



# The Dignity Digest

Issue # 245

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

	<b>*May require registration before accessing the article.</b>
<b>DignityMA Zoom Sessions</b>	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 <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a> .
<b>Spotlight</b>	<b>Chapter 197 Final Reports</b> MGL Chapter 197 of 2024 (also known as the Long Term Care Act) established a number of commissions and task forces. The final reports from several of them have recently been released which are listed below along with commentary by DignityMA participants.
<a href="#"><u>Massachusetts General Law Chapter 197 of the Acts of 2024</u></a>  <b>Summary</b>	<i>Massachusetts General Law Chapter 197 of the Acts of 2024</i> , titled "An Act to improve quality and oversight of long-term care," is a comprehensive law signed by Governor Healey on September 6, 2024, . It focuses on enhancing the quality and oversight of long-term care services in the Commonwealth. <b>Key provisions of the Act include:</b> <ul style="list-style-type: none"><li>• Establishing Task Forces: It created several task forces to examine different aspects of long-term care, including the Viability and Sustainability of Long-Term Care Facilities Task Force (mandated to report by July 31, 2025) and the Rest Home Task Force (which reported on April 1, 2025).</li><li>• Improving Nursing Home Oversight: The Act requires annual inspections of nursing homes, increased financial penalties for violations, and enhanced transparency regarding ownership and management. It also mandates that long-term care facilities develop and submit outbreak response plans.</li><li>• MassHealth Estate Recovery Reform: A significant component of the law limits MassHealth estate recovery to the minimum required by federal law, protecting the estates of many individuals with disabilities and seniors who receive long-term care services.</li><li>• Expanding Assisted Living Services: The Act codifies the ability of Assisted Living Residences to provide basic health services, such as injections and wound care, by qualified staff once certified to do so.</li><li>• Support for the Long-Term Care Workforce: It establishes a fund to recruit and retain long-term care workers, offering grants for CNA and LPN training and leadership development.</li></ul>

	<ul style="list-style-type: none"> <li>• Addressing Discharge Delays and Transitions: The Act includes provisions aimed at mitigating hospital discharge delays, such as requiring faster prior authorization for post-acute care and mandating a uniform prior authorization form. It also directs studies on the feasibility of professional guardians for indigent persons and the cost-effectiveness of changes to Medicaid long-term care eligibility.</li> <li>• Anti-discrimination Protections: The Act requires staff training on the rights and care of LGBTQ+ older adults and individuals living with HIV, and prohibits discrimination based on sexual orientation, gender identity, or HIV status.</li> <li>• Small House Nursing Homes: The law mandates the Department of Public Health to create regulations for "small house nursing homes," a model designed to be more homelike and for no more than 14 residents.</li> </ul> <p>In essence, Chapter 197 is a comprehensive measure to improve the quality, oversight, and accessibility of long-term care in Massachusetts, while also addressing issues related to affordability and resident rights.</p>
<p><b>Massachusetts Transitions from Acute Care to Post-Acute Care (TACPAC) Task Force</b></p> <p><a href="https://www.mass.gov/transitions-from-acute-care-to-post-acute-care-tacpac-task-force">https://www.mass.gov/transitions-from-acute-care-to-post-acute-care-tacpac-task-force</a></p>	<p><b><u>Selected excerpts:</u></b></p> <p><b>Task Force: Purpose and Scope</b></p> <p>The Transitions from Acute Care to Post-Acute Care (TACPAC) Task Force was established under Section 25 of Chapter 197 of the Acts of 2024 to study and propose recommendations to address acute care hospital throughput challenges and the impact of persistent delays in discharging patients from acute to post-acute care settings. The work of the Task Force focused on identifying system barriers, advancing innovative solutions, and promoting timely, appropriate care transitions.</p> <p>Specifically, the Task Force was responsible for examining:</p> <ul style="list-style-type: none"> <li>i. hospital discharge planning and case management practices;</li> <li>ii. payer administrative barriers to discharge;</li> <li>iii. legal and regulatory barriers to discharge;</li> <li>iv. efforts to increase public awareness of health care proxies and the importance of designating a health care agent;</li> <li>v. post-acute care capacity constraints and additional opportunities to provide financial incentives to increase capacity;</li> <li>vi. administrative day rates and the cost to hospitals of discharge delays;</li> <li>vii. enhanced hospital case management practices and reimbursement for wraparound services;</li> <li>viii. the adequacy of post-acute care facility insurance networks and the establishment of an out-of-network rate for post-acute care facilities;</li> </ul>

	<p>ix. expanding MassHealth Limited coverage to include post-acute and long-term care services;</p> <p>x. the effectiveness of interagency coordination to resolve complex case discharges;</p> <p>xi. the adequacy of reimbursement rates of MassHealth and commercial carriers for nonemergency medical transportation;</p> <p>xii. opportunities to expand coverage and reimbursement for services delivered by mobile integrated health programs certified by the department of public health and by participating providers in the federal Centers for Medicare and Medicaid Services acute hospital care at home program;</p> <p>xiii. alternative transportation options for patients being discharged and transferred to post- acute care facilities or home health agencies; and</p> <p>xiv. the adequacy of state resources and infrastructure to place complex case discharges in appropriate post-acute care settings, including, but not limited to, patients with dementia diagnoses, geriatric patients with psychiatric diagnoses, patients with behavioral health diagnoses, patients with substance use disorder diagnoses, justice-involved patients and patients who have been unable to find an appropriate placement for post-acute care for 6 months or longer.</p> <p>The Task Force was chaired by Executive Office of Health and Human Services Assistant Secretary Joanne Marqusee, acting as the designee of the Secretary of Health and Human Services, and was comprised of a diverse panel of public health professionals, experts in health care administration and finance, and legal and law enforcement professionals (see full list in Appendix B).</p> <p>The Task Force met nine times from January through July 2025 and was required to submit its recommendations to the Clerks of the House of Representatives and Senate, the Joint Committee on Ways and Means, and the Joint Committee on Health Care Financing not later than July 31, 2025.</p> <p>All meetings were subject to the Open Meeting Law and minutes were taken and approved for each meeting. All materials considered by the Task Force as well as minutes of the Task Force's meetings were posted on a publicly-available webpage: <a href="https://www.mass.gov/transitions-from-acute-care-to-post-acute-care-tacpac-task-force">https://www.mass.gov/transitions-from-acute-care-to-post-acute-care-tacpac-task-force</a></p> <p><b>Bridging the Gaps: Recommendations for Consideration</b></p> <p>The Task Force developed a package of recommendations based on its deliberations, as well as the presentations and resources shared with the group. While efforts were made to</p>
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	<p>reach broad consensus amongst the Task Force’s membership, on one of the proposed recommendations below, the group was unable to reach full agreement, and the varying opinions are noted.</p> <p>As noted in several of the recommendations, there are legislative proposals in the 194<sup>th</sup> Massachusetts General Court that include provisions consistent with the recommendation(s). Appendix C includes the references to those legislative proposals. While the Task Force is not necessarily advocating for a specific legislative proposal, we <b>wanted to</b> share where our recommendations overlapped with provisions in legislative proposals that are being considered.</p> <p>Additionally, it is important to note that the work of the Task Force was conducted prior to the passage of federal legislation signed into law on July 4, 2025, which includes certain provisions that may significantly impact access and barriers to healthcare, e.g., introducing penalties for insuring individuals with documentation issues, retroactively reducing coverage from 90 days to 60 days, etc. These federal changes are likely to exacerbate the problem of patients being delayed in transitioning from acute to post-acute care settings.</p> <p><b>A Path Forward: Strategic Alignment and Accountability</b></p> <p>Massachusetts has launched a range of promising efforts to improve hospital throughput and transitions to post-acute care. Building on this momentum will require a trained, skilled workforce and deliberate alignment across agencies, providers, and payers to ensure these efforts translate into sustained, system-level change.</p> <p>To move forward effectively, state partners can:</p> <ul style="list-style-type: none"> <li>• Scale what works. Time-limited pilots and embedded staffing models are already showing value. Promising innovations should be assessed for long-term sustainability and opportunities to support statewide adoption.</li> <li>• Strengthen infrastructure for coordination. Durable tools, workflows, and data systems that support real-time discharge planning, referral management, and transport readiness can help streamline transitions and reduce delays across the continuum.</li> <li>• Clarify roles and accountability. Shared expectations, standard operating procedures, <b>and clear lines of responsibility</b>—across hospitals, post-acute providers, transportation brokers, and community-based organizations—can reduce fragmentation and improve outcomes.</li> <li>• Ensure ongoing performance monitoring. Implementation of recent reforms, including those under Chapter 197 of 2024, should be closely monitored to ensure intended outcomes and to identify opportunities for course correction.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Advance equity. Populations with complex needs, including those with behavioral health conditions, disabilities, or limited insurance coverage—continue to face disproportionate discharge delays. Targeted strategies must ensure equitable access to timely, appropriate care transitions.</li> </ul>
<p><b>The Viability and Sustainability of Long-term Care Facilities Task Force</b></p> <p><a href="https://www.mass.gov/ability-and-sustainability-of-long-term-care-facilities-task-force">https://www.mass.gov/ability-and-sustainability-of-long-term-care-facilities-task-force</a></p> <p>The PowerPoint containing the final report will be posted on <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>. (Search “Chapter 197”)</p>	<p><b>Summary prepared by Dignity Alliance Massachusetts:</b></p> <p>The final report of the Task Force on the Viability and Sustainability of Long-Term Care Facilities, submitted on July 31, 2025, addressed the challenges facing the long-term care sector in Massachusetts. The task force, established by Governor Healey, focused on ensuring the long-term care system, particularly rest homes, can meet the needs of the Commonwealth's aging population. The report highlighted key issues such as workforce shortages, financial instability, and the need for regulatory reform. It also emphasized the importance of community-based care and the need to balance institutional and non-institutional settings.</p> <p><b>Executive Summary:</b></p> <p>The long-term care facility (LTCF) sector in the Commonwealth of Massachusetts is currently operating under significant duress, facing profound challenges that threaten its fundamental viability and long-term sustainability. An analysis of the Massachusetts Executive Office of Health and Human Services (EOHHS) report reveals a sector at a critical juncture, where current operational models are fundamentally unsustainable. This precarious state is primarily driven by a severe structural financial deficit, largely attributable to inadequate Medicaid reimbursement rates, compounded by a deepening and persistent workforce crisis. Further pressures stem from aging infrastructure requiring substantial capital investment and the cumulative burden of extensive regulatory compliance.</p> <p>The Commonwealth faces a paradox: a rapidly aging population is driving a projected increase in demand for long-term care services, yet the existing supply infrastructure is struggling to maintain operations, let alone expand or modernize. This situation suggests that without significant, systemic reforms, a substantial portion of the sector faces potential closure, which would leave a burgeoning senior population without access to necessary care. The confluence of persistent financial losses, a deepening workforce crisis, and significant capital needs indicates that the current system is not merely experiencing temporary difficulties but is structurally unsound. This report underscores the urgent need for strategic intervention to safeguard access to quality long-term care for Massachusetts residents.</p> <p><b>Key Findings and Recommendations:</b></p> <ul style="list-style-type: none"> <li>• <b>Workforce Crisis:</b></li> </ul>

