



The Dignity Digest

Issue # 238

May 27, 2025

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

	*May require registration before accessing the article.
DignityMA Zoom Sessions	Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org .
Spotlight	<p><u>Medicaid: An American Medical Care Disgrace</u></p> <p>Tallgrass Economics</p> <p>By Dave Kingsley</p> <p>May 13, 2025</p> <p><i>Everyone But the Totally Uninsured Receives Government Subsidized Medical Care. Only the Poor are Stigmatized</i></p> <p>Practically all medical care in the U.S. is subsidized by federal and state governments – mostly by the federal government. The taxes to pay for these subsidies are collected from workers’ paychecks, sales taxes on what they buy, and property taxes that are paid by homeowners or added into rent/lease payments. And yet, it is only Medicaid, a medical care program for the poor, that is stigmatized. But the poor pay taxes too. Indeed, a disproportionate share of taxes.</p> <p>The biggest tax subsidy is awarded to companies providing health insurance for their employees. When companies can write down their federal income taxes, they are actually getting money from the government – they are legally allowed to keep money that they owe the government. That is why these “breaks” are called tax expenditures.</p> <p>Indeed, the \$251 billion in tax write downs for corporations providing health insurance is the largest tax expenditure by far. Furthermore, this deduction is a transfer of wealth from lower income Americans (who earn their employee benefits) to wealthier classes who increase their assets from equities and compensation in the healthcare industry. In costing labor, employers trade benefits for wages. In fact, in many negotiations in which I was on the negotiating team, we often settled wage disputes by offering to “sweeten the health insurance package.”</p> <p>The poor pay more than their fair share of taxes that keep governments running. In the U.S. taxes on capital have been continuously reduced while at the same time taxes on consumption and labor have increased. This puts the heaviest burden on the lowest income groups and lightens higher income groups’ tax load. Nevertheless, Medicaid recipients are treated like freeloaders and “lesser thans” while everyone</p>

receiving other forms of subsidized healthcare are considered solid, upstanding Americans by politicians blaming poor people and the elderly for budget deficits.

“What We Do unto the Least of These”

Capitalist America as it has evolved can be harsh and unforgiving for the unfortunate, which could be any of us. With job loss, we can find ourselves struggling to keep a roof over our head and food on the table. At the very least we could lose our health insurance. The Affordable Care Act is not affordable for the unemployed. If you live in a state that has not expanded Medicaid, i.e., has not made residents with incomes below 120% of poverty eligible for Medicaid, you must have children and be in extreme poverty to qualify. If not, you will not be eligible for any healthcare program.

Let’s say a person lives in a state that has expanded Medicaid. And let’s say that person lives in a so-called “red state” like Arkansas or Missouri. The governors and legislators of those states will humiliate them and create administrative barriers to establishing eligibility for no other reason than they assume they are a cheater until they prove otherwise. These legislatures are dominated by pious Christians who despise poor people despite their prophet’s admonishment “what you do unto the least of these; you do unto me.” It is easy to bully poor people for the purpose of impressing constituents with bravado about controlling wasteful spending.

The poor are despised by right-wing politicians and a large portion of Christian America. Certainly, we don’t see the powerful Christian Church Industry – otherwise known as “faith based” institutions – closing ranks to take up the cause of their less fortunate brethren. Their prophet did that but for the most part they seem reticent about exerting their influence.

Transfer of Wealth from the Poor to the Wealthy

Conservatives claim that poverty in the U.S. is far lower than officially measured by the federal government due to transfer in the form of welfare such as Medicaid, child tax credits, and the Earned Income Tax Credit. There are several problems with the conservative wealth transfer argument. First, the poor struggle day-to-day to survive due to paltry benefits and continued threats of loss of those benefits and actual loss due to administrative complexities that are hard to navigate in a hostile political environment.

Second, transfers to the poorest of the poor are paltry compared to the transfers to the upper classes in the form of such mechanisms as capital gains write downs, untaxed cash flow, earnings on unrealized gains, and investments in tax free municipal bonds – to name a few “loopholes” for the rich. The hypocrisy of politicians claiming to save “we the people” money by bullying poor people on Medicaid is palpable in legislatures these days. Congresswoman Vicki Hartzler of

