Add your story about personal	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 ( <u>SD2385, SD401</u> , and <u>HD830</u> ) that would increase the amount as well as amendments in the state budget when that gets
needs allowances. https://tinyurl.com/PNAStory	debated in April and May. 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. 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.
	By using our <u>handy outreach form</u> , 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. For more information / questions contact Dick Moore, DignityMA Legislative Workgroup Chair, <u>rmoore8743@charter.net</u> . Ask Legislators to Increase the MA Personal Needs Allowance
Advocacy Under the Golden Dome	<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: <u>https://agingaccess.org/lobby-day/</u> For more information, contact Ellen Taintor,	
ETaintor@agingaccess.org	
April Is National Dignity Alliance Massachusetts - Five Years of Collective Effort	,
Volunteer MonthFive years ago, in the earliest days of the Covid pandemic, D	
Alliance Massachusetts was established as a volunteer-driver	n to
transform the provision of long-term services and care in the	
NATIONAL Commonwealth. Since that time, hundreds of individuals and organizations have used their collective voices and efforts to	<u>.</u>
Volumetree	
real difference through regulatory reform, public p	olicy,
Honorina volunteers & and information sharing.	
volunteerism in our community On behalf of Massachusetts older adults, persons with disabil	
and caregivers, heartfelt appreciation is gratefully extended to	o all
involved.	
Together, we look forward to even more and greater achiever	ments in
Link to response form:	
https://forms.glo/TKSA8Ca8OM/P	
Bk.12FA DignityMA: what motivates your participation and what yo	ou
would like to see accomplished in the year ahead.	
Link to response form: https://forms.gle/TKSA8Ga8QWPI	
Recruitment See: Listings on MASSterList.com's Job Board for all current listing	ngs
Guide to news items in FY 2026 State Budget	
this week's Dignity Spend Now, React Later (*State House News, April 18, 2025	5)
Digest Nursing Homes	- )
'I don't want to be here forever': The hidden struggle of middle	e-aged
adults living in nursing homes (The Journal, April 20, 2025)	<u>J ugou</u>
<u>New List of Special Focus Facilities Available</u> (The Consume	r's
Voice, April 15, 2025)	
Skyline's Schwartz gets 3 years in prison for scheme that coll	lapsed
dozens of nursing homes (McKnights Long Term Care New	
10, 2025)	-, -, -, -, -, -, -, -, -, -, -, -, -, -
Medicaid	
<u>1</u> in 5 Americans are on Medicaid. Some enrollees have no id	dea
(PBS News, April 13, 2025)	<u>100</u>
Aging Topics	
At 77, she's as fit as a 25-year-old. What her body tells us ab	out
aging. (*Washington Post, April 20, 2025)	<u>our</u>
Workforce	
Healey-Driscoll Administration Awards Community Colleges	¢0 7
Million to Strengthen the Massachusetts Health Care Workfor	
(Office of Governor Maura Healey and Lt. Governor Kim I	
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April 17, 2025) Public Policy	
Rising drug prices are hammering patients, employers, and ir	acuroro
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<u>Is there any end in sight?</u> (*Boston Globe, April 17, 2025)	
Blue Cross Blue Shield will stop covering popular weight-loss	arugs
amid surging costs (*Boston Globe, April 17, 2025)	
Health care spending in Massachusetts soared in 2023. Here	'S
what's to blame (*Boston Globe, March 25, 2025) From Our Colleagues Around the Country	