	<p>The task force acknowledged the critical shortage of qualified staff in long-term care facilities, impacting both the quality of care and the ability to meet the growing demand.</p> <ul style="list-style-type: none"> <li>• <b>Financial Sustainability:</b> The report addressed the financial challenges faced by many long-term care facilities, including low Medicaid reimbursement rates and the rising costs of care.</li> <li>• <b>Regulatory Framework:</b> The task force examined the existing regulatory structure for rest homes, recognizing the need for clearer licensing requirements and enhanced oversight to ensure quality and safety.</li> <li>• <b>Community-Based Care:</b> The report emphasized the growing preference for aging in the community and the need to support home and community-based services alongside institutional care.</li> <li>• <b>Discharge Planning:</b> The task force addressed the issue of discharge delays from acute care hospitals, highlighting the need for better coordination between facilities and payers to ensure timely and appropriate placement.</li> </ul> <p><b>Specific Recommendations:</b></p> <ul style="list-style-type: none"> <li>• <b>Workforce Development:</b> The task force recommended strategies to attract and retain qualified staff, including increased wages, benefits, and training opportunities.</li> <li>• <b>Financing Reform:</b> The report called for a review of Medicaid reimbursement rates and explored potential public-private partnerships to support long-term care facilities.</li> <li>• <b>Regulatory Modernization:</b> The task force recommended updates to regulations governing rest homes, including enhanced staffing requirements and quality reporting.</li> <li>• <b>Community Integration:</b> The report emphasized the need to strengthen community-based services and ensure individuals have access to the appropriate level of care based on their needs.</li> <li>• <b>Data Collection and Transparency:</b> The task force called for improved data collection and public reporting on ownership, costs, and quality metrics for long-term care facilities.</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• The report was submitted to the Massachusetts Legislature for review and potential action.</li> <li>• The recommendations will likely inform future legislation and policy decisions related to long-term care in the state.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Further action will be needed to implement the recommendations and ensure the long-term viability and sustainability of the long-term care system in Massachusetts.</li> </ul> <p><b>Conclusion:</b></p> <p>The Massachusetts Executive Office of Health and Human Services report on the viability and sustainability of long-term care facilities paints a stark picture of a sector at a critical crossroads. The analysis underscores profound financial and operational challenges, primarily driven by inadequate Medicaid reimbursement and a deepening workforce crisis, exacerbated by aging infrastructure and regulatory burdens. These issues, intensified by the lingering effects of the COVID-19 pandemic, threaten the fundamental ability of LTCFs to provide essential services to the Commonwealth's most vulnerable residents.</p> <p>The long-term care sector's struggles represent a societal challenge that transcends individual facility operations, impacting public health, economic stability, and the social fabric of the Commonwealth. When a critical service like long-term care is failing, it is not just a business failure; it impacts families, hospitals (who cannot discharge patients), and the state's ability to care for its most vulnerable citizens. This broad impact elevates the issue from a sectoral problem to a fundamental public policy challenge.</p> <p>The confluence of demographic trends, indicating a rapidly aging population and increasing demand for long-term care, and the current state of decline within the sector creates a narrow window of opportunity for intervention. Delaying comprehensive reforms will only exacerbate the crisis, leading to higher costs, reduced access, and a significant decline in quality of care in the future. The problems are not static; they are worsening, and the aging population is a demographic certainty. This means the gap between demand and sustainable supply is widening. The longer action is delayed, the more expensive and difficult it will be to rectify the situation, potentially leading to irreversible damage to the care infrastructure.</p> <p>Ensuring the future viability and sustainability of long-term care facilities in Massachusetts requires urgent, comprehensive, and collaborative action. Implementing the recommended reforms, which span funding models, workforce development, regulatory streamlining, and innovation, is essential to safeguard access to quality long-term care for all Massachusetts residents and to build a resilient system capable of meeting the demands of an aging population.</p>
<b>Special Commission on Continuing Care</b>	<b>Overview:</b>

## Retirement Communities

For final report and comments as well as meeting notes, see: <https://malegislature.gov/Commissions/Detail/674/Documents>

- The CCRC Commission was established in Section 29 of Chapter 197 of the Acts of 2024, An Act to Improve Quality and Oversight in Long-Term Care.
- The Commission was co-chaired by Representative Thomas M. Stanley and Senator Patricia D. Jehlen, Chairs of the Joint Committee on Aging and Independence. Commissioners included industry professionals and administrators, lawmakers, advocates, and CCRC residents.
- The Commission met 8 times between April and July 2025, including a public hearing on 6/16/25. All meetings were held virtually on Zoom.
- The Commission was required to submit recommendations to the Clerks of the Senate and House of Representatives, the Joint Committee on Aging and Independence, and Senate and House Committees on Ways and Means by August 1st, 2025.

### Summary of Public Hearings

- More than a dozen residents testified in support of resident representation on their individual CCRC's board.
- Multiple constituents testified in support of changes to the entrance fee refund, expressing interest in there being a hard deadline when CCRCs need to return the money by.
- Commission received testimony in support of a new, clear definition of a CCRC, and/or that CCRCs become certified through AGE so consumers have a strong understanding of what the facility does and doesn't offer.
- Multiple residents testified that they were satisfied with their care at their CCRC and enjoyed the peace of mind they have living there.
- Commission received testimony from employees and administrators of CCRCs who enjoy working in the industry and feel that it is an important and needed part of the continuum of care.
- Commission received testimony in support of endorsing S478, An Act relative to disclosing continuing care retirement community entrance fees.