	<p>Missouri is a wealthy owner of an Agri Corp that receives hundreds of thousands of dollars in undeserved federal farm subsidies. Nevertheless, she is a loud voice for clamping down on benefits for the voiceless, the powerless, and the defenseless who need those benefits for their health and often for their very survival.</p> <p>WATCH FOR UPCOMING BLOG POSTS:</p> <ul style="list-style-type: none"> • “Lucrative Medicaid Funded Nursing Home Care” • “Finding the Roots of Medicaid in the History of Slavery & Jim Crow” • “Corporate Medical Care Benefits: The Privatization of Medicaid” • “The Poor as a Government Healthcare Class: A Uniquely American Idea” • “The Injustice of the ‘120% of Poverty Gap’ in States That Have Not Expanded Medicaid”
Quotes	<p><i>Medicaid is a \$trillion-dollar program that has become a cash cow for the likes of UnitedHealth, Centene, Molina, Aetna, and Humana. At the same time, it has always been a badge of shame for the lowest income Americans needing care. Rules, regulations, and government oversight of the program are applied in the harshest of ways to poor people needing healthcare but not to the corporations responsible for widespread fraud and abuse.</i></p> <p>Dave Kingsley, The Medicaid Solution: End It, Don't Mend It!, Tallgrass Economics, May 25, 2025</p> <p><i>Practically all medical care in the U.S. is subsidized by federal and state governments – mostly by the federal government. The taxes to pay for these subsidies are collected from workers’ paychecks, sales taxes on what they buy, and property taxes that are paid by homeowners or added into rent/lease payments. And yet, it is only Medicaid, a medical care program for the poor, that is stigmatized. But the poor pay taxes too. Indeed, a disproportionate share of taxes.</i></p> <p>Dave Kingsley, Medicaid: An American Medical Care Disgrace, Tallgrass Economics, May 25, 2025</p>

On the demand side of the equation is an aging population. In 2026, the oldest baby boomers will start turning 80, an age when the odds of needing care grow. The U.S. Census Bureau forecasts that the number of people 85 and older will nearly double by 2035 (to 11.8 million people) and nearly triple by 2060 (to 19 million).

At the same time, the care industry has a shortage of workers that is driven partly by low wages. The median hourly wage for all direct care workers was \$16.72 in 2023 — lower than the wage for all other jobs with similar or low entry-level requirements.

[Retirees, Get Ready to Need Long-Term Care. Here's What to Know.](#), New York Times (free access), March 24, 2025

Looking at the risk for people aged 65 and older, the [Center for Retirement Research at Boston College](#) concluded that about one-fifth of retirees will require no long-term care support, and that 20 percent are likely to experience a severe need. Between these extremes, 25 percent will have low and 37 percent will have moderate needs.

[Retirees, Get Ready to Need Long-Term Care. Here's What to Know.](#), New York Times (free access), March 24, 2025

“Nursing facilities are likely not to take residents not eligible for a Medicaid stay, which means those folks will be stuck in the hospital” while social workers scramble to find suitable placements. “The complexities within the processes are pretty significant and curtailing retroactive eligibility at least without a significant implementation timeline could be catastrophic.”

Georgia Goodman, LeadingAge's director of Medicaid policy, [Providers fear 'catastrophic' implications of changes to retroactive Medicaid coverage](#), McKnights Long Term Care News, May 21, 2025

“APK (Admits per Thousand) drove everything. You gain profitability by denying care, and when

profitability suffers for the shareholders, that's when people get crazy and do things that are not appropriate."

A former United Healthcare executive, [UnitedHealth accused of systematically denying nursing home patients needed hospital care](#), McKnights Long Term Care News, May 21, 2025

"These family members described a significant decline in staffing following acquisition of the nursing homes by the defendant companies and detailed how decreased staffing levels negatively impacted their relatives' care, treatment, health, well-being, and hygiene."

US Attorney's Office for the Western District of Pennsylvania, [Judge slaps bankrupt nursing homes with \\$15M penalty in 'tragic' staffing case](#), McKnights Long Term Care News, May 21, 2025


"In the years prior to 2020, there were already long-standing staffing shortages or low staffing ratios in nursing homes. Too few people were willing to perform such intimate care for infirm residents in exchange for the prevailing wages supported by the market. The pandemic that followed made an already difficult situation exponentially worse."

Complaint filed by six New Jersey nursing homes, [Judge gives go-ahead to NJ providers in fight against state staffing mandate](#), McKnights Long Term Care News, May 19, 2025



Nursing home quality is in such flux in the US that more than a quarter of 5-star rated facilities later slid to the lowest rating and more than two-fifths climbed from the bottom to the top in an 11-year period, new research has found.



