The Dignity Digest

Issue # 241 June 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.**

Editor's Note

This is a special issue of *The Dignity Digest.* It features information about members of DignityMA's Coordinating Committee.

Regular publication and distribution of *The Dignity Digest* is suspended from Tuesday, June 17, 2025 through Tuesday, July 8, 2025. Resumption is expected on Tuesday, July 15, 2025.

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.

Guide to items in this week's Dignity Digest

- ***A Raise for Mom (or Dad or Grandma or Grandad)***
  The Campaign to Increase the Personal Needs Allowance (PNA)
- ***Steward v. Young Decision***
- **Op-Ed by Margaret Morganroth Gullette**
- **Life Well Lived - Norma Swenson**
- **Summer Musing by James Lomastro**

A Raise for Mom (or Dad or Grandma or Grandad)
The Campaign to Increase the Personal Needs Allowance (PNA)

The Unjust Silence: Why Are We Forgetting Our Most Vulnerable While Others Prosper?

By Richard T. Moore

DignityMA Co-Founder, Chair, DignityMA Legislative Workgroup, and former State Senator

> *"In the end, we will remember not the words of our enemies, but the silence of our friends."* – Martin Luther King Jr.

In a year where prosperity is echoing through boardrooms and government halls, a deafening silence surrounds the economic plight of our most vulnerable citizens: nursing home residents on Medicaid (MassHealth). While CEOs celebrate nearly 10% pay raises, long-term care executives enjoy a 3.52% salary increase, state leaders receive hefty nearly 10% boosts, Massachusetts lawmakers secure an 11% raise for 2025, and retirees on Social Security and state pensions benefit from 3% and 2.5% Cost of Living Adjustments (COLAs) respectively – a crucial lifeline against inflation – nursing home residents remain trapped in a financial time warp.

This is not just an oversight; it is a profound injustice that demands immediate correction!

For nearly two decades, the Personal Needs Allowance (PNA) for nursing home and rest home residents in Massachusetts has been cruelly stuck at a paltry $72.80 per month. This isn't

Richard T. Moore

Legislative hearing scheduled for July 1, 2025.

just stagnant; it's a regression in real terms. If inflation had been factored in since this amount was last set in 2007, the PNA should now be approximately $113.42. This means that residents are effectively being penalized by a system that has allowed their spending power to erode by over 35%.
Consider the stark reality of this economic apartheid:

- A "Gravy Train" for Some, Scraps for Others: While those in positions of power and privilege enjoy significant boosts to their income, enabling them to maintain their quality of life in a rising economy, nursing home residents are left with a sum that defies logic. How can we, as a society that champions economic and social justice, stand by while the very people who built our communities are denied the most basic financial dignity?
- The Myth of "Covered Needs": The argument that "basic care, room, and board" are covered by Medicaid conveniently ignores the fundamental human need for personal choice, comfort, and connection. The PNA is meant to cover essential "life's necessities" not provided by the facility – things like:
  - Clothing and Shoes: Imagine being unable to replace worn-out shoes or purchase a new sweater as seasons change.
  - Toiletries beyond the bare minimum: The desire for a preferred shampoo, a specific lotion, or even a different brand of toothpaste is a small but significant aspect of personal comfort and identity.
  - Haircuts and Grooming: Maintaining personal appearance contributes directly to self-esteem and mental well-being.
  - Phone and Internet Access: In today's world, these are not luxuries; they are vital lifelines for staying connected with family, friends, and the outside world, preventing isolation and loneliness.
  - Reading Materials, Snacks, and Small Pleasures: The ability to buy a magazine, a favorite candy bar, or a small gift for a grandchild offers moments of joy and normalcy.
- Massachusetts: The Irony of High Costs and Low Allowances: The situation is amplified in Massachusetts, which boasts the highest cost of living of any state in the continental United States. This means that the $72.80 PNA stretches even less here than it would in other states with lower costs. Our most vulnerable residents are facing an ever-increasing financial squeeze, forced to make impossible choices between essential items.
- Obligated to Pay Almost All Income: Nursing home residents on Medicaid are often required to contribute almost all of their monthly Social Security and other income

towards their basic care. This leaves the PNA as their sole discretionary fund. It's not a supplemental income; it's practically their entire allowance for anything beyond the bare institutional essentials.

The Moral and Economic Imperative:

This isn't about handouts; it's about respecting the inherent dignity of every individual, regardless of their living situation. It's about ensuring that those who rely on public assistance are not condemned to a life of perpetual deprivation.

- Economic Justice: If the economy is improving and various sectors are receiving raises and COLAs, it is morally indefensible to exclude nursing home residents from these benefits. Their needs are just as real, and their right to a dignified existence is just as valid.
- Social Equity: We must acknowledge the inherent ageism embedded in a policy that effectively punishes older adults for needing long-term care. This stagnant PNA contributes to a system where basic human rights are compromised.
- Improved Well-being: A sufficient PNA can directly contribute to improved mental and physical health outcomes by allowing residents to maintain personal hygiene, stay connected with loved ones, and engage in activities that bring them joy. This, in turn, can reduce healthcare costs associated with depression, isolation, and neglect.

It's time for legislative action. The continued neglect of the PNA is a stain on our collective conscience. We must demand that our elected officials, corporate leaders, and society at large recognize the glaring disparity and act decisively. Increase the Personal Needs Allowance to a level that reflects today's economic realities, with mandated annual cost-of-living adjustments. It's not just an economic policy; it's a fundamental statement about who we are as a society and how we value our elders. **Let us end the unjust silence and ensure that economic and social justice extends to all members of our community.**

Joint Committee on Health Care Financing

Public Hearing

Tuesday, July 1, 2025, 1:00 to 3:30 p.m.