### Commission Charge:

The commission was charged to study and report on:



	<ul style="list-style-type: none"> <li>• Continuing care retirement communities, their care contracts, and their impact on consumers</li> <li>• The financial viability of CCRCs</li> <li>• The payment and return of entrance fees at CCRCs</li> <li>• Statutory and regulatory oversight of CCRCs, including any activities by state agencies to enforce those regulatory requirements</li> <li>• Advertising practices communicated to potential residents and families about CCRCs</li> <li>• Regulatory procedures for the closure or change of ownership of CCRCs</li> </ul> <p>The Commission was also required to: Submit a report with recommendations, including legislation or regulations necessary to carry out such recommendations, to the Clerks of the House of Representatives and the Senate, the Joint Committee on Aging and Independence and the Senate and House Committees on Ways and Means no later than August 1st, 2025.</p> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• The CCRC Commission endorses and recommends passage of S478 to increase transparency for consumers around the entrance fee refund.</li> <li>• S478, An Act relative to disclosing continuing care retirement community entrance fees, would require CCRCs to give prospective residents a separate document that clearly states:</li> <li>• The amount of the entrance fee to be refunded to the resident under the provider's contract</li> <li>• The terms, conditions and explanation of the process by which the provider will make such refund to the resident after the resident leaves the facility or passes away</li> </ul> <p>The CCRC Commission recommends that AGE's consumer guide be updated:</p> <ul style="list-style-type: none"> <li>• Recommend for AGE to collaborate with LeadingAge MA, MLCRA, Massachusetts Senior Care Association, Massachusetts Assisted Living Association, and AARP on updating the consumer guide.</li> <li>• Require AGE to update the consumer guide annually.</li> <li>• Require that the consumer guide include a list of known CCRCs in the Commonwealth.</li> <li>• Require that CCRCs give prospective residents access to the consumer guide.</li> </ul> <p>The CCRC Commission recommends further discussion on other recommendations considered, such as:</p>
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	<ul style="list-style-type: none"> <li>• A mandate that each CCRC board include not less than one resident member with voting rights.</li> <li>• The resident board member would be chosen by the residents of each CCRC.</li> <li>• That CCRC boards hold an open meeting each year.</li> <li>• The open meeting will be an opportunity for residents and family members to have their opinions and concerns heard by their respective CCRC's board.</li> <li>• Changes to how CCRCs refund their entrance fees, including: <ul style="list-style-type: none"> <li>• A sequential model, meaning that residents/families would receive their refund in the order of when they left the unit.</li> <li>• An interest model, meaning that the CCRC would pay interest to the resident or their family each month until the unit is re-occupied.</li> </ul> </li> <li>• A blanket 1-year deadline, meaning that the CCRC would be required to issue the refund within 1 year of the resident leaving the unit.</li> <li>• Changes to how CCRCs refund their entrance fees, including: <ul style="list-style-type: none"> <li>• A sequential model, meaning that residents/families would receive their refund in the order of when they left the unit.</li> <li>• An interest model, meaning that the CCRC would pay interest to the resident or their family each month until the unit is re-occupied.</li> <li>• A blanket 1-year deadline, meaning that the CCRC would be required to issue the refund within 1 year of the resident leaving the unit.</li> </ul> </li> </ul>
<p><b>Dissents to the final report offered by CCRC Commission members</b></p>	<p><b>Dissent by John J. Ford, JD, Northeast Justice Center</b></p> <p>I join in the dissenting views expressed by Christine Griffin and Dave VanArsdale from the final Report of the Commission.</p> <p>Please include this message and the attached letters as addenda to the Report.</p> <p>As a result of the Commission's definition of "consensus", any proposed recommendation to the Legislature required unanimous support so that any one Commissioner, e.g., a CCRC industry representative, could object to the proposal and that recommendation was eliminated from our final Report.</p> <p>That resulted in the elimination of virtually all proposed recommendations made by CCRC residents and their advocates and resulted in</p>

a Report that fails to address the issues discussed at length and basically advocates for the status quo – no legislative action is needed.

The only specific recommendation was support for the enactment of the so-called “CCRC disclosure form bill”, S 478, and the issues unaddressed by this Commission will or may be addressed in the process of amending and enacting that bill into law.

As of now, any such disclosure form would have to make AT LEAST the following disclosures to prospective CCRC residents:

THE CCRC MAY USE YOUR ENTRANCE FEE FOR ANY PURPOSE. INCLUDING BUT NOT LIMITED TO, OPERATING EXPENSES, DEBT REDUCTION, COSTS OF IMPROVEMENTS OR EXPANSION, AND, IF THE CCR IS A FOR PROFIT CCRC, THE PAYMENT OF DIVIDENDS TOANY OWNERS OR SHAREHOLDERS.

IF YOUR ENTRANCE FEE OR A PORTION OF IT IS REFUNDABLE WHEN YOU CEASE TO OCCUPY THE UNIT, THERE IS NO TIME LIMIT OR DEADLINE WITHN WHICH YOUR ENTRANCE FEE WILL BE REFUNDED.

RESIDENTS OF THIS CCRC HAVE NO RIGHT TO BE REPRESENTED BY ONE OF THEIR OWN ON THE GOVERNING BOARD OF THE CCRC.

THERE IS NO STATE AGENCY WITH AUTHORITY TO REGULATE OR MONITOR THE CCRC FOR FINANCIAL HEALTH OR VIABILITY NOR ANY RELEVANT STANDARDS BY WHICH TO EVALUATE SUCH CONDITIONS.

Unfortunately, the Commission has given no guidance to what is needed to protect the consumer rights of CCRC residents.

**David L. VanArsdale, resident, Edgewood Retirement Community, North Andover, MA**

I wish to present a dissenting report from those recommendations expressed in the final report of the Special Legislative Commission to Investigate Continuing Care Retirement Communities in Massachusetts.

I have served as a Resident Member of the Commission from the beginning of the process and would express great appreciation for the leadership from Senator Patricia Jehlen and Representative Thomas Stanley. I also wish to express a strong word of thanks from Julianna Fernandez and Jennifer L'Heureux for their competent work on behalf of the Commission.

The first parts of the final report summarizing the Charges and then the Findings was summarized in a very professional manner.


The first recommendation "to pass S. 478, the Disclosure Bill, to Increase Transparency for Consumers" around the questions of the entrance fee refund is an absolutely necessary "next step" for legislation for future CCRC Consumers. I affirm Recommendation #1.

The second recommendation to update the Consumer Guide for CCRC's produced by AGE is also absolutely necessary for future CCRC Consumers. I affirm Recommendation #2.

But I wish to express strongly my opposition the Recommendation #3: that each CCRC's Board hold one open meeting each year. First, this was never part of the Commission's discussions and it seems most inappropriate to include this is the recommendations. Second, there is absolutely no reason to restrict a CCRC's Board from an open session, except as it may involve an issue warranted by the rules of Executive Session.

Further, I wish to register my dissent concerning the recommendation that representation by a resident on the Board of a CCRC needs further discussion.

There should always be a resident chosen by the residents on the Board of Directors of all CCRC's. The need for one or more residents to be elected as voting members of the Board of Directors is clearly supporter by the CCRC residents on the Commission. The residents are "paying the bills" and committing much of their life savings to live in the CCRC, they have earned the right to have a voice on the Board. Why is this questioned? Is there a defensive fear that a resident may raise difficult questions for management or reveal actual events or issues affecting everyday living in a CCRC? This is a structure of professional leadership and the input from residents needs to be decisive and truthful for future stability.