	Disability Issues (Vol. 45, No. 2, Spring 2025)
	Public Sessions
	<u>Remote public hearing</u> on proposed amendments to increase rates
	for seven children's behavioral health services. (Executive Office of
	Health and Human Services, Tuesday, April 22, 2025, 10:00 a.m.)
	<u>Public hearing</u> on bills dealing with estate law, (Joint Committee on
	the Judiciary, Tuesday, April 22, 2025, 1:00 p.m., Room A-2, State
	House, Boston)
	<u>Remote public hearing</u> on proposed rate increases for the Program of
	Assertive Community Treatment services, <b>(Executive Office of</b> <b>Health and Human Services,</b> Tuesday, April 22, 2025, 1:00 p.m.)
	Virtual event role of guide dogs (Massachusetts Commission for the Blind,
	Friday, April 25, 2025, 10:30 to 11:30 a.m.)
	Sickle Cell Hearing (Executive Office of Health and Human Services, Friday,
DignityMA Study Seccion	April 25, 2025, 10:00 a.m.)
DignityMA Study Session	Social Security: It's history, current issues, and advocacy options
	Thursday, May 22, 2025, 2:00 p.m.
	Presenter: James Roosevelt, JD, former Associate Commissioner,
	U.S. Social Security Administration
	Registration required:
	https://us02web.zoom.us/meeting/register/t5wRZ6KJTVKqmn-
Jacobard )	<u>T6RIRhA</u>
-	Jim advises health care payers, providers, trade associations, and
	service providers on business matters, legislative and regulatory
	issues, governance, and personnel matters. He regularly represents
	medical device and medical process startups, including with respect
	to telehealth, artificial intelligence, and treatment utilizing legal psychedelics. He is also a national speaker and author on the
	Affordable Care Act, Medicare and Medicaid policy, and Social
	Security.
	For more than 10 years, Jim was CEO of Tufts Health Plan, where he
	led a turnaround that nearly doubled the membership and achieved
	consistent profitability while attaining #1 ranking in the United States
James Roosevelt, former	from the national accrediting organization. He was previously in-
Associate Commissioner, U.S.	house General Counsel and was a former partner in the Health Care
Social Security Administration	Practice Group of Choate, Hall and Stewart in Boston. Before joining
	Tufts Health Plan, he served as Associate Commissioner of the U.S.
	Social Security Administration.
	In 2016, Jim was a visiting fellow at the Institute of Politics of the
	Harvard Kennedy School of Government. He continues as a clinical
	instructor in the Public Health and Community Medicine Department
	of Tufts University School of Medicine.
Recognitions	[Former State Senator Harriet] Chandler to receive prestigious 2025
	<u>Harvey Ball Smile Award</u> The Worcester Guardian
	April 18, 2025
	By Charlene Arsenault
	The Museum of Worcester honors longtime senator and trailblazing
	political leader at this year's annual celebration.
	Harriette "Harlee" Chandler, a significant figure in Massachusetts
	politics and a champion for women's rights with deep ties to
	Worcester, is set to receive the 2025 Harvey Ball Smile Award. The



	at (413) 461-7126, or emailing DCR.UniversalAccess@mass.gov.
	When requesting accommodations, please allow at least two weeks
	(14 days) advance notice. Last minute requests will be accepted, but
	we may be unable to fulfill the request.
	Parking is free but Limited
Webinars and Online	1. Executive Office of Aging and Independence
Sessions	Tuesday, June 3, 2025,10:00 a.m. to 12:00 p.m.
	SHINE Health Benefits University
	The Massachusetts SHINE (Serving the Health Insurance Needs of
	Everyone on Medicare) program will be hosting a Health Benefits
	University Webinar. Kathleen Gouveia, the SHINE Training Coordinator
	will present on the different parts of Medicare, Medicare eligibility,
	enrollment periods, coverage options and costs, 2025 Updates, the
	Medicare Plan Finder, programs that help with the costs of Medicare and
	other resources.
	Registration is required.
	2. Executive Office of Aging and Independence
	Thursday, August 7, 2025, 3:00 to 5:00 p.m.
	SHINE Health Benefits University
	The Massachusetts SHINE (Serving the Health Insurance Needs of Everyone on Medicare) program will be hosting a Health Benefits
	University Webinar. Kathleen Gouveia, the SHINE Training Coordinator
	will present on the different parts of Medicare, Medicare eligibility,
	enrollment periods, coverage options and costs, 2025 Updates, the
	Medicare Plan Finder, programs that help with the costs of Medicare and
	other resources.
	Registration is required.
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	<u>'I don't want to be here forever': The hidden struggle of middle-aged</u> adults living in nursing homes
	By Lauren Boland
	In Ireland, over 1,200 individuals under 65 are living in nursing homes
	designed for older people due to a lack of suitable housing and care
	alternatives, leading to frustration and a desire for change. One man in
	his 50s, John, with Friedreich's Ataxia, shared his despair at being forced
	to live in a nursing home with residents whose needs are very different
	from his. After his mother, his primary caregiver, passed away, he was
	placed in a nursing home he believed would be temporary but was
	pressured to stay. He experienced difficult conditions and insufficient
	support, facing the threat of being moved far from his family or being sent
	to a hospital with uncertain placement afterward. He felt compelled to
	sign up for the Fair Deal scheme, which will take a significant portion of
	his disability allowance.
	John feels his needs for support and activities are not met in the nursing
	home, causing him significant distress. His situation reflects a broader
	issue in Ireland: a shortage of residences catering to physical disabilities
	as opposed to older age or intellectual disabilities. An Ombudsman
	report in 2021, "Wasted Lives," highlighted the dissatisfaction, financial
	challenges, and lack of meaningful input in decisions faced by under-65s
	in nursing homes. The report recommended ring-fenced budgets and
	procedural guidelines for Fair Deal applications. While the HSE reports
	that 102 people have been moved to more suitable community homes since 2021 and others have received enhanced quality of life supports,
	an average of 32 under-65s continue to enter nursing homes monthly.
	Both the HSE and the Department of Disability acknowledge the need for
	alternative supported living solutions and recognize that the demand for
	disability residential placements exceeds current availability, citing
	housing shortages and staffing challenges as barriers. Disability rights
	organizations emphasize that many disabled individuals are living in
	unsuitable accommodations, calling for stronger government
	commitments to provide more appropriate housing and support for
	independent living. John voices a common concern, questioning how
	many others are in similar situations and why more suitable options are
	not available.
5.	The Consumer's Voice
	April 15, 2025
	New List of Special Focus Facilities Available
	For information about Massachusetts facilities, see <i>List of Special Focus</i>
	Facilities on page 26 of The Digest.
	The Centers for Medicare & Medicaid Services (CMS) has published a
	<u>new list of Special Focus Facilities (SFF)</u> . 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. It is important to note that there
	are only 88 SFFs at one time, while there is a list of hundreds of SFF
	candidates, all of which meet the SFF criteria.
	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

