



The Dignity Digest

Issue # 251

September 23, 2025

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

	*May require registration before accessing the article.
DignityMA Zoom Sessions	Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org .
Spotlight	The Consumer Voice <u>Fact Sheet: Documenting Resident Concerns in Long-Term Care</u> People move into skilled nursing facilities for a variety of reasons. We all hope to receive the care and support that we need. Sometimes conditions or concerns arise that may require attention. Whether it's a fall, a bedsore, a disagreement with staff or another resident, it's important to know what to look for and what questions to ask if something happens. Consumer Voice has created a new fact sheet and accompanying form to help consumers ask the right questions and document key information to advocate for themselves and address their concerns. View the new fact sheet. View the fillable form for documenting concerns.
Quotes	<i>"Without integrity in the collection and use of data by governments and corporations, Democracy as we know it will disappear."</i> Dave Kingsley, The "People's Data Project:" A Data Ecosystem for Giving the American People Healthcare Information They Rightfully Own & Deserve to Have (Tallgrass Economics, September 12, 2025) <i>The final issue we identified is that alert systems were not developed with accessible options and functionality like video or image options. For example, people who are blind or have low vision won't have access to a message unless they enable text-speech features on their phone in advance.</i> Emergency alerts may not reach those who need them most in Colorado (The Conversation, September 16, 2025)

There are an estimated 3.6 million older LGBTQ+ people in the United States, and by the year 2030, there will be seven million LGBTQ+ people over the age of 50. Despite their growing numbers, LGBTQ+ older adults face significant inequities and discrimination in terms of access to health care, housing, and economic security.

[Supporting LGBTQ+ Older Adults' Basic Needs](#) (Justice in Aging, September 18, 2025)

Formerly incarcerated older adults experience many challenges when seeking housing and applying for federal rental assistance. In addition to . . . housing discrimination, older adults re-entering the community face high rates of disability and chronic illness, which make searching for housing even more difficult.

[Advocacy with Public Housing Authorities \(PHAs\) to Expand Affordable Housing Access for Formerly Incarcerated Older Adults](#) (Justice in Aging, September 16, 2025)

As of July 4, 2025, H.R. 1 eliminates Medicare eligibility for many immigrants lawfully present in the U.S.¹ Prior to H.R. 1, lawfully present immigrants were eligible for Medicare if they otherwise met the requisite work quarters and Medicare age or disability requirements. Current Medicare enrollees who are not U.S. citizens, green card holders, certain immigrants from Cuba/Haiti, and people residing under the Compacts of Free Association will have their Medicare coverage terminated in January 2027.

[Older Immigrants and Medicare](#) (Justice in Aging, September 9, 2025)

The lifetime risk of developing dementia after age 55 is estimated at 42 percent, according to a [2025 study](#) of over 15,000 participants. The number of

Americans developing dementia each year is estimated to increase from 514,000 in 2020 to about [1 million by 2060](#). But there have been exciting strides in the diagnosis and treatments for Alzheimer's, which accounts for 60 to 80 percent of dementia cases, as well as in understanding its biological causes and development. About half of dementia cases may be preventable by addressing known risk factors, according to a 2024 [Lancet Commission report](#).

[5 surprisingly hopeful things we learned about Alzheimer's this year](#)
(Washington Post (free access), September 16, 2025)

Long-term care is or will be a fact of life for many of us and our loved ones as we age. We all deserve care – whether in the home or in a long-term care facility – that meets the highest of standards, enhancing quality of life and ensuring the protection of rights.

[Pursuing Quality Long-Term Care](#) (podcast) (Consumer Voice, September 16, 2025)

The Commonwealth Fund's 20th [International Health Policy survey](#) compared health experiences of older adults, including those with the greatest medical needs, in 11 nations. The U.S. ranked at or near the bottom in many categories, including access, affordability, timeliness of care, and care coordination.

[U.S. ranks worse in elder care vs. other wealthy nations](#)
(Association of Healthcare Journalists, November 15, 2017)

“We need . . . frontline public health workers to know how to provide age-friendly care.”

Dr. Laura Byerly, geriatrician at the Oregon Health and Science University, [This Geriatrics Training Program Escaped the Ax. For Now](#). (New York Times (free access), September 21, 2025)

**Commentary Offered
by DignityMA
Participants**



Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee.

**Transfer of Ownership – Vantage Health Care
Massachusetts Department of Public Health
Testimony Offered By Richard T. Moore**

Public Hearing on the Application of Vantage Health Care to own 8 facilities currently owned by Bear Mountain.

I would like to confirm and extend my testimony delivered at the virtual hearing on the above application.