	<p>Finally, I wish to offer my dissent that further discussion is needed to resolve the issues of the terms of the admission fee refund. There needs to be a standard timetable and procedure for when a resident chooses to depart and move on from a CCRC. There needs to be another standard for the return of the refundable admission fee to the estate of a CCRC resident upon death.</p> <p>I wish to thank the Commission members and the time they have given to address specific issues affecting the management and residents of the Continuing Care Retirement Communities in Massachusetts.</p>
<p><b>Remembering with Dignity</b></p> <p>To access the submission form scan</p>  <p>or click on:  <a href="https://tinyurl.com/DignityRemembrance">https://tinyurl.com/DignityRemembrance</a> or  <a href="https://forms.gle/GbzP2H9RG1sWSzA3A">https://forms.gle/GbzP2H9RG1sWSzA3A</a>.</p> <p>For more information or questions, contact:  Deborah W. Coogan  Chair, DignityMA's  "Remembering with Dignity" initiative  <a href="mailto:dwcoogan@gmail.com">dwcoogan@gmail.com</a>  617-332-8828</p>	<p><b><i>Dignity Alliance Massachusetts Launches "Remembering with Dignity," a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i></b></p> <p>To honor the more than 25,000 Massachusetts residents who died during the COVID-19 pandemic, Dignity Alliance Massachusetts (DignityMA) has launched "Remembering with Dignity," a new online memorial. The public is invited to submit remembrances of those lost between January 2020 and May 2023.</p> <p>The COVID-19 pandemic caused unprecedented upheaval, and yet the 1.2 million Americans who died from the disease have no official national day or place of remembrance. During the COVID-19 emergency, widespread closures led to profound isolation. Many individuals died in healthcare and other facilities without the comfort of family, and survivors were often deprived of the ability to hold traditional funerals or grieve with their families and friends.</p> <p>"The pandemic left a void, not just in our families but in our collective memory," said Deborah W. Coogan, Chair of the 'Remembering with Dignity' initiative. "So many died in isolation, and their stories risk being lost in the statistics. 'Remembering with Dignity' provides a way to honor their essence – the values they lived by – and ensures they are remembered as more than just a number. It is a first step toward healing and advocating for a future where we better protect our most vulnerable." The platform seeks to capture the spirit of each individual. Submissions can be made at the DignityMA's website.</p> <p><b>How to Submit a Remembrance:</b></p>

	<ul style="list-style-type: none"> <li>• Visit <a href="http://www.dignityalliancema.org">www.dignityalliancema.org</a> and navigate to the “Pandemic Memorial” page under the “Resources” tab or click on <a href="https://tinyurl.com/DignityRemembrance">https://tinyurl.com/DignityRemembrance</a> or <a href="https://forms.gle/GbzP2H9RG1sWSzA3A">https://forms.gle/GbzP2H9RG1sWSzA3A</a>. The QR code below can also be used.</li> <li>• A remembrance should be no more than <b>175 words</b>.</li> <li>• Rather than a formal obituary, each submission should describe the person’s essence, values, and their story.</li> <li>• Please include the circumstances of their passing (e.g., if they lived or worked in a high-risk setting such as a nursing home, rest home, group home, or hospital, or as a caregiver or essential worker).</li> </ul> <p>DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor their loved ones and channel their grief into advocacy for policies that better protect vulnerable populations during future public health crises. Details will be announced at a later date.</p>
<p><b>Quotes</b></p>	<p><i>The Congressional Budget Office’s (CBO) latest <a href="#">cost estimate</a> shows that the reconciliation package would reduce federal Medicaid spending over a decade by an estimated \$911 billion (after accounting for interactions that produce overlapping reductions across different provisions of the law) and increase the <a href="#">number of uninsured</a> people by 10 million.</i></p> <p><a href="#">Allocating CBO’s Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package</a> (KFF, July 23, 2025)</p> <p><i>The total population of senior citizens is 55.8 million, according to the U.S. Census Bureau. Of that, 1.3 million are in nursing homes. That’s about 2.3%. . . When we or our family members become part of the 2.3% of the elderly population who need nursing home care, what happens to us?</i></p> <p><a href="#">Editorial: What happens to nursing homes if Medicaid takes a hit?</a> (TribLive, July 22, 2025)</p> <p><i>"After hearing from advocates who serve as the direct voice of residents, there is no question that the</i></p>



*[Assisted Living Residence] commission must take more time to ensure such a tragedy never happens again. Anything short of that will not be acceptable."*

State Senator Mark Montigny (D-New Bedford), [\*Investigators narrow Gabriel House fire to two possible causes\*](#) (\*State House News, July 22, 2025)

*A significant share of employees either said they expect to need long-term care or had caregiving experience, yet awareness, planning, and benefit take-up remained low, with many workers underestimating costs, unsure how to access services, and mistakenly expecting Medicare or Medicaid to cover future care.*

[\*Employee Perspectives on Long -Term Care\*](#) (Employee Benefit Research Institute, May 1, 2025)


*The state's deadliest blaze in more than four decades has highlighted the [\*lack of regulations\*](#) governing assisted-living facilities that often care for low-income or disabled residents.*

[\*Smoking or oxygen machine may have caused deadly fire at Massachusetts assisted-living home\*](#) (AP News, July 22, 2025)


*Physicians helping patients with a long-term or terminal illness who make choices that wouldn't be yours, I beg of you: Meet them with curiosity and compassion. If you can't offer them the care they seek or the help they need, try to find someone who can.*

[\*My mother refused treatment for her breast cancer. Her doctors should have respected her choice\*](#) (STAT, July 21, 2025)

*Many attribute the recent declines in youth suicides to all the attention paid to the issue, and the ample resources devoted to it. "The same intensive efforts have not been made for older adults where there is a belief among some that depression is a natural part of aging. It is not."*

	<p>Mark Salzer, professor of social and behavioral sciences at Temple University, <a href="#">An overlooked demographic has the highest suicide risk — and it's been rising</a> (STAT, July 17, 2025)</p> <p><i>Compared with their peers, companies acquired by private equity firms are 10 times as likely to go bankrupt.</i></p> <p>Megan Greenwell, <a href="#">The Private Equity Wager: Heads We Win, Tails You Lose</a> (*New York Times, July 2, 2025)</p>
<p><b>Life Well Lived</b></p>  <p>Bill Allan Disability Policy Center of Massachusetts 1941-2025</p>	<p><b>Bill Allan, Co-founder of the Disability Policy Consortium (DPC) of Massachusetts 1941-2025</b></p> <p>Alongside his wife Mary Lou, Bill co-founded the Disability Policy Consortium (DPC) of Massachusetts (<a href="https://www.dpcma.org/">https://www.dpcma.org/</a>), which has become the state's leading disability rights organization. He served as its Executive Director from 2003 to 2010, helping to shape policy, conduct community-based research, and lead successful grassroots advocacy campaigns. In 2012, the DPC honored Bill, Mary Lou, and Mayor Thomas M. Menino with a special Award of Honor for their visionary contributions—a legacy that continues today through an annual award given in their names. Bill dedicated his life to community activism and public service, especially within Boston's inner-city neighborhoods. In the early 1990s, he founded the Hyde Square Task Force, a now-thriving nonprofit committed to empowering youth in the Hyde Square area of Jamaica Plain. Through after-school programs, educational initiatives, and housing advocacy, the organization continues to reflect his deep belief in justice, opportunity, and community. Bill led the initiative to establish a temporary skating rink at the Stony Brook T station, addressing a neighborhood need that continues to be met today through the nonprofit Friends of the Kelly Rink. Bill Henning, Executive Director of the Boston Center for Independent Living and long-time colleague of Bill, shared "Bill Allan organized, advocated, and agitated for good causes, notably dedicating countless hours to the vital work for disability rights and the formation and development of the Disability Policy Consortium. BCIL collaborated often with Bill, feeling his passion and sincere friendship." <a href="#">Obituary</a></p>
<b>Recruitment</b>	<b>See:</b> <a href="#">Listings on MASterList.com's Job Board</a> for all current listings
<b>Guide to news items in this week's Dignity Digest</b>	<p><b>Gabriel House Fire</b></p> <p><a href="#">Investigators narrow Gabriel House fire to two possible causes</a> (*State House News, July 22, 2025)  <a href="#">Assisted living commission eyes extended work after Fall River fire</a> (*State House News, July 22, 2025)  <a href="#">Smoking or oxygen machine may have caused deadly fire at Massachusetts assisted-living home</a> (AP News, July 22, 2025)</p> <p><b>Nursing Homes</b></p>

