



The Dignity Digest

Issue # 242

July 10, 2025

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

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| | *May require registration before accessing the article. |
| Editor's Note | <p>This is a special issue of <i>The Dignity Digest</i>. It features information about the recent hearing by the Joint Committee on Health Care Finance on bills proposing an increase in the personal needs allowance for nursing and rest home residents, <i>An Act increasing the personal needs allowance for long term care residents</i>: H.1411 sponsored by Rep. Thomas M. Stanley; S.482 sponsored by Sen. Mark C. Montigny and Sen. Patricia Jehlen; and S.887 sponsored by Sen. Joan B. Lovely.</p> <p>Regular publication and distribution of <i>The Dignity Digest</i> has been suspended from Tuesday, June 17, 2025 through Tuesday, July 8, 2025. Resumption is expected on Tuesday, July 15, 2025.</p> |
| 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 | <ul style="list-style-type: none">• <i>A Raise for Mom (or Dad or Grandma or Grandad)</i> The Campaign to Increase the Personal Needs Allowance (PNA)• <i>Voice Your Support for A Raise for Mom (or Dad or Grandma or Grandad)</i>• Text of the legislation• Photos taken during the July 1, 2025 Committee Hearing• Testimony offered during the July 1, 2025 Committee Hearing |
| <i>A Raise for Mom (or Dad or Grandma or Grandad)</i> The Campaign to Increase the Personal Needs Allowance (PNA) | <p><i>The Unjust Silence: Why Are We Forgetting Our Most Vulnerable While Others Prosper?</i></p> <p>By Richard T. Moore DignityMA Co-Founder, Chair, DignityMA Legislative Workgroup, and former State Senator</p> <p><i>"In the end, we will remember not the words of our enemies, but the silence of our friends."</i> – Martin Luther King Jr.</p> <p>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,</p> |



Richard T. Moore
DignityMA Co-Founder,
Chair, DignityMA
Legislative Workgroup, and
former State Senator

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 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.**

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| | <p><i>Joint Committee on Health Care Financing</i></p> <p>Public Hearing Tuesday, July 1, 2025, 1:00 to 3:30 p.m. Gardner Auditorium, State House and Virtual</p> <p>Three bills to raise the personal needs allowance (PNA) were heard. H.1411 <i>An Act increasing the personal needs allowance for long term care residents</i>; Sponsored by Rep. Thomas M. Stanley S.482 <i>An Act increasing the personal care allowance for long term care residents</i>; Sponsored by Sen. Mark C. Montigny S.887 <i>An Act increasing the personal needs allowance for long term care residents</i>; Sponsored by Sen. Joan B. Lovely</p> <p>WRITTEN TESTIMONY: For individuals wishing to provide written testimony, 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:</p> <ul style="list-style-type: none"> • House Chair: John.Lawn@mahouse.gov • House Staff: Timothy.Oneill@mahouse.gov • Senate Chair: Cindy.Friedman@masenate.gov • Senate Staff: Adelina.Huo@masenate.gov |
| <p>Voice Your Support for A Raise for Mom (or Dad or Grandma or Grandad)</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 in since the amount was last set, the allowance should now be about \$113.42.</p> <p>Three bills are pending in the Legislature to raise the PNA (H.1411; S.482; S.887.)</p> <p>If you would like to add your voice in support of the legislation, please see https://forms.gle/uEbnw2r4RmwpEzds8. All submissions will be gathered and presented to the Joint Committee on Health Care Financing on August 15 prior to their reporting out the legislation.</p> |
| <p>Text of <i>An Act increasing the personal needs allowance for long term care residents</i>: H.1411 sponsored by Rep. Thomas M. Stanley; S.482 sponsored by Sen. Mark C. Montigny and Sen. Patricia Jehlen; and S.887 sponsored by Sen. Joan B. Lovely.</p> | <p>SECTION 1. Section 1 of chapter 117A of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-</p> <p>Any person eligible for assistance under this chapter who is not maintaining their home and is receiving care in or residing in a licensed nursing facility, licensed chronic hospital, licensed rest home, or an approved public medical institution as defined in section 8 of chapter 118E, shall retain the first \$113.42 of their monthly income for clothing, personal needs, and leisure time activities. If there is no such income or if it is less than the amount of \$113.42, such a person shall be paid monthly in advance the difference between such income and said amount. Said amount shall be increased annually each fiscal year at the same time and at the same percentage rate as increases payable to an individual who maintains their own home and receives state supplementary payments pursuant to sections 1 and 2 of chapter 118A.</p> |

