




# The Dignity Digest

Issue # 246

August 19, 2025

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

<p><b>DignityMA Zoom Sessions</b></p>	<p><b>*May require registration before accessing the article.</b></p> <p>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>.</p>
<p><b>Spotlight</b></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:dwc@cooganlaw.com">dwc@cooganlaw.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 real “pain point” for providers should be inadequate systems, not quality oversight. . .</i></p> <p><i>The experts quoted [in <a href="#">New SNF audits ‘tip of the iceberg’ for measure validation, payment consequences</a>] worry this validation program is the “tip of the iceberg” for expanded oversight. Good. Healthcare facilities receiving public funding should expect comprehensive quality validation. The expansion to claims-based measures and managed care patients represents appropriate stewardship of public resources. . .</i></p> <p><b><i>Quality assurance shouldn’t be painful when you’re actually delivering quality care with proper documentation.</i></b></p> <p>James A. Lomastro, PhD, <a href="#">SNF validation program — a necessary quality assurance measure</a> (McKnight’s Long-Term Care News, August 8, 2025)</p>

*“It was definitely one of those nights where, the rules and everything kinda don’t apply, you just do what you gotta do.”*

A Fall River firefighter about the Gabriel House fire, [Hear from the firefighters who battled the deadly blaze at Gabriel House](#) (\*Boston Globe, August 7, 2025)

*“Delays in refunding [continuing care retirement community (CCRC)] deposits — often high six figures in value — can cause significant financial harm, especially when funds are needed to pay for care in another facility, settle estates or support survivors. The lack of a statutory deadline allows providers to delay refunds indefinitely. These reforms are not radical — they are responsible, reasonable, and necessary to protect aging adults who have contributed a lifetime of resources and wisdom to the communities they now call home.”*

Christine Griffin, an ALR Commission member and vice chair of the Linden Ponds Resident Advisory Council in Hingham, MA, [CCRC recommendations draw mixed reviews from senior living, consumer advocates](#) (McKnights Senior Living, August 11, 2025)

*“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. 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?”*

David VanArsdale, an ALR Commission member and resident of Edgewood Retirement Community in North Andover, MA, [CCRC recommendations draw mixed reviews from senior living, consumer advocates](#) (McKnights Senior Living, August 11, 2025)

*The Centers for Medicare & Medicaid Services (CMS) has officially ended its 5-Claim Probe audit process for nursing homes as of June 30.*

***"It's a perfect storm. It's an unfortunate, devastating storm for our older Americans."***

Yolanda Stevens, program and policy analyst with the [National Alliance to End Homelessness](#), referring to recently enacted cuts to the federal Medicaid budget, [Amid growing 'scandal' of elder homelessness, health care groups aim to help](#) (NPR Shots, August 16, 2025)

***[Allaire Health Services, a New Jersey for profit nursing home company recommended to buy Mission Hill's Benjamin Healthcare Center,] had the experience; they had the money; and while they're not perfect, they have, in my view, the right resume in order to be considered for the position of the owner-operator."***

Attorney Joseph Feaster, state-appointed receiver of the Benjamin Healthcare Center, [Benjamin sale moves forward](#) (The Bay State Banner, August 6, 2025)

***"Everyone seems to think not-for-profit is the nirvana of operation. Well, we have a not-for-profit and we're a receivership right now, so I don't think that that's necessarily the answer."***

Attorney Joseph Feaster, state-appointed receiver of the Benjamin Healthcare Center, [Benjamin sale moves forward](#) (The Bay State Banner, August 6, 2025)

***"It's not kumbaya, it's just sharing information. You don't have to hug it out, just share information."***

Superior Court Justice Anthony Campo, who presided over the status conference for the Benjamin Healthcare Center, referring to communication difficulties between the facility and representatives of state agencies, , [Benjamin sale moves forward](#) (The Bay State Banner, August 6, 2025)

***"We've stepped back into the world that we lived in before the [CDC's vaccine advisory committee] was***

*created. It's just sowing some confusion. ... It will be a little bit different this year."*

Dr. Brenda Anders Pring, a pediatrician representing the Massachusetts Chapter of the American Academy of Pediatrics, [Less guidance offered on fall vaccine schedule](#) (\*Boston Globe, August 17, 2025)

*"For far too many disabled Americans, traffic stops and encounters with law enforcement can be deadly. This is especially true for people who may have language and communication barriers. The Blue Envelope Act would help mitigate the harm people with communication disabilities face during traffic stops and educate the officials who interact with them, working across language and information barriers."*

AAPD President and CEO Maria Town, [Norton Introduces Bill to Make "Blue Envelope" Programs Eligible for Federal Transportation Safety Funding](#) (Office of Congresswoman Eleanor Holmes Norton, August 7, 2025)

*"He has no person who is in charge of his health care. It was never like this before. There's a lack of staff, empty rooms, locked doors. It feels like something that's not healthy."*

Wife of a veteran who served in Somalia regarding his experience with accessing Veteran Administration services, [Veterans' Care at Risk Under Trump as Hundreds of Doctors and Nurses Reject Working at VA Hospitals](#) (ProPublica, August 8, 2025)

*At the Togus VA Medical Center in Augusta, Maine, internal records show that there is a two-month wait for primary care appointments, which is triple the VA's goal and 38 days longer than it was at this time last year.*

[Veterans' Care at Risk Under Trump as Hundreds of Doctors and Nurses Reject Working at VA Hospitals](#) (ProPublica, August 8, 2025)

	<p><i>“As a direct and proximate result of the negligence ... Margaret Duddy sustained serious injuries, suffered conscious pain and suffering, and an untimely death on July 13, 2025.”</i></p> <p>From the wrongful death lawsuit filed on behalf of Gabriel House resident Margaret Duddy, <a href="#">First wrongful death lawsuit filed in connection to deadly Gabriel House fire in Fall River</a> (*<b>Boston Globe</b>, August 15, 2025)</p> <p><i>“He didn’t want the state getting involved in stuff and he resented that. He would push back and push back.”</i></p> <p>Maggie Dionne, the director of housing and supportive services at the Executive Office of Elder Affairs from 2000 to 2007, commenting about Dennis Etzkorn, owner of Gabriel Assisted Living Residence, <a href="#">Years of complaints against Gabriel House owner offer glimpses of an embattled businessman</a> (*<b>Boston Globe</b>, August 7, 2025)</p>
<p><b>Commentary</b>  <b>By James A. Lomastro,</b>  <b>PhD</b>  <b>Chair, DignityMA</b>  <b>Facilities Workgroup</b>  <b>Member, DignityMA</b>  <b>Coordinating</b>  <b>Committee</b></p>	<p><a href="#"><u><b>SNF validation program — a necessary quality assurance measure</b></u></a>  <b>McKnights Long-Term Care News</b>  August 8, 2025</p> <p>The real “pain point” for providers should be inadequate systems, not quality oversight.</p> <p>I’m referring to Kimberly Marselas’ recent article that portrays the Center for Medicare &amp; Medicaid Services’ skilled nursing facility validation program as a <a href="#">burdensome “pain point.”</a> This perspective fundamentally misframes what should be a routine quality assurance process in 2025.</p> <p>The real issue isn’t CMS oversight. It’s providers who haven’t adequately invested in modern healthcare technology and documentation systems.</p> <p><b>Automation should make this routine, not painful</b></p> <p>The article treats the validation requirements as insurmountable administrative burdens. But this reveals a troubling reality: Many SNFs are still operating with outdated, disconnected systems in an era when seamless integration should be standard.</p> <p>The expectation should be straightforward: In 2025, MDS assessments, clinical documentation and quality reporting should be automated and integrated. <a href="#">Healthcare automation technologies</a> have demonstrated significant benefits in reducing data entry errors and improving compliance with Medicare and Medicaid requirements. When CMS requests</p>