Gardner Auditorium, State House and Virtual

Three bills to raise the personal needs allowance (PNA) are scheduled to be heard.

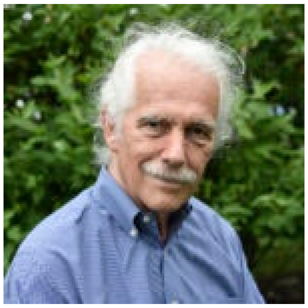
H.1411 *An Act increasing the personal needs allowance for long term care residents;* Sponsored by Rep. Thomas M. Stanley

S.482 *An Act increasing the personal care allowance for long term care residents*; Sponsored by Se. Mark C. Montigny

S.887 *An Act increasing the personal needs allowance for long term care residents*; Sponsored by Sen. Joan B. Lovely

	The public is invited to participate in this hybrid hearing, which will be streamed live on the General Court website, https://malegislature.gov/. Hearings will be recorded and posted publicly, archived on the Joint Committee on Health Care Financing webpage, for the duration of the 194th Legislative Session. The webpage can be found here: https://malegislature.gov/Committees/Detail/J24/Hearings. LINK TO PRE-REGISTER TO TESTIFY: For both in-person and remote testimony, please fill out this [FORM](#). DEADLINE TO PRE-REGISTER: For both in-person and remote testimony, the deadline to register to testify is 5:00 P.M. Friday, June 27, 2025. WRITTEN TESTIMONY – DO NOT FILL OUT FORM: For individuals wishing to provide written testimony ONLY, please do not fill out the above form. The deadline for the submission of written testimony is August 22, 2025, at 5:00 P.M. Written testimony may be submitted electronically via e-mail to the following: • House Chair: John.Lawn@mahouse.gov • House Staff: Timothy.Oneill@mahouse.gov • Senate Chair: Cindy.Friedman@masenate.gov Senate Staff: Adelina.Huo@masenate.gov
Steward v. Young On June 17, 205, a federal judge in Texas issued a landmark ruling in PASRR and Olmstead class action case brought by the Center for Public Representation on behalf of over 4,000 people with IDD in Texas nursing facilities. It is similar, but goes even further, than the Rolland case in Massachusetts and sets an important precedent on informed choice. The 475 page decision is available at https://www.scribd.com/document/879423757/Trial-Court-Findings-and-Conclusions Stephen Schwartz, JD, of the Center for Public Representation, was the lead plaintiff's counsel.	***Judge rules Texas has been illegally placing people with severe disabilities in nursing homes for decades*** **Texas Public Radio** By Dan Katz and Jackie Velez June 22, 2025 A federal judge in San Antonio has ruled that the state of Texas for decades unnecessarily institutionalized 4,500 people with intellectual and developmental disabilities in nursing home facilities, denying them appropriate services that are required under federal law. U.S. District Court Judge Orlando Garcia of the Western District Court of Texas on Tuesday called the violation "severe and ongoing." “Texas’ actions have caused irreparable injury to people with IDD [Intellectual and Developmental Disabilities] who are in nursing facilities,” Garcia wrote in his 475-page ruling. Garcia said the state deprived thousands of people from "preadmission screenings, professionally appropriate assessments of their habilitative needs, specialized services to meet those needs, and active treatment." The ruling came in a class action lawsuit filed 15 years ago on behalf of institutionalized plaintiffs represented by the Center for Public Representation, Disability Rights Texas and Sidley Austin LLP. Steven Schwartz, special counsel at the Center for Public representation, called it a landmark ruling a long time in the making. "It is clear that this court cares about people who told their stories, elevated their sometimes-tragic situations, and was really compassionate in understanding what sort of terrible lives people were forced into, unwittingly, unknowingly and really against their will," Schwartz told TPR.

Steve is a member of DignityMA's Coordinating Committee. He is currently overseeing the implementation of the settlement agreement in the *Marsters v. Healey* class action suit.



Stephen Schwartz, JD

Congress passed a statute under the Medicaid Act in 1987 that required screening in order to identify community programs instead of automatically institutionalizing people.

"Texas just ignored the statute. At some point, the federal government came down on Texas and said, 'You can't do this anymore.' And shortly thereafter, we brought this lawsuit in 2010," Schwartz said. "The case was brought forth at that point on behalf of 4,500 individuals with intellectual and developmental disabilities who were unnecessarily segregated in Texas nursing facilities. And they were not getting even minimally adequate levels of services that is required by federal law."

In 2013, the plaintiffs negotiated a settlement agreement with the state of Texas that would make community programs available as an alternative.

"At that point, a new governor took over, and the governor [Gov. Greg Abbott] repudiated the agreement and refused to sign it," Schwartz said. "So essentially, we wasted four or five years trying to negotiate a collaborative approach that would be less expensive, less intrusive, more effective, obviously timelier than a lengthy court process when the governor said, 'no thanks.' Then the court process started up."

The Texas Health and Human Services Commission says it is reviewing the court's decision.

Judge Garcia ordered the state of Texas and the plaintiffs to get together and propose a fix to the violations by August 1.

Schwartz said the plaintiffs are hoping to talk to the state soon. In the meantime, he praised the decision that he said starts the path for many of the people institutionalized by the state of Texas to come home.

"And for the four named plaintiffs, and probably many others, who died waiting for Texas to comply with federal law, this decision is a poignant testimony to their patience, perseverance, and courage."

Steward v. Young
Summary of Court's Decision – June 17, 2025

I. Background

For decades, the State has unnecessarily institutionalized more than 4,000 Texans with IDD in segregated nursing facilities and denied them specialized disability services which are required by federal law. More than a decade ago, twelve individuals with IDD, together with two state-wide disability organizations, filed a class action case asking the federal court to halt these federal law violations. Shortly thereafter, the United States Department of Justice (DOJ) intervened to support the people with disabilities.