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| | <p>SECTION 2. Chapter 118A of General Laws is hereby amended by inserting after section 7A the following section:-</p> <p>Section 7B. Any person eligible for financial assistance under this chapter who is not maintaining their home and is in a licensed medical facility which is eligible for medical assistance payments pursuant to chapter 118E or is residing in a licensed rest home to which such person pays a fixed rate, shall retain the first \$113.42 of their monthly income for clothing, personal needs, and leisure time activities. If there is no such income or if it is less than the amount of \$113.42, such a person shall be paid monthly in advance the difference between such income and said amount. Said amount shall be increased annually each fiscal year at the same time and at the same percentage rate as increases payable to an individual who maintains their own home and receives state supplementary payments pursuant to sections 1 and 2 of this chapter.</p> <p>SECTION 3. Section 15 of chapter 118E of the General Laws, as so appearing, is hereby amended by striking the fourth paragraph and inserting in place thereof the following paragraph:-</p> <p>A person eligible for medical assistance under this chapter who is not maintaining their own home and is receiving care in a licensed nursing facility, a licensed chronic hospital, a licensed rest home, an approved public medical institution, or a public psychiatric institution shall retain the first \$113.42 of their monthly income for clothing, personal needs, and leisure time activities. If there is no such income or if it is less than the amount of \$113.42, such a person shall be paid monthly in advance the difference between such income and said amount. Said amount shall be increased annually each fiscal year at the same time and at the same percentage rate as increases payable to an individual who is maintaining their own home and who is receiving supplemental payments pursuant to sections 1 and 2 of chapter 118A.</p> <p>SECTION 4. Said section 15 of chapter 118E of the General laws, as so appearing, is hereby further amended by striking in the fifth paragraph the figure "\$72.80" and inserting in place thereof the following figure:- \$113.42.</p> | | | | | | |
| Photos taken during the State House Hearing on Legislation to Raise the Personal Needs Allowance for Nursing Home and Rest Home | <table><tr><td></td><td></td><td></td></tr><tr><td>Members of the Joint Committee on Health Care Financing chaired</td><td>Former Senator Richard T. Moore, Co-Founder and Legislative Chair of</td><td>Stephen Rogers, Rev. Elizabeth Leavitt, and Lovering Hayward, all</td></tr></table> |  |  |  | Members of the Joint Committee on Health Care Financing chaired | Former Senator Richard T. Moore, Co-Founder and Legislative Chair of | Stephen Rogers, Rev. Elizabeth Leavitt, and Lovering Hayward, all |
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| <p>Residents – July 1, 2025. (Courtesy of Dick Moore)</p> | <p>by Rep. John Lawn and Sen. Cindy Lawn.</p> | <p>Dignity Alliance Massachusetts testifies in person.</p> | <p>residents of Hale House, a Boston rest home, testify in favor of raising the Personal Needs Allowance.</p> |
| |  <p>Tracey Cravedi, Hale House Executive Director, and Jill Gemelli, Administrator, testify in favor of raising the Personal Needs Allowance.</p> |  <p>Alice Bonner PhD, RN, former Massachusetts Secretary of Elder Affairs, testify in favor of raising the Personal Needs Allowance, “It is critical,” Dr. Bonner stated, “that we need to raise the Personal Needs Allowance to better support individuals living in long-term care settings such as nursing homes.”</p> |  <p>Senator Joan Lovely (D-Salem), Assistant Senate Majority Leader and sponsor of the legislation to increase the Personal Needs Allowance, testifies virtually.</p> |
| |  <p>Carolyn Fenn, Massachusetts Long-Term Care Ombudsman, testifies in support of the legislation.</p> |  <p>Paul Lanzikos, Dignity Alliance Coordinator and former Massachusetts Secretary of Elder Affairs, testifies virtually.</p> |  <p>Paul Shafer PhD, Associate Professor at Boston University's School of Public Health and co-author of a major article in JAMA that increasing the Personal Needs Allowance is long overdue, testifies virtually.</p> |
| |  <p>Senator Patricia Jehlen poses with residents of Hale House, a Boston</p> |  <p><i>The Forget-me-not flower has been selected as the symbol of the “Give Mom a</i></p> |  <p>Photo of residents of Hale House, a Boston rest home, with Rep. John</p> |