	<p>documentation for 10 assessment records, facilities with properly configured systems should be able to generate comprehensive reports with minimal manual intervention. If submitting medical chart documentation within 45 days feels like a “bear” to manage, the problem isn’t CMS’ timeline — it’s the facility’s failure to modernize their documentation infrastructure. <a href="#">EHR integration and automation</a> have been proven to streamline workflows and enhance data accessibility in healthcare settings.</p> <p><b>Reframing the ‘financial pressure’ argument</b></p> <p>The article frames the 2% payment reduction as punitive financial pressure, but this misses the fundamental point: Facilities are being held accountable for accurately reporting the quality of care they provide to Medicare beneficiaries. This isn’t about punishment — it’s about ensuring that public funds support facilities that can demonstrate they’re providing the care they claim to provide. The <a href="#">CMS SNF Quality Reporting Program</a> has clear requirements that have been in place since 2018, giving facilities ample time to prepare adequate systems. The “pressure” described is simply the expectation that healthcare providers maintain accurate records and can substantiate their quality claims.</p> <p><b>The integration challenge is self-inflicted</b></p> <p>The article mentions that many facilities use “multiple systems that don’t seamlessly integrate” as if this explains the difficulty. But this is 2025, and healthcare technology integration isn’t bleeding-edge innovation anymore. <a href="#">EHR interoperability solutions</a> are readily available and considered essential for modern healthcare delivery. Electronic health records, MDS software and billing systems should communicate seamlessly.</p> <p>Facilities that haven’t invested in proper system integration or staff training are essentially asking taxpayers to subsidize their technological inadequacy while making quality oversight more difficult. <a href="#">Recent developments in EHR technology</a> demonstrate that cloud-based solutions, automation, and AI integration are now standard expectations, not luxury features.</p> <p><b>Documentation standards are healthcare standards</b></p> <p>The validation program requires facilities to demonstrate “clear, defensible links between care provided, documentation and MDS coding.” This shouldn’t be an additional burden. It should be a fundamental healthcare practice.</p> <p>Every clinical decision should be documented, every MDS entry should be supported by clinical evidence, and every quality measure should reflect actual patient outcomes. <a href="#">Medical record automation</a> has been shown to</p>
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	<p>improve efficiency, enhance accuracy, and reduce compliance issues. If facilities can't demonstrate these connections, the problem isn't the audit — it's the quality of care delivery and documentation.</p> <p><b>The real 'tip of the iceberg'</b></p> <p>The experts quoted worry this validation program is the “tip of the iceberg” for expanded oversight. Good. Healthcare facilities receiving public funding should expect comprehensive quality validation. The expansion to claims-based measures and managed care patients represents appropriate stewardship of public resources.</p> <p>Rather than viewing this as escalating punishment, the industry should recognize it as the inevitable evolution toward data-driven quality assurance that benefits both patients and taxpayers. <a href="#">Research from Deloitte</a> indicates that the future of EHRs involves more AI integration, cloud adoption and automated workflows — all designed to make quality reporting more efficient, not more burdensome.</p> <p><b>A call for perspective</b></p> <p>The article's framing suggests that quality assurance creates administrative burdens that “divert resources from direct patient care.” This creates a false dichotomy. Accurate documentation, proper MDS coding and quality measurement <i>are</i> essential components of quality patient care. Facilities that have invested in proper systems and processes won't find these requirements burdensome because they're already operating with the transparency and accountability that quality care demands. <a href="#">Clinical workflow automation</a> demonstrates that modern healthcare organizations can automate documentation and reporting processes to improve both efficiency and patient outcomes.</p> <p><b>The bottom line</b></p> <p>Instead of characterizing necessary quality oversight as a “pain point,” the industry should focus on the real problem: facilities that haven't modernized their operations to meet 2025 standards for healthcare documentation and quality reporting. CMS's validation program isn't creating new burdens — it's revealing which facilities have failed to invest in the systems and processes necessary for modern healthcare delivery. <a href="#">Healthcare automation studies</a> show that medical errors have become a leading cause of death, causing around 100,000 deaths annually in the U.S. Quality validation programs directly address this crisis by ensuring accurate documentation and reporting.</p> <p>The solution isn't to reduce oversight; it's for providers to finally implement the automated, integrated systems that should have</p>
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	<p>been standard practice years ago. <a href="#">Enterprise AI and automation platforms</a> are already being deployed across healthcare to reduce administrative burdens while improving accuracy and compliance.</p> <p>Quality assurance shouldn't be painful when you're actually delivering quality care with proper documentation. The pain described in the article is the sound of an industry being held accountable for modernizing practices that should have evolved long ago.</p>
<b>Recruitment</b>	See: <a href="#">Listings on MASterList.com's Job Board</a> for all current listings
<b>Guide to news items in this week's <i>Dignity Digest</i></b>	<p><b>Gabriel House Fire</b>  <a href="#">First wrongful death lawsuit filed in connection to deadly Gabriel House fire in Fall River</a> (*<b>Boston Globe</b>, August 15, 2025)  <a href="#">Years of complaints against Gabriel House owner offer glimpses of an embattled businessman</a> (*<b>Boston Globe</b>, August 7, 2025)  <a href="#">Hear from the firefighters who battled the deadly blaze at Gabriel House</a> (*<b>Boston Globe</b>, August 7, 2025)</p> <p><b>Benjamin Healthcare Center</b>  <a href="#">Benjamin sale moves forward</a> (The Bay State Banner, August 6, 2025)</p> <p><b>Nursing Homes</b>  <a href="#">Study: Specialized nursing home physicians cut emergency visits for Medicare dementia residents</a> (McKnights Long-Term Care News, August 16, 2025)  <a href="#">Temporary Pause in Nursing Home Care Compare Updates</a> (Center for Clinical Standards and Quality (Centers for Medicare and Medicaid Services (CMS)), August 15, 2025)  <a href="#">CMS Pauses Nursing Home Care Compare Updates, Leaving 5-Star Ratings Static</a> (Skilled Nursing News, August 15, 2025)  <a href="#">Judge rejects RN, hourly staff rules</a> (McKnights Long-Term Care News, August 14, 2025)</p> <p><b>Chapter 197 Commission Reports</b>  <a href="#">Care infrastructure under pressure as state's oldest cohort explodes</a> (*<b>State House News</b>, August 14, 2025)  <a href="#">CCRC recommendations draw mixed reviews from senior living, consumer advocates</a> (McKnights Senior Living, August 11, 2025)</p> <p><b>Health Care</b>  <a href="#">Less guidance offered on fall vaccine schedule</a> (*<b>Boston Globe</b>, August 17, 2025)</p> <p><b>Homelessness</b>  <a href="#">Amid growing 'scandal' of elder homelessness, health care groups aim to help</a> (NPR Shots, August 16, 2025)</p> <p><b>Federal Policy</b>  <a href="#">Trump says he wants to get rid of mail-in ballots</a> (*<b>New York Times</b>, August 18, 2025)</p> <p><b>Disability Topics</b></p>

	<p><a href="#">Explore Massachusetts State Parks with New Accessible Mobility Devices</a> (Massachusetts Department of Conservation &amp; Recreation)</p> <p><a href="#">Norton Introduces Bill to Make “Blue Envelope” Programs Eligible for Federal Transportation Safety Funding</a> (Office of Congresswoman Eleanor Holmes Norton, August 7, 2025)</p> <p><b>Veterans Topics</b></p> <p><a href="#">Veterans’ Care at Risk Under Trump as Hundreds of Doctors and Nurses Reject Working at VA Hospitals</a> (ProPublica, August 8, 2025)</p> <p><b>Elder Abuse</b></p> <p><a href="#">Woman posing as caretaker turned elderly resident’s home into erotic massage parlor, police say</a> (Boston 25 News, August 15, 2025)</p> <p><b>MassHealth</b></p> <p><a href="#">AG’s Office Secures Guilty Plea and Restitution from Worcester-Based Home Health Company and Administrator for MassHealth Fraud</a> (Office of Attorney General Andrea Campbell, August 14, 2025)</p>
<p><b>DignityMA Study Sessions</b></p> <p><i><b>Special Focus on Changes in Federal Policies, Programs, and Services</b></i></p>	<p>Unprecedented public policy changes have been occurring since the onset of the Trump Administration three months ago. Programs, policies, and initiatives of importance to older adults, persons with disabilities, and caregivers are not exempted. The implications are starting to become known. The impacts will be experienced in the months and years ahead.</p> <p>No sector is being spared. Health care, social services, Social Security, civil rights, housing, and more are all under historic attack. Some areas are being “downsized,” some are being disrupted or radically modified, and others are being eliminated outright.</p> <p>Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults, persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response.</p> <p>The presenters are:</p> <ul style="list-style-type: none"> <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/">https://dignityalliancema.org/videos/</a>. Bob Blancato’s presentation is being rescheduled.</p>
<b>DignityMA Study Session</b>	<p><b><i>Aging Policy Update: What We Know, What We Don’t Know, and What We Should Fear</i></b></p> <p>Wednesday, May 21, 2025, 2:00 p.m.</p>

 <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p>Unfortunately, this session is being rescheduled. Date to be announced.</p> <p>Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</p> <p>Registration required:  <a href="https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g">https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</a></p> <p>Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year.</p> <p>Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.</p>
<p><b>Webinars and Online Sessions</b></p>	<p><b>1. Justice in Aging</b>  Wednesday, August 20, 2025, 2:00 to 3:00 p.m.  <a href="#"><i>Bird's Eye View: Issues Impacting Older Immigrants in 2025</i></a>  The Trump administration's draconian actions targeting immigrants have created fear and chilled the utilization of essential services, such as health care and other supports. Older immigrants already face many barriers in accessing the health, economic, and legal services they need to age with dignity. Additional threats to their safety and administrative barriers erode their access to these supports and may complicate access and quality for all older adults and people with disabilities. The webinar will provide a high-level overview of major issues facing older immigrants in 2025. This webinar will also provide advocates with information regarding the recent sharing of private Medicaid information to immigration officials, the narrowing of immigrant eligibility for Medicare and Medicaid, and the erosion of protected areas from immigration enforcement.</p> <p>Presenters will discuss: • Who older immigrants are; • Developments in immigration policies impacting older adults; and • General guidance for advocates who work with older immigrants with resources from Justice in Aging and our partners.</p> <p>Who Should Participate: Advocates for and professionals working with older immigrants and other aging and disability stakeholders.</p> <p><b>2. Alliance for Justice</b>  Tuesday, August 26, 2025, 1:00 p.m.  <a href="#"><i>Holding Court: Defending and Expanding the ADA 35 Years Later</i></a>  This virtual conversation will feature Michelle Uzeta, Interim Executive Director of Disability Rights Education &amp; Defense Fund and Erin Prangle, Director of Public Policy at The National Association of Councils on Developmental Disabilities. Additional panelists will be announced in the coming weeks. AFJ President Rachel Rossi will be moderating the discussion. Our panelists will reflect on the 35th anniversary of the signing of the Americans with Disabilities Act and</p>

what the disability justice movement, along with the wider progressive movement is doing and needs to do to continue expanding rights and accessibility. The discussion will also focus on the impact that state and federal legislation has had on people with disabilities; court decisions that have expanded or hindered disability justice; and the state of disability justice under the second Trump administration. The ADA was signed into federal law on July 26, 1990, and last month, the ADA celebrated its 35th anniversary. The ADA is a civil rights law that prohibits discrimination against people with disabilities and ensures equal opportunities in various areas, including employment and public accommodations. The Supreme Court has heard several cases concerning the ADA, and there have been major victories, as well as rulings that have significantly narrowed the scope of the ADA, making it more difficult for individuals to be protected under the law. StreamYard webinars do not have automatic closed captioning, but there are captions on LinkedIn ([linkedin.com/company/alliance-for-justice](https://www.linkedin.com/company/alliance-for-justice)) Register [HERE!](#)

### **3. Justice in Aging**

Thursday, August 28, 2025, 2:00 to 3:00 p.m.