During the hearing on September 18, 2025, the representative from Vantage Health Care noted that the mission of Vantage was to “provide the care you need with the compassion you deserve.”

With respect, I suggest that any transfer of ownership be conditioned by the Department of Public Health in at least four key areas.

- 1. Vantage Health be required to disclose, publish on each facility web site, and maintain current, the names of the medical director for each facility as well as the hours per resident day (HPRD) on a weekly basis spent in the facility by each medical director.**

Federal Regulation

The **Centers for Medicare & Medicaid Services (CMS)** mandates that all certified nursing facilities designate a medical director:

- **Regulation:** 42 CFR § 483.75(i)
- **Requirement:** “The facility must designate a physician to serve as medical director.”
- **Responsibilities:** Oversee implementation of resident care policies and coordinate medical care within the facility.

This is a condition of participation in Medicare and Medicaid programs, so any facility receiving federal funding must comply.

Massachusetts State Regulation

Massachusetts enforces its own standards through:

- **Regulation:** 105 CMR 150.000 – Standards for Long-Term Care Facilities
- **Regulatory Authority:** Massachusetts General Laws c. 111, §§ 3, 71, and 72
- **Oversight:** Administered by the Massachusetts Department of Public Health

While the full text of 105 CMR 150.000 outlines broader facility standards, it aligns with federal expectations and reinforces the need for a designated medical director as part of licensure and operational compliance.

- 2. Vantage Health be required to report weekly that staffing in each facility is in compliance with the Massachusetts staffing regulation of not less than 3.58 (HPRD) on all shifts, including weekends and holidays.**

105 CMR 150.000 – Standards for Long-Term Care Facilities

- **Issued by:** Massachusetts Department of Public Health
- **Regulatory Authority:** M.G.L. c. 111, §§ 3, 71, and 72

- **Scope:** This regulation outlines operational standards for nursing homes, including staffing requirements for licensed nurses and certified nurse aides.
- **Access the full regulation:** 105 CMR 150.000 on Mass.gov
- 3. **Vantage Health be required to demonstrate full compliance with DPH regulations providing that there be no more than two residents assigned per room in each facility.**

105 CMR 150.320 – Bedrooms – Nursing Care Units

- **Issued by:** Massachusetts Department of Public Health
- **Regulatory Authority:** M.G.L. c. 111, §§ 3, 71, and 72
- **Key Provision:**

This rule was part of a broader effort to improve infection control and resident dignity, especially in response to lessons learned during the COVID-19 pandemic. While older facilities may still have rooms with more than two beds, any **new construction or major renovation** must comply with the two-bed maximum.

- 4. **Vantage Health be required to have and utilize a plan to maintain staffing at the state-mandated ratio in the event of the inability of staff to provide services as a consequence of immigration enforcement or other external factors.**

Why It Matters

- **Immigrant workers make up nearly 28% of the direct care workforce** in long-term care facilities, including nursing homes.
- Sudden removals due to immigration audits, expired work authorizations, or enforcement actions can **cripple staffing levels**, especially in rural or understaffed facilities³.
- The loss of even a few key staff can **jeopardize resident safety**, medication administration, and basic daily care.

What a Backup Plan Should Include

1. **Automated Compliance Systems** Use integrated HR platforms to track I-9 forms, work authorizations, and certifications. These systems can flag issues before they become crises.
2. **Onboarding Protocols** Employee handbooks should outline how to respond to audits, who interacts with ICE agents, and what information can be shared under HIPAA.
3. **Cross-Training Staff** Ensure that multiple staff members are trained to handle essential tasks so coverage is possible even with sudden absences.
4. **Partnerships with Staffing Agencies** Build relationships with temp agencies or float pools that specialize in healthcare staffing to fill gaps quickly.
5. **Legal and Advocacy Support** Have legal counsel ready to advise on immigration-related matters and advocate for staff rights if needed.

Bottom Line

Whether the disruption is due to immigration enforcement, illness, or burnout, **residents deserve uninterrupted care**. A proactive staffing contingency plan isn't just smart—it's a moral and operational imperative.

Importantly, the testimony of Nina Lowenstein, on behalf of the Disability Law Center, regarding the conditions at Bear Mountain facilities, even when under management of Vantage Health Care, was shocking! I suggest that a survey of each facility being acquired is essential to determine compliance with DPH regulations for the protection of resident safety and delivery of quality care.

Finally, it is important to note that testimony submitted at the hearing in support of the application appeared to have a financial relationship, primarily as an employee or contracted consultant and, therefore, may have a vested interest in its approval. It is unfortunate that the hearing did not include testimony from current or former residents or their families.