II. The Court's Decision

In his comprehensive **opinion**, Judge Garcia ruled in favor of the plaintiffs and DOJ on all claims. The judge meticulously reviewed the facts, relying in significant part on the testimony of the plaintiffs, their families, disability providers, organizational leaders, and national experts. The decision detailed the harm and deprivations suffered by plaintiffs due to the state's systemic failures and longstanding violations of federal laws, including the Nursing Home Reform Act, the Americans with Disabilities Act, Section 504 of the federal Rehabilitation Act, and the Medicaid Act.

A. Overview of the Law

The Court began its decision with an overview of the legal landscape that informs its opinion. It begins with the ADA, and its integration mandate, which demonstrates Congress' intent in enacting the ADA was to end both the discrimination and segregation of people with disabilities. It then notes that same principles have been in effect since the enactment of Section 504 of the Rehabilitation Act of 1973 and are reflected in the Developmentally Disabled Assistance and Bill of Rights Act of 1976. The Court reviews the 504 regulations promulgated in 1977 and the ADA regulations issued in 1991 that describe in detail what constitutes discrimination and segregation, and what programs are covered by these rules. It definitely states that integration is the goal of these statutes, and that the regulations include a mandate that all publicly-funded programs for people with disabilities must be provided in the most integrated setting appropriate to the needs of such individuals. These rules, read together with the rights of nursing residents set forth in the Nursing Home Reform Amendments of 1987 (NHRA) and regulations enacted thereunder, make clear that all people with IDD have a right to make an informed choice about where to live, including whether to enter, remain in, or leave a nursing facility. To do so in a meaningful way, they must be provided individualized information in a manner that they can understand, concrete opportunities and experiences of community living, and the accommodations and supports necessary to make an informed decision.

The Court next surveys the scope and obligations imposed by the Medicaid Act, including its reasonable promptness and freedom of choice provisions. It lists the various regulatory standards and clinical criteria that govern care in nursing facilities under the NHRA, including comprehensive assessments, person-centered planning, service provision, and discharge planning. The Court then discusses in detail the obligations of public entities, and their agents private nursing facilities, to provide specialized services and active treatment, as required by the NHRA and its Pre-Admission Screening and Resident Review (PASRR) regulations, which it notes were enacted on the specific direction of Congress and thus are properly authorized and enforceable.

III. The Court's Factual Findings

A. The State's Long-Term Care Service System

1. <u>The PASRR Program</u>

Texas' PASRR program plainly did not comply with federal law for over two decades (1991-2011). Texas' PASRR "redesign", which began in 2013 and was completed by 2015, sought to finally bring it into compliance with the PASRR rules. But it has not done so.

2. The IDD System and Its Quality Service Reviews (QSRs)

There are two core components of the State's IDD system: HHSC and LIDDAs – and three relevant HHSC divisions: Medical Services, Regulatory, and Waivers. The Regulatory division performs the Quality Service Reviews (QSR) that were previously conducted by the parties' expert reviewer under the Interim Settlement Agreement from 2013-2015. The QSR is designed to measure compliance with federal law, specifically PASRR and the ADA. Its six outcomes, numerous outcome measures, and even more numerous indicators all were developed by the expert reviewer, approved by the parties, adopted by HHSC, and implemented from 2015-2017 by the expert in conjunction with HHSC staff. Thus, the QSR is the State's own information concerning compliance with both PASRR and the ADA and is uniquely relevant and reliable evidence in assessing compliance. Significantly, QSR reports for 2015, 2016, and 2017 found that the State's performance on key outcomes significantly decreased over these three years.

B. The Client Reviews Provide Reliable and Generalizable Information About the Class

Based upon a reliable and generalizable sample of all people with IDD in Texas nursing facilities, four experts conducted a client review of 54 individuals which generated reliable, probative, and compelling evidence that almost no class members received a comprehensive assessment, adequate service planning, all needed specialized services, or active treatment. It also demonstrated that few individuals had made an informed choice to remain in a nursing facility, and virtually all were qualified to live in the community.

C. The State's PASRR Program, Even as Resigned, Does Not Comply with Federal Law, Does Not Identify and Provide Needed Specialized Services or Active Treatment, Causing Irreparable Harm.

The program review conducted by two experts, and the PASRR system review conducted by one of those experts, persuasively demonstrated that the PASRR program continues to violate federal law. First, Level I screens are not completed as required, resulting in harm to class members. Second, Level II evaluations are not completed as required, and do not accurately assess the need for specialized services or community placement. Third, PASRR's diversion goal is rarely achieved since 97% of all admissions are exempt or expedited, thereby precluding all diversion efforts. And there is little outreach, education, or engagement with referring entities to prevent unnecessary admissions. Fourth, no one receives a professionally-appropriate, comprehensive functional assessment conducted by a qualified IDD professional, thereby making it impossible to accurately determine the need for specialized services. Fifth, there are two disconnected and inconsistent services plans (NF POC and ISP) prepared by two different teams (IDT and SPT), neither of which include appropriate goals, outcomes, and needed services. Sixth, as a result of the systemic deficiencies in the PASRR evaluation, the lack of a comprehensive functional assessment, the absence of adequate service planning and coordination, and the failure of HHSC to monitor service delivery, few if any people with IDD are receiving all needed specialized services and virtually none are receiving needed services with the frequency, intensity, and duration to constitute a program of active treatment. Consequently, many people with IDD in nursing facilities suffer loss of functioning, deterioration, and ongoing harm.