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| | rest home, prior to testifying in support of legislation that she sponsored to raise the Personal Needs Allowance for nursing home and rest home residents. | <i>Raise” campaign encouraging legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA. Forget them not! Pass the legislation: H.1411 ; S.482 and S.887.</i> | Lawn, House Chair, (left) and Sen. Cindy Friedman (right) chairs of the Joint Committee on Health Care Financing, gather prior to a hearing on legislation to raise the Personal Needs Allowance for nursing and rest home residents. July 1, 2025 in Gardner Auditorium at the State House. Rev. Elizabeth Leavitt, a resident of Hale House presented the legislative leaders with a flier explaining the need for a higher PNA and a packet of Forget-Me-Not seeds to remind them not to forget the needs of nursing and rest home residents. |
| Testimony Offered at the State House Hearing on Legislation to Raise the Personal Needs Allowance for Nursing Home and Rest Home Residents – July 1, 2025 | <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 this year and are being considered by 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 early May, twenty-nine legislators (15 senators, 35 representatives) have already co-sponsored one or more of these bills or budget amendments. Dignity Alliance Massachusetts, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations which have indicated they support the PNA legislation.</p> | | |

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 older adults. Don't forget those living in nursing and rest homes. Let us end the unjust silence and ensure that economic and social justice extends to *all* members of our community.

IN-PERSON TESTIMONY

Testimony of Senator Patricia Jehlen, Senate Chair, Committee on Elder Affairs

Mr. Chairman, Madam Chair and members of the Committee, there are three issues that I want to talk about briefly, but I want to first give my strong support to Senate 887, Senate 482 and House 1211 to increase the personal needs allowance that has not increased since 2008. It remains at an inadequate \$72.80. If the personal needs allowance had kept pace with inflation, it should be at least \$113.42 today.

This is especially important for people in rest homes! Who have to pay for their own medications, for their own clothes? Who have to pay for their own shoes, for gift cards for their grandchildren, transportation, things like that. So, I hope that you will consider that. I can still remember when I was on Elder Affairs, a gentleman came in and testified about how difficult it was for him as a prostate cancer survivor to pay for his Depends. (Note: Senator Jehlen moved to other bills of concern including salaries of direct care workers.) Thank you.

Testimony of Former Senator Richard T. Moore, Co-Founder and Legislative Chair of Dignity Alliance Massachusetts

My name is **Richard Moore**, of Uxbridge, and I am a co-founder and legislative chair of Dignity Alliance. It was also my great honor to serve as a member of both the Massachusetts House (1977-1994) and Senate (1996-15), and to have been the first Senate Chair of the Committee on Health Care Financing.

I am testifying today representing Dignity Alliance Massachusetts, a non-profit, all-volunteer, statewide coalition advocating for older adults, people with disabilities, and their caregivers. On their behalf, I am pleased to have the opportunity to strongly support legislation to increase the personal needs allowance for residents of nursing homes and rest homes.

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, When the PNA was last increased in FY 08, Massachusetts stood in the top five among states with highest allowance rates. However, today, as other states have acted to raise the state PNA supplement, the Commonwealth ranks only 21st after 19 other states and the District of Columbia – including an astonishing 7 RED states! The problem of a stagnant PNA is amplified in Massachusetts, which suffers from 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. Raising the PNA isn't about handouts; it's about respecting the inherent dignity of every older adult, 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. 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. Raising the PNA would make a fundamental statement about who we are as a society and how we value our older adults. Let's end the unjust silence and ensure that economic and social justice extends to everyone in our communities. Thank you.