Thank you for your consideration of these recommendations.

Dignity Alliance Calls for Bold Action on Long-Term Care Reform 2.0

Advocacy Coalition Urges Legislative Committee to Build on Chapter 197's Legacy

Boston, MA — In powerful testimony delivered today before the Joint Legislative Committee on Aging and Independence, former Senator Richard T. Moore, speaking on behalf of Dignity Alliance Massachusetts, issued a clarion call to lawmakers: the time for incremental change in long-term care is over. The Commonwealth must now embrace transformative reform to ensure dignity, safety, and quality of life for older adults and people with disabilities.

"The true measure of our Commonwealth is how we care for those who once cared for us," Moore declared, invoking the moral imperative to act. "Chapter 197 laid the foundation, but a foundation is only the beginning. We must now construct a system that is not only stable, but truly transformative." Moore is a co-founder and legislative chair of Dignity Alliance.

Moore's testimony emphasized the urgency of Long-Term Care Reform 2.0, a comprehensive legislative agenda designed to strengthen care infrastructure, protect residents' rights, and elevate clinical standards across Massachusetts. He cited the enduring lessons of the COVID-19 pandemic and the growing population of adults aged 85+ as catalysts for bold, immediate action.

Building the Future of Care: Dignity Alliance Endorses Key Legislation

Dignity Alliance voiced strong support for a slate of bills that represent the next phase of reform:

Bill Number	Focus Area
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S479/H772	Transparency & Accountability in Long-Term Care
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S480/H795/H798	Infection Prevention & Resident Privacy
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S488/H797/H768	Certification of Medical Directors
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S492/H793	Rights of Older Adults & People with Disabilities
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S493/H763	Workforce Strengthening & Capital Trust Fund
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S496/H794	Policy & Budgetary Oversight in Nursing Homes
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	H790 Quality Improvement in Nursing Homes H798 Dignity, Privacy & Safety for Residents S485 Safe Staffing Standards in Skilled Nursing Facilities “These proposals are not just policy—they are a promise,” Moore said. “A promise to every resident, every caregiver, and every family that Massachusetts will lead the nation in compassionate, accountable, and high-quality long-term care.” A Call for Collaboration and Courage Dignity Alliance urged the Committee to take favorable action on each measure, noting that these bills build upon the historic achievements of Chapter 197 of the Acts of 2024. The organization reaffirmed its commitment to working closely with legislators, staff, and stakeholders to ensure the successful passage and implementation of these reforms. “Together, we can seize this opportunity to build a system where dignity, respect, and quality of life are not just aspirations, but the lived reality for all,” Moore concluded. A Room of One’s Own: Why Massachusetts Must Stand Firm on Nursing Home Reform By Richard T. Moore <i>Co-Founder, Dignity Alliance Massachusetts; Former Massachusetts State Senator</i> In Massachusetts, the fight for elder justice has stalled in Suffolk Superior Court. For more than three years, a lawsuit filed by River Terrace Operator LLC and other nursing home operators has stymied a vital public health regulation that limits nursing home rooms to no more than two residents per room. An evidence-based regulation, issued by the Department of Public Health (DPH) in May 2021, was designed to protect our most vulnerable citizens—older adults in long-term care—from the devastating consequences of overcrowded living conditions. It’s time for the courts to resolve this case and for the Commonwealth to move decisively toward a future where every nursing home resident has a room of their own. This Is About Justice, Not Just Architecture. The COVID-19 pandemic laid bare the dangers of shared rooms in nursing homes. Infections spread rapidly, privacy was compromised, and residents suffered. The DPH’s regulation limiting occupancy to two residents per room is not just a bureaucratic tweak, it’s a moral imperative. And pending legislation (S480/H795) that encourages a transition to single-occupancy rooms with private baths is a bold step toward restoring dignity, autonomy, and safety for older adults. The legislation received a public hearing at the State House this week. Yet instead of embracing reform, some nursing home operators chose litigation over adaptation. Despite being offered extensions for good-faith efforts to comply, they filed suit. The case—<i>River Terrace Operator LLC v. Commonwealth of Massachusetts DPH</i>—has lingered in the courts since May 2022. Meanwhile, residents continue to live in conditions that compromise their health and humanity.
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Evidence Is Overwhelming. Research from Canada, the National Academies of Sciences, and the Centers for Medicare & Medicaid Services (CMS) confirms what common sense already tells us: private rooms save lives and improve quality of care.