D. Nursing Facilities Are Segregated Institutions that Confine Thousands of People with IDD Who Could Successfully Live in the Community, Causing Irreparable Harm

Nursing facilities are segregated institutions that deny people privacy, choice, freedom of movement, access to the community, and community integration. There are at least 3,600 people with IDD in nursing facilities with lengths of stay of greater than six months, and more than 2,600 of them for who have been institutionalized for over a year. All of these people are qualified persons with disabilities and most could transition to the community, including those with significant medical, nursing and behavioral needs. In fact, Texas can and already does serve similar individuals in its community waiver programs, including individuals using oxygen, tracheotomies, catheters, feeding tubes, colostomies, seizure disorders, dementia, complex medical conditions, complex behaviors, and cerebral palsy.

People with IDD who remain institutionalized are experiencing ongoing harm on a daily basis. Research, professionals, and even the State's experts and officials agree that community living offers more opportunities, results in improved health and functioning, and is clearly preferred by and beneficial to people with IDD.

E. Informed Choice

Most individuals with IDD in nursing facilities have not made an informed choice to enter or remain in the institution. They were not provided with assistance or support through a transition process, nor a person-centered planning process that considered community living. Specifically, they were not provided with individualized information or education about community options; not offered or provided opportunities to visit community programs, speak with peers, or meet with families from the community; not given opportunities to engage in community activities; not recommended for specialized services that would allow them to be in the community; not offered accommodations to their communication and decision-making capacity, including the impact of their institutionalization on decision-making experience; and not provided with support to identify or address barriers, challenges, and fears about transition.

F. Diversion and Transition

The NF census has remained virtually unchanged from 2014-2017, demonstrating that the State's efforts to divert or transition people with IDD are ineffective. The State has been on notice for years about the obstacles to diversion and transition, including the lengthy diversion process and its requirement to exhaust other alternatives; the lack of provider capacity particularly for people with complex medical, nursing and behavior needs; the State's payment system which discriminates against people in NFs; the State's decision not to pursue increases in rates for serving individuals with complex conditions; opposition and retaliation by NFs; the lack of sufficient medications, timely medical equipment, and appropriate home modifications that delay or undermine timely discharge; and the absence of accessible group living environments. The State provides insufficient training to LIDDA diversion and coordination staff, and oversight of its diversion and transition process.

G. Inadequate Oversight of LIDDAs and Nursing Facilities

Texas does not have an adequate quality management and improvement plan, system, or data collection capacity. It completely ignores its own QSR process, fails to take actions to address QSR findings, and, for most HHSC units, is not even aware of the QSR process. Its oversight of LIDDAs is inadequate with respect to diversion and transition, does not focus on PASRR, does not use data from the QSR, and has not resulted in meaningful improvements or any fines.

Similarly, although Texas' nursing facilities are consistently ranked as the worst in the country, HHSC does not adequately oversee, monitor, or inspect NFs with respect to its PASRR, diversion, and transition activities. Finally, training for LIDDA and NF staff is inadequate and ineffective with respect to PASRR, diversion and transition.

H. It Is Reasonable and Possible for Texas to Serve People in the Community

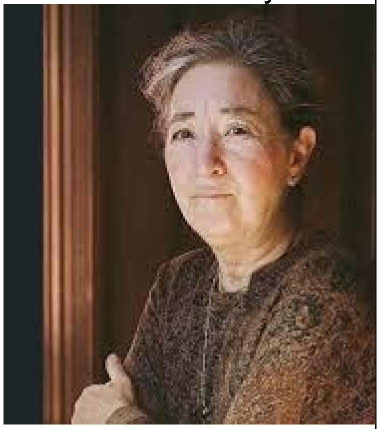
Texas can, as other states do, accurately identify, screen, and assess individuals with IDD to prevent unnecessary admission to NFs. Similarly, it is reasonable for Texas, as other states do, to ensure that all people with IDD can make a meaningful and informed choice about whether to enter or remain in a NF. This would not require the creation of a new service. And it reasonable for Texas, as other states do, to ensure that people with IDD in NFs can live in integrated settings in the community, that staff are appropriately trained, and that the state agency (HHSC) adequately and effectively oversee its DD and NF systems.

I. Texas Does Not Have an Effectively-Working Olmstead Plan

Texas' Promoting Independence Plan, its nominal *Olmstead* Plan, did not even mention people with IDD in NFs and did not include specific services for them until after the litigation began. As a result, Texas did not have a commitment to or a history of serving people with IDD in NFs. Moreover, the plan that it did develop in response to this litigation is not working. The long waiting list for waiver services, plus the underutilization and subsequent reduction of waiver slots for people with IDD in NFs, demonstrates that the plan is not moving at a reasonable pace. It abolished the only external oversight of its plan and lacks the data and analysis for monitoring and revising the plan.

	J. Summary of the Named Plaintiffs All of the named plaintiffs are appropriate for and would benefit from community living. None had a made an informed choice to remain in NFs, although they had been institutionalized for years. The Court carefully and compassionately reviewed the situation of each of the twelve named plaintiffs, noting that none received specialized services or community options until at they became a named plaintiff and Disability Rights Texas provided them with legal assistance. **IV. The Court's Legal Rulings** The Court first decided that Texas failed to properly screen and evaluate people with IDD to determine if they could be more appropriately served in the community, and failed to provide those who were admitted to nursing facilities with specialized services and active treatment, as required by the Nursing Home Reform Amendments that were enacted by Congress in 1987. It then determined that Texas failed to offer people with IDD a meaningful choice of whether to receive needed support services in nursing facilities or in the community, and failed to provide those supports promptly, as required by the Medicaid Act. Third, the Court held that, under the ADA, nursing facilities were segregated facilities; that virtually all people with IDD in nursing facilities were qualified to live in the community; that few, if any, opposed transition to the community; that Texas failed to modify its policies and practices to allow people with IDD to leave segregated institutions and live in integrated settings in the community; and that such modifications were necessary, reasonable, doable, and required by the ADA and Section 504. Throughout its opinion, the Court repeatedly explained that Texas failed to provide people with IDD with the information, opportunities, supports, and accommodations to make an informed choice about where they wanted to live and receive care. It concluded that these systemic failures caused people with disabilities irreparable harm through decades of unnecessary institutionalization, the lack of active treatment, and the absence of available community alternatives to nursing facilities. For many, the harm resulted in loss of functioning, deterioration, stunted lives, and even premature death. Finally, it noted that Texas knew about these deficiencies, failed to make timely and effective reforms, and thus perpetuated this harm to thousands of people with IDD, including four of the plaintiffs who died waiting for transition to new homes in the community. *A. Relief* The Court ordered the parties to submit a proposed remedial order by August 1, 2025. While long delayed, the Court's decision is a stunning result that affirms the core goal of the ADA – to end the historical segregation of people with disabilities, and to allow all people in nursing facilities to transition to integrated programs in the community with appropriate supports.
Op-Ed	***Still marching after all these years***