['No smoking gun' amid surprising Care Compare ratings ups-and-downs for nursing homes](#), McKnights Long Term Care News, May 21, 2025

"Intentional quality improvement ... requires building infrastructure to support patient care (e.g., hiring and training staff). Moreover, sustaining this

	<p><i>infrastructure likely requires persistent attention, effort, and resource support.”</i></p> <p>Tory Hogan, PhD, associate professor of health services management and policy at Ohio State, ‘No smoking gun’ amid surprising Care Compare ratings ups-and-downs for nursing homes, McKnights Long Term Care News, May 21, 2025</p> <p><i>Nursing home Medicaid contracting involves a conglomeration of LLCs, Real Estate Investment Trusts, Public Corporations, sole proprietorships, nonprofits, and private equity owned chains. It is a big industry with net patient revenue of approximately \$200 billion. This does not include earnings from real estate, dietary services, labor contracting, and other services sold by parent/holding companies to the nearly 15,000 nursing home facilities in the U.S.</i></p> <p>Do You Know Where the Taxes You Pay for Medicaid Are Going?, Tallgrass Economics, May 15, 2025</p>
Recruitment	See: Listings on MASterList.com’s Job Board for all current listings
<p>World Elder Abuse Awareness Day June 15</p> 	<p>World Elder Abuse Awareness Day is June 15th.</p> <p>Join the National Center on Elder Abuse to spread awareness of World Elder Abuse Awareness Day (WEAAD), June 15th and help spread the word about this important cause and spark meaningful conversations about elder justice!</p> <p>Post on social media and finish the sentence: <i>Everyone at every age can stand up to elder abuse by...</i></p> <p>Tag NCEA and use #WEAAD</p> <p>Find more examples of social media posts and graphics on NCEA's website.</p> <p>Submit your WEAAD in-person or virtual event to be featured on the WEAAD event map.</p>
Reports	<p>Healthcare Provider Bankruptcies National Bureau of Economic Research By Samuel Antill, Jessica Bai, Ashvin Gandhi, Adrienne Sabety May 2025</p> <p>Summary: Healthcare firms are filing for Chapter 11 bankruptcy at record rates. We find that bankruptcies increase healthcare staff turnover, worsen care, and harm patients. Using a difference-in- differences design, we estimate that a bankruptcy filing immediately increases staff turnover and worsens the firm’s performance on unannounced inspections. Next, using a patient- distance-to-facility instrument, we document that bankruptcies harm patients through increases in hospitalizations, physical restraints, and bedsores. Finally, we employ a randomized survey experiment of nursing home staff to</p>

	<p>confirm that bankruptcy filings increase voluntary departures and that replacement workers harm patients.</p> <p>Download a PDF</p> <p>The Long-Term Care Equality Index 2025 Report Human Rights Campaign Foundation and SAGE May 2025</p> <p>The Long-Term Care Equality Index 2025 Report represents the second validated survey on LGBTQ+ inclusion in long-term care and senior housing communities. The Human Rights Campaign Foundation and SAGE are excited to present this report on the 274 communities from 33 states (including D.C.) that actively participated in the LEI 2025 survey cycle.</p> <p>Read HRC Foundation's press release about this year's report.</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes Risk-Sharing 'Cluster' Nursing Home Models Gain Traction as Genesis Eyes Future Implementation (Skilled Nursing News, May 23, 2025) UnitedHealth accused of systematically denying nursing home patients needed hospital care (McKnights Long Term Care News, May 21, 2025) 'No smoking gun' amid surprising Care Compare ratings ups-and-downs for nursing homes (McKnights Long Term Care News, May 21, 2025)</p> <p>Long Term Care Retirees, Get Ready to Need Long-Term Care. Here's What to Know. (New York Times (free access), March 24, 2025)</p> <p>Federal Policy Providers fear 'catastrophic' implications of changes to retroactive Medicaid coverage (McKnights Long Term Care News, May 21, 2025)</p> <p>From Our Colleagues Around the Country The Medicaid Solution: End It, Don't Mend It! (Tallgrass Economics, May 25, 2025) Do You Know Where the Taxes You Pay for Medicaid Are Going? (Tallgrass Economics, May 15, 2025)</p> <p>From Around the Country Judge slaps bankrupt nursing homes with \$15M penalty in 'tragic' staffing case (McKnights Long Term Care News, May 21, 2025) Judge gives go-ahead to NJ providers in fight against state staffing mandate (McKnights Long Term Care News, May 19, 2025)</p>
<p>DignityMA Study Sessions</p> <p><i>Special Focus on Changes in Federal Policies, Programs, and Services</i></p>	<p>Unprecedented public policy changes have been occurring since the onset of the Trump Administration three months ago. Programs, policies, and initiatives of importance to older adults, persons with disabilities, and caregivers are not exempted. The implications are starting to become known. The impacts will be experienced in the months and years ahead.</p> <p>No sector is being spared. Health care, social services, Social Security, civil rights, housing, and more are all under historic attack. Some areas are being "downsized," some are being disrupted or radically modified, and others are being eliminated outright.</p> <p>Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults,</p>