	1	
		<ul> <li>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.</li> <li>This is important information for consumers – particularly as they consider a nursing home.</li> <li>What can advocates do with this information?</li> <li>Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.</li> <li>Post the list on your program's/organization's website (along with the explanation noted above).</li> <li>Encourage current residents and families to check the list to see if their facility is included.</li> <li>Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.</li> </ul>
		<ul> <li>For long-term care ombudsmen representatives: Meet with the</li> </ul>
		administrator to discuss what the facility is doing to address problems
	_	and share any resources that might be helpful.
	6.	McKnights Long Term Care News
		April 10, 2025
		Skyline's Schwartz gets 3 years in prison for scheme that collapsed
		dozens of nursing homes
		By Kimberly Marselas The former owner of Skyline Healthcare, which included 95 long-term
		care facilities in 11 states, has been <u>sentenced</u> to three years in prison.
		Joseph Schwartz perpetrated a \$39 million tax evasion scheme in which
		he siphoned off employee's tax payments before they could be sent to
		the IRS. Schwartz also owes \$5 million in restitution. State officials took
		over dozens of Skyline nursing homes through the receivership process
		after concerns about resident safety, including residents not getting food
		and medicine. Scrutiny around the Skyline case has increased calls for
		further ownership transparency requirements for federally funded nursing
Madiaaid	-	homes.
Medicaid	7.	PBS News
		April 13, 2025 1 in 5 Americans are on Medicaid. Some enrollees have no idea
		By Anna Claire Vollers, Stateline
		Summary:
		Many Americans relying on Medicaid for healthcare are unaware their
		insurance is funded by the program, partly because state Medicaid
		programs often use friendlier names like SoonerCare or Apple Health
		and are typically administered by private insurance companies, leading
		to commercial branding on insurance cards and paperwork. This lack of
		clear identification can cause beneficiaries to not realize they have
		Medicaid or understand its value.
		Dr. Adam Brown notes that patients often don't have anything explicitly
		stating "Medicaid," making it difficult for them to connect their coverage to
		the program being targeted for potential funding cuts by congressional Republicans. These proposed cuts aim to affect tax cuts and would likely
		Republicans. These proposed cuts aim to offset tax cuts and would likely force states to reduce services or coverage. Brown emphasizes that this

		confusion hinders public understanding of how Medicaid cuts could negatively impact both Medicaid recipients and the broader healthcare system, including hospitals. Data indicates that a significant majority of Medicaid enrollees are in managed care organizations with private branding, further obscuring the public funding source. Millions of Medicaid recipients even mistakenly believe they are uninsured. Experts worry this lack of awareness could affect public debate on Medicaid funding. While Medicaid enjoys broad public support, many are unaware of proposed cuts and their potential consequences on healthcare access and quality for everyone. Brown stresses the importance of understanding one's benefits to effectively advocate for them and recognize the wider implications of Medicaid funding decisions.
Aging Topics Figure 1	8.	*Washington Post April 20, 2025 At 77, she's as fit as a 25-year-old. What her body tells us about aging. By Marlene Cimons Researchers are studying runner Jeannie Rice, who has "outstanding" fitness, to learn how we can stay healthy as we age. Summary: Jeannie Rice, a 77-year-old runner, defies typical age-related performance decline. She holds world records in the 75-79 age group, sometimes surpassing even the fastest men in that category. At 5'2" and 95 pounds, her maximal oxygen uptake (VO2 max) matches that of a 25- year-old woman. Researchers are studying Rice to understand healthy aging and sustained fitness. They've found her "exceptional" VO2 max indicates "outstanding" cardiovascular fitness, far exceeding that of average women in her age group. Her consistent training (50-75 miles per week), balanced training and recovery, and healthy diet (avoiding fried foods and sweets) are key contributors. Beyond physical factors, her passion for running, a rich social life, and gratitude also play a role. Rice started running at 35 and has completed 133 marathons. She inspires others, including Joan Benoit Samuelson, and aims to continue running into her 80s.
Workforce	9.	Office of Governor Maura Healey and Lt. Governor Kim DriscollApril 17, 2025Healey-Driscoll Administration Awards Community Colleges \$9.7 Millionto Strengthen the Massachusetts Health Care WorkforceFunding supports certified nursing assistant, medical assistant, and otherhealth care training programsThe Healey-Driscoll Administration has allocated \$9.7 million through theCommunity College Nursing Grant to enhance workforce training in vitalhealth care professions throughout Massachusetts. This funding willenable all 15 of the state's public community colleges to offer noncreditCertified Nursing Assistant (CNA) and Medical Assistant trainingprograms, with the goal of serving approximately 1,125 students. Theseaccelerated, noncredit programs aim to swiftly address workforcedemands by equipping individuals with practical, job-ready skills that canlead to career advancement.Governor Healey emphasized the importance of experienced health careworkers and noted that these programs will strengthen the nursing