Testimony of the Residents of Hale House, Boston Rest Home
Lovering Hayward – I find the PNA to be inadequate. I am speaking today for an increase in the personal needs allowance of \$72.80. I'm stuck meeting my needs at that low amount. To be specific, every month for the past year my goal has been to try to set aside a few dollars every month to save up to by some badly needed new underwear, some inexpensive shoes, and, failing that, at least to buy a porcelain coffee cup to enjoy my morning coffee. But, alas, I find I have to spend my allowance on other necessities. so, by the end of the month, I find my allowance has been consumer by more immediate needs like toothpaste, box of Kleenex, shampoo, dental floss, note pads, a ballpoint pen, and other necessities. The amount for personal needs was set years ago, but as costs have gone up, it's inadequate today. In the end, I'm still drinking my coffee from those Styrofoam cups.

Reverend Elizabeth Leavitt. I am an ordained Unitarian/Universalist Minister/ I've been retired for a number of years, since age 62 on a disability, and I don't get any pension as churches don't plan for such expenses, and I served in some poor parishes. But I live in a lovely rest home in the Back Bay surrounded by millionaires and their millionaire dogs. I do believe the dogs may have a PNA of, at least, \$113.42. Elders in Massachusetts, who are ambulatory, like I am, want to get to church, to volunteer,

There's never a right time to ask for an increase, especially today in this time of cuts in this time of crisis. You as legislators have to divide the pie for health and human services. We just want a slice of the pie. What I'm wearing today is the asset of four months of my PNA. My shoes, my jogging pants, y scarf, my top, the socks, everything. I don't get charity from any other source other than the kindness of the Hale House budget. We deserve the dignity of receiving \$113.42 a month instead of the \$72.80 we get now. Well, these affect the sense of self. Our mobility is lost as we age, and I need orthotics that I cannot afford to feel well-groomed and not looked down on in the streets of the Back Bay. I like to get a haircut. I like to be able to walk about in dignity without painful feet, and feel that I am a valued part of society as I age. Let me tell you that. Perhaps that amount of money, seventy dollars you might spend on a couple of lunches with friends on the hill. But I worry 24 hours a day, 7 days a week, if I will have enough money. Can I make it till next month? What if I need toothpaste? Last month, I was lucky! I won a tube of toothpaste at Bingo. Can I save enough this month to buy a pair of shoes? Can I get to my family reunion this summer with a family gift. It's only in Arlington, but can I afford the Uber to get me there and back? These are everyday things in my beautiful life. I have food, shelter. I have laundry done at my beautiful Hale House. I have friendships there, I have a sense of community and security, but above all these securities depend on the public and private sectors so I ask you to think about raising the PNA, and I thank you all for your time and attention.

Stephen Rogers. I went to Hale House in 2020 because I had nowhere to go, and I didn't make enough Social Security just to support myself, and it's a wonderful place. I have three meals a day and a place to lay my head. My medicine is taken care of for the most part. It keeps me alive and keeps me going. I have a lot of friends.

I had to turn over my Social Security check to cover room and board, but that I would receive \$72.80 a month. What I didn't anticipate is how hard it would be to live on such a small amount. A little more money wouldn't hurt. I'm going to tell you that, the other day, I went to CVS to get myself a razor and some razor blades. I had \$20 in my pocket. Cost me \$19. I mean, common on, you know? You have nothing left to do anything with.

Testimony of Former Elder Affairs Secretary Alice Bonner, PhD, RN

H.1411 and S. 482 An Act Increasing the Personal Needs Allowance for Long Term Care Residents

House Chair Lawn and Senate Chair Friedman,

My name is Alice Bonner. I am currently and have been a resident of the Commonwealth of Massachusetts for over 30 years. While I have served in state government, in both the Department of Public Health and as Secretary of the Executive Office of Elder Affairs from 2015-2019, I am here today as a private citizen and advocate with four decades of professional experience as a nurse and policymaker focused on people living and working in nursing homes.

Thank you for the opportunity to give testimony today on House Bill 1411 and Senate Bill 482 which address the monthly personal needs allowance that is made available to long term care residents such as those individuals living in Massachusetts nursing homes. The Personal Needs Allowance (PNA) is the monthly amount of money that residents who receive Medicaid may keep from their personal income. The PNA is usually the only money that residents on Medicaid have to pay for personal items such as clothing, shoes, toiletries, reading material such as a newspaper, electronics such as a cell phone, internet access, or occasionally going out for a special event.