	<p>persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response.</p> <p>The presenters are:</p> <ul style="list-style-type: none"> • Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition • James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration • Steven Schwartz, JD, Special Counsel, Center for Public Representation <p>See below for dates, times, details, and registration information.</p>
<p>DignityMA Study Session</p>  <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p><i>Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear</i></p> <p>Wednesday, May 21, 2025, 2:00 p.m.</p> <p>Unfortunately, this session is being rescheduled. Date to be announced.</p> <p>Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</p> <p>Registration required: https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</p> <p>Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year.</p> <p>Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.</p>
<p>DignityMA Study Session</p> 	<p><i>Social Security: It's history, current issues, and advocacy options</i></p> <p>Wednesday, May 28, 2025, 2:00 p.m. (NEW DATE)</p> <p>Presenter: James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration</p> <p>Registration required: https://us02web.zoom.us/meeting/register/t5wRZ6KJTVKqmn-T6RIRhA</p> <p>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.</p> <p>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</p>

<p>James Roosevelt, former Associate Commissioner, U.S. Social Security Administration</p>	<p>United States from the national accrediting organization. He was previously in-house General Counsel and was a former partner in the Health Care 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.</p>
<p>DignityMA Study Session</p>  <p>Steven Schwartz, JD, Special Counsel, Center for Public Representation</p>	<p><i>The New Legal Landscape: The Administration's Campaign to Erase Disability Rights, Protections, and Protectors</i> Thursday, June 5, 2025, 11:00 a.m. Presenter: Steven Schwartz, JD, Special Counsel, Center for Public Representation Registration required: https://us02web.zoom.us/meeting/register/WNnuimt0T3Sh64qXKJeZ2g This session will review the Trump Administration's coordinated attack on disability rights, through the issuance of executive orders that eliminate legal claims and disability rights, rescind disability regulations, and challenge important disability precedents. It will discuss strategies to oppose these efforts, particularly in light of the drastic reduction in civil rights enforcement by the Department of Justice. Steve serves as special counsel, after founding the Center in 1976 and then serving as its executive director for 38 years and litigation director for 13. After graduating from Harvard Law School in 1971, he represented thousands of people with disabilities over the past fifty years. He has testified before Congress on numerous occasions, successfully resolved a number of damage cases for institutionalized individuals with disabilities, and litigated dozens of class action cases that challenge the unnecessary segregation of people with disabilities in psychiatric hospitals, developmental disability institutions, nursing facilities, and juvenile justice settings.</p>
<p>May Recognitions</p> 	<p><u>Mental Health Awareness Month</u> Since 1949, Mental Health Awareness Month has been a driving force in addressing the challenges faced by millions of Americans living with mental health conditions. <u>Older Americans Month 2025</u> Every May, the Administration for Community Living (ACL) leads the nation's observance of Older Americans Month (OAM), a time to recognize older Americans' contributions, highlight aging trends, and reaffirm our commitment to serving older adults. The 2025 theme, Flip the Script on Aging, focuses on transforming how society perceives, talks about, and approaches aging. It encourages individuals and communities to challenge stereotypes and dispel misconceptions. This year, join us in honoring older adults' contributions, exploring the many opportunities for staying active and engaged as we age, and highlighting the opportunities for purpose, exploration, and connection that come with aging. On this site, find materials to help you celebrate, including this year's logo, poster, social media graphics, and activity ideas. Use #OlderAmericansMonth on social media to share your thoughts and activities and see what others are doing!</p>