Margaret Morganroth Gullette is a member of DignityMA's Coordinating Committee. She is the author of "American Eldercide: How It Happened, How to Prevent It" and a scholar at the Women's Studies Research Center, Brandeis University.



By Margaret Morganroth Gullette
Boston Globe
June 21, 2025

I am 84. At demonstrations against the Trump administration, I see people as old as I am everywhere.

Amid America's turmoil and woe, I like to think of my mother and father. I am 84. My mother died in 2010, and my father in 1974. Though they are long gone, I hear what they might say and know what they would do now, as if they were close by. They would be reassuring me and keeping up my spirits. They would be carrying signs at the rallies with all of us.

At demonstrations against the Trump administration, I see many people with gray and white hair. My cousin Annie says, "Our demographic is over-represented at these protests, and I couldn't be prouder. Still marching after all these years." At the demonstrations, I see people as old as I am everywhere. At a "No Kings" demo in Waltham, they carried signs saying, "Save Social Security," "If a Parade, then Medicaid," and every other kind of message. One 80-year-old friend carried a cowbell and a sign reading "Basta con el miedo!" ("Enough with the fear!"). Another sign read, "I am 90, with Parkinson's, and I am pissed." A woman in a wheelchair held a sign saying, "I am 83, my first protest!" A man a little younger than I, wearing an Army cap from the Vietnam era, told me, "I didn't know then that people could object and protest. Now I know, and I do." Many of us have had a lot of practice: Vietnam, Afghanistan, Iraq. We protested every bad government action.

I learned nonviolent civil disobedience from my parents, growing up in Brooklyn. They were activists even before Vietnam. During the civil rights movement, in 1964, driving through St. Augustine, Fla., they attended a demonstration. When protesters refused to leave a sit-in attempting to integrate the Ponce de Leon Motor Lodge restaurant, some were arrested and jailed. My parents were not arrested, but they were present, in solidarity, as lifelong believers in human rights, in including Black Americans in the American Dream. What we now call DEI was already a good goal.

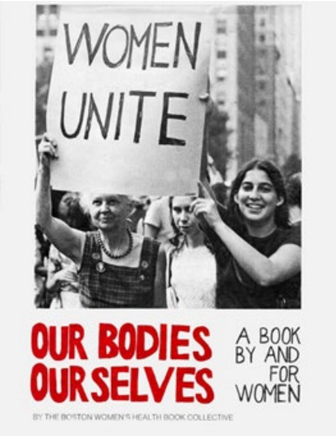
And me? Young as I was, my good-girl head was down, finishing my master's thesis on Proust, in graduate school far away. I was merely an educated girl, not political yet, not focused on the common good as they were.

Both of them had been radicals in the 1930s, when Jewish leftists and others hoped that a popular front could remake US labor relations, control capitalist greed, and bring America closer to equality for women and people of color. Paul Robeson was one of their idols, along with Eleanor Roosevelt.

Later, they opposed the Vietnam War, just as my husband and I did. In 1968, running against feckless Hubert Humphrey, treacherous Richard Nixon promised to end the war, and then prolonged it until more than 50,000 men my age died, as well as countless Vietnamese and Cambodians. In 1972 my father worked to elect Elizabeth Holtzman, also of Brooklyn, to Congress. So, she was in

	the House of Representatives in time to vote to impeach the corrupt Nixon in the summer of 1974. My father, with ALS sapping his body, had followed the investigation and trial avidly from the green couch in the living room. But he missed out on the ending. By August he was in a coma; he died two days short of Nixon's ignominious exit. The night Nixon left, making his awkward, hypocritical peace signs, my mother and I were dining in the dim kitchen with my cousin Sherry, grieving and rejoicing. In that painful, complex mood, we poured some wine and drank to him: "Marty should have been here to see this day." "Daddy should have been here." I know my parents would be out with me on the streets now. They were there, in a sense — at a #HandsOff rally on April 5 in Newton, at an April 19 event to celebrate the 250th anniversary of the beginning of the American Revolution in Waltham, and then at the "No Kings" rally. The signs were clever and scathing at all these events; drivers going by were honking in approval, shouting, applauding. My laconic father's sign would have said, very big, in block letters, "NO!" Once when my mother was in her 90s and had lost many memories, I asked her, "What is wisdom?" She answered unhesitatingly: "The greatest part of wisdom is kindness." Her sign, which I saw an older woman hold at the Waltham rally, would have read "Make America kind again." "Nothing is stranger than the position of the dead among the living," Virginia Woolf wrote in her first, unpublished novel, "Melymbrosia." I find it marvelous that my parents can still stand by my side. The rest of our family is in the streets, too: our son and his children in New York City. That solidarity is so welcome to us — just as it must have been to my parents when we opposed the Vietnam War early on, when they felt alone and scorned, when so few Americans had yet come to their senses. Intergenerational solidarity is precious. That preciousness includes not only the next generations, but the oldest, too. To all of us lucky enough to have older people in our lives, they comfort us by their presence. Repositories of family lore and legend, they dole out secrets and, for better or worse, guide us by their experiences. And sometimes by the energy of their activism, right now! I see my parents' faces vividly. I summon them and their will to do good, which survives them, in this national emergency. Their memory is a blessing in the here and now and the strife to come.
Life Well Lived Norma Swenson was a member of DignityMA's Coordinating Committee. She was a leader in the Boston Women's Health Book Collective and co-author of the feminist health classic "Our Bodies, Ourselves."	***Norma Swenson, an Author of 'Our Bodies, Ourselves,' Dies at 93*** **New York Times** By Penelope Green June 15, 2025 Norma Swenson was working to educate women about childbirth, championing their right to have a say about how they delivered their babies, when she met the members of the collective that had put out the first rough version of what would become the feminist health classic "Our Bodies, Ourselves." It was about 1970, and she recalled