	<p><a href="#"><u>Long-term care sees modest gains in employment in July as overall hiring hits a wall</u></a> (McKnights Long-Term Care, August 4, 2025)</p> <p><b>Health Care</b>  <a href="#"><u>My mother refused treatment for her breast cancer. Her doctors should have respected her choice</u></a> (STAT, July 21, 2025)</p> <p><b>Federal Policy</b>  <a href="#"><u>Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package</u></a> (KFF, July 23, 2025)  <a href="#"><u>Editorial: What happens to nursing homes if Medicaid takes a hit?</u></a> (TribLive, July 22, 2025)</p> <p><b>Ageing Topics</b>  <a href="#"><u>An overlooked demographic has the highest suicide risk — and it's been rising</u></a> (STAT, July 17, 2025)</p> <p><b>Long-Term Care</b>  <a href="#"><u>Employee Perspectives on Long -Term Care</u></a>( Employee Benefit Research Institute, May 1, 2025)</p> <p><b>Private Equity</b>  <a href="#"><u>The Private Equity Wager: Heads We Win, Tails You Lose</u></a> (*New York Times, July 2, 2025)</p> <p><b>From Other States</b>  <a href="#"><u>To Build Affordable Housing, One State Could Loosen Flood Protections</u></a> (*New York Times, July 23, 2025)</p>
<p><b>DignityMA Study Sessions</b></p> <p><b><i>Special Focus on Changes in Federal Policies, Programs, and Services</i></b></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"> <li>• Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</li> <li>• James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration</li> <li>• Steven Schwartz, JD, Special Counsel, Center for Public Representation</li> </ul> <p>Recordings of Jim Roosevelt’s and Steve Schwartz’s presentations are available at <a href="https://dignityalliancema.org/videos/"><u>https://dignityalliancema.org/videos/</u></a>. Bob Blancato’s presentation is being rescheduled.</p>

<p><b>DignityMA Study Session</b></p>  <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p><b><i>Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear</i></b>  <del>Wednesday, May 21, 2025, 2:00 p.m.</del>  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:  <a href="https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g">https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</a>  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.</p>
<p><b>Webinars and Online Sessions</b></p>	<p><b>1. U.S. Access Board</b>  Thursday, August 7, 2025, 2:30 to 4:00 p.m.  <a href="#"><i>Your Voice. Your Vote—Accessible Polling Places and Election Supporting Technology</i></a>  Join the U.S. Access Board and the U.S. Elections Assistance Commission (EAC) for a webinar on voting accessibility. The Help America Vote Act (HAVA) created the U.S. Elections Assistance Commission and the right for voters with disabilities to mark, cast and verify their ballots privately and independently. This webinar will cover data related to polling place accessibility during the 2024 election, including election-supporting technologies. Presenters will discuss standards related to both physical and digital accessibility of polling places. Additionally, presenters will demonstrate EAC accessibility web tools, research, and checklists designed to ensure polling place accessibility.  Real-time captioning provided along with video sign language interpreters.  Participants can ask questions in advance during the registration process as well as ask questions during the live session.</p> <p><b>2. Conversations for Caring</b>  Tuesday August 19, 2025, 1:00 to 2:30 p.m.  <a href="#"><i>High Tech, High Risk: Older Driver Safety in Our Digital World</i></a>  As advanced technology becomes increasingly integrated into modern automobiles, concerns are growing about its impact on driver safety—especially among older adults.  While features like adaptive cruise control, lane-keeping assistance, and infotainment systems are designed to enhance safety and convenience, they can also introduce complexity and distraction. This presentation will look at the importance of understanding automate systems' limitations, and will provide an update on ways to address unsafe driving practices in friends and relatives.</p>

	<p>Presenters: Michele Ellicks, Community Outreach Coordinator, Massachusetts Registry of Motor Vehicles Mark Shieldrop, Senior Spokesperson, AAA Northeast</p> <p><b>3. Justice in Aging</b> Thursday, August 28, 2025, 2:00 p.m. to 3:00 p.m. ET <a href="#"><u>Dual Eligible Special Needs Plans (D-SNPs):</u></a> Since 2020, enrollment in Dual Eligible Special Needs Plans (D-SNPs) has doubled. Today, over five million individuals eligible for both Medicare and Medicaid are enrolled in these Medicare Advantage plans, and enrollment is expected to continue rising. An increasing number of states are focusing on D-SNPs as a primary vehicle for integrating care and improving coordination of services for their dual eligible populations. Yet many advocates know little about what D-SNPs are, what makes them unique, and how they operate. This webinar, D-SNPs: What Advocates Need to Know, will provide advocates with an overview of our updated issue brief covering basic information about D-SNPs, their structure, and how they are regulated. We will also identify specific areas where advocates can engage with their states to ensure that D-SNPs work effectively to coordinate care and benefits for dual eligibles, including strategies for centering equity from the outset in the design of D-SNPs.</p> <p>Who Should Participate: State-based advocates working with older adults and people with disabilities enrolled in Medicare and Medicaid.</p> <p>Presenters: • Hannah Diamond, Senior Policy Advocate, Justice in Aging • Samantha Morales, Senior Policy Advocate, Justice in Aging <a href="#"><u>Register Now</u></a></p>
<b>Previously posted webinars and online sessions</b>	<p>Previously posted webinars and online sessions can be viewed at: <a href="https://dignityalliancema.org/webinars-and-online-sessions/"><u>https://dignityalliancema.org/webinars-and-online-sessions/</u></a></p>
<b>Gabriel House Fire</b>	<p><b>4. *State House News</b> July 22, 2025 <a href="#"><u>Investigators narrow Gabriel House fire to two possible causes</u></a> By Colin Young <i>Oxygen machine, smoking materials found in room where deadly blaze began</i> The cause of the July 13 Gabriel House assisted living facility fire in Fall River that killed 10 residents is "undetermined," according to State Fire Marshal Jon Davine. Investigators have narrowed the cause to either an electrical/mechanical failure of an oxygen machine or the improper disposal of smoking materials in the resident's room where the fire originated. The resident of that room was among the fatalities, preventing further determination. Davine stated that the fire was "clearly accidental" and emphasized that the presence of medical oxygen significantly contributed to the rapid spread and tragedy, noting that home oxygen is a known factor in many fatal fires, particularly when combined with smoking. Governor Maura Healey visited Fall River, announcing \$1.2 million in state funding for the city to hire more emergency response personnel and expediting \$5.7 million for a municipal public safety staffing program</p>



	<p>across 10 eligible municipalities. She also indicated that the state commission studying assisted living facilities, with an August 1 deadline, will extend its work to incorporate lessons from the fire, a move already advocated by Senator Mark Montigny. Healey had previously announced immediate safety-focused changes for assisted living centers in response to the fire. The Bristol County District Attorney's office is also actively investigating the deaths.</p> <p><b>5. *State House News</b>  July 22, 2025  <a href="#"><u>Assisted living commission eyes extended work after Fall River fire</u></a>  By Colin Young  Following the fatal July 13th Gabriel House fire in Fall River that killed 10 residents, Governor Maura Healey announced on Tuesday that the special state commission studying assisted living facilities, which had an August 1st deadline, will extend its work for several weeks to incorporate lessons learned from the tragedy.  This extension was anticipated, as Senator Mark Montigny had already planned to seek a 90-day extension, emphasizing the need for more time to address safety issues thoroughly after hearing from resident advocates. Robin Lipson, Chair of the Assisted Living Residence Commission, also noted the need to balance sharing current progress with delving deeper into issues highlighted by the fire.  During her visit to Fall River, Governor Healey also committed \$1.2 million in state funding to the city for additional emergency response personnel and expedited \$5.7 million for municipal public safety staffing across 10 eligible municipalities. These actions build on immediate safety-focused changes for assisted living centers that her administration began requiring last Friday. Bristol County District Attorney Tom Quinn was expected to release preliminary findings on the fire's cause.</p> <p><b>6. AP News</b>  July 22, 2025  <a href="#"><u>Smoking or oxygen machine may have caused deadly fire at Massachusetts assisted-living home</u></a>  By Kimberlee Kruesi and Patrick Whittle  A fire at Gabriel House, a Massachusetts assisted-living facility, killed 10 people and was likely caused by either smoking or an electrical issue with an oxygen machine, investigators announced Tuesday. The presence of medical oxygen contributed to the fire's spread. The blaze, which began in a second-floor apartment, highlighted concerns about the lack of regulation for assisted-living facilities and potential understaffing. Investigations are ongoing into the sprinkler system's functionality and the possibility of criminal charges. Governor Maura Healey has released \$1.2 million for emergency response personnel and initiated a month-long investigation into all state assisted-living facilities. Meanwhile, lawsuits have already been filed against Gabriel House, alleging improper management, staffing, and maintenance, and a lack of emergency response procedures.</p>
<b>Nursing Homes</b>	<p><b>7. McKnights Long-Term Care</b>  August 4, 2025  <a href="#"><u>Long-term care sees modest gains in employment in July as overall hiring hits a wall</u></a></p>