[Dual Eligible Special Needs Plans \(D-SNPs\): What Advocates Need to Know](#)

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.

Who Should Participate:

State-based advocates working with older adults and people with disabilities enrolled in Medicare and Medicaid.

Presenters:

- Hannah Diamond, Senior Policy Advocate, Justice in Aging
- Samantha Morales, Senior Policy Advocate, Justice in Aging

### **4. The Mid-Atlantic ADA Center**

Tuesday, September 2, 2025, 12:00 to 1:00 p.m.

[Fighting for Civil and Disability Rights: Strategies to Overcome Barriers](#)

This free webinar, hosted by the Mid-Atlantic ADA Center, will share findings from their research on how Black individuals with disabilities access information and exercise their rights under the ADA. The session will cover civil and disability rights laws, common barriers such as

discrimination and inaccessible environments, and strategies for advocacy, community organizing, and legal action. Open or closed captions will be provided, and CTCP Credit, ADA Coordinator Certificate, Attendance, CEU credits will also be available.

**5. Consumer Financial Protection Bureau (CFPB) Office for Older Americans**

Thursday, September 4, 2025, 1:00 to 2:00 p.m.

[Cognitive Decline and Financial Exploitation in Older Age Webinar Registration Form](#)

Mild cognitive impairment, which often goes undiagnosed in older adults, can adversely affect financial decision-making, leaving vulnerable adults at risk for financial exploitation. Financial exploitation is the most common form of elder abuse, and the research suggests a change in financial management and skills may be an early indicator of cognitive decline. Although a person may be able to perform simple tasks such as writing checks or paying bills, they may have difficulty with more complex tasks such as balancing a checkbook or managing investments.

Advances in the neuroscience of cognition and aging can help family members and professionals recognize the signs of poor monetary management and take steps to respond to and prevent the financial risks associated with early cognitive decline. Those research findings can be used to inform the work of law enforcement, adult protective services, financial institutions, clinicians, and other service providers. They are also relevant to older adults, themselves, who can be empowered to take steps to protect their financial well-being.

The webinar will feature presentations by:

- **Dr. Nancy Hoffman, geriatric neuropsychologist:** As an expert and practitioner specializing in the neuropsychological assessment of cognition in older adults, Ms. Hoffman will share insights into cognitive capacity and how it relates to vulnerability to financial exploitation of older adults.
- **Lisa Schifferle, CFPB's Office for Older Americans:** Ms. Schifferle will share resources for people considering a financial caregiver for a loved one experiencing cognitive decline.

**6. U.S. Access Board**

Thursday, September 4, 2025, 2:30 to 4:00 p.m.

[Rocking Your Rentals—ABA Accessibility and Leased Facilities](#)

The Architectural Barriers Act (ABA) requires that federal agencies and the US Postal Service (USPS) ensure that facilities they lease are accessible to people with disabilities. To meet this minimum level of accessibility, leased facilities must comply with a subset of requirements in the ABA Standards. These requirements address accessible routes, parking, toilet and bathing facilities, sales and service counters, joint use areas, fire alarms, and other elements and spaces. The presenter will review these requirements and explain how they apply to leased facilities. In addition, the requirement that alterations undertaken after the building has been leased must comply with any applicable requirements will be discussed.

	<p>Real-time captioning provided along with video sign language interpreters.</p> <p>Participants can ask questions in advance during the registration process as well as ask questions during the live session.</p> <p><b>7. National Alzheimer’s and Dementia Resource Center</b>  Tuesday, September 9, 2025, 1:00 to 2:00 p.m.  <a href="#">Grant to Growth: Building Sustainable Dementia Services, Supports, and Training</a>  Federal grant funding for dementia programs — though time limited — can play a critical role in jumpstarting and maintaining vital services and supports. However, achieving long-term sustainability requires careful planning from the outset. In this webinar, participants will hear from a community-based organization that successfully leveraged funding from the Administration for Community Living (ACL) to create and implement dementia programs that have continued beyond their federal grant period. Presenters will explain practical strategies for embedding dementia best practices into enduring, community-based care systems. The session will also highlight a new National Alzheimer’s and Dementia Resource Center report that offers actionable insights and real-world examples of sustained dementia initiatives at both the state and community levels.</p> <p>Presenters</p> <ul style="list-style-type: none"> <li>• Jill Cigliana, MSOT, OTR/L, Executive Director, Memory Care Home Solutions</li> <li>• Melissa Hunter, MSW, Research Public Health Analyst, Aging, Disability, and Long-Term Care Program, RTI International</li> </ul> <p><b>8. Northeast ADA Center</b>  Tuesday, September 9, 2025, 1:00 to 2:15 p.m.  <a href="#">ADA Overview: A Focus on Title I</a>  This free virtual session, hosted by the Northeast ADA Center, will provide an overview of ADA Title I, which covers employment rights and responsibilities under the ADA. The 60-minute presentation will be followed by 15 minutes of Q&amp;A, and one hour of CRC credit is available. Open or closed captions will be provided, along with Certificate of Attendance and CRCC credits available.</p> <p><b>9. Home Health Care News</b>  Thursday, September 11, 2025, 2:00 p.m.  <a href="#">Home-Based Care and Workforce Compliance: Navigating Today’s Regulatory Changes</a>  Join Malka Trump, CPA, CPP, Senior Director of Compliance at Viventium, for an in-depth look at essential workforce compliance topics for home-based care. This webinar will cover critical federal changes under the recently passed One Big Beautiful Bill Act (OBBBA) as well as the latest on immigration reform and Form I-9 updates. We will also dive into essential workplace compliance, including state pay transparency law changes, exclusion monitoring, per-visit pay, and more. Prepare to walk away with actionable strategies to stay ahead in a rapidly evolving regulatory landscape.  In this webinar, you will:</p>
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	<ul style="list-style-type: none"> <li>• Prepare your agency for workforce management changes under OBBBA that will impact your agency in 2025 and future years.</li> <li>• Learn the latest updates to immigration reform and how they impact your E-Verify and Form I-9 compliance.</li> <li>• Gain a comprehensive understanding of current workforce compliance requirements, including pay transparency laws, exclusion monitoring, per-visit pay, and more.</li> </ul> <p><b>10. Mid-Atlantic ADA Center</b>  Tuesday, September 16, 2025, 1:00 to 2:30 p.m.  <a href="#">A Journey Through Global Accessibility Laws</a>  The Mid-Atlantic ADA Center is hosting a webinar exploring how laws around the world promote accessibility in Information and Communication Technology (ICT). Speakers will cover key laws in the U.S., Canada, and Europe, including Section 508, ADA Title II Web Accessibility, the Accessible Canada Act, and the European Accessibility Act.  Video Remote Interpreting (VRI) and real-time captioning will be available. Participants can also earn a Certificate of Attendance and ACTCP credits.</p> <p><b>11. Betsy Lehman Center for Patient Safety</b>  Wednesday, October 1, 2025, 12:00 to 1:00 p.m.  <a href="#">Learning Collaborative with Dr. Michael Gustafson: Unlocking the Power of Compassion to Transform Organizations</a>  Evidence is overwhelming that compassionate care is not just “nice to have,” but is essential to safety and quality outcomes, patient engagement and caregiver wellbeing. During this talk, Dr. Gustafson will explore strategies to advance compassion for patients and providers, while transforming organizational culture and performance.  Dr. Gustafson currently serves as CEO of the Schwartz Center for Compassionate Healthcare, a Boston-based international nonprofit whose mission is to keep compassion in the heart of health care through programs, education, and advocacy.  <a href="#">REGISTER HERE</a></p>
<b>Previously posted webinars and online sessions</b>	Previously posted webinars and online sessions can be viewed at: <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a>
<b>Gabriel House Fire</b>	<p><b>12. *Boston Globe</b>  August 15, 2025  <a href="#">First wrongful death lawsuit filed in connection to deadly Gabriel House fire in Fall River</a>  By Tonya Alanez and John R. Ellement  A wrongful death lawsuit has been filed on behalf of Margaret Duddy, a 69-year-old woman who was one of 10 people killed in a devastating fire at the Gabriel House assisted living facility on July 13.  The lawsuit, filed by her son, James Duddy, names Gabriel Care LLC, the facility's owners, and Fire Systems Inc., the company responsible for the facility's fire alarms, as defendants. It is the first wrongful death lawsuit related to the fire and seeks punitive damages, alleging reckless conduct and gross negligence.</p>

According to the complaint, the facility was not properly managed or staffed, and its emergency procedures were inadequate. The lawsuit claims that only two staff members were on duty the night of the fire, which trapped numerous residents who were unable to evacuate. The fire alarm and smoke detection systems are also described as inadequate.