Norma Swenson



Norma's death was noted on CBS Sunday Morning: *Passage*
Requires un-muting for audio

Norma Swenson Memorial Page

a few of the women who were attending a meeting she was holding in Newton, Mass., where she lived.

It did not go well. One of them shouted at her, "You are not a feminist, you'll never be a feminist, and you need to go to school!"

"I was stricken," Ms. Swenson remembered in a StoryCorps interview in 2018. "But also feeling that maybe she was right. I needed to know more things."

She did, however, know quite a bit about the medical establishment, the paternalistic and condescending behavior of male doctors (only 6 percent of incoming medical students were women in 1960) and the harmful effect such behavior had on women's health. She had lived it during the birth of her daughter in 1958.

Despite the initial tension — the woman who had berated Ms. Swenson felt her activism was too polite, too old-school — the members of the Boston Women's Health Book Collective, as they called themselves, invited Ms. Swenson to join their group. She would go on to help make "Our Bodies, Ourselves" a global best seller. It was a relationship that lasted for the next half-century.

Ms. Swenson died of cancer on May 11 at her home in Newton, her daughter, Sarah Swenson, said. She was 93.

It was during a women's liberation conference in Boston in 1969 that a small group began sharing stories of their fraught experiences with doctors. They told of their frustration with the sexism of the medical establishment and of how confounded they were by the lack of knowledge they had about their own bodies. So, they set out to learn for themselves, and in so doing they began to assemble a candid and humane encyclopedia of women's health — by women, for women.

In 1970, the New England Free Press published their first rough version. It was an immediate underground success, with some 225,000 copies eventually sold. The publisher couldn't keep up with the demand.

Ms. Swenson joined the group in 1971, when commercial publishers were courting the group's members. After Simon & Schuster published the book in 1973, much gussied up and expanded, it became a juggernaut.

It covered topics that were considered unmentionable — sexuality, masturbation, birth control — and in the case of abortion, illegal. There were chapters on body image, rape and self-defense; on heterosexual and lesbian relationships; on childbirth and its aftermath; and, in later editions, on menopause. There were detailed illustrations, including six variations of hymens, and a helpful photographic how-to for viewing one's vagina with a mirror.

When The New York Times's chief book critic, Christopher Lehmann-Haupt — a man! — reviewed it, he explained his rationale for giving himself the assignment:

"I learned a great deal from this book that I did not know before or had somehow forgotten. And if the authors are correct in their belief that one of the major reasons why men oppress women is because 'of the male fear and envy of the generative and sexual powers of women' — and I think they are — why, then, it will do no harm at all for men to read 'Our Bodies, Ourselves' and expend a little rational thought on these powers."

The book revolutionized how women's health was discussed, and it became a cultural touchstone. Reading it, often under the covers, was a rite of passage for many young women, who nicked it from their mothers' bedside tables. More progressive moms gave it to their daughters in lieu of "the talk."

The author Barbara Ehrenreich called it a manifesto of medical populism. The Moral Majority deemed it obscene. It even had a cameo in "Heartburn," Nora Ephron's 1983 revenge novel about the breakup of her marriage.

But the book was always a labor of love. And as the royalties poured in, OBOS, as they called themselves, used the money not to pay themselves but to create a nonprofit that made small grants to women's health groups.

In 1977, Ms. Swenson and Judy Norsigian, another core member of the collective, teamed up for a tour of 10 European countries to meet with women's groups who were putting together their own versions of "Our Bodies, Ourselves." Ms. Swenson would later help oversee the international editions and adaptations and would lecture around the world, particularly in developing countries.

"Norma was always committed to an intersectional approach," Ms. Norsigian said. "She made sure the activism could fit people's lifestyles. How they could do things with limited resources. How to tailor the work to specific communities in less industrialized countries. She helped breastfeeding support groups in the Philippines, for example, and met with a doctor in Bangladesh who was advocating for indigenous production of essential drugs."

"Feminism," Ms. Swenson once told a group of doctors, "is just another name for self-respect."

Norma Lucille Meras was born on Feb. 2, 1932, in Exeter, N.H., the only child of Halford Meras, who owned the town's furniture store, and Nellie (Kenick) Meras, who worked as the store's bookkeeper.

When she was 9, the family moved to Boston. She attended the Girls' Latin School (now Boston Latin Academy), graduating in 1949, and studied sociology at Tufts University. She graduated in 1953 and three years later married John Swenson, a decorated World War II pilot who worked in insurance and for the Post Office.