- Infection Control: Lower room occupancy dramatically reduces the spread of COVID-19, influenza, and antibiotic-resistant bacteria.
- Mental Health: Residents in private rooms report better sleep, less anxiety, and fewer behavioral issues, especially those with dementia.
- Dignity and Autonomy: Private rooms allow for confidential medical care, personal expression, and meaningful family visits.
- Operational Efficiency: Facilities with private rooms experience fewer conflicts, smoother admissions, and improved staff morale.

Even the industry itself is evolving. As reported in *McKnight's Long-Term Care News*, the largest nonprofit nursing home providers are increasing private rooms and memory care capacity, recognizing both the ethical and economic benefits.

Cost Is Not an Excuse. Opponents of reform often cite construction costs. But studies show that private rooms are more marketable and can recover costs within two to four years. Moreover, Massachusetts has already taken steps to support this transition. Chapter 197 of the Acts of 2024 established the Long-Term Care Workforce and Capital Trust Fund. Let's ensure that funding prioritizes single-occupancy renovations.

Call to Action. The Attorney General's Office and the courts must act now. Resolve the River Terrace lawsuit in favor of the regulation. Enforce the two-resident limit. Champion the transition to single rooms. This is not just a policy decision—it's a declaration of our values. Massachusetts has long been a leader in health care and civil rights. Let us not falter when it comes to those who built our communities and now rely on us for care. Every older adult deserves safety, dignity, and respect in their final chapter. And that begins with a room of one's own.

Mass Dems Adopt More Age- and Able-Friendly Platform: Could Even Be Stronger, but it's a start toward a "Commonwealth for All Ages"

BOSTON- Although the Massachusetts Democratic Party's Platform Committee presented a bland document with no clear reference to the concerns of older adults, people with disabilities, and caregivers, the 4,000 Convention delegates frustrated with what they viewed as a watered-down proposal for a new party platform spent Saturday restoring most of the language of the current (2021) party platform with minor revisions for updating. They successfully amended and replaced the committee's draft entirely with language from the 2021 "People's Platform," an effort party leaders lobbied against in emails to attendees in the days leading up to the gathering.

	The 2021 Massachusetts Democratic Party Platform does express support for older adults and people with disabilities, though it's framed within broader commitments to equity, public health, and social infrastructure. Here's how that support shows up: Support for Older Adults • Healthcare Access: The platform affirms the right to high-quality, affordable healthcare for all, which includes older adults who often rely on Medicare and long-term care services. • Safe and Affordable Housing: It emphasizes housing as a right, which is crucial for seniors aging in place. • Food Security and Caregiver Support: Federal Democratic initiatives like the American Rescue Plan allocated millions to Massachusetts for senior services, nutritious meals, and caregiver support. Support for People with Disabilities • Accessible Infrastructure: The platform calls for safe, efficient, and affordable transportation and broadband access—both vital for individuals with disabilities. • Protection from Discrimination: It commits to eliminating disparities caused by systemic discrimination, including those affecting people with disabilities. • Community-Based Services: Federal Democratic policies also directed over \$400 million to Massachusetts to expand home and community-based services for people with disabilities. So, while the platform doesn't isolate these groups in standalone sections, it embeds their needs within its broader vision for equity, inclusion, and public investment. Support for Older Adults 2021 Platform Explicitly supported aging in place, senior services, and caregiver support through federal initiatives like the American Rescue Plan. Framed older adults as a vital part of the community deserving dignity, access, and empowerment. Advocated for expanded home and community-based services. 2025 Draft Platform Largely silent on older adults, despite their growing numbers and civic engagement. Critics argue it misses a strategic opportunity to engage seniors as contributors, not just recipients.
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	No clear mention of long-term care, aging services, or senior economic security. Support for People with Disabilities 2021 Platform Emphasized accessible infrastructure, anti-discrimination protections, and community-based services. Recognized systemic barriers and called for redress through inclusive policy. 2025 Draft Platform Contains general commitments to equity and infrastructure but lacks targeted language or policies for people with disabilities. The 2025 draft omits specific references to disability rights or accessibility initiatives. Overall, Tone and Vision • 2021: More inclusive, with detailed attention to marginalized groups and a progressive tone. • 2025: Aspirational but vague; criticized for watering down commitments and omitting key constituencies like older adults and people with disabilities¹. Advocates like former Senator Richard T. Moore, who was among the delegates in attendance and organizations such as Dignity Alliance Massachusetts earlier called for amendments to the 2025 platform to restore these priorities and ensure Massachusetts remains a “Commonwealth for All Ages”. After the Convention adjourned, Moore, who is a co-founder and Legislative Chair of Dignity Alliance, stated, “While the Platform doesn’t include everything we would have liked to see, it’s far better than what the Party leadership initially advanced. It offers a foundation for us to advance policies that are important to the growing number of older Massachusetts residents and people with disabilities.”
Dignity Alliance Massachusetts Launches Strategic Planning	After 5 years of growing success as an advocacy coalition, Dignity Alliance is developing a strategic plan for the next five years. It’s important that our vision, mission, and goals are aligned to guide the organization in the coming years so that we are laser-focused on our advocacy for older adults, people with disabilities, and caregivers. With the help of Dick Moore, a Nichols Trustee, we are partnering with the Nichols College (Dudley, MA) and, specifically, with the Nichols College Consulting Group. The group provides consulting services to businesses and non-profit organizations through a team of graduate students under the