The fire was deemed "accidental," possibly caused by a combination of medical oxygen and smoking materials in a resident's room.

A spokesman for the owners of Gabriel House declined to comment on the new lawsuit but referred to an earlier statement expressing sorrow for the deaths and stating that resident safety was always a top priority.

### **13. \*Boston Globe**

August 7, 2025

[Years of complaints against Gabriel House owner offer glimpses of an embattled businessman](#)

By Jonathan Saltzman, Marin Wolf, Stella Tannenbaum, and Dana Gerber

According to public records and interviews, Dennis Etzkorn, the owner of the Gabriel House assisted living facility, has a long history of legal and regulatory disputes. While not accused of wrongdoing in the recent fatal fire, his past reveals a pattern of conflict with employees, contractors, and government officials.

Here is a summary of the key points:

#### Legal and Regulatory Issues

- **Lawsuits and Settlements:** Etzkorn has been a defendant in various lawsuits, including three sexual harassment lawsuits from former employees, which were all settled out of court. He was also a defendant in a criminal case alleging he collected millions in improper Medicaid payments; that case was settled with a payment of \$950,000 to the state.
- **Regulatory Violations:** The state suspended Gabriel House's operating license twice since it opened in 1999, though it was later reinstated. A former state official noted that Etzkorn was resistant to taking corrective measures recommended by the agency.
- **Civil and Criminal Charges:** Etzkorn faced criminal charges for indecent assault and battery, which were later dismissed. He was also ordered to pay a former employee damages for wrongful termination after she was fired for informing staff about noncompete agreements.
- **Property Disputes:** Etzkorn has been cited for property violations at his other businesses and his personal home. In one instance, he ignored a town's stop-work order for a retaining wall and expanded it.

#### The Gabriel House Fire

Despite his history, officials have stated the fire at Gabriel House appears to have been accidental. However, a wrongful death lawsuit filed by a resident's family, as well as a separate lawsuit from surviving residents, allege that Etzkorn's negligence contributed to the tragedy. These lawsuits claim that residents smoked cigarettes while using

	<p>medical oxygen and that key safety features, such as the elevator and fire drills, were inadequate or nonexistent.</p> <p>Etzkorn's spokesman states that Etzkorn is "incredibly upset" by the fire and that he has cooperated with investigators, providing documentation of sprinkler system inspections. In a statement, Etzkorn said the time is for helping people heal, not for thinking about the future of the facility.</p> <p><b>14. *Boston Globe</b>  August 7, 2025  <a href="#">Hear from the firefighters who battled the deadly blaze at Gabriel House</a>  By Randy Vazquez  <i>"It was definitely one of those nights where, the rules and everything kinda don't apply, you just do what you gotta do."</i>  Fall River firefighters are still reckoning with the fire that tore through Gabriel House, killing 10 residents and injuring dozens more. Many of those who responded <a href="#">have described the scene</a> as among the most difficult of their careers, citing thick smoke, limited visibility, and the challenge of reaching residents who were unable to escape on their own. Some have revisited key moments from that night, wondering whether faster actions might have changed the outcome. The city has since launched a review of staffing levels and building safety protocols. For the firefighters who were there, the questions linger.</p>
<b>Benjamin Healthcare Center</b>	<p><b>15. The Bay State Banner</b>  August 6, 2025  <a href="#">Benjamin sale moves forward</a>  By Avery Bleichfeld  <i>Receiver announces recommended bid in nursing facility buy-out</i>  A pending sale of the Edgar P. Benjamin Healthcare Center took a step forward July 31 when Suffolk County Superior Court approved a suggestion by the facility's receiver to sell ownership and operations to Allaire Health Service, a New-Jersey-based, for-profit operator of long-term care facilities.  The recommendation comes about four months after Joseph Feaster, the Mission Hill nursing home's court-appointed receiver, first identified a sale as his suggested course of action to continue operations at the facility, and almost a year-and-a-half after Feaster was appointed by the court as receiver of the Edgar Benjamin. That move ousted former administrator Tony Francis amid a plan to close the center and allegations of financial mismanagement.  The receivership and commonwealth said they are seeking to close on the sale by the end of September. That timeline was endorsed by Superior Court Justice Anthony Campo, who presided over the status conference.  Feaster made his recommendation of Allaire out of a field of seven bids received. He said that he, along with the review team he put in place to consider the proposals, narrowed the field to four — Allaire and local proposals from Mattapan Community Development Corporation, TotalCare and a duo of physicians including the Edgar Benjamin's medical director, Dr. Kenya Hanspard.</p>

	<p>The review team, Feaster said, pushed the three local companies under consideration to “buttress” their proposals by coming together to make a joint venture, but the concept didn’t pan out.</p> <p>In the end, he said, Allaire seemed best situated to take over operations of the facility.</p> <p>“They had the experience; they had the money; and while they’re not perfect, they have, in my view, the right resume in order to be considered for the position of the owner-operator,” Feaster said.</p> <p>Allaire Health Services, which was founded a decade ago, owns and operates 23 facilities in New Jersey, Pennsylvania, and Vermont.</p> <p>Joseph Feaster, receiver for the Edgar P. Benjamin Healthcare Center, speaks with staff following a Dec. 19 status conference in Suffolk County Superior Court. PHOTO: AVERY BLEICHFELD</p> <p>In a document filed with the court on July 31 officially identifying his recommendation, Feaster described Allaire as a company with a “strong track record of transforming healthcare centers and has a history with taking over distressed facilities and facilities in receivership.”</p> <p>Allaire’s \$6.5 million bid includes an additional \$2 million to \$4 million for renovations and an agreement to maintain the facility’s name and ensure that no residents are displaced. Keeping the name and ensuring continued operations as a long-term care facility were factors that Feaster previously said were deal-breakers for him in pursuing a sale of the center.</p> <p>The company is a for-profit organization, but despite a recent track record in Massachusetts that includes companies like Steward Health Care — which sold or closed its seven hospital campuses across the state during bankruptcy proceedings last year — Feaster said that factor shouldn’t be a disqualifying one.</p> <p>“Everyone seems to think not-for-profit is the nirvana of operation,” he said. “Well, we have a not-for-profit and we’re a receivership right now, so I don’t think that that’s necessarily the answer.”</p> <p>The sale process, he said, will have guardrails to try to encourage the best outcomes for residents and the longevity of the facility, which will be 100 years old in 2027.</p> <p>Some of those guardrails will come from the official processes that will occur as the sale proceeds — the Department of Public Health will have to provide approval as the licensing agency and the Public Charities Division of the attorney general’s office will have input in the sale from a nonprofit organization to a for-profit company.</p> <p>But Feaster said he’d also consider other possibilities like a deed restriction or memorandum of understanding with his largest priority being to ensure that the sale doesn’t lead to the facility being shuttered and transformed into housing or other uses.</p> <p>“The process hasn’t ended,” Feaster said. “It’s really just beginning with regards to moving towards that owner-operator consideration.”</p> <p>In recent months, the facility has faced ongoing financial challenges. The center has had close calls with meeting payroll. In one instance, Feaster said he had to pull \$50,000 of his own money to close a gap.</p>
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	<p>Prior to the receivership, under former Administrator Tony Francis' leadership, the center repeatedly was unable to pay staff, a factor the commonwealth cited as a reason it signed on, at the last minute, to the suit that ousted Francis after months of declining to pursue a receivership request against the center's then-leadership.</p> <p>And a budget assembled by the center's administrator Delicia Mark, presented to the court in March, identified a \$4 million shortfall by the end of the year (in a report filed with the court in May, Feaster said the facility performed better than expected, with the facility's total expenses clocking in about \$284,000 lower than projected and total revenue reaching about \$162,000 more than forecasted).</p> <p>Those financial challenges come in part from outstanding debts and bills leftover from the previous administration, which representatives from the receivership said they hope will be knocked out by the pending sale. Feaster also said that it's a matter of experience and operational factors, too, pointing to Allaire's more than 20 other facilities across the Northeast.</p> <p>"We have a 164-licensed-bed facility," Feaster said. "Maybe this operator can get closer to that number in the sense of the operation; that'll keep the revenue pieces in it. So, it's not just throwing money at it; it's operating better as well."</p> <p>The facility's census has been a long-standing point of contention in the court. At the time of the receivership, at the end of March 2024, the facility had about 70 residents. As of May 2025 that number had risen to 79.</p> <p>Throughout the receivership process Feaster has butted heads with representatives from the attorney general's office and the state Department of Public Health, who he alleged have failed to provide the appropriate support in efforts to keep the facility operating.</p> <p>The state has argued that Feaster's requests for advances on MassHealth funding to support the facilities accounting costs, legal fees and receivership costs oversteps what the state should or is able to provide.</p> <p>"The commonwealth has paid more than \$1 million," said Assistant Attorney General Mary Freeley at the conference, "it's time to cut that off."</p> <p>The ire was a pattern that continued in the July 31 status conference, where Feaster and the receivership pushed for the state to advance more funding to help the facility close gaps as it moves toward the buyout.</p> <p>In a document filed with the court on July 24, Feaster said the state failed to provide court-approved advances from the start of the receivership — April through December 2024 — when Campo ordered the state to advance funds for legal fees and accounting and receivership costs.</p> <p>Superior Court Justice Christopher Belezos later paused that order in March.</p> <p>The state has paid advances for the three-month period during which the order was active.</p>
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	<p>At the July 31 status conference, Campo said that his December order applied from then through March, when it was paused, and didn't compel the state to provide the funding Feaster requested from that spring through December.</p> <p>Disagreements between Feaster and the state were a point of frustration for Belezos while he presided over the case throughout the spring and continue to be for Campo, who suggested the two parties could communicate better.</p> <p>"It's not kumbaya, it's just sharing information," Campo said during the status conference. "You don't have to hug it out, just share information."</p>
<b>Nursing Homes</b>	<p><b>16. McKnights Long-Term Care News</b></p> <p>August 16, 2025</p> <p><a href="#"><u>Study: Specialized nursing home physicians cut emergency visits for Medicare dementia residents</u></a></p> <p>By Donna Shryer</p> <p>A new study in JAMA Health Forum found that Medicare beneficiaries with dementia who live in nursing homes receive better care from clinicians who specialize in that setting. The study, which analyzed over 417,000 long-stay residents, showed that those treated by specialists—clinicians who provide at least 80% of their services in nursing facilities—had 7% fewer preventable hospitalizations and emergency room visits.</p> <p>Key Findings</p> <ul style="list-style-type: none"> <li>• <b>Physician Impact:</b> The positive effects were most notable with specialist physicians, who were associated with a 13% reduction in preventable hospitalizations compared to general practitioners.</li> <li>• <b>End-of-Life Care:</b> Patients cared for by specialists were more likely to pass away in the nursing home rather than in a hospital, which the study identifies as an indicator of higher-quality, more appropriate end-of-life care.</li> <li>• <b>Advanced Practice Providers:</b> The study found no significant difference in outcomes between specialist and non-specialist advanced practice providers, such as nurse practitioners and physician assistants.</li> </ul> <p>The findings suggest that the growing field of nursing home specialists is improving care quality. This trend mirrors the rise of "hospitalists" who focus solely on inpatient care, and it indicates a similar shift toward specialized medical practice within long-term care facilities.</p> <p><b>17. Center for Clinical Standards and Quality (Centers for Medicare and Medicaid Services (CMS))</b></p> <p><a href="#"><u>Temporary Pause in Nursing Home Care Compare Updates</u></a></p> <p>August 15, 2025</p> <p>CMS recently transitioned to a cloud-based Internet Quality Improvement and Evaluation System (iQIES) for nursing home survey and certification data. To ensure accuracy of publicly reported information during this transition, Nursing Home Care Compare updates will be temporarily paused as of July 30, 2025. Updates will resume in October 2025. This temporary pause allows CMS to ensure the accuracy and reliability of publicly reported nursing home quality information. . .</p>