While PNA rules may vary by state, at least 18 states have a PNA higher than Massachusetts even though the cost of living here is much higher. The current PNA of \$72.80 per month has not been increased since 2008; if it were simply adjusted for inflation, it would be \$113.42 today.

I have worked as a nurse practitioner in over 60 nursing homes in Massachusetts and I served as the CMS Director of the Division of Nursing Homes for two years, overseeing quality and safety in 15,000 U.S. nursing homes. I have seen firsthand that a person's PNA is often a lifeline for them, the primary way for them to maintain their engagement with the community, their dignity and independence. As a nurse, I may not know What Matters most to someone – but they know and can use their PNA to promote quality of life for themselves and others.

VIRTUAL TESTIMONY

Testimony of Senator Joan Lovely, Assistant Senate Majority Leader

RE: Senate No. 887/House No. 1411: An Act increasing the personal needs allowance for long term care residents

Dear Chair Friedman and Chair Lawn,

I write in support of Senate No. 887: An Act increasing the personal needs allowance for long-term care residents, which I have filed with our colleague Representative Thomas M. Stanley.

Medicaid's Personal Needs Allowance (PNA) is the amount of monthly income a Medicaid-funded nursing home resident can keep of their personal income. Since room, board, and medical care are covered by Medicaid, most of one's income must go towards the cost of nursing home care as a Share of Cost.

The PNA is intended to cover the nursing home resident's personal expenses, which are not covered by Medicaid. This may include, but is not limited to: haircuts, vitamins, clothing, magazines, vending machine snacks, and outings with family members.

S.887 would amend the current PNA amount from \$72.80 to \$113.42, allowing long-term care residents financial flexibility on par with that of their initial allotment.

For the past eighteen years, despite inflation averaging 3 percent a year, the rate has been flat. That means nursing home residents have tough choices to make in what they can afford to maintain their dignity and quality of life. If the personal needs allowance had kept pace with inflation when it was last increased, it would be at least \$113.42 today.

Massachusetts last raised the personal needs allowance to \$72.80 in FY2008. Adjusted for inflation, \$72.80 in 2007 has approximately the same purchasing power as \$110.82 in 2024.

Eighteen states have a higher monthly PNA for nursing home residents and yet have a lower cost of living than Massachusetts. In 2010, Massachusetts ranked 7th with only 6 states having a higher PNA.

Since 2007, the cost of living in Massachusetts has increased by 21%. Therefore, we must act now to help our most vulnerable here in the Commonwealth and raise the PNA to \$113.42.

I therefore request the Committee's positive consideration of S.887.

TESTIMONY OF CAROLYN FENN, STATE LONG-TERM CARE OMBUDSMAN REGARDING HOUSE BILL NO. 1411 AND SENATE BILL 482: AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR LONG TERM CARE RESIDENTS

Good afternoon, Chairman Lawn, Chairwoman Friedman, and members of the Committee. My name is Carolyn Fenn, and I am the Massachusetts State Long-Term Care Ombudsman. Thank you for the opportunity to come before you today in favor of House Bill 1411 and Senate Bill 482/887 -- AN ACT INCREASING THE PERSONAL NEEDS ALLOWANCE FOR LONG TERM CARE RESIDENTS.

The Long-Term Care Ombudsman Program is federally mandated by the Older Americans Act to provide individual and systemic advocacy for residents living in nursing homes, rest homes, and assisted living residences. In Massachusetts, we regularly visit the 65,000 constituents living in these care homes, and we work to facilitate resolution of the issues they encounter. In addition to complaints, we are tasked with elevating the voice of residents, which is what I hope to do today. 62% of residents require MassHealth assistance for long-term care, having first depleted any assets or resources to become eligible. While nursing homes are required to provide certain necessities, this does not include such things as personal phones, haircuts, clothes, shoes, and other sundries, most of which cost more than \$72.80 per month, forcing people to make choices about whether they get a haircut or a new pair of pants. Nursing home staff often help residents select clothing items from the facility "lost-and-found", used clothes labeled with someone else's name. Sometimes staff "borrow" items such as socks and sweaters from roommates. Incontinence products, while provided by nursing homes, are often flat pads rather than fitted briefs, resulting in the humiliation of leaks, stains and bulky appearance to clothing. If a resident wants to purchase their own fitted briefs so they are not embarrassed to go out in public, they would pay \$53.00 for a package of 72, the cost of dignity. Aside from basic necessities, what is the quality of life of an older adult living in a nursing home, sharing a room with a stranger, without the comforts of home?