	guidance of a faculty advisor. The project has begun and is going to run through early December. The Nichols Consulting Group (NCG) turns valuable experience into actionable results by allowing students to network and solve problems with non-profits and business leaders in marketing, accounting, security, and more. Students step out of the classroom and collaborate on real-world business solutions that put every aspect of their education into play. Nichols graduate students collaborate with faculty and business professionals who have years of experience, expertise, and success across a variety of fields. Our community partners get more than just access, they get a well-rounded team that can leverage their skills, passions, and connections to create high-quality solutions for virtually any organization. Our student teams offer a variety of problem-solving opportunities, including digital assistance to develop social media and help with budget forecasting. Nichols consultancy programs customize solutions that epitomize the partnership between Nichols and professional organizations. Nichols students conduct a situation analysis to learn about their partner organization, its operating environment, and the competitive landscape to create an in-depth action plan. This process ensures that local businesses and non-profits, such as Dignity Alliance, are provided with the best possible outcomes. Dignity Consulting Team Sarah Rucci, Annamary Pular, and Courtney Winland, Nichols College Graduate School MBA Candidates. The team will help with development of a Dignity Alliance Strategic Plan and related assistance. <i>Sarah Rucci</i> '24 BA in Criminal Justice, Minor in Business Administration '25 Master of Business Administration (MBA) <i>“This project is about laying the groundwork for lasting impact. By helping Dignity Alliance shape a clear path forward, we can ensure their powerful advocacy continues to uplift older adults, people with disabilities, and caregivers for years to come.” – Sarah Rucci</i> <i>Courtney Winand</i> '23 BS in Psychology & '25 Master of Science in Organizational Leadership (MSOL) Employer: Berklee College of Music
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“My goal is to help Dignity Alliance find a straight path forward to better help those in need while staying within the abilities of the leadership and staff.” – Courtney Winand

Anamary Pular

'25 BSBA in General Business

'26 Master of Business Administration and Masters of Organizational Leadership (MBA & MSOL)

“My goal is to help Develop and recommend an actionable pathway for establishing a long-term strategic plan that aligns with the organization’s mission and values.”

Anamary Pilar

The Nichols Team is being guided by Dignity Alliance participants Paul Lanzikos, Dick Moore, Jen Kaplan, Margaret Guilette, and Jim Lomastro.

This first step is to create a SWOT analysis with input from DignityMA participants.

What is a SWOT Analysis?

A SWOT analysis is a strategic planning tool used to identify and evaluate the Strengths, Weaknesses, Opportunities, and Threats related to a business or project.

Components of SWOT Analysis

Strengths: These are internal attributes and resources that support a successful outcome. Strengths can include a strong brand reputation, a loyal customer base, unique technology, or skilled personnel. Identifying strengths helps organizations understand what they do well and how they can leverage these advantages in the market.

Weaknesses: These are internal factors that may hinder an organization’s performance. Weaknesses could be anything from a lack of resources, poor location, or gaps in skills and expertise. Recognizing weaknesses is crucial for improvement and strategic planning.

Opportunities: These are external factors that the organization can capitalize on to grow or improve its performance. Opportunities might include market trends, technological advancements, or changes in regulations that favor the business. Identifying opportunities helps organizations strategize for future growth.

	Threats: These are external challenges that could jeopardize the organization's success. Threats can include increased competition, economic downturns, or changes in consumer behavior. Understanding threats allows organizations to develop strategies to mitigate risks.
Remembering with Dignity To access the submission form scan  or click on: https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A. For more information or questions, contact: Deborah W. Coogan Chair, DignityMA's "Remembering with Dignity" initiative dwc@cooganlaw.com 617-332-8828	<i>Dignity Alliance Massachusetts Launches "Remembering with Dignity," a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i> 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. 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. "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 DignityMA's website. How to Submit a Remembrance: • Visit www.dignityalliancema.org and navigate to the "Pandemic Memorial" page under the "Resources" tab or click on https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A. The QR code below can also be used. • A remembrance should be no more than 175 words.