Nursing homes are still required to maintain transparency by displaying their most recent survey findings (CMS-2567 Statement of Deficiencies) in a publicly accessible area within the facility.

#### **18. Skilled Nursing News**

August 15, 2025

[CMS Pauses Nursing Home Care Compare Updates, Leaving 5-Star Ratings Static](#)

By Amy Stulick

The Centers for Medicare and Medicaid Services (CMS) will be pausing Nursing Home Care Compare updates.

The agency [announced](#) the temporary pause to ensure accuracy of publicly reported information during a transition from the legacy Quality Improvement and Evaluation System (QIES) to the cloud-based Internet Quality Improvement and Evaluation System (iQIES).

Through September, CMS will not be updating the Nursing Home Care Compare Five Star Rating System; data refreshes are expected in October.

This pause allows the agency to “validate data integrity” while also verifying that publicly reported information meets CMS quality standards.

Operators will still be required to maintain transparency by displaying their most recent survey findings in a publicly available part of the facility so that residents, their families, and visitors can take a look and make informed decisions during this time.

Any person can submit a formal request for federal agency records as well under the Freedom of Information Act (FOIA), CMA said. This would include CMS inspection documents and related compliance materials.

Those interested can contact their state survey agency too.

#### **19. Skilled Nursing News**

August 15, 2025

[CMS Ends 5-Claim Probe, But Nursing Homes Remain on ‘High Alert’ for Audit Notices](#)

By Zahida Siddiqi

The Centers for Medicare & Medicaid Services (CMS) has officially ended its 5-Claim Probe audit process for nursing homes as of June 30. This decision was made because of improving error rates. While no new audit requests will be issued, some facilities that were in the middle of the process will still receive decisions from their Medicare Administrative Contractors (MACs).

Key Takeaways from the End of the 5-Claim Probe

- **Final Error Rates:** For facilities still awaiting a decision, CMS will base the final error rate only on the claims that were already reviewed at the time the process ended. For example, if two out of five claims were audited, and one had errors, the facility’s final error rate would be 50%.
- **Continued Communication:** Even though the process is over, facilities that submitted claims before June 30 will still receive their audit results. If they don’t hear back within 60 days, they should contact their MAC auditor directly.

- Transition to TPE Audits: Facilities with an error rate of 60% or higher are now being prioritized for a more intensive Targeted Probe and Educate (TPE) audit. These audits involve reviewing 20 to 40 claims per round and can span up to three rounds if errors persist.
- Preventing Future Denials: To avoid denials in both past and future audits, facilities should focus on improving common areas of error, such as ensuring documentation supports the Health Insurance Prospective Payment System (HIPPS) code, submitting complete and timely physician certification forms, and including all required records like therapy and physician notes.
- Appeals Process: Facilities that received denials during the 5-Claim Probe can still appeal, although the original denial will still be counted toward their error rate. Providers who are unsure of their error rate can contact their MAC for clarification

## 20. McKnights Long-Term Care News

August 14, 2025

[Judge rejects RN, hourly staff rules](#)

By James M. Berklan

A federal judge has for a second time struck down the federal nursing home staffing mandate's demands that a registered nurse be on duty 24/7 every day, as well as calls for specific levels of nurse hours per day per patient.

The Iowa ruling in June came after a similar lawsuit filed by the American Health Care Association in Texas also was tossed on essentially the same grounds in April.

US District Judge Leonard T. Strand of the US District Court for Northern Iowa ruled that the staffing requirements exceeded the legal authority of the Centers for Medicare & Medicaid Services.

He also found, however, that the rule's facility assessment and state Medicaid reporting requirements could stand, delivering the 20 states and 18 LeadingAge state affiliates who filed the case a partial victory. The entire rule, however, was delayed 10 years by the congressional reconciliation package passed in early July.

## Chapter 197 Commission Reports



Nursing bed facility projections. State officials expect there will be sufficient capacity until 2034.

## 21. \*State House News

August 14, 2025

[Care infrastructure under pressure as state's oldest cohort explodes](#)

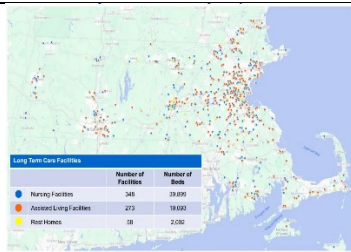
By Alison Kuznitz

Massachusetts is facing a major crisis in its long-term care system due to a rapidly aging population and a shrinking number of available facilities. A new task force report highlights that the population of residents 85 and older is projected to nearly double by 2050. This surge in demand is happening at a time when 34 nursing homes have closed since 2020, resulting in the loss of over 3,500 beds.

### Key Findings and Challenges

The report identifies several core issues threatening the long-term care infrastructure:

- **Financial Instability:** Many facilities are operating at a loss, with the median total margin for nursing homes being negative 1.6% in 2023.



The distribution of long-term care facilities across Massachusetts.

These financial struggles make it difficult for facilities to invest in essential maintenance and improvements.

- **Workforce Shortages:** Staffing is a significant challenge, with many nursing homes unable to fully staff their licensed beds. The report estimates that over 5,000 new direct care workers are needed to meet rising demand, and facilities require better funding to pay competitive wages.
- **Infrastructure Issues:** Aging facilities struggle to access the capital needed for critical repairs, often leading to deferred maintenance and eventual closure.
- **Projected Bed Deficit:** While state officials believe there will be enough beds until 2034, projections show a potential deficit of skilled nursing beds as early as 2035.