Things we take for granted, such as going out to eat with friends or family, sending Christmas cards, buying grandchildren an ice cream cone, going to a baseball game, all examples of things that contribute to being part of a community, but things that are inaccessible to many of our residents. I wish you could see the joy of the women at the nursing home beauty salon, chatting, gossiping, complimenting each other on their "hairdos" -- it is the highlight of their day! If you visit a nursing home, you may notice some residents carrying their purses or wallets. These are symbols of independence and empowerment, even for someone who has dementia.

Some residents have family members or friends who are willing and able to pay for these things. Some are ashamed or too proud to ask, having perhaps once been the "breadwinner" of the family. Others do not have anyone to rely on. In conclusion, I hope I have been able to provide a brief glimpse into the resident experience. This modest increase in the Personal Needs Allowance, letting residents keep a bit more of their own money, will make a big difference in helping residents age with dignity, and letting them know they matter to the rest of us. Thank you for your time.

**Testimony of Former Massachusetts Secretary of Elder Affairs
Paul Lanzikos, Coordinator of Dignity Alliance Massachusetts**

Good afternoon, Representative Lawn, Senator Friedman, and
Members of the Committee.

My name is Paul Lanzikos. I am a co-founder and the coordinator of Dignity Alliance Massachusetts. I am also a former Secretary of the Executive Office of Elder Affairs. I am here in support of Senate Bills 842 and 887 and House Bill 1411, all seeking to increase the personal needs allowance for nursing and rest home residents. I will keep my testimony succinct by just using two numbers: \$2.48 and \$3.78. \$2.48 is the current amount, on a daily basis, allowed for residents – an amount unchanged since I was Secretary in 1990. This is not even enough to buy a small coffee at Dunkins today. \$3.78 will be the amount if the proposed increase is enacted – at least enough to buy a small latte at Starbucks.

I think our grandmas and grandads deserve a small latte. I hope you do also by favorably discharging these bills. I am also expressing support for Senate Bills 912 and 915 offered by Senator Tarr ensuring the quality of and controlling the costs of temporary nursing service agencies. Thank you for this opportunity.

**Response to Senator Friedman’s question raised during
the July 1, 2025 Joint Committee on Health Care Financing
hearing**

In response to Senator Friedman’s question, if the amount of the personal needs allowance (PNA) is increased, the total amount paid to the nursing home or rest home is not reduced. The difference is made up by an increase in the amount that MassHealth pays the nursing or rest home.

The Commonwealth annually sets the rates paid to providers. Residents are required to turnover to the facility their monthly income from Social Security payments and other income sources less the personal needs allowance (currently \$72.80). MassHealth pays the remainder. Dignity MA estimates there are about 25,000 nursing and rest home residents who are eligible to have a (PNA). If the PNA is increased to \$113.42, the estimated increase in MassHealth obligations is between \$10 and \$12 million annually.

Additional note: a resident is able to accrue up to \$2,000 in a PNA account. If the account balance is at the maximum, the entire amount of monthly income reverts to the provider until the amount accrued is decreased.

Testimony of Professor Paul Shafer, Boston University School of Public Health


IN SUPPORT OF S.887, S.482, H.1411 TO INCREASE THE PERSONAL NEEDS ALLOWANCE Joint Committee on Health Care Financing - July 1, 2025

Thank you and good afternoon, my name is Paul Shafer and I am an associate professor of health law, policy, and management at the Boston University (BU) School of Public Health and co-founder and co-director of the BU Medicaid Policy Lab. I appreciate the opportunity to provide testimony today to the Joint Committee on Health Care Financing in support of increasing the personal needs allowance, or PNA, in Massachusetts through S.887, S.482, and H.1411. Massachusetts ranks second in cost of living, yet its PNA of \$72.80 a month, ranks 21st and hasn't changed since FY2008. This leaves nursing and rest home residents less than \$2.50 a day to cover needs not provided by their facilities or MassHealth, including clothes, shoes, cell phone bills, and personal hygiene items. The federal floor of \$30 a month hasn't changed since 1988, which is about \$80 today with inflation, meaning that nursing and rest home residents in Massachusetts today have less purchasing power than those at the federal floor nearly 40 years ago. This isn't just a Massachusetts problem but there is an opportunity for a Massachusetts solution.