	<p>By Kathleen Steele Gaivin</p> <p>Summary:</p> <p>The July jobs report from the Bureau of Labor Statistics (BLS) showed that the U.S. economy added 73,000 jobs, with the healthcare sector accounting for the majority of the gains at 55,000. Ambulatory care services, hospitals, and home health services saw significant increases, while skilled nursing and continuing care retirement communities experienced much smaller growth. The unemployment rate saw a slight rise to 4.2% from 4.1% in June, and federal government employment continued its decline.</p> <p>A related BLS press release revealed that job numbers for May and June were revised down by a combined 258,000, with the changes being described as "larger than normal." Following the release of this report, President Trump fired BLS Commissioner Erika McEntarfer, alleging without evidence that she had manipulated the data for political purposes. Labor Secretary Lori Chavez-DeRemer announced that William Wiatrowski, the BLS Deputy Commissioner, would serve as the acting commissioner.</p>
Health Care	<p><b>8. STAT</b></p> <p>July 21, 2025</p> <p><a href="#"><u>My mother refused treatment for her breast cancer. Her doctors should have respected her choice</u></a></p> <p>By Joy Lisi Rankin</p> <p>The author recounts their mother's experience with breast cancer, diagnosed in 2002, and her choice to forgo treatment, leading to her death in 2007. This decision was consistently met with disbelief and disdain from healthcare professionals, who often questioned her choice and implied a lack of understanding or even culpability. The author highlights how this approach deprived their mother of crucial conversations about comfort, end-of-life care, and what to expect as her illness progressed.</p> <p>The piece criticizes the healthcare system's general unpreparedness for discussions about death and dying, noting a prevalent focus on life-extending treatments over patient-centered comfort or choices. It points out the binary bias within the system: patients who choose treatment are seen as "good" and deserving of care, while those who decline are often "bad" and receive less support. This bias was evident when the author's mother reluctantly sought limited treatment later in her illness, only to be met with hostility.</p> <p>The author also shares the personal impact of their mother's choices, experiencing similar judgment and intrusive questions from healthcare providers when discussing their own family health history. A pivotal moment of healing occurred when the author's own breast cancer surgeon validated their mother's decision with empathy and understanding.</p> <p>Ultimately, the author appeals to healthcare professionals to approach patients making difficult choices with curiosity and compassion, and to the loved ones of those making such decisions, offering a message of solidarity.</p>
Federal Policy	<p><b>9. KFF</b></p> <p>July 23, 2025</p>

[Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package](#)

By Rhiannon Euhus, Elizabeth Williams, Alice Burns, and Robin Rudowitz

On July 4, President Trump signed the "One Big, Beautiful Bill" into law. This budget reconciliation package makes significant cuts to federal health care spending to help offset the cost of extending expiring tax cuts.

Key points from the analysis:

- **Medicaid Spending Reductions:** The package is estimated to reduce federal Medicaid spending by \$911 billion over a decade, after accounting for overlapping reductions. Without these interactions, the gross savings are \$990 billion.
- **Increased Uninsured:** The Congressional Budget Office (CBO) estimates that the reconciliation package will increase the number of uninsured people by 10 million. An earlier CBO estimate for a previous version of the bill projected 10.3 million people losing Medicaid and given the larger spending reductions in the enacted bill, more people are likely to lose coverage.
- **Major Sources of Savings:** The five largest sources of Medicaid savings, totaling \$851 billion (86% of gross savings), include:
  - Work and reporting requirements for ACA expansion adults (\$326 billion).
  - Moratorium on new or increased provider taxes and reduction of existing ones in expansion states (\$191 billion).
  - Revising payment limits for state-directed payments (\$149 billion).
  - Prohibiting certain provisions from the Biden Administration's rule simplifying Medicaid eligibility and renewal processes (\$122 billion).
  - Increasing the frequency of eligibility redeterminations for the ACA expansion group (\$63 billion).
- **Impact on ACA Expansion States:** Provisions specifically affecting states that adopted the ACA expansion account for over half (\$526 billion) of the total gross federal spending reductions.
- **Backloaded Cuts:** Over three-quarters (76%) of the ten-year reductions in federal Medicaid spending will occur in the final five years of the period (2030-2034).
- **Proportion of Federal Spending:** The \$911 billion in federal cuts represents 14% of projected federal spending on Medicaid over the decade.
- **State-Level Impact:** The spending cuts vary by state, with Louisiana, Illinois, Nevada, and Oregon being the most heavily affected, facing spending cuts of 19% or more over the period.
- **State Responses and Uncertainty:** The analysis does not predict how states will respond to these federal policy changes. CBO generally assumes states will replace half of reduced federal funds for provisions that reduce state resources, but actual state responses may vary, leading to larger or smaller changes in federal Medicaid spending than estimated. The analysis shows a range of spending effects in each state, varying by  $\pm 25\%$  from the CBO estimated midpoint.

	<ul style="list-style-type: none"> <li>• <b>Excluded Funding:</b> The analysis excludes \$50 billion in funding for state grants through a Rural Health Transformation Program due to uncertainty in allocation.</li> </ul> <p><b>10. TribLive</b>  July 22, 2025  <a href="#">Editorial: What happens to nursing homes if Medicaid takes a hit?</a>  The U.S. has 55.8 million senior citizens, with 1.3 million (2.3%) residing in nursing homes at any given time. While this percentage seems small, it represents a dynamic population, as individuals may have short-term stays for recovery or long-term stays due to chronic conditions or end-of-life care.  Despite the critical need for nursing homes, the number of available beds significantly decreased by 86.4% from 2011 to 2019, according to the National Institutes of Health, with a concerning shift towards lower-quality facilities.  Compounding this issue, the "One Big Beautiful Bill" is projected by the Congressional Budget Office (CBO) to leave 11.8 million people uninsured and cut \$1 trillion from Medicaid funding over the next nine years. This is particularly concerning for nursing homes, as Medicaid covers nearly two-thirds of their patients. Industry experts, like Zach Shamberg of the Pennsylvania Health Care Association, warn that if Medicaid funding falters, the entire healthcare system could be destabilized, mirroring challenges faced during the COVID-19 pandemic, which highlighted existing issues with reimbursement rates and staffing shortages in long-term care facilities.  The editorial raises serious questions about the future of nursing home care and the well-being of vulnerable senior citizens if Medicaid funding is drastically reduced, especially given the continuous aging of the population.</p>
<b>Aging Topics</b>	<p><b>11. STAT</b>  July 17, 2025  <a href="#">An overlooked demographic has the highest suicide risk — and it's been rising</a>  By Olivia Goldhill  After a decade-long rise in suicide rates among young Americans — and with depression diagnoses soaring in this age group during the pandemic — the U.S. <a href="#">surgeon general issued a report</a> in 2021 warning about the “devastating” state of youth mental health. The American Psychological Association <a href="#">declared it a “crisis.”</a> It was part of a prolonged advocacy campaign to raise awareness about the problem and possible solutions, and finally, in <a href="#">2022</a> and <a href="#">2023</a>, there were signs of success: Suicide rates for teens and young adults began to fall. Meanwhile, another demographic has gone largely overlooked. The people most at risk from suicide aren’t those in crisis in adolescence or midlife, but men age 75 and older. Some 38.2 deaths per 100,000 among men age 75 to 84 are by suicide, which increases to 55.7 among those over 85, according <a href="#">to data from CDC</a> — more than 16 times the suicide rate for women in the same age group. Researchers are calling for a public health effort, much like the one to treat youth mental health, to help address suicide in older men.</p>