It was her daughter's birth that had made Ms. Swenson an activist. She wanted to deliver the baby naturally, without medication. Her decision was such an anomaly that residents at the Boston Lying-In Hospital gathered to watch her labor. It went swimmingly.

But Ms. Swenson, who was in a 12-bed ward, was surrounded by women who were suffering. They were giving birth according to the practices of the era: with a dose of scopolamine, a drug that induced so-called twilight sleep and hallucinations, followed by a shot of Demerol, an opioid.

She remembered the women screaming, trying to climb out of their beds, calling for their mothers and cursing their husbands before being knocked out by the Demerol, their babies delivered by forceps.

It was barbaric, she thought. "These women weren't being helped," she said in 2018, "they were being controlled."

In 1964, she became president of the Boston Association for Childbirth Education, which focused on natural childbirth, and was later president of the International Childbirth Education Association. She earned a master's degree in public health from Harvard in 1973.

Mr. Swenson died in 2002. Ms. Swenson's partner for the next decade and a half, Leonard van Gaasbeek, died in 2019. Sarah Swenson, her daughter, is her only immediate survivor.

Ms. Swenson traveled the world as an expert on reproductive rights and women's and children's health, advising women's health groups and helping to connect them with policy and grant makers. She taught at the Harvard School of Public Health and was a consultant to the World Health Organization.

"Our Bodies, Ourselves," last updated in 2011, has sold more than four million copies and been translated into 34 languages. The nonprofit behind the book, which provides health resources to women, is now based at Suffolk University in Boston.

"It's not that things have so dramatically improved for women," Ms. Swenson told The Times in 1985. "But they'd be much worse if it were not for the pressure of the women's health movement. We are a presence now that cannot be made to disappear."

She continued: "Women's voices are being heard, speaking about their needs and their experiences, and they are not going along with having decisions based simply on what the medical profession needs or what the drug industry needs. I find that enormously exciting."

Summary Musings

James Lomastro, PhD, is a member of DignityMA's Coordinating Committee. He chairs DignityMA's Facilities Workgroup and Veterans' Issues Workgroup.

Jim Lomastro lives in Conway. Since retiring, he has criss-crossed the country in a camper with his wife.

At Salisbury Beach, a lifetime of returns

Boston Globe

By James Lomastro

June 24, 2025

No frills and stubbornly unchanged, it's been my favorite destination for 70 years.

The mourning doves' call drifts across the campground at 5:30 a.m., the same sound that has awakened me here for decades. I step outside my camper into the salt-tinged air of Salisbury Beach, where the Merrimack River meets the Atlantic, and feel the familiar pull of a place that has anchored my life for 70 years. With its no-frills camping, working-class sensibility, and stubbornly unchanged character, Salisbury Beach is the antithesis of Instagram perfection. Yet it has been my most faithful travel destination, a constant across the changing seasons of life.

My first memories there date to 1954, when I was 7, walking its sands with my grandfather Pepino. The beach stretched endlessly then as it does now — a broad expanse flanked by modest cottages and the kind of carnival-style attractions that defined American summer before Disney-like theme parks homogenized experience. As a child, I sensed something elemental there: the democracy of sand and surf, where the ocean levels all social distinctions.

This character sets Salisbury apart from New England's increasingly gentrified coastal destinations, like Cape Cod, where daily parking fees can cost nearly what it does for a day's camping at Salisbury, and where beach access can require a sticker. Salisbury, in contrast, maintains its accessibility. There are no resort concierges, valet parking, or restaurants requiring reservations. Families arrive in aging RVs, set up modest campsites, and make their own entertainment.

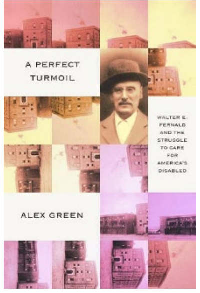
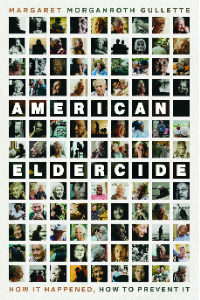
At upscale beach destinations, the infrastructure can overwhelm the natural setting — manicured landscaping that adds an artificial beauty, boutiques selling $30 beach towels, and restaurants where a simple lobster roll costs a day's groceries. Salisbury offers the mild chaos of real life played out in public. Children catch crabs in tide pools. Teenagers navigate first romances along the seawall.

This authenticity carries a cost that resort destinations have eliminated: unpredictability. Your favorite parking spot might be claimed, or your neighbor might play music too loud. But these challenges create opportunities that packaged vacation experiences cannot provide — the chance to practice patience, flexibility, and human connection.

It was when I began bringing my children to Salisbury in the 1970s and '80s that I discovered that its gift is its resistance to dramatic change.

This constancy became even more precious when I started my most frequent visits in 2011, arriving with my granddaughters. Suddenly, I saw the beach through three generations simultaneously — my childhood wonder, my parental pride in passing down traditions, and

	now, the joy of watching my grandchildren discover the simple pleasures of sand between toes and the hypnotic rhythm of waves. In this way, memories create meaning. Walking the same beach where I'd played and taught my children to swim, where I now guide my granddaughters through tide pools, I understand that places become sacred through experience. What transforms Salisbury from a day trip to a life-changing experience is time. In 2014, I spent more than 40 days there — enough time to witness subtle changes in light and tide and establish relationships. Travel magazines typically celebrate the exotic, the luxurious, the once-in-a-lifetime destination. Choosing and returning to an ordinary place allows it to become extraordinary. Salisbury Beach will not appear on lists of the world's most beautiful beaches, but for me, it has provided something rare: the revolutionary idea that sometimes the best journey is the one that brings you home.
DignityMA Study Sessions ***Special Focus on Changes in Federal Policies, Programs, and Services***	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. 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. Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults, persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response. The presenters are: • 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 Recordings of Jim Roosevelt's and Steve Schwartz's presentations are available at https://dignityalliancema.org/videos/. Bob Blancato's presentation is being rescheduled.
DignityMA Study Session 	***Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear*** ~~Wednesday, May 21, 2025, 2:00 p.m.~~ Unfortunately, this session is being rescheduled. Date to be announced. Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition Registration required:

Bob Blancato, National Coordinator, Elder Justice Coalition	https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g 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. 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.
Previously posted webinars and online sessions	**Previously posted webinars and online sessions can be viewed at:** **https://dignityalliancema.org/webinars-and-online-sessions/**
Books by DignityMA Participants  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.	***A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled*** By Alex Green 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, A Perfect Turmoil is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time. In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures. **Buy the book here**
Books by DignityMA Participants  About the Author: **Margaret Morganroth Gullette** is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical	***American Eldercide: How It Happened, How to Prevent It*** By Margaret Morganroth Gullette **A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.** Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up. Until now. In *American Eldercide*, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases,

age studies. She is the author of several books, including *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.	and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide. Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our own panic about aging and a social bias in favor of youth-based decisions about lifesaving care. The compassion this country failed to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone. **Buy the book here**.
Bringing People Home: The Marsters Settlement	Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/
Support Dignity Alliance Massachusetts **Please Donate!**	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. **As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.** **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.** **https://dignityalliancema.org/donate/** Thank you for your consideration!
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: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.
Websites	
Blogs	
Podcasts	
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 *The Dignity Digest.*

Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* 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	**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
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**
List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *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 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?

- 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

- 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:
  https://projects.propublica.org/nursing-homes/homes/h-225723/

Massachusetts 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/ **Massachusetts facilities that are candidates for listing (months on list)** • 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/ **No longer operating** • South Dennis Healthcare, South Dennis https://tinyurl.com/SpeciialFocusFacilityProgram
Nursing Home Inspect	**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 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

<table>
<tr>
<td></td>
<td>information to the federal government (some homes may have included data on earlier cases).
Massachusetts listing:
https://projects.propublica.org/nursing-homes/state/MA
Deficiencies By Severity in Massachusetts
(What do the severity ratings mean?)
<table>
<tr><th>Deficiency Tag</th><th># Deficiencies</th><th>in # 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>
Updated April 23, 2025</td>
</tr>
<tr>
<td>Nursing Home Compare</td>
<td>**Centers for Medicare and Medicaid Services (CMS)**
Nursing Home Compare Website
Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.
This information will be posted for each facility and includes:
• **Staff turnover:** The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.
• **Weekend staff**: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.
Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.
https://tinyurl.com/NursingHomeCompareWebsite</td>
</tr>
<tr>
<td>Data on Ownership of Nursing Homes</td>
<td>**Centers for Medicare and Medicaid Services**
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.</td>
</tr>
<tr>
<td>DignityMA Call Action</td>
<td>• **Advocate** for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals **– State Legislative Endorsements**.
• **Support** relevant bills in Washington **– Federal Legislative Endorsements**.
• **Join** our **Work Groups.**</td>
</tr>
</table>

<table>
<tr><td></td><td colspan="3">

- **Learn** to use and leverage social media at our workshops: **Engaging Everyone: Creating Accessible, Powerful Social Media Content**

</td></tr>
<tr><td>Access to Dignity Alliance social media</td><td colspan="3">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</td></tr>
<tr><td rowspan="15">**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.</td><td>**Workgroup**</td><td>**Workgroup lead**</td><td>**Email**</td></tr>
<tr><td>General Membership</td><td>Bill Henning
Paul Lanzikos</td><td>bhenning@bostoncil.org
paul.lanzikos@gmail.com</td></tr>
<tr><td>Assisted Living</td><td>John Ford</td><td>jford@njc-ma.org</td></tr>
<tr><td>Behavioral Health</td><td>Frank Baskin</td><td>baskinfrank19@gmail.com</td></tr>
<tr><td>Communications</td><td>Lachlan Forrow</td><td>lforrow@bidmc.harvard.edu</td></tr>
<tr><td>Facilities (Nursing homes and rest homes)</td><td>Jim Lomastro
Arlene Germain</td><td>jimlomastro@comcast.net
agermain@manhr.org</td></tr>
<tr><td>Home and Community Based Services</td><td>Meg Coffin</td><td>mcoffin@centerlw.org</td></tr>
<tr><td>Legislative</td><td>Richard Moore</td><td>rmoore8743@charter.net</td></tr>
<tr><td>Legal Issues</td><td>Stephen Schwartz</td><td>sschwartz@cpr-ma.org</td></tr>
<tr><td>**Interest Group**</td><td>**Group lead**</td><td>**Email**</td></tr>
<tr><td>Housing</td><td>Bill Henning</td><td>bhenning@bostoncil.org</td></tr>
<tr><td>Veteran Services</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Transportation</td><td>Frank Baskin
Chris Hoeh</td><td>baskinfrank19@gmail.com
cdhoeh@gmail.com</td></tr>
<tr><td>Covid / Long Covid</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Incarcerated Persons</td><td>TBD</td><td>info@DignityAllianceMA.org</td></tr>
<tr><td>***Bringing People Home*: Implementing the *Marsters* class action settlement**</td><td colspan="3">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/</td></tr>
<tr><td>***REV UP Massachusetts***</td><td colspan="3">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.</td></tr>
<tr><td>***The Dignity Digest***</td><td colspan="3">For a free weekly subscription to *The Dignity Digest:*
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of *The Dignity Digest:*
• Wynn Gerhard
Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of *The Dignity Digest.*</td></tr>
</table>

	If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.
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. *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 www.DignityAllianceMA.org.*	