Webinars and Online Sessions	<ol style="list-style-type: none"> 1. Long Term Care Community Coalition Recorded: Tuesday, May 20, 2025 <i>Webinar: The Historic Impact of COVID-19 on Nursing Homes and the Failed Response</i> Video: https://nursinghome411.org/webinar-covid-impact/ PowerPoint Slides: https://nursinghome411.org/wp-content/uploads/2025/05/Levine-LTCCC-Presentation-5-20-2025-.pdf 2. The Consumer Voice May 29, 2025, 2:00 p.m., <i>Staffing to Acuity: A Webinar on How Nursing Homes Can Meet the Staffing Needs of All Residents</i> Since the creation of a minimum staffing standard was announced in 2022, there has been significant focus on what a staffing standard should look like. In Consumer Voice's comments submitted in support of the staffing rule, we recommended a staffing standard that considered the needs (acuity) of each resident. Rather than one standard, there should be multiple standards centered on residents' conditions and care needs. One suggested model was based on a groundbreaking paper from 2020, Appropriate Nurse Staffing Levels for U.S. Nursing Homes (https://pmc.ncbi.nlm.nih.gov/articles/PMC7328494/), in which staffing levels were assigned based on a variety of data sources. In 2024, the Centers for Medicare and Medicaid Services (CMS) began publishing additional data on each nursing home's average Case Mix Index for all its residents. This makes assigning staffing levels to the care needs of residents simpler. A new paper, Nursing Home Guide to Adjusting Nurse Staffing for Resident Case-Mix (https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.19501), describes how the staffing levels necessary to meet the care needs of residents in a particular facility can be determined by using the Case Mix Index. The needs-based model serves not only to guide nursing homes in determining their staffing needs, but also provides nursing home residents, families, and other consumers with a metric by which to measure whether a nursing home is meeting the care needs of each resident. Join Consumer Voice for a webinar featuring two authors of the new paper, Dr. Charlene Harrington and Richard Mollot, who will walk us through their paper, describe the new staffing measure, and provide information on how to access this critical data.
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	<ol style="list-style-type: none"> 3. Skilled Nursing News May 23, 2025 <i>Risk-Sharing 'Cluster' Nursing Home Models Gain Traction as Genesis Eyes Future Implementation</i> By Zahida Siddiqi A growing trend in the skilled nursing industry, the risk-sharing "cluster" model, is gaining traction as a way to improve operational efficiencies and clinical outcomes. Genesis HealthCare, a major player in the long-term care sector, is now reportedly eyeing this innovative approach for future implementation. The "cluster" model, also referred to as a "pod" model, involves grouping a small number of nursing facilities—typically four to five—that are in close geographic proximity. This structure fosters a collaborative

environment where facilities can share resources, including specialized staff like minimum data set (MDS) nurses, and collectively address operational needs. A key component of this model is the element of shared risk, where the financial performance of the individual facilities within a cluster is interconnected, creating incentives for mutual support and high performance across the group.

This approach is designed to move away from a siloed operational structure, encouraging a more integrated and responsive local network of care. Proponents of the model, such as Ensign Group, have demonstrated success in improving both financial and clinical metrics through this collaborative framework.

While Genesis has not yet fully implemented a risk-sharing cluster model, the company is taking steps in that direction. Executives have indicated their interest in the model's potential. As a preliminary step, Genesis has launched initiatives like the "Centers of Clinical Excellence" program, which recognizes and rewards high-performing facilities. This can be seen as a foundational move towards creating a culture of shared accountability and performance-based incentives that are central to the cluster model. The company's leadership has suggested that tying the performance of a group of centers in a given market together could be a future step.

The potential adoption of a cluster model by an industry giant like Genesis signals a significant shift in the skilled nursing landscape, emphasizing collaboration and value-based care over traditional, individualized facility management. This move could lead to improved resource utilization, enhanced quality of care, and greater financial stability for nursing homes in an increasingly challenging healthcare environment.

4. McKnights Long Term Care News

May 21, 2025

[UnitedHealth accused of systematically denying nursing home patients needed hospital care](#)

By Zee Johnson

UnitedHealth is being accused of creating a system that incentivizes nursing homes to limit hospital transfers for residents, even when necessary. According to a report by The Guardian, the insurance giant offered financial rewards to nursing homes for reducing hospitalizations, a practice that allegedly boosted the nursing homes' profits while potentially compromising patient care and leading to resident harm.

UnitedHealth has denied these allegations.

5. McKnights Long Term Care News

May 21, 2025

['No smoking gun' amid surprising Care Compare ratings ups-and-downs for nursing homes](#)

By Kimberly Marselas

In the latest quarterly update to the federal Care Compare website, roughly one-third of U.S. nursing homes saw their overall star rating change, a surprisingly high number. However, experts say there is no single "smoking gun" to explain the widespread fluctuations.

Instead, the volatility is attributed to a combination of factors. These include the first-time inclusion of fourth-quarter 2023 staffing data, which now gives more weight to weekend staff hours, and an increase in post-pandemic health inspections. Changes to how some quality measures