### Recommendations for a Path Forward

To address these challenges, the task force recommends a three-pronged approach focused on:

- **Adequate Funding:** The report emphasizes that ensuring sufficient public payment rates is the most crucial step the legislature can take to prevent further closures and allow facilities to invest in both staff and quality care.
- **Capital Access:** The task force suggests creating grant programs or low-interest loans to help facilities access the capital needed for maintenance and infrastructure upgrades.
- **Workforce Investment:** Recommendations include increasing Medicaid rates to support higher wages for frontline staff and creating career advancement opportunities to attract and retain workers. The report notes that initiatives are already underway to train non-native English speakers for direct care roles.

In summary, the task force concludes that without significant legislative action to improve funding, access to capital, and workforce support, Massachusetts will not be prepared to care for its growing elderly population.

## 22. Response to [Care infrastructure under pressure as state's oldest cohort explodes](#) written by Peter J. Tiernan, Principal, HCBS Solutions, LLC, and member of DignityMA's Coordinating Committee

Dear Ms. Kuznitz,

I took interest in your 8/14 2025 article, "Care infrastructure under pressure as state's oldest cohort explodes". I have been in the elder care services policy space for approximately 22 years, with particular focus on public administration response to service demand changes. As disclosure, I am a proponent and advocate of the MassHealth program making better use of the Assisted Living care setting (a consistent posture from when I was in state government to my current role as consultant (I do not have any active consulting engagements with the ALR industry)). The task force's conclusion that current nursing home bed capacity will be sufficient until 2034 caught my eye, as it is a major departure from my estimations which tend to be widely held by colleagues.

It appears the Task Force has made a most significant error in its nursing facility bed projection methodology. By nature of the error, I

question whether the Task Force engaged with actuaries or other specialized statisticians with the forecasting expertise needed for this sort of analysis.

Reviewing pages 9 and 10, it appears the Task Force based their forecast on the outyear growth of the 70+ population, using a simple trend approach. The task force observes that between 2025 and 2035, the 70+ population is going to grow by 25%; and projects that nursing home utilization is going to grow by 21% .

This approach is problematic because it grossly understates the age profile of Nursing Home Utilizers. The average age at time of admission for a nursing home resident is 84; and the average age is 80. The current leading edge of the "Baby Boomer" population is 79. Using the task force's own figures and isolating on the 2025-2035 population aged 80 and older, the age cohort's growth rate is a remarkable 41%. The Task Force's forecasting methodology is flawed because it assumes that individuals between 70 - 79 access nursing home services at the same rate of individuals 80+.

The report indicates that in order to promote routine Resident throughput, the nursing home industry is "ideally operating at 95% to 97% occupancy"; and that as of January 2025 the staffed occupancy rate is 86%. This suggests that currently there is about 10% of excess service capacity (on a statewide basis).

I welcome a colleague or professional to explain how I may be mistaken, but there is no available logic that supports current nursing home capacity will be able to sustain a 41% surge to the core age cohort of Nursing Home Residents. Where the report is asserting a tipping point is reached in 2034, I suggest that if the authors were to better adjust for SNF Resident Age the same forecasting approach would estimate 2029 as the tipping point. However, I would prefer to see the Healey-Driscoll Administration engage with an actuary to better build upon this Task Group's analysis.

I suggest where the Task Force report is placing primary emphasis on short term rate increases by giving the false impression of available service capacity, I note the necessary policy discussion must first be on the need to rapidly develop alternatives to nursing home placement and the strategic development of new nursing home capacity.

Thank you again for your article and taking the time to read my comments. Feel free to let me know of any questions or concerns.

Sincerely,

Peter J. Tiernan, Principal  
HCBS Solutions, LLC

### **23. McKnights Senior Living**

[CCRC recommendations draw mixed reviews from senior living, consumer advocates](#)

August 11, 2025

By Kimberly Bonvissuto

A recent Massachusetts commission, created to study and regulate continuing care retirement communities (CCRCs), issued a final report with only two recommendations, which critics say missed a key opportunity to strengthen consumer protections.

	<p>While senior living associations that participated in the commission support the recommendations, critics and some commission members have expressed dissent. They argue that the commission failed to address several key issues, including:</p> <ul style="list-style-type: none"> <li>• Establishing a clear timeframe for refunding entrance fees to residents.</li> <li>• Mandating that CCRC governing boards include at least one resident member with voting rights.</li> <li>• Enacting stronger financial and management oversight.</li> </ul> <p>The commission's report did find that most CCRCs in the state are financially stable, but it also noted that there's a lack of a uniform regulatory body and public confusion about what CCRCs are. The two recommendations made in the report focused on increasing transparency around entrance fee refunds and updating a consumer guide.</p> <p>Organizations like AARP Massachusetts are now urging lawmakers to go beyond the commission's consensus-based recommendations and enact stronger policies to protect residents.</p>
<b>Health Care</b>	<p><b>24. *Boston Globe</b>  August 17, 2025  <a href="#"><u>Less guidance offered on fall vaccine schedule</u></a>  By Jessica Ma</p> <p>Robert F. Kennedy Jr.'s leadership of federal public health agencies has disrupted the normal process for national vaccine recommendations. His decision to fire the CDC's vaccine advisory committee and replace it with a new group has caused confusion and delays in guidance, particularly for the upcoming COVID-19 vaccination season.</p> <p>Key Takeaways and Recommendations</p> <ul style="list-style-type: none"> <li>• COVID-19: The CDC's official guidance is still pending, but Kennedy has announced the agency will no longer recommend COVID-19 shots for healthy children or pregnant women. The American Academy of Pediatrics and other medical experts continue to recommend the vaccine for all children six months and older, as well as for pregnant patients, citing the risk of severe disease even in healthy individuals. The FDA is also considering revoking its authorization for Pfizer's vaccine in healthy children under five. Despite the federal uncertainty, health insurance providers have committed to covering vaccines based on guidance from medical societies.</li> <li>• Influenza: The CDC still recommends the flu vaccine for everyone six months and older. However, Kennedy's new advisory committee has recommended avoiding thimerosal in flu vaccines, a move that doctors say will not affect the vaccine supply since the ingredient is used in less than 5% of US flu shots.</li> <li>• RSV: The CDC has already issued recommendations for Respiratory Syncytial Virus (RSV) vaccines. They are recommended for all adults aged 75 and older, at-risk adults aged 50-74, and pregnant women during weeks 32 to 36 to pass</li> </ul>

	<p>on antibodies to their babies. Additionally, an antibody is recommended for infants under eight months to prevent RSV.</p> <ul style="list-style-type: none"> <li>• Pneumonia: Pneumonia vaccines are available year-round and are recommended by the CDC for children under five and adults 50 and older, as well as for those with underlying health conditions.</li> </ul> <p>In light of the shifting federal landscape, medical experts urge the public to rely on guidance from trusted professional organizations like the American Academy of Pediatrics and the American Medical Association, and most importantly, to consult directly with their own doctor.</p>
Homelessness	<p><b>25. NPR Shots</b> August 16, 2025 <a href="#">Amid growing 'scandal' of elder homelessness, health care groups aim to help</a> By Felice J. Freyer <b>A Perfect Storm of Aging and Homelessness</b> The number of older adults experiencing homelessness is on the rise in the United States, a trend that experts are calling a national scandal. This growing crisis is caused by a "perfect storm" of factors, including rising housing costs, federal funding cuts to social programs, and the aging of a generation that has struggled economically for decades. Organizations that provide health care, like the <b>PACE (Program of All-Inclusive Care for the Elderly)</b> groups, are finding they must go beyond their traditional medical services to help solve the housing crisis. PACE, which aims to keep frail older adults in their homes, is increasingly venturing into housing by partnering with landlords, assisting with housing applications, or even building their own housing developments. The article highlights the story of Roberta Rabinovitz, an 82-year-old widow who became homeless after losing her family. After recovering from lung cancer and struggling to find affordable housing, she was able to find a home through the PACE Organization of Rhode Island. Her story shows how health and housing are intertwined, as organizations like PACE are recognizing that they cannot effectively care for their clients' health without first ensuring they have a safe and stable place to live. The article ends by stating that older adults are finding themselves in desperate situations, but there are organizations that are trying to help.</p>
Federal Policy	<p><b>26. *New York Times</b> August 18, 2025 <a href="#">Trump says he wants to get rid of mail-in ballots</a> By Matthew Mpoke Bigg President Trump said on Monday that he would lead a movement to eliminate mail-in ballots and would sign an executive order to "help bring HONESTY to the 2026 Midterm Elections." Mr. Trump has <a href="#">long opposed</a> mail-in voting and said it was a source of fraud during the 2020 presidential election, which he lost to former President Joseph R. Biden Jr. William P. Barr, the attorney general at that time, said in 2020 that Mr. Trump's assertions of widespread fraud <a href="#">couldn't be proven</a>.</p>



Mr. Trump has maintained his opposition even after Republicans in the 2024 election made significant gains in mail voting when the party encouraged its supporters to make use of the practice.

Writing on [Truth Social](#) on Monday, Mr. Trump said: “THE MAIL-IN BALLOT HOAX, USING VOTING MACHINES THAT ARE A COMPLETE AND TOTAL DISASTER, MUST END, NOW!!!”

Mr. Trump also wrote that he wanted to get rid of voting machines, which he described as inaccurate and expensive. He claimed, incorrectly, that the United States was “the only Country in the World that uses Mail-In Voting.”