	<ul> <li>pipeline to meet the needs of both employers and patients. Lieutenant Governor Driscoll highlighted the rapid growth of STEM occupations and the importance of creating accessible pathways to nursing and health care careers.</li> <li>This investment is intended to bolster the Massachusetts health care industry by developing a skilled workforce and creating training and employment opportunities for individuals from diverse backgrounds.</li> <li>These programs can also serve as a stepping stone for further education in health care.</li> <li>Education Secretary Dr. Patrick Tutwiler underscored the link between improving access to higher education and meeting workforce needs.</li> <li>Health and Human Services Secretary Kate Walsh emphasized that these grants are one way the state is supporting health care professionals. Commissioner of Higher Education Noe Ortega recognized the ability of community colleges to quickly address workforce needs and provide pathways to in-demand careers.</li> <li>Data from February 2025 indicates that the top four employers with the most job postings in Massachusetts were in the health care sector, and the demand for registered nurses in the state is projected to grow by approximately 9 percent by the early 2030s.</li> <li>This announcement follows an additional \$76 million awarded by the administration for student loan repayment for behavioral health and primary care providers through the MA Repay Program.</li> <li>Community college presidents Luis Pedraja (Quinsigamond Community College) and David Podell (MassBay Community College) expressed their gratitude for the funding, highlighting the critical shortages in health care and the ability of community colleges to provide accessible, high- quality training that leads to sustainable wages and a healthier Commonwealth.</li> </ul>
Public Policy	<ul> <li>10. *Boston Globe April 17, 2025 <i>Rising drug prices are hammering patients, employers, and insurers. Is there any end in sight?</i> By Robert Weisman <i>Soaring demand for high-priced weight loss drugs, known as GLP-1s, has worsened affordability issues</i> Summary: The rising cost of prescription drugs is exacerbating the affordability crisis in the region, impacting patients, health plans, and employers. While President Trump issued an executive order with the aim of lowering drug prices, its effect is pending the creation of new federal rules. Further cost increases could occur if tariffs are imposed on pharmaceuticals. The increasing adoption of GLP-1 weight-loss drugs and a robust pipeline of expensive new therapies for conditions like cancer and Alzheimer's are also driving up spending. In response, Blue Cross Blue Shield of Massachusetts will stop covering GLP-1 drugs for obesity, while continuing coverage for diabetes. Massachusetts lawmakers passed a bill capping out-of-pocket costs for insulin and some other essential medicines and are considering further legislation to control a broader range of drug prices. State data reveals a significant increase in health care spending, with prescription drugs being the fastest-growing cost. Health insurers are experiencing losses due to the demand for GLP-1 drugs, potentially leading to premium increases.</li></ul>