	are calculated and the removal of COVID-19 vaccination metrics also played a role. The large number of facilities seeing their ratings either rise or fall underscores the dynamic nature of the five-star system and the need for providers to diligently monitor all contributing data points.
Long Term Care	<p>6. CareScout <i>Cost of Care – Massachusetts – 2024 (Monthly)</i> Homemaker services \$7,245 13th highest Home health aide \$7,245 15th highest Adult day health care \$2,405 Assisted living community \$9,058 4th highest Nursing Home Semi \$14,448 6th highest Nursing Home Private \$15,543 7th highest <i>Cost of Care – National – 2024 (Monthly)</i> Homemaker services \$6,292 Home health aide \$6,483 Adult day health care \$2,167 Assisted living community \$5,900 Nursing Home Semi \$9,277 Nursing Home Private \$10,646</p> <p>7. New York Times (free access) March 24, 2025 <u>Retirees, Get Ready to Need Long-Term Care. Here's What to Know.</u> By Mark Miller A perfect storm is brewing in the U.S. long-term care industry, creating a looming crisis for aging Americans. According to Samir Shah, CEO of CareScout, a company specializing in long-term care data, a rapid increase in demand is colliding with a shrinking supply of caregivers, leading to soaring costs and significant challenges for families. The core of the problem lies in demographics. The baby boomer generation is aging, with the oldest members turning 80 in 2026, an age when the need for assistance with daily living activities like bathing, dressing, and eating significantly increases. The U.S. Census Bureau projects a dramatic rise in the 85-and-older population, which is expected to nearly double by 2035. Simultaneously, the long-term care industry is grappling with a severe worker shortage. This is largely attributed to low wages, with the median hourly pay for direct care workers in 2023 being less than other jobs with similar entry requirements. The situation is expected to worsen due to stricter immigration policies, as immigrants constitute a substantial and growing portion of the long-term care workforce. Research has also indicated that a larger immigrant workforce is correlated with higher quality of care. This imbalance between supply and demand is driving up the cost of care at a rate far exceeding general inflation. In 2024, some long-term care services saw price hikes of as much as 10%, more than triple the general inflation rate. For example, the median monthly cost for an assisted living facility reached \$5,900, while a private room in a nursing home cost \$10,646. A significant part of the problem is a widespread misunderstanding of how long-term care is financed. Many Americans incorrectly believe that Medicare will cover these costs. In reality, Medicare's coverage is limited, typically to short-term skilled nursing care following a</p>

	<p>hospitalization. The primary payer for long-term care is Medicaid, but it is only available to individuals with very low income and assets. For those planning for future needs, the article outlines several options:</p> <ul style="list-style-type: none"> • Long-Term Care Insurance: While a potential solution, these policies are often complex and expensive. The market for traditional policies has shrunk considerably, though "hybrid" policies combining life insurance with a long-term care benefit are gaining some traction. • Self-Funding: This is a viable option for affluent individuals, but it requires careful financial planning. Experts recommend setting aside funds to cover two to five years of care, depending on health and longevity prospects. • Guaranteed Income: Maximizing Social Security benefits by delaying claims can provide a steady income stream to help offset care costs. <p>Family Caregivers: Family members currently provide the majority of care, but this often comes at a significant financial and personal cost to the caregiver, impacting their own earnings and savings. Experts warn that without systemic changes, including addressing the workforce shortage and potential cuts to Medicaid funding, the accessibility and quality of long-term care in the United States are at significant risk, creating a domino effect that families will feel for years to come.</p>
Federal Policy	<p>8. McKnights Long Term Care News May 21, 2025 <u>Providers fear 'catastrophic' implications of changes to retroactive Medicaid coverage</u> By James M. Berkman Summary: A Republican-backed bill passed by the House seeks to reduce the retroactive Medicaid eligibility period from 90 to 30 days. Long-term care providers are concerned this change, aimed at saving \$6.5 billion over ten years, will leave them with significant unpaid bills for patients who suffer sudden health crises and are unable to apply for Medicaid promptly. Advocates warn this could disproportionately harm the elderly and individuals with disabilities, potentially leading to reduced access to care, while providers may be forced to turn away patients who are "Medicaid pending," potentially increasing homelessness. The bill's fate now rests with the Senate.</p>
From Our Colleagues Around the Country	<p>9. Tallgrass Economics May 25, 2025 <u>The Medicaid Solution: End It. Don't Mend It!</u> By Dave Kingsley <i>Why Do We Have Character Tests for Medicaid Eligibility and Not for Any Other Government Subsidized Healthcare?</i> Summary: This essay argues that Medicaid is a fundamentally discriminatory and "disgraceful" program that should be ended, not reformed. The author contends that while large insurance corporations reap massive profits, the program treats low-income Americans as "undeserving poor," subjecting them to stigma and bureaucratic hurdles. The author traces Medicaid's origins to Southern segregationists who aimed to create an inferior, separate healthcare system. This foundation, the author claims, perpetuates systemic inequality, leading</p>

to worse health outcomes and shorter life expectancies for the poor, particularly Black men. The essay concludes that fighting to tweak or expand this inherently flawed system is a futile "game of whack a mole" and that the only moral solution is to abolish Medicaid entirely in favor of a universal system that provides equitable care to all.

10. Tallgrass Economics

May 15, 2025

[Do You Know Where the Taxes You Pay for Medicaid Are Going?](#)

By Dave Kingsley

A Medicaid Disgrace: Nursing Home Companies Make Big Bucks Off of Poor Peoples' Medical Care

Summary:

This article argues that the privatized Medicaid system allows nursing home chains to extract enormous profits from taxpayers while providing substandard care. Using The Ensign Group as a case study, the author points to a stark contrast between the company's quality of care and its financial success.