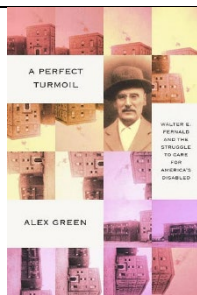
	<p>Many attribute the recent declines in youth suicides to all the attention paid to the issue, and the ample resources devoted to it, said Mark Salzer, professor of social and behavioral sciences at Temple University. “The same intensive efforts have not been made for older adults where there is a belief among some that depression is a natural part of aging,” he told STAT. “It is not.”</p>
Long-Term Care	<p><b>12. Employee Benefit Research Institute</b>  May 1, 2025  <a href="#">Employee Perspectives on Long -Term Care</a>  By Bridget Bearden, Ph.D.  <b>Summary</b>  The Employee Long-Term Care (LTC) Survey, fielded in late 2024, examined employees’ awareness of, access to, and perspectives on LTC financing. Findings from the survey of 2,445 workers ages 20–74 uncovered emerging insights while also reaffirming well-established trends in LTC awareness and preparedness.  Some of the key findings from the survey include:</p> <ul style="list-style-type: none"> <li>• Four in 10 workers reported a belief that they will likely need long-term care as they age, but a substantial portion remained unsure (32 percent) or did not think they will need it (24 percent). Awareness of an employee’s personal long-term care needs appeared to be concentrated among two groups: <ul style="list-style-type: none"> <li>○ Workers with personal experience receiving care, with a disability, or who have filed a short-term disability claim are significantly more likely to believe they will need LTC in the future.</li> <li>○ Employees with higher incomes and education levels are more likely to anticipate needing LTC.</li> </ul> </li> <li>• There are gaps in knowledge about access to local long-term care, sometimes also referred to more broadly as long-term services and supports (LTSS). Thirty-seven percent of employees reported low or no knowledge of how to access LTC services in their community.</li> <li>• Only 24 percent of benefits-eligible employees said their employer offers long-term care insurance, and just 9 percent of employees were enrolled. Even among those anticipating LTC needs, take-up remains low.</li> <li>• Awareness and availability of caregiving support programs are limited. A majority of employees were unsure of what employee resource groups (ERGs) exist at their workplace, and only a minority reported access to key caregiving or end-of-life support services.</li> <li>• A large share of workers were or said they expect to be caregivers. Nearly 60 percent of employees have provided care in the past or were doing so currently. Many said they expect to provide care in the future for aging parents, in-laws, or spouses — often both physically and financially.</li> <li>• In consideration of a single, specific future care recipient: <ul style="list-style-type: none"> <li>○ A significant proportion of future caregivers had not estimated LTC costs. Among those who had estimated the cost of care for a specific individual, many underestimated the cost of LTC, with most expecting expenses to remain under \$50,000.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Many future caregivers reported an expectation that Medicare (43 percent) or Medicaid (29 percent) will cover LTC costs. A third (32 percent) said they themselves would pay for this care.</li> <li>• Employees expressed support for their state government in the provision of long-term care insurance (LTCI). A majority supported increased taxes to fund LTC benefits, with 64 percent favoring a state payroll tax, and a plurality (27 percent) said “my state” was best positioned to provide personalized LTCI.</li> <li>• Cost, benefits, access, and reliability were the most important features for employees if they were to consider purchasing an LTCI contract.</li> <li>• As part of a series of tradeoffs between different coverage designs and tax implications for a potential LTCI program, employees were asked to choose between front-end and catastrophic coverage options. Fifty-eight percent of employees selected catastrophic coverage, while 42 percent chose front-end coverage.</li> </ul> <p>A significant share of employees either said they expect to need long-term care or had caregiving experience, yet awareness, planning, and benefit take-up remained low, with many workers underestimating costs, unsure how to access services, and mistakenly expecting Medicare or Medicaid to cover future care. Employees’ perceptions of their LTC needs are strongly influenced by personal experience and socioeconomic status, highlighting an opportunity for employer-informed, public-private solutions paired with targeted education efforts.</p>
Longevity	<p><b>13. Nature’s Pharmacy</b>  July 23, 2025  <a href="#">Psilocybin and the Science of Longevity</a>  By Cassandra Quave</p> <p>A new study published in <i>NPI Aging</i> provides the first experimental evidence that psilocybin, the psychoactive compound in “magic mushrooms,” may have gero-protective (anti-aging) effects. Researchers observed that psilocin, its active metabolite, extended the lifespan of human cells in lab settings by up to 57% and significantly improved survival rates (80% vs. 50% in controls) and overall vitality in aged mice (19 months old). These findings, building on the “psilocybin-telomere hypothesis” which suggest psilocybin might preserve telomere length, indicate that the compound may have systemic effects beyond its known neurological benefits. Psilocin-treated cells showed delayed senescence, maintained higher proliferation rates, exhibited reduced oxidative stress and DNA damage markers (e.g., increased SIRT1 and Nrf2, reduced Nox4 and GADD45a), and preserved telomere length—a key hallmark of aging. While promising, this research is a preliminary step. Further studies are needed to understand the precise molecular mechanisms, assess long-term safety, and explore potential human applications, including optimal dosing and frequency of administration.</p>
Private Equity	<p><b>14. *New York Times</b>  July 2, 2025  <a href="#">The Private Equity Wager: Heads We Win, Tails You Lose</a>  By Jennifer Szalai</p>

	<p>Book review: <b>BAD COMPANY: Private Equity and the Death of the American Dream</b>, by Megan Greenwell  <i>Twelve million Americans work for companies owned by private equity firms. In a new book, the journalist Megan Greenwell traces the arrangement's considerable human costs.</i></p> <p>In her book, "Bad Company: Private Equity and the Death of the American Dream," author Megan Greenwell offers a critical look at the private equity industry, highlighting its human cost. Drawing from her personal experience as the editor of Deadspin, a sports magazine that was acquired by a private equity firm and ultimately hollowed out, Greenwell explores how these firms can financially benefit even when the companies they own fail.</p> <p>The book shares the stories of four individuals—a retail worker, a doctor, a journalist, and a tenant—whose lives were negatively affected by private equity ownership. These accounts detail a common pattern of initial hope followed by a harsh reality, as businesses are transformed into what Greenwell describes as "debt-payment machines." This is exemplified by the story of Toys "R" Us, which went bankrupt after being burdened with massive debt by its private equity owners, leading to the layoff of 33,000 employees while executives received large bonuses. Greenwell argues that private equity firms, which are now responsible for 8% of the American workforce, benefit from tax breaks and management fees that insulate them from risk. This allows them to make money regardless of a company's performance. "Bad Company" challenges the industry's claim that it serves the public good by generating returns for pension funds, and it ends with the powerful stories of people like Liz Marin, a former Toys "R" Us employee, who have taken their cases directly to these pension boards. The book frames the issue not just as a business problem, but as a moral one, exposing how private equity's pursuit of "efficiency" has led to real-world betrayal and financial hardship for everyday Americans.</p>
<p><b>From Other States</b></p>	<p><b>15. *New York Times</b>  July 23, 2025  <a href="#"><u>To Build Affordable Housing, One State Could Loosen Flood Protections</u></a>  By Hilary Howard  <i>New Jersey officials are tinkering with the state's ambitious climate regulations amid a housing crisis. Activists say that economically vulnerable residents could suffer.</i></p> <p>New Jersey officials have proposed a "hardship" exemption for affordable housing projects in coastal flood zones, allowing them to bypass strict new building regulations designed to protect against rising sea levels.</p> <p>The proposed revision seeks to balance climate resilience with New Jersey's significant affordable housing shortfall of an estimated 200,000 units. While developers welcome the waiver as it could maintain project viability by avoiding costly elevation requirements, climate experts and activists express strong concerns. They argue that placing vulnerable residents in high-risk areas is short-sighted and inconsistent with New Jersey's environmental justice law, citing the increasing frequency and cost of weather disasters in the state.</p> <p>Adam Gordon of the Fair Share Housing Center, while understanding the need for affordable homes, advocates for prioritizing new</p>



	<p>construction in more environmentally resilient areas. He suggests supporting other state legislation that would encourage converting abandoned commercial lots into residences and facilitating the construction of additional housing on private lots, including in wealthier, higher-elevation areas.</p>
<p><b><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></b></p>	<p><b><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></b></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: <a href="https://dignityalliancema.org/take-action/#/25">https://dignityalliancema.org/take-action/#/25</a>. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via <a href="https://tinyurl.com/ForgetMeNotPNA">https://tinyurl.com/ForgetMeNotPNA</a> or you can email your story to Dignity Alliance MA (<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p><b>Books by DignityMA Participants</b></p>	<p><b><u><a href="#">A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</a></u></b> By Alex Green</p>



**About the Author:**

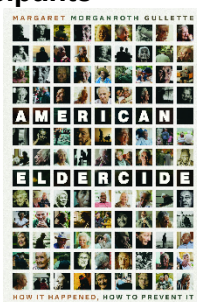
**Alex Green** teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led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

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 age studies. She is the author of several books, including *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.