His social media post did not elaborate on what the executive order would say. It was also not immediately clear whether the Trump administration could stop the use of mail-in voting, which is largely entrusted to individual states.

Mr. Trump argued in his post that states were “merely an agent” for the Federal Government in counting and tabulating the votes.

“They must do what the Federal Government, as represented by the President of the United States, tells them,” Mr. Trump said.

Mr. Trump’s latest comments came after he said that President Vladimir V. Putin of Russia had discussed the issue during their summit on Friday in Alaska. Mr. Trump said in [an interview with Fox News](#) that the Russian leader [had agreed with him](#) that the 2020 election had been rigged in favor of Mr. Biden. “He said, ‘Your election was rigged because you have mail-in voting,’” Mr. Trump quoted Mr. Putin as saying.


Mr. Trump claimed in his Truth Social post that Democrats were “virtually Unelectable” without mail voting. In past elections, Republican skepticism about mail-in ballots and early voting had given Democrats an advantage. In some races in 2020, Republican candidates who led in early vote counts saw those advantages shrink — and in some cases evaporate — after mailed ballots were counted.

## **27. Office of Congresswoman Eleanor Holmes Norton**

August 7, 2025

[Norton Introduces Bill to Make “Blue Envelope” Programs Eligible for Federal Transportation Safety Funding](#)

Congresswoman Eleanor Holmes Norton (D-DC) introduced a bill to make “blue envelope” programs, which improve interactions between police officers and drivers with difficulty communicating through speech during traffic stops, eligible for federal transportation safety funding. The programs, which allow drivers to receive a blue envelope that explains the driver’s limitations on the front and hold documents that an officer might request during a traffic stop inside, exist in many parts of the country but currently aren’t eligible for federal transportation funding. The first blue envelope program, instituted by Connecticut in 2020, was designed to aid drivers on the autism spectrum. The American Association of People with Disabilities (AAPD) has endorsed the bill. “Blue envelope programs are an effective way to smooth interactions between police officers and drivers with disabilities and help prevent miscommunications that may escalate tensions and discourage able drivers from exercising a skill necessary for independence in many parts

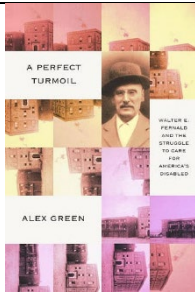
	<p>of the country," <b>Norton said.</b> "Police officers in jurisdictions with the programs praise them for giving the officers a tool to quickly identify what's going on, leading to fewer negative outcomes for both police and drivers. These programs have typically passed on the state level with bipartisan support. This simple, low-cost and compassionate solution should be eligible for transportation safety funding on the federal level." "For far too many disabled Americans, traffic stops and encounters with law enforcement can be deadly," said AAPD President and CEO Maria Town. "This is especially true for people who may have language and communication barriers. The Blue Envelope Act would help mitigate the harm people with communication disabilities face during traffic stops and educate the officials who interact with them, working across language and information barriers. AAPD calls on all Members of Congress to support this bill and protect disabled drivers from danger and even death."</p>
<p><b>Disability Topics</b></p>	<p><b>28. Massachusetts Department of Conservation &amp; Recreation</b>  <a href="#">Explore Massachusetts State Parks with New Accessible Mobility Devices</a>  DCR's Universal Access Program is offering free <a href="#">Trackchair</a> and <a href="#">Mobility Scooter</a> rentals at select Massachusetts State Parks to help visitors with mobility impairments explore nature in new ways. The program is being piloted at Maudslay State Park in Newburyport, Windsor State Forest in Windsor, and Dunn State Park in Gardner on select dates through October 2025. Reservations must be made at least three days in advance, and safety requirements apply. This effort is made possible thanks to support from Friends of Maudslay State Park and the Ford Bronco Wild Fund.  Visit the registration form for the location you want to visit and the device you would like to use:</p> <ul style="list-style-type: none"> <li>• <a href="#">Mobility Scooter at Maudslay State Park Registration Form</a> (available May 12 through October 31, 2025)</li> <li>• <a href="#">Trackchair at Maudslay State Park Registration Form</a> (available September 5 through October 31, 2025)</li> <li>• <a href="#">Trackchair at Windsor State Forest Registration Form</a> (available June 12 through September 1, 2025)</li> </ul>
<p><b>Elder Abuse</b></p>  <p>Rutland home left in squalor (Rutland Police Department)</p>	<p><b>29. Boston 25 News</b>  August 15, 2025  <a href="#">Woman posing as caretaker turned elderly resident's home into erotic massage parlor, police say</a>  By Frank O'Laughlin  A woman is facing elder abuse charges after police say she transformed an elderly Massachusetts woman's home into an erotic massage parlor, while simultaneously ransacking and destroying the residence. Maria Martin, 38, of Fall River, is charged with larceny from a building, vandalizing property, and permitting abuse of an elder or disabled person, according to the Rutland Police Department. Martin moved in with an elderly Rutland woman under the guise of being a "caretaker," and after some time, that resident left the home for extended care at a medical facility, investigators allege.</p>

	<p>When the resident later returned to her home, she found that her locks had been changed and that Martin and her boyfriend had been squatting in her home, according to police.</p> <p>“She came home to find that her home was in squalor, littered with drug paraphernalia, that several of her possessions had been stolen, and that parts of her house were destroyed,” police said in a statement.</p> <p>“Investigating officers also found evidence suggesting that Martin had been operating an illicit erotic massage service out of the residence.” Martin was subsequently arrested and arraigned in East Brookfield District Court. She is currently being held at the Hampden County Sheriff’s Office on \$5,000 bail.</p>
<b>Veterans Topics</b>	<p><b>30. ProPublica</b>  <i>August 8, 2025</i>  <a href="#"><u>Veterans’ Care at Risk Under Trump as Hundreds of Doctors and Nurses Reject Working at VA Hospitals</u></a>  <i>By David Armstrong, Eric Umansky and Vernal Coleman</i>  <i>According to the report by ProPublica, the Department of Veterans Affairs (VA) is facing challenges in replacing hundreds of doctors and nurses who have left the agency. This comes as the Trump administration pursues a goal to reduce VA staff while improving patient care.</i>  <i>The report highlights several key issues:</i></p> <ul style="list-style-type: none"> <li>• <i>Recruitment and Staffing Shortages: Many job applicants are turning down offers, with nearly 40% of doctors offered positions from January through March of this year rejecting them. This is four times the rate of rejection from the previous year. The VA is down more than 600 doctors and 1,900 nurses this year.</i></li> <li>• <i>Impact on Patient Care: Veterans and employees interviewed by ProPublica report a decline in the quality of care. For example, some veterans are experiencing longer wait times for appointments, including surgeries, and some facilities are struggling to assign patients a primary care doctor. Wait times for new patients seeking primary and specialty care have increased.</i></li> <li>• <i>Reasons for Staffing Issues: Job applicants are reportedly concerned about a lack of stability and the overall direction of the agency, which announced plans to cut its workforce. The VA has also dramatically reduced the use of incentive payments and signing bonuses, which previously helped attract and retain medical staff.</i></li> <li>• <i>VA’s Response: A VA spokesperson, Peter Kasperowicz, acknowledged that a nationwide shortage of healthcare workers is making hiring difficult. He stated that the VA is working to address the issue by speeding up the hiring process and navigating shortages by referring veterans to private providers and telehealth appointments. He also said that the recent changes have not compromised care and that wait times are improving. However, the report’s internal documents and interviews present a different picture.</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Senator Richard Blumenthal (D-Conn.) and other critics have voiced concerns that the staffing cuts are creating a "toxic" work environment, causing experienced professionals to leave, and making it difficult to recruit new ones. They argue that this is part of a larger plan to privatize services. The VA spokesperson disputed the findings, accusing ProPublica of bias and "cherry-picking issues."</i></li> </ul>
MassHealth	<p><b>31. Office of Attorney General Andrea Campbell</b>  August 14, 2025  <a href="#"><u>AG's Office Secures Guilty Plea and Restitution from Worcester-Based Home Health Company and Administrator for MassHealth Fraud</u></a>  <i>Administrator Sentenced to One Year in the House of Correction, Suspended for Three Years; Company Will Pay Restitution for Fraudulently Billing MassHealth</i></p> <p>The Attorney General's Office (AGO) announced today that Union Home Health Care Services (Union) -- a Worcester-based group adult foster care (GAFC) provider -- and its administrator, Bernice Codjia, age 41, of Worcester, pleaded guilty in Worcester Superior Court to charges related to a scheme to defraud MassHealth, the state's Medicaid program, of more than \$1.6 million.</p> <p>Codjia was sentenced to one year in the House of Correction, suspended for three years, with the condition that she is prohibited from offering or providing services to MassHealth members, as well as billing or supervising billing to MassHealth for three years. Union was ordered to pay restitution in the full amount of \$1.6 million, but because the company is no longer in business and is therefore unable to pay back the full amount, Union will pay nearly \$300,000 as part of its sentence. The Court also ordered Union to no longer offer or provide services to MassHealth members or bill MassHealth.</p> <p>MassHealth's GAFC program is designed to provide sufficient assistance to MassHealth members who are elderly or have disabilities to enable them to live independently. GAFC services assist MassHealth members with performing daily life activities, such as eating, bathing, housekeeping, and laundry. To be eligible for GAFC services, a registered nurse with the GAFC company must conduct an assessment of the member and attest to their eligibility for GAFC services, which is then submitted to MassHealth. Only after a MassHealth member's eligibility is established may a GAFC provider begin providing and billing for GAFC services.</p> <p>In <a href="#"><u>November 2023</u></a>, a Worcester County Grand Jury indicted Codjia and Union for Larceny Over \$1,200 and Medicaid False Claims. The AGO alleged that, during her tenure as Union's administrator, Codjia used fraudulent nursing assessments and forms to enroll MassHealth members and bill MassHealth for GAFC services that had not been authorized by a registered nurse. The AGO further alleges that Union billed for services it never rendered to MassHealth patients, including periods when those members were receiving treatment from different providers at inpatient facilities. As a result of these schemes, MassHealth paid Union nearly \$1.6 million for fraudulent GAFC services.</p>