	• Rather than a formal obituary, each submission should describe the person's essence, values, and their story. • 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). 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.
Ageism Awareness Day on Oct. 9 	American Society on Aging <u>Get Ready for Ageism Awareness Day</u> Ageism Awareness Day shines a light on how ageism—through stereotypes, prejudice, and discrimination—affects health, well-being, financial security, and our communities. Join ASA in taking action to build a more age-inclusive society. Visit the Ageism Awareness Day website for facts, guides and tools to spread awareness and get involved. This Ageism Awareness Day, spread the word that aging is a rich and varied experience, but one that unites us, and offers an opportunity to build a society that works for all ages.
October Is Resident Rights Month 	From the Consumer Voice <u>Residents' Rights Month</u> In recognition of Residents' Rights Month, celebrated next month, we have created new resources and promotional materials: <u>Staying Engaged: Enrichment Booklet</u> - The 2025 edition of the Staying Engaged enrichment booklet for long-term care residents has a variety of activities aiming to keep you mentally engaged, prompt self-reflection, and remind you of the importance of advocating for your rights, especially your right to make choices about how to live your life. Download for free or order hard copies in our store. <u>Social Media Toolkit</u> - Use our new toolkit to effectively use social media to spread awareness about Residents' Rights Month. Get social media tips, hashtags, and sample posts and graphics. <u>Promotional Templates</u> - Spread the word about residents' rights by contacting your local newspaper or encouraging your governor and mayor to declare October Residents' Rights Month. Find templates on our website What's going on in your city or state for RRM? Fill out this form to add your celebration or media coverage to our new interactive map, which will highlight activities and media from across the country.

	<u>50 Resident Reflections</u> - In honor of Consumer Voice's 50th anniversary in 2025, we've created this book, <i>50 Resident Reflections</i>, to highlight a series of entries from residents of long-term care facilities from across the country, with residents sharing their insights on quality care and offering advice to family, friends, and caregivers. <u>Residents' Rights T-Shirts – Pre-Order</u> Join Consumer Voice in showing support for Residents' Rights! Too often, those around us don't put much thought into long-term care until it directly affects them. These shirts are a great way to let others know that long-term care residents have rights; Dignity & Respect, Privacy & Confidentiality, Freedom from Abuse & Neglect, the Ability to Voice Concerns, and Freedom from Retaliation are not just suggestions. T-shirts are navy blue, 100% cotton. <i>Currently available for pre-order. Shirts are expected to ship by the end of October.</i> https://theconsumervoice.org/product/residents-rights-t-shirts/
Consumer Voice on Capitol Hill  The logo features three stylized human profiles in blue and green, facing right. Text includes 'National Consumer Voice for Quality Long-Term Care Annual Conference', 'Standing with Long-Term Care Consumers for 50 Years', and 'November 3-6, 2025 Arlington, Virginia'.	<u>Join advocates from around the country on Capitol Hill at the Consumer Voice Conference</u> Thursday, November 6, 2025 Join advocates from around the country at the Consumer Voice Conference, November 3-6, 2025, at the Renaissance Arlington Capital View Hotel in Arlington, Virginia. The closing plenary of the conference will be a briefing on Capitol Hill. Conference attendees will gather for a powerful program on the morning of Thursday, November 6, highlighting some of the top issues impacting quality care and services. Attendees can also choose to take this opportunity to schedule meetings with your Congressional offices and educate them about your experiences with long-term care. This is your chance to advocate for quality long-term care and make your voice heard on issues that matter most! <u>Register for the conference</u> in order to attend Hill Day <u>Attend the webinar</u> on Tuesday, September 23rd to learn more about how to prepare and what to expect on the Hill.
Healthy to 100: The Science of Social Connection	<u>Healthy to 100: The Science of Social Connection</u> A weekly newsletter published by The Longevity Project The Longevity Project is a collaboration with the Stanford Center on Longevity and Palisades Media Ventures. This project aims to foster public conversation and research into the societal impact of longer lifespans. Through podcasts, events, and publications, The Longevity Project addresses the challenges and opportunities presented by increasing human longevity. Ken Stern, who previously served as the CEO of National Public Radio (NPR), hosts multiple podcasts associated with this project, including "Century Lives" and "When I'm 64." <u>SUBSCRIBE</u>