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

By [Margaret Morganroth Gullette](#)

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

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

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

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

[Buy the book here.](#)

**Bringing People Home: The Marsters Settlement**

Webpages:

[https://www.centerforpublicrep.org/court\\_case/marsters-et-al-v-healey-et-al/](https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/)  
<https://marsters.centerforpublicrep.org/>

<p><b>Support Dignity Alliance Massachusetts</b></p> <p><b><u>Please Donate!</u></b></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><b>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, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>, which has thousands of visits each month.</b></p> <p><b>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.</b></p> <p><a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a></p> <p>Thank you for your consideration!</p>	
<p><b>Dignity Alliance Massachusetts Legislative Endorsements</b></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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>	
<p><b>Websites</b></p>		
<p><b>Blogs</b></p>		
<p><b>Podcasts</b></p>		
<p><b>YouTube Channels</b></p>		
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a>. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>	
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a>.</p>	
<p>Websites of Dignity Alliance Massachusetts Members</p>	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a></p>	
<p>Contact information for reporting complaints and concerns</p>	<p><b>Nursing home</b></p>	<p><a href="#">Department of Public Health</a></p> <ol style="list-style-type: none"> <li>1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a></li> <li>2. Fax completed form to (617) 753-8165</li> </ol> <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p><a href="#">Ombudsman Program</a></p>

MassHealth Eligibility Information	<p><a href="#"><u>MassHealth / Massachusetts Medicaid Income &amp; Asset Limits for Nursing Homes &amp; Long-Term Care</u></a></p> <p><a href="#"><u>Table of Contents</u></a> (Last updated: December 16, 2024)</p> <p><a href="#"><u>Massachusetts Medicaid Long-Term Care Definition</u></a></p> <p><a href="#"><u>Income &amp; Asset Limits for Eligibility</u></a></p> <p><a href="#"><u>Income Definition &amp; Exceptions</u></a></p> <p><a href="#"><u>Asset Definition &amp; Exceptions</u></a></p> <p><a href="#"><u>Home Exemption Rules</u></a></p> <p><a href="#"><u>Medical / Functional Need Requirements</u></a></p> <p><a href="#"><u>Qualifying When Over the Limits</u></a></p> <p><a href="#"><u>Specific Massachusetts Medicaid Programs</u></a></p> <p><a href="#"><u>How to Apply for Massachusetts Medicaid</u></a></p>
Money Follows the Person	<p><b>MassHealth</b></p> <p><a href="#"><u>Money Follows the Person</u></a></p> <p>The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.</p> <p><b>Statistics as of March 31, 2025:</b></p> <p>344 people transitioned out of nursing facilities in 2024</p> <p>49 transitions in January and February 2025</p> <p>910 currently in transition planning</p> <p><a href="#"><u>Open PDF file, 1.34 MB, MFP Demonstration Brochure</u></a></p> <p><a href="#"><u>MFP Demonstration Brochure - Accessible Version</u></a></p> <p><a href="#"><u>MFP Demonstration Fact Sheet</u></a></p> <p><a href="#"><u>MFP Demonstration Fact Sheet - Accessible Version</u></a></p>
Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021:</p> <p><a href="https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/"><u>https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</u></a></p>
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020:</p> <p><a href="https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/"><u>https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</u></a></p> <p>Recent approval:</p> <p><a href="#"><u>Town of Nantucket – Long Term Care Substantial Capital Expenditure</u></a></p> <p>Approved May 5, 2025</p>
List of Special Focus Facilities	<p><b>Centers for Medicare and Medicaid Services</b></p> <p><i>List of Special Focus Facilities and Candidates</i></p> <p><a href="https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf"><u>https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</u></a></p> <p><b>Updated March 26, 2025</b></p> <p>CMS has published a new list of <a href="#"><u>Special Focus Facilities</u></a> (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</p>

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://somersetridge rehab.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)



	<p><a href="https://brandonwoodsnewbedford.com/">https://brandonwoodsnewbedford.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225264/">https://projects.propublica.org/nursing-homes/homes/h-225264/</a></p> <ul style="list-style-type: none"><li>• Cape Cod Post Acute, Brewster (9) <a href="https://capecodrehabhc.com/">https://capecodrehabhc.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225667/">https://projects.propublica.org/nursing-homes/homes/h-225667/</a></li><li>• Charwell House Health and Rehabilitation, Norwood (37) <a href="https://tinyurl.com/Charwell">https://tinyurl.com/Charwell</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225208">https://projects.propublica.org/nursing-homes/homes/h-225208</a></li><li>• Life Care Center of Merrimack Valley, Billerica (2) <a href="https://lcca.com/locations/ma/merrimack-valley/">https://lcca.com/locations/ma/merrimack-valley/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225546/">https://projects.propublica.org/nursing-homes/homes/h-225546/</a></li><li>• Medway Country Manor Skilled Nursing &amp; Rehabilitation, Medway (1) <a href="https://www.medwaymanor.com/">https://www.medwaymanor.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225412">https://projects.propublica.org/nursing-homes/homes/h-225412</a></li><li>• Pine Knoll Nursing Center, Lexington, (3) <a href="https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab">https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225049/">https://projects.propublica.org/nursing-homes/homes/h-225049/</a></li><li>• RegalCare at Glen Ridge (20) <a href="https://www.genesishcc.com/glenridge">https://www.genesishcc.com/glenridge</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225523">https://projects.propublica.org/nursing-homes/homes/h-225523</a></li><li>• West Newton Healthcare, West Newton (9) <a href="https://www.nextstephpc.com/westnewton">https://www.nextstephpc.com/westnewton</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225324/">https://projects.propublica.org/nursing-homes/homes/h-225324/</a></li></ul> <p><b>No longer operating</b></p> <ul style="list-style-type: none"><li>• South Dennis Healthcare, South Dennis <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li></ul>								
<i>Nursing Home Inspect</i>	<p><b>ProPublica</b> <b>Nursing Home Inspect</b> <b>Data updated April 23, 2025</b></p> <p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases).</p> <p>Massachusetts listing: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table><tr><td>Deficiency Tag</td><td># Deficiencies</td><td># Facilities</td><td>MA facilities cited</td></tr><tr><td>B</td><td>315</td><td>222</td><td><a href="#">Tag B</a></td></tr></table>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	315	222	<a href="#">Tag B</a>
Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited						
B	315	222	<a href="#">Tag B</a>						



	<div> <div>C10682Tag C</div> <div>D7,4451,401Tag D</div> <div>E2,133767Tag E</div> <div>F676314Tag F</div> <div>G517339Tag G</div> <div>H5835Tag H</div> <div>I32Tag I</div> <div>J5328Tag J</div> <div>K279Tag K</div> <div>L93Tag L</div> </div> <p>Updated April 23, 2025</p>
Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b>  <i>Nursing Home Compare Website</i>  Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.  This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <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.  <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>
Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b>  <i>Data on Ownership of Nursing Homes</i>  CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>
DignityMA Call Action	<ul style="list-style-type: none"> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a></p>

	Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a> Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>		
<b>Participation opportunities with Dignity Alliance Massachusetts</b>  Most workgroups meet bi-weekly via Zoom.  Interest Groups meet periodically (monthly, bi-monthly, or quarterly).  Please contact group leaders for more information.	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Assisted Living	John Ford	<a href="mailto:iford@nic-ma.org">iford@nic-ma.org</a>
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Lachlan Forrow	<a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	<a href="mailto:iimlomastro@comcast.net">iimlomastro@comcast.net</a> <a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Legal Issues	Stephen Schwartz	<a href="mailto:sschwartz@cpr-ma.org">sschwartz@cpr-ma.org</a>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>
	Veteran Services	James Lomastro	<a href="mailto:iimlomastro@comcast.net">iimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:iimlomastro@comcast.net">iimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
<b>Bringing People Home: Implementing the Marsters class action settlement</b>	Website: <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a> Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 <a href="mailto:bringingpeoplehome@cpr-ma.org">bringingpeoplehome@cpr-ma.org</a> Newsletter registration: <a href="https://marsters.centerforpublicrep.org/7b3c2-contact/">https://marsters.centerforpublicrep.org/7b3c2-contact/</a>		
<b>REV UP Massachusetts</b>	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: <a href="https://revupma.org/wp/">https://revupma.org/wp/</a> To join REV UP Massachusetts – go to the <a href="#">SIGN UP page</a> .		
<b>The Dignity Digest</b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none"> <li>• John Ford</li> <li>• Jim Lomastro</li> <li>• Dick Moore</li> </ul> Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</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.*

*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](http://www.DignityAllianceMA.org).*