<ul> <li>The lack of transparency in drug pricing is a concern for state officials, who are working to gather data on drug costs and transactions. While the federal government has taken some steps to negotiate drug prices through Medicare, these measures are limited and will take time to implement. Drug manufacturers continue to raise prices, although industry officials argue that the value of new medicines, like GLP-1s, in preventing other costly conditions should be considered. Despite efforts to control costs through rebates and price caps, the upward trend in drug prices in Massachusetts is expected to continue, creating a growing burden for patients.</li> <li><b>11.</b> *Boston Globe April 17, 2025 Blue Cross Blue Shield will stop covering popular weight-loss drugs amid</li> </ul>
surging costs
By Robert Weisman
Large employers will have the option of continuing to cover GLP-1 medications Summary:
Summary: The escalating demand for GLP-1 drugs, praised for their broad health benefits, is pushing insurers and employers towards a financial crisis, as highlighted by Blue Cross's recent policy change. Blue Cross is responding to employer concerns about the rising costs by giving them the option to not cover GLP-1s for weight loss. This decision impacts a significant portion of their members who use these drugs for weight management, potentially requiring them to pay around \$1,200 monthly out-of-pocket if their employer opts out of coverage. The financial strain is evident as the Massachusetts Group Insurance Commission faces a substantial monthly deficit partly due to GLP-1 costs and is projected to run out of funds prematurely. Blue Cross's spending on five key GLP-1 drugs more than doubled in 2024, representing a significant portion of their total drug expenditure increase. Massachusetts has seen a substantial surge in GLP-1 prescriptions for obesity, ranking third nationally in this increase. While Blue Cross's policy directly affects fully insured plans, self-insured employers have more flexibility, and some have already chosen not to cover these drugs for weight loss. Point32Health, another major insurer in the state, has not yet restricted coverage but is prioritizing a specific GLP-1 drug for obesity treatment. Employers, particularly smaller ones, are expressing support for measures that help control these rising healthcare costs. The situation underscores the broader challenge of increasing prescription drug costs and their impact on the healthcare
system. 12. *Boston Globe
March 25, 2025
<u>Health care spending in Massachusetts soared in 2023. Here's what's to blame.</u>
By Jonathan Saltzman
The one-year increase was the second highest since the state established its benchmark to rein in expenditures in 2013
Summary:
Center for Health Information and Analysis (CHIA) director Lauren Peters expressed significant concern over Massachusetts' health care spending,
which surged by 8.6 percent to \$11,153 per resident in 2023. <sup>1</sup> She

	warned that these unsustainable cost growth trends are pressuring residents, employers, and the entire system, necessitating urgent and comprehensive solutions. The CHIA report identified prescription drugs and new MassHealth payments as primary drivers of this increase. Spending on medications rose by 11.6 percent to \$15.2 billion, the largest share of overall health expenditures. The rise in spending is partly attributed to expensive weight-loss drugs, with an anticipated greater impact in 2024 due to increased GLP-1 drug use. The report also highlighted the widespread issue of healthcare affordability, disproportionately affecting Hispanic and non-Hispanic Black residents. While Health Policy Commission director David Seltz echoed concerns about rising pharmacy costs, the Massachusetts Biotechnology Council questioned the sole focus on drug prices, advocating for a more comprehensive analysis. Similarly, the Massachusetts Health & Hospital Association suggested that the state's spending growth benchmark is outdated. Furthermore, health policy expert Alan Sager contended that CHIA's figures significantly underestimate the total health care spending, potentially by 45 percent, suggesting considerable waste within the system
From Our Colleagues	13. <u>Disability Issues</u>
Around the Country	<i>Vol. 45, No. 2, Spring 2025</i> Table of Contents
	From the Editor   Marianne DiBlasi
	Feeling Artwork from the Masters!   Stephen Plummer
	The Emergence of Wholeness   Marybeth Barker
	Accessible Art with Centuries of Styles, Materials, and Artists for Inspiration   Karen Stark / Emily Bhargava
	Self-care During Challenging Times   Sandy Alissa Novack
	How my Mind Helps me Thrive   Penelope Ann Shaw
	Love & Intimacy Corner   Mammograms and Accessibility   Ms. Love
	Info Briefs:
	ArtsBoston All Access Calendar
	Discovery Museum
Public Sessions	Adaptive Recreation Fair     14. Executive Office of Health and Human Services
Fublic Sessions	Tuesday, April 22, 2025, 10:00 a.m.
	Remote public hearing
	Hearing on proposed amendments to increase rates for seven children's
	behavioral health services. EOHHS also wants to establish a new
	service, called Family-based Intensive Treatment, and remove rates for
	mobile crisis intervention services provided in a hospital emergency department due to a new billing structure. Written testimony will be
	accepted through 5 p.m.
	More Info and Access
	15. Joint Committee on the Judiciary
	Tuesday, April 22, 2025, 1:00 p.m.
	Room A-2, State House, Boston <u>Public hearing</u>
	Bills dealing with estate law, which deals with management of an
	individual's assets during their lifetime and after their death; probate law,
	which concerns a deceased person's estate; and family law, which
	involves several areas including marriage, divorce, child custody,
	domestic violence and reproductive rights, according to the committee's