	Excerpt from Issue #4, September 15, 2025 <i>Grandmacore is Trending.</i> There is a logical dissonance in reporting that social media is celebrating the rejection of social media trends, but it's a weird world we live in. It's generally called "Grandmacore", and it reflects a flight by younger social media users to decidedly non-social media activities. Knitting, crocheting, gardening, baking, birding, journaling, and board games are now increasingly popular with younger generations. The fact that younger cohorts (and some older ones) are posting on TikTok and Instagram about them doesn't obviate the fact that some people are eschewing doomscrolling for the 37th time today for more communal and positive activities. Hobbies like this have all sorts of benefits: reducing excessive screen time, creating social connection through communal activities, and reducing loneliness that can undermine both physical and cognitive health. A 2023 study in Nature Medicine found that older adults who regularly engaged in hobbies were happier, healthier, and less depressed, and both evidence and logic suggest that this applies to younger generations as well. In 2000, when Robert Putnam wrote <i>Bowling Alone</i>, he cited declines in sewing circles and other collective hobbies (along with unions, churches, PTAs, and the like) as evidence for the decline of social capital in this country. Over the last 25 years, all the trends around social connection and engagement have continued in the wrong direction, as group activities have been replaced by solitary digital engagement. Perhaps the Grandmacore trend is a positive indicator that our flight to loneliness is at least slowing.
Recruitment	See: Listings on MASterList.com's Job Board for all current listings
Guide to news items in this week's <i>Dignity Digest</i>	Behavioral Health Grant Ending for Center of Excellence for Behavioral Health in Nursing Facilities; Watch Remaining Live Trainings in September (Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF)) Alzheimer's and Other Diseases 5 surprisingly hopeful things we learned about Alzheimer's this year (Washington Post (free access), September 16, 2025) LGBTQ+ Topics Supporting LGBTQ+ Older Adults' Basic Needs (Justice in Aging, September 18, 2025) Topics about Incarcerated Persons Advocacy with Public Housing Authorities (PHAs) to Expand Affordable Housing Access for Formerly Incarcerated Older Adults (Justice in Aging, September 16, 2025) Workforce This Geriatrics Training Program Escaped the Ax. For Now. (New York Times (free access), September 21, 2025) CMS Announces CMP Funds Available for Nurse Training (X (formerly Twitter), September 8, 2025)

	Medicare Older Immigrants and Medicare (Justice in Aging, September 9, 2025) Medicaid Communicating the Harm of Medicaid Estate Recovery (Justice in Aging, August 28, 2025) Federal Policy U.S. ranks worse in elder care vs. other wealthy nations (Association of Healthcare Journalists, November 15, 2017) From Our Colleagues from Around the Country Pursuing Quality Long-Term Care (podcast) (Consumer Voice, September 16, 2025) The “People’s Data Project:” A Data Ecosystem for Giving the American People Healthcare Information They Rightfully Own & Deserve to Have (Tallgrass Economics, September 12, 2025) Nursing Home Industry Financial Propaganda is a Barrier to Decent Medicaid Funded Long-Term Care (Tallgrass Economics, September 12, 2025) From Around the Country Emergency alerts may not reach those who need them most in Colorado (The Conversation, September 16, 2025) Public Sessions Massachusetts Commission for the Blind (Tuesday, September 23, 2025, 9:00 a.m., Public hearing)
Falls Prevention Awareness Week September 22 to 26, 2025	National Council on the Aging Falls Prevention Awareness Week Falls Prevention Awareness Week is a national health campaign observed on the first day of fall to increase awareness around falls health and injury prevention. • Falls Prevention Awareness Week Toolkit • Falls Prevention Awareness Week Impact Report • The Falls Free® Initiative • State Falls Prevention Coalitions • Healthy Aging Programs Tools & Resources Administration on Community Living Preventing Falls and Supporting Independence Every 14 seconds, an older adult visits the emergency room for a fall-related injury. Falls are the leading cause of both fatal and nonfatal injuries for people 65 and older, with about 1 in 4 reporting a fall each year. Falls also pose a serious risk for people with disabilities. While research is limited, studies suggest that adults with disabilities experience higher rates of falls than their peers without disabilities, and perhaps higher than people older than 60. The consequences of a fall can be serious, from broken bones to a total loss of independence, but falls are not just a part of life — they can be prevented. ACL-funded falls prevention programs, supported under the Older Americans Act, provide older adults and people with disabilities with