While over half of Ensign's 268 facilities have low 1- or 2-star ratings from CMS, the company delivers impressive financial results. The author highlights that \$100 invested in Ensign in 2019 was worth nearly \$300 by 2024, and its top five executives received almost \$110 million in compensation over three years. The company also reported nearly half a billion dollars in cash on its balance sheet, which the author uses to refute industry claims of operating on "thin margins."

The author concludes that this is possible because government-guaranteed Medicaid revenue protects these companies from normal business risks, allowing them to prioritize shareholder value and executive pay over patient care.

EXECUTIVE COMPENSATION

The following table shows information regarding the compensation earned during the fiscal year ended December 31, 2024 by our NEOs. For a discussion of the compensation of our directors, see "Director Compensation".

Summary Compensation Table

Name and Principal Position	Year	Salary (\$)	Stock Awards ⁽¹⁾ (\$)	Option Awards ⁽²⁾ (\$)	Non-Equity Incentive Plan Compensation ⁽³⁾ (\$)	All Other Compensation ⁽⁴⁾ (\$)	Total (\$)
Christopher R. Christensen	2024	606,175	662,742	882,590	2,450,966	47,093 ⁽⁴⁾	4,649,566
Co-Founder, Executive Chairman	2023	588,519	830,640	289,004	2,294,364	43,665	4,046,192
and Chairman of Board	2022	571,378	821,182	245,451	2,416,642	37,872	4,092,525
Barry R. Port	2024	533,266	2,614,941	882,590	6,906,150	22,985 ⁽⁵⁾	10,959,932
Chief Executive Officer	2023	517,734	1,916,248	2,912,522	5,676,027	22,864	11,045,395
	2022	502,654	1,718,716	438,305	5,338,394	22,694	8,020,763
Suzanne D. Snapper	2024	440,524	2,283,346	784,524	5,978,058	7,717 ⁽⁶⁾	9,494,169
Chief Financial Officer	2023	427,693	1,670,082	2,758,812	4,913,346	7,234	9,777,167
and Executive Vice President	2022	415,236	1,506,637	394,475	4,641,419	6,736	6,964,503
Chad A. Keetch	2024	399,950	1,603,008	621,082	3,949,157	12,284 ⁽⁷⁾	6,585,481
Chief Investment Officer	2023	388,301	1,160,412	2,517,925	3,245,824	8,198	7,320,660
and Executive Vice President and Secretary	2022	376,991	1,014,219	280,515	3,068,614	8,555	4,748,894
Spencer W. Burton	2024	339,088	1,925,089	653,773	5,057,540	22,863 ⁽⁸⁾	7,998,353
President and Chief Operations Officer,	2023	329,212	1,407,393	2,630,349	4,156,633	17,510	8,541,097
Ensign Services, Inc.	2022	319,623	1,174,928	280,515	3,720,674	16,988	5,512,728

From Around the Country

11. McKnights Long Term Care News

May 21, 2025

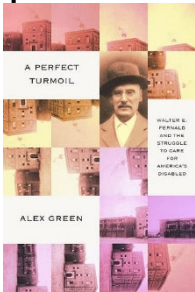
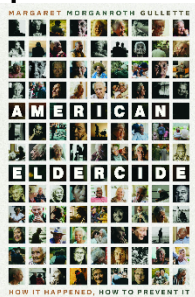
[Judge slaps bankrupt nursing homes with \\$15M penalty in 'tragic' staffing case](#)

By Kimberly Marselas

Summary:

A federal judge has ordered two Western Pennsylvania nursing home operators, currently in bankruptcy, to pay over \$15 million in restitution.

	<p>The order follows a criminal conviction for a healthcare fraud scheme where the companies falsified staffing records to state and federal agencies. Prosecutors argued, and the judge agreed, that the companies deliberately understaffed their facilities, leading to a significant decline in resident care, hygiene, and safety, while continuing to admit new patients. The judge rejected the operators' argument that they were unable to pay, stating that their actions defrauded taxpayers and resulted in a tragic loss of care for vulnerable patients.</p> <p>12. McKnights Long Term Care News</p> <p>May 19, 2025</p> <p><u>Judge gives go-ahead to NJ providers in fight against state staffing mandate</u></p> <p>By Zee Johnson</p> <p>A federal judge has given New Jersey nursing home providers a significant victory, allowing their lawsuit challenging the state's minimum staffing mandate to proceed. The providers argue that the mandate, which requires specific staff-to-resident ratios, is unconstitutional and impossible to meet due to a severe labor shortage. They claim the law has forced them to limit admissions and has resulted in over \$2.2 million in fines in the first quarter of 2024 alone. By denying the state's motion to dismiss, the judge has cleared the way for providers to continue their legal fight against the controversial staffing requirements.</p>
<p><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link:</p>