	Trials have been scheduled for the other co-defendants in this case.
<b><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></b>	<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>
<b>Books by DignityMA Participants</b>	<p><b><u><a href="#">A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</a></u></b></p> <p>By Alex Green</p> <p>From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children</p>





**About the Author:**

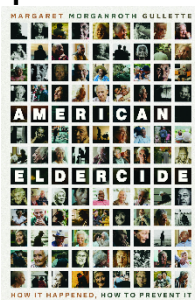
**Alex Green** teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led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

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/)



	<a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a>
<b>Support Dignity Alliance Massachusetts</b>  <b>Please <u>Donate!</u></b>	<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>
<b>Dignity Alliance Massachusetts Legislative Endorsements</b>	<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:rmoores8473@charter.net">rmoores8473@charter.net</a>.</p>
<b>Websites</b>	<p><a href="https://www.mass.gov/resource/independent-accessible-recreation-opportunities-at-dcr">Independent accessible recreation opportunities at Department of Conservation and Recreation Locations</a>  <a href="https://www.mass.gov/resource/independent-accessible-recreation-opportunities-at-dcr">https://www.mass.gov/resource/independent-accessible-recreation-opportunities-at-dcr</a></p> <p>In Massachusetts we have public outdoor and indoor recreation opportunities throughout our state. DCR manages state parks, beaches, skating rinks, pools, rail trails and shared use trails, and campgrounds in Massachusetts. At many of these locations there are accessible recreation opportunities and adaptive equipment available for public use. This guide lists trails and facilities that are accessible to people using a mobility device and locations where DCR has adaptive equipment available for public use.</p>
<b>Blogs</b>	
<b>Podcasts</b>	
<b>YouTube Channels</b>	
Previously recommended websites	<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>

Previously posted funding opportunities	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> .	
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>	
Contact information for reporting complaints and concerns	<b>Nursing home</b>	<a href="#">Department of Public Health</a> 1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a> 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 <a href="#">Ombudsman Program</a>
MassHealth Eligibility Information	<a href="#">MassHealth / Massachusetts Medicaid Income &amp; Asset Limits for Nursing Homes &amp; Long-Term Care</a> <b>Table of Contents</b> (Last updated: December 16, 2024) <a href="#">Massachusetts Medicaid Long-Term Care Definition</a> <a href="#">Income &amp; Asset Limits for Eligibility</a> <a href="#">Income Definition &amp; Exceptions</a> <a href="#">Asset Definition &amp; Exceptions</a> <a href="#">Home Exemption Rules</a> <a href="#">Medical / Functional Need Requirements</a> <a href="#">Qualifying When Over the Limits</a> <a href="#">Specific Massachusetts Medicaid Programs</a> <a href="#">How to Apply for Massachusetts Medicaid</a>	
Money Follows the Person	<b>MassHealth</b> <a href="#">Money Follows the Person</a> 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. <b>Statistics as of March 31, 2025:</b> 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning <a href="#">Open PDF file, 1.34 MB, MFP Demonstration Brochure</a> <a href="#">MFP Demonstration Brochure - Accessible Version</a> <a href="#">MFP Demonstration Fact Sheet</a> <a href="#">MFP Demonstration Fact Sheet - Accessible Version</a>	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: <a href="https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/">https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</a>	
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: <a href="https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/">https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</a> Recent approval: <a href="#">Town of Nantucket – Long Term Care Substantial Capital Expenditure</a> Approved May 5, 2025	

<p>List of Special Focus Facilities</p>	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf">https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</a>  <b>Updated March 26, 2025</b>          CMS has published a new list of <a href="#">Special Focus Facilities</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.          To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.          This is important information for consumers – particularly as they consider a nursing home.  <b>What can advocates do with this information?</b> <ul style="list-style-type: none"> <li>• Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.</li> <li>• Post the list on your program’s/organization’s website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.</li> <li>• 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.</li> </ul> <b>Massachusetts facilities listed (updated )</b>  <b>Newly added to the listing</b> <ul style="list-style-type: none"> <li>• Salem Rehab Center, Salem  <a href="https://www.adviniacare.com/adviniacare-salem/">https://www.adviniacare.com/adviniacare-salem/</a>            Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225644/">https://projects.propublica.org/nursing-homes/homes/h-225644/</a></li> <li>• Fall River Healthcare  <a href="https://www.nextstephc.com/fallriver">https://www.nextstephc.com/fallriver</a>            Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225723/">https://projects.propublica.org/nursing-homes/homes/h-225723/</a></li> </ul> <b>Massachusetts facilities which have graduated from the program</b> <ul style="list-style-type: none"> <li>• Marlborough Hills Rehabilitation and Health Care Center, Marlborough  <a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a>            Nursing home inspect information:</li> </ul> </p>
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	<p><a href="https://projects.propublica.org/nursing-homes/homes/h-225063">https://projects.propublica.org/nursing-homes/homes/h-225063</a></p> <ul style="list-style-type: none"> <li>• Somerset Ridge Center, Somerset <a href="https://somersestridgerehab.com/">https://somersestridgerehab.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225747">https://projects.propublica.org/nursing-homes/homes/h-225747</a></li> <li>• Tremont Healthcare Center, Wareham <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225488/">https://projects.propublica.org/nursing-homes/homes/h-225488/</a></li> </ul> <p><b>Massachusetts facilities that are candidates for listing (months on list)</b></p> <ul style="list-style-type: none"> <li>• AdviniaCare Newburyport (13) <a href="https://www.adviniacare.com/adviniacare-country-center/">https://www.adviniacare.com/adviniacare-country-center/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225332">https://projects.propublica.org/nursing-homes/homes/h-225332</a></li> <li>• Brandon Woods of New Bedford (1) <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></li> <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</li> </ul>
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Nursing Home Inspect	<p><b>ProPublica</b> <b>Nursing Home Inspect</b> <b>Data updated April 23, 2025</b> 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). Massachusetts listing: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a> <b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table><tr><th>Deficiency Tag</th><th># Deficiencies</th><th># Facilities</th><th>MA facilities cited</th></tr><tr><td>B</td><td>315</td><td>222</td><td><a href="#">Tag B</a></td></tr><tr><td>C</td><td>106</td><td>82</td><td><a href="#">Tag C</a></td></tr><tr><td>D</td><td>7,445</td><td>1,401</td><td><a href="#">Tag D</a></td></tr><tr><td>E</td><td>2,133</td><td>767</td><td><a href="#">Tag E</a></td></tr><tr><td>F</td><td>676</td><td>314</td><td><a href="#">Tag F</a></td></tr><tr><td>G</td><td>517</td><td>339</td><td><a href="#">Tag G</a></td></tr><tr><td>H</td><td>58</td><td>35</td><td><a href="#">Tag H</a></td></tr><tr><td>I</td><td>3</td><td>2</td><td><a href="#">Tag I</a></td></tr><tr><td>J</td><td>53</td><td>28</td><td><a href="#">Tag J</a></td></tr><tr><td>K</td><td>27</td><td>9</td><td><a href="#">Tag K</a></td></tr><tr><td>L</td><td>9</td><td>3</td><td><a href="#">Tag L</a></td></tr></table> <p><b>Updated April 23, 2025</b></p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	315	222	<a href="#">Tag B</a>	C	106	82	<a href="#">Tag C</a>	D	7,445	1,401	<a href="#">Tag D</a>	E	2,133	767	<a href="#">Tag E</a>	F	676	314	<a href="#">Tag F</a>	G	517	339	<a href="#">Tag G</a>	H	58	35	<a href="#">Tag H</a>	I	3	2	<a href="#">Tag I</a>	J	53	28	<a href="#">Tag J</a>	K	27	9	<a href="#">Tag K</a>	L	9	3	<a href="#">Tag L</a>
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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.</p>																																																



	<a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a>		
Data on Ownership of Nursing Homes	<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.		
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	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> 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@bostoncouncil.org">bhenning@bostoncouncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Assisted Living	John Ford	<a href="mailto:jford@njc-ma.org">jford@njc-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:jimlomastro@comcast.net">jimlomastro@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>
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	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@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:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>

<b><i>Bringing People Home: Implementing the Marsters class action settlement</i></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><i>REV UP Massachusetts</i></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><i>The Dignity Digest</i></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>• Jim Lomastro</li> <li>• Dick Moore</li> <li>• Peter Tiernan</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>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i>  <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>	