	definitions. Also scheduled bills dealing with health care proxies, medical
	decision making, predatory guardianship, and other topics.
	Agenda and Access Info
	16. Executive Office of Health and Human Services
	Tuesday, April 22, 2025, 1:00 p.m.
	Remote public hearing
	Proposed rate increases for the Program of Assertive Community
	Treatment services. The service model is for people with serious mental
	illnesses who could benefit from coordinated care. The annualized cost
	of the rate increase is \$1.36 million, officials say. Written testimony will
	be accepted through 5 p.m. More Info and Access
	17. Massachusetts Commission for the Blind
	Friday, April 25, 2025, 10:30 to 11:30 a.m.
	<i>Virtual event</i>
	Role of guide dogs in boosting independence and mobility for individuals with
	vision loss. Presenters include Ally Bull of MCB, Jane Flower and Megan
	Dameron of Guide Dogs for the Blind, and Susanne Agerbak of the
	Massachusetts Office on Disability.
	· ·
	Zoom 18. Executive Office of Health and Human Services
	Friday, April 25, 2025, 10:00 a.m.
	Sickle Cell Hearing
	A remote public hearing to solicit input about the needs of MassHealth
	members with sickle cell disease.
	Agenda and Access Info
Books by DignityMA	A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for
Participants	America's Disabled
	By Alex Green
A PERFECT	From the moment he became superintendent of the nation's oldest
TURMOIL	public school for intellectually and developmentally disabled children
HALEN E	in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale
To date To date Articles Distances Distances	transformation of our understanding of disabilities in ways that
ALEX GREEN	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
About the Author:	emerging as an opponent of mass institutionalization? Based on a
Alex Green teaches political communications at Harvard	decade of research, A Perfect Turmoil is the story of a doctor,
Kennedy School and is a visiting	educator, and policymaker who was unafraid to reverse course when
fellow at the Harvard Law School	convinced by the evidence, even if it meant going up against some of
Project on Disability and a visiting scholar at Brandeis University	the most powerful forces of his time.
Lurie Institute for Disability	In this landmark work, Alex Green has drawn upon extensive,
Policy. He is the author of	unexamined archives to unearth the hidden story of one of America's
legislation to create a first-of-its- kind, disability-led human rights	largely forgotten, but most complex, conflicted, and significant
commission to investigate the	figures.
history of state institutions for	Buy the book here
disabled people in Massachusetts.	
Books by DignityMA	American Eldercide: How It Happened, How to Prevent It
Participants	By Margaret Morganroth Gullette

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
ELDERCIDE	population. Something about this catastrophic loss of life in
	government-monitored facilities has never added up.
19 22 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Until now. In American Eldercide, activist and scholar Margaret
	Morganroth Gullette investigates this tragic public health crisis with a
About the Author:	passionate voice and razor-sharp attention to detail, showing us that
Margaret Morganroth Gullette	nothing about it was inevitable. By unpacking the decisions that led to
is a cultural critic and anti-ageism pioneer whose prize-winning	discrimination against nursing home residents, revealing how
work is foundational in critical	governments, doctors, and media reinforced ageist or ableist biases,
age studies. She is the author of	and collecting the previously little-heard voices of the residents who
several books, including	survived, Gullette helps us understand the workings of what she
Agewise, Aged by Culture, and Ending Ageism, or How Not to	persuasively calls an eldercide.
Shoot Old People. Her writing	Gullette argues that it was our collective indifference, fueled by the
has appeared in publications	heightened ageism of the COVID-19 era, that prematurely killed this
such as the New York Times, Washington Post, Guardian,	vulnerable population. Compounding that deadly indifference is our
Atlantic, Nation, and the Boston	own panic about aging and a social bias in favor of youth-based
Globe. She is a resident scholar	decisions about lifesaving care. The compassion this country failed to
at the Women's Studies	muster for the residents of our nursing facilities motivated Gullette to
Research Center, Brandeis, and lives in Newton, Massachusetts.	pen an act of remembrance, issuing a call for pro-aging changes in
	policy and culture that would improve long-term care for everyone.
Bringing People Home:	Buy the book here. Webpages:
The Marsters Settlement	https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/
	nubs.//marsters.centeriorpublicrep.org/
Support Dignity	https://marsters.centerforpublicrep.org/ Dignity Alliance Massachusetts is a grassroots. volunteer-run 501(c)(3)
Support Dignity Alliance	Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3)
Alliance	Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of
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Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <u>https://tinyurl.com/DignityLegislativeEndorsements</u> Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <u>rmoore8473@charter.net</u> .					
Websites	Meals on Wheels America         https://www.mealsonwheelsamerica.org/         Meals on Wheels America is the leadership organization supporting the more than 5,000 community-based programs across the country that are dedicated to addressing senior hunger and isolation. Powered by a trusted volunteer workforce, this network delivers a comprehensive solution that begins with a meal and is proven to enable independence and well-being through the additional benefits of tailored nutrition, social connection, safety and much more.         Care Source         https://www.caresource.com         CareSource is a nationally recognized, nonprofit managed care organization serving over 2 million members. Founded in 1989, CareSource administers one of the largest Medicaid managed care plans in the U.S. The organization offers a variety of health insurance plans, including Medicaid, Medicare and Health Insurance Marketplace products. As a mission-driven and member-centric organization, CareSource is transforming health care by providing innovative programs to members in a growing number of states, including Arkansas, Georgia, Indiana, Kentucky, Michigan, North Carolina, Ohio, West Virginia and Wisconsin.         Veterans Healthcare Policy Institute         https://veteranspolicy.org/					
	and policy organization that studies the provision of healthcare and other services to the those who served in the U.S. military, as well as their families and communities.					
Blogs						
Podcasts						
YouTube Channels						
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <u>https://dignityalliancema.org/resources/</u> . Only new recommendations will be listed in <i>The Dignity Digest</i> .					
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <u>https://dignityalliancema.org/funding-opportunities/</u> .					
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/					
Contact information for reporting complaints and concerns	Nursing home         Department of Public Health           1. Print and complete the <u>Consumer/Resident/Patient Complaint Form</u> 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program					