	<p>https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>  <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.</p>	<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 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, <i>A Perfect Turmoil</i> 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.</p> <p>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.</p> <p>Buy the book here</p>
<p>Books by DignityMA Participants</p>  <p>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 <i>Agewise</i>, <i>Aged by Culture</i>, and</p>	<p><u>American Eldercide: How It Happened, How to Prevent It</u> By Margaret Morganroth Gullette</p> <p>A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.</p> <p>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.</p> <p>Until now. In <i>American Eldercide</i>, 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</p>

<p><i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>	<p>persuasively calls an elderscide. Gulette 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 Gulette 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.</p> <p>Buy the book here.</p>
<p>Bringing People Home: The Marsters Settlement</p>	<p>Webpages:</p> <p>https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/</p>
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores8473@charter.net.</p>
<p>Websites</p>	<p>CareScout Cost of Care https://www.carescout.com/cost-of-care</p> <p>Provides cost information for home care services, assisted living, nursing homes, and adult day health by state</p> <p>Our Bodies, Ourselves Growing Older https://ourbodiesourselves.org/subject-area/growing-older</p> <p>Information to understand changing bodies and circumstances, and to celebrate diverse identities as people grow older.</p>
<p>Blogs</p>	
<p>Podcasts</p>	

YouTube Channels			
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .		
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .		
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/		
Contact information for reporting complaints and concerns	<table border="1"> <tr> <td data-bbox="488 434 764 661">Nursing home</td><td data-bbox="764 434 1521 661"> Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program </td></tr> </table>	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
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MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing 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 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 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		

<p>List of Special Focus Facilities</p>	<p>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-march-2025.pdf Updated March 26, 2025 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. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. What can advocates do with this information? <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. Massachusetts facilities listed (updated) Newly added to the listing <ul style="list-style-type: none"> • 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.nextstephpc.com/fallriver Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225723/ Massachusetts facilities which have graduated from the program <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 • Somerset Ridge Center, Somerset https://somersetridge rehab.com/ Nursing home inspect information: </p>
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	<p>https://projects.propublica.org/nursing-homes/homes/h-225747</p> <ul style="list-style-type: none"> • Tremont Healthcare Center, Wareham https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488/ <p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> • 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://capecodrehabhc.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225667/ • Charwell House Health and Rehabilitation, Norwood (37) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Life Care Center of Merrimack Valley, Billerica (2) https://lcca.com/locations/ma/merrimack-valley/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225546/ • Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Pine Knoll Nursing Center, Lexington, (3) https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225049/ • RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/ <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 23, 2025 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</p>

	<p>on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table><tr><th>Deficiency Tag</th><th># Deficiencies</th><th># Facilities</th><th>MA facilities cited</th></tr><tr><td>B</td><td>315</td><td>222</td><td>Tag B</td></tr><tr><td>C</td><td>106</td><td>82</td><td>Tag C</td></tr><tr><td>D</td><td>7,445</td><td>1,401</td><td>Tag D</td></tr><tr><td>E</td><td>2,133</td><td>767</td><td>Tag E</td></tr><tr><td>F</td><td>676</td><td>314</td><td>Tag F</td></tr><tr><td>G</td><td>517</td><td>339</td><td>Tag G</td></tr><tr><td>H</td><td>58</td><td>35</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>53</td><td>28</td><td>Tag J</td></tr><tr><td>K</td><td>27</td><td>9</td><td>Tag K</td></tr><tr><td>L</td><td>9</td><td>3</td><td>Tag L</td></tr></table> <p>Updated April 23, 2025</p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	315	222	Tag B	C	106	82	Tag C	D	7,445	1,401	Tag D	E	2,133	767	Tag E	F	676	314	Tag F	G	517	339	Tag G	H	58	35	Tag H	I	3	2	Tag I	J	53	28	Tag J	K	27	9	Tag K	L	9	3	Tag L
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K	27	9	Tag K																																														
L	9	3	Tag L																																														
Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i></p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p> <p>This information will be posted for each facility and includes:</p> <ul style="list-style-type: none">• Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.• Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>																																																
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																																																
DignityMA Call Action	<ul style="list-style-type: none">• Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements.																																																

	<ul style="list-style-type: none"> • 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. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	jimlomastro@comcast.net agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
Bringing People Home: Implementing the Marsters class action settlement	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/		
REV UP Massachusetts	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> :		

	<ul style="list-style-type: none">• Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i> https://dignityalliancema.org/dignity-digest/</p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	