There are over 20,000 nursing and rest home residents in Massachusetts on Medicaid. My colleague Monica Aswani from the University of Alabama at Birmingham and I estimated that raising the PNA as proposed would cost MassHealth approximately \$10 to \$12 million, a tiny fraction of the proposed FY2026 budget of over \$22 billion. In return, these seniors would get a much-needed raise and better quality of life. And indexing it to inflation means that the Legislature won't need to revisit this each year.

This is only a cost to Massachusetts in the sense that it allows seniors to keep a bit more of their own income while still surrendering most of it to the Commonwealth in exchange for their care. It could potentially pay for itself by improving health of nursing and rest home residents, reducing falls, improving mental health, and other problems that strain staff and cost MassHealth considerably more in emergency department visits and hospital care. There is remarkably little research on the impacts of the PNA but this change, and recent increases in other states, could spark new exploration into how the PNA makes a difference in seniors' lives and their health.

Seniors living in nursing and rest homes should be able to cover their basic needs and age with dignity. They are already giving nearly all of

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| | <p>their income to the Commonwealth. Giving them this raise could provide a big boost in their health and happiness—not needing to choose between orthotics and a gift for their grandchild, between supplements or new underwear, between a fun outing and getting a haircut. Failure to keep up with rising costs is a human rights issue and since nearly 80 percent of residents are women, it is a women's rights issue as well. I could argue that this increase doesn't go far enough, but after nearly two decades without adjustment, this is a great step forward and I encourage you to support raising the PNA. Thank you for your time.</p> <p>WRITTEN TESTIMONY <i>Written Testimony to be added as it is available.</i></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, 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>Recordings of Jim Roosevelt's and Steve Schwartz's presentations are available at https://dignityalliancema.org/videos/. Bob Blancato's presentation is being rescheduled.</p> |
| <p>DignityMA Study Session</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> |

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| <p>Bob Blancato, National Coordinator, Elder Justice Coalition</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>Previously posted webinars and online sessions</p> | <p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</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</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</p> |

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| <p><i>Agewise, Aged by Culture, and 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>survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.</p> <p>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.</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>Blogs</p> | |
| <p>Podcasts</p> | |
| <p>YouTube Channels</p> | |
| <p>Previously recommended websites</p> | <p>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>.</p> |

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| 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 | 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 <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 | |

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| | <p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • 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/ <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063 • 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: |
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| | <p>https://projects.propublica.org/nursing-homes/homes/h-225488/ 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.nextstephcc.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 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</p> |

| | <p>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>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> <p>Updated April 23, 2025</p> | Deficiency Tag | # Deficiencies | in # 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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| Deficiency Tag | # Deficiencies | in # Facilities | MA facilities cited | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.• Support relevant bills in Washington – Federal Legislative Endorsements.• Join our Work Groups. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | <ul style="list-style-type: none"> • 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 | jimlomastro@comcast.net |
| | Home and Community Based Services | Meg Coffin | mcoffin@centerlw.org |
| | Legislative | Richard Moore | rmoore8743@charter.net |
| | Legal Issues | Stephen Schwartz | sschwartz@cpr-ma.org |
| | Interest Group | Group lead | Email |
| | Housing | Bill Henning | bhenning@bostoncil.org |
| | Veteran Services | James Lomastro | jimlomastro@comcast.net |
| | Transportation | Frank Baskin Chris Hoeh | baskinfrank19@gmail.com cdhoeh@gmail.com |
| | Covid / Long Covid | James Lomastro | jimlomastro@comcast.net |
| | Incarcerated Persons | TBD | info@DignityAllianceMA.org |
| Bringing People Home: Implementing the Marsters class action settlement | Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/ | | |
| REV UP Massachusetts | REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page . | | |
| The Dignity Digest | For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke | | |
| Note of thanks | Thanks to the contributors to this issue of <i>The Dignity Digest</i> : Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . | | |

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| | <p><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> |
| <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> | |