MassHaalth Eligibility	Magallaalth / Magaaahuaatta Madiasid Income 9 Accet Limita far Nursing					
MassHealth Eligibility	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing					
Information	Homes & Long-Term Care					
	Table of Contents (Last updated: December 16, 2024)					
	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 Ferson	Money Follows the Person					
	The Money Follows the Person (MFP) Demonstration helps older adults					
	and people with disabilities move from nursing facilities, chronic					
	disease or rehabilitation hospitals, or other qualified facilities back to					
	the community.					
	Statistics as of March 31, 2025:					
	344 people transitioned out of nursing facilities in 2024					
	49 transitions in January and February 2025					
	910 currently in transition planning					
	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	List of Determination of Need Applications regarding nursing homes since					
Projects	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	Centers for Medicare and Medicaid Services					
Facilities	List of Special Focus Facilities and Candidates					
	https://www.cms.gov/files/document/sff-posting-candidate-list-march-					
	2025.pdf					
	Updated March 26, 2025					
	CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are					
	nursing homes with serious quality issues based on a calculation of					
	deficiencies cited during inspections and the scope and severity level of					
	those citations. CMS publicly discloses the names of the facilities chosen to					
	participate in this program and candidate nursing homes.					
	To be considered for the SFF program, a facility must have a history (at					
	least 3 years) of serious quality issues. These nursing facilities generally					
	have more deficiencies than the average facility, and more serious					
	problems such as harm or injury to residents. Special Focus Facilities have					
	more frequent surveys and are subject to progressive enforcement until it					
	either graduates from the program or is terminated from Medicare and/or					
	Medicaid.					
	Medicaid.					

· · · · · · · · · · · · · · · · · · ·	
	is is important information for consumers – particularly as they consider
	nursing home.
	hat can advocates do with this information?
•	Include the list of facilities in your area/state when providing information
	to consumers who are looking for a nursing home. Include an
	explanation of the SFF program and the candidate list.
•	Post the list on your program's/organization's website (along with the
	explanation noted above).
•	Encourage current residents and families to check the list to see if their
	facility is included.
•	Urge residents and families in a candidate facility to ask the
	administrator what is being done to improve care.
•	Suggest that resident and family councils invite the administrator to a
	council meeting to talk about what the facility is doing to improve care,
	ask for ongoing updates, and share any council concerns.
•	For long-term care ombudsmen representatives: Meet with the
	administrator to discuss what the facility is doing to address problems
NA.	and share any resources that might be helpful.
	assachusetts facilities listed (updated ) ewly added to the listing
INC	Salem Rehab Center, Salem
•	
	https://www.adviniacare.com/adviniacare-salem/
	Nursing home inspect information:
	https://projects.propublica.org/nursing-homes/homes/h-225644/
•	Fall River Healthcare
	https://www.nextstephc.com/fallriver
	Nursing home inspect information:
NA.	https://projects.propublica.org/nursing-homes/homes/h-225723/
IVia IVia	Assachusetts facilities which have graduated from the program 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
	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/
Ma	assachusetts facilities that are candidates for listing (months on
lis	•
•	AdviniaCare Newburyport (13)
	https://www.adviniacare.com/adviniacare-country-center/
	Nursing home inspect information:
	https://projects.propublica.org/nursing-homes/homes/h-225332
•	Brandon Woods of New Bedford (1)
	https://brandonwoodsnewbedford.com/
	Nursing home inspect information:
	https://projects.propublica.org/nursing-homes/homes/h-225264/
●	Cape Cod Post Acute, Brewster (9)

		https://concordrok	abba aam/				
		https://capecodreh					
		Nursing home insp					
		https://projects.pro					
	•	Charwell House H		pilitation, Norwo	od (37)		
		https://tinyurl.com/					
		Nursing home insp					
		https://projects.pro					
	•	Life Care Center of					
		https://lcca.com/lo					
		Nursing home insp					
		https://projects.pro					
	•	Medway Country I	Manor Skilled Nເ	irsing & Rehabi	litation, Medway (1)		
		https://www.medw					
		Nursing home insp	pect information:				
		https://projects.pro			<u>ies/h-225412</u>		
	•	Pine Knoll Nursing	Center, Lexing	ton, (3)			
		https://www.longte	rmcentersgroup	.com/About-Pin	e-Knoll-Nursing-		
		Center-Rehab					
		Nursing home insp	pect information:				
		https://projects.pro			nes/h-225049/		
	•	RegalCare at Gler					
		https://www.genes		idae			
		Nursing home insp					
					es/h-225523		
	•	<ul> <li><u>https://projects.propublica.org/nursing-homes/homes/h-225523</u></li> <li>West Newton Healthcare, West Newton (9)</li> </ul>					
	_	West Newton Healthcare, West Newton (9)     https://www.nextstephc.com/westnewton					
		Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/					
	No		publica.org/narc	ing nomed/nom			
		No longer operating					
	•	<ul> <li>South Dennis Healthcare, South Dennis <u>https://tinyurl.com/SpecialFocusFacilityProgram</u></li> </ul>					
Nursing Home Inspect	ProPu			dollityr rograffi			
Nursing Home Inspect		ng Home Inspect					
	Nursii	Data updated Ap	ril 24 2024				
				Contors for Mod	icare and Medicaid		
					if a home has made		
				•	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 seve			MA facilities sited		
		Deficiency Tag			MA facilities cited		
		В	284	198	<u>Tag B</u> Tag C		
		С	108	85	<u>Tag C</u>		
		D	7,496	1,469	Tag D		
	1	E	1,965	788	<u>Tag E</u>		
		-	050	047			
		F G	656 568	317 384	<u>Tag F</u> Tag G		

		4.4		<b>T</b>		
	H	44	33	Tag H		
		3	2	Tag I		
	J	57	27	Tag J		
	K	8	5	<u>Tag K</u>		
	L	5	2	<u>Tag L</u>		
	Updated April					
Nursing Home Compare	Centers for Medicare and Medicaid Services (CMS)					
	Nursing Home Compare Website					
	Beginning January					
				I help consumers have a		
	better understanding of certain staffing information and concerns at					
	facilities.					
	This information wi	II be posted for early a second se	ach facility and	l includes:		
	Staff turnover:	: The percentage	of nursing sta	off 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	Centers for Medicare and Medicaid Services					
Nursing Homes	Data on Ownership of Nursing Homes					
	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	Advocate for state bills that advance the Dignity Alliance Massachusetts'					
	Mission and Goals – <u>State Legislative Endorsements</u> .					
	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	Email: info@DignityAllianceMA.org					
Alliance social media	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	Workgroup	Workgroup lead	Email			
opportunities with	General Membership	Bill Henning	bhenning@b	ostoncil org		
		Paul Lanzikos				
	Assisted Linder			s@gmail.com		
	Assisted Living	John Ford	jford@njc-m	ia.018		

Dignity Alliance	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com			
Massachusetts	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu			
massaonasetts	Facilities (Nursing	Jim Lomastro	jimlomastro@comcast.net			
Most workgroups meet bi-weekly via Zoom.	homes and rest homes)	Arlene Germain	agermain@manhr.org			
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org			
	Legislative	Richard Moore	rmoore8743@charter.net			
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org			
	Interest Group	Group lead	Email			
Interest Groups meet periodically (monthly, bi-	Housing	Bill Henning	bhenning@bostoncil.org			
	Veteran Services	James Lomastro	jimlomastro@comcast.net			
	Transportation	Frank Baskin	baskinfrank19@gmail.com			
monthly, or quarterly).		Chris Hoeh	cdhoeh@gmail.com			
Please contact group	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net			
lead for more	Incarcerated Persons	TBD	info@DignityAllianceMA.org			
information.						
Bringing People Home:	Website: https://marsters.centerforpublicrep.org/					
Implementing the	Center for Public Repre		1027			
Marsters class action	5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org					
settlement						
	Newsletter registration: <u>https://marsters.centerforpublicrep.org/7b30</u>					
REV UP	REV UP Massachusetts advocates for the fair and civic inclusion of people					
Massachusetts	<ul> <li>with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote.</li> <li>Website: <u>https://revupma.org/wp/</u></li> <li>To join REV UP Massachusetts – go to the <u>SIGN UP page</u>.</li> </ul>					
The Dignity Digest	<b>The Dignity Digest</b> 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					
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	Dick Moore					
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	If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions					
<b>_</b>	or comments, please submit them to <u>Digest@DignityAllianceMA.org</u> .					
			ons and individuals pursuing nd care for older adults and persons			

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

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

Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/ For more information about Dignity Alliance Massachusetts, please visit <u>www.DignityAllianceMA.org</u>.