	proven tools to stay safe and independent. These evidence-based programs combine exercise and education to improve strength and balance, encourage home safety modifications, and reduce fear of falling. Participants report feeling stronger, steadier, and more confident in their daily lives. ACL also funds the National Falls Prevention Resource Center, operated by the National Council on Aging, which raises awareness and supports the nationwide implementation of these programs. Among the resource center's activities is leading Falls Prevention Awareness Week to increase awareness of falls and the importance of prevention. This September, ACL joins partners nationwide to highlight proven strategies that reduce falls and keep people safe and independent at home and in the community. Lower your risk • Find an evidence-based prevention program using the Eldercare Locator. • Stay active to maintain balance, strength, and flexibility. • Remove tripping hazards and improve lighting in the home. • Review medications with a doctor or pharmacist. Get regular vision and hearing checks.
DignityMA Study Sessions <i>Special Focus on Changes in Federal Policies, Programs, and Services</i>	Unprecedented public policy changes have been occurring since the onset of the Trump Administration three months ago. Programs, policies, and initiatives of importance to older adults, persons with disabilities, and caregivers are not exempted. The implications are starting to become known. The impacts will be experienced in the months and years ahead. No sector is being spared. Health care, social services, Social Security, civil rights, housing, and more are all under historic attack. Some areas are being “downsized,” some are being disrupted or radically modified, and others are being eliminated outright. Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults, persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response. The presenters are: • Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition • James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration • Steven Schwartz, JD, Special Counsel, Center for Public Representation Recordings of Jim Roosevelt's and Steve Schwartz's presentations are available at https://dignityalliancema.org/videos/. Bob Blancato's presentation is being rescheduled.

DignityMA Study Session  Bob Blancato, National Coordinator, Elder Justice Coalition	<i>Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear</i> Wednesday, May 21, 2025, 2:00 p.m. Unfortunately, this session is being rescheduled. Date to be announced. Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition Registration required: https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year. Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.
Webinars and Online Sessions	1. National Council on Mental Wellbeing Tuesday, September 23, 2025, 1:00 to 2:00 p.m. <u><i>From Policy to Practice: Behavioral Health Therapists Using AI and Emerging Technologies</i></u> As AI and digital tools rapidly evolve, mental health professionals face new opportunities — and responsibilities — for integrating them into ethical, safe and effective care. Join us Sept. 23, 1-2 p.m. ET, to explore best practices for therapists navigating the intersection of mental health and AI. Drawing from the Utah Office of Artificial Intelligence Policy's recently published guidance, this session will give mental health providers the knowledge to critically evaluate and thoughtfully bring AI-enabled tools into clinical practice. <u>Register Today!</u> 2. Project Bread and the Massachusetts Law Reform Institute Thursday, September 25, 2025, 2:00 p.m. <u><i>Understanding SNAP Cuts and Their Impact on Massachusetts Residents</i></u> Free public webinar to explain the upcoming federal cuts to the Supplemental Nutrition Assistance Program (SNAP) and "their serious implications for families across the Commonwealth," according to organizers. Project Bread Director of Public Policy Leran Minc and MLRI Senior Policy Advocate Pat Baker will lead the webinar and are expected to break down proposed changes to SNAP and expected impacts throughout Massachusetts. One in six Massachusetts residents receive SNAP benefits, according to the Department of Transitional Assistance. The One Big Beautiful Bill signed by President Trump in July overhauls SNAP, including potentially impacting 40,000 adults in

Greater Boston and disqualifying roughly 10,000 legally present immigrants across Massachusetts who utilize the program.

[Register](#)

3. The Turner Center for Housing Innovation

Tuesday, October 7, 2025, 2:00 to 3:00 p.m.

[Local Solutions, Federal Tools: Utilizing Housing Choice Vouchers in a Shifting Landscape](#)

The federal Housing Choice Voucher program is the country's largest form of rental assistance, serving over 2.3 million families.

This webinar will highlight how public housing agencies and other local entities use housing vouchers effectively, despite facing structural challenges such as tight housing markets and resource constraints. The webinar will also lift up key considerations for understanding and responding to current shifts in the policy and funding landscape.

Speakers include:

- [Christi Economy](#), Research Associate, Turner Center (Presenter)
- [Sonya Acosta](#), Senior Policy Analyst, Center on Budget and Policy Priorities
- [Preston Prince](#), Executive Director, Santa Clara County Housing Authority
- [Pam Taylor](#), Senior Vice President of Housing Choice Vouchers, King County Housing Authority
- [Ryan Finnigan](#), Turner Center Deputy Director of Research, will moderate.

4. SCIBoston's Saturday Education Series

Saturday, October 18, 2025, 11:00 a.m. to 12:30 p.m.

[Massachusetts Personal Care Attendant Program](#)

Join Justin Graceffa, Vice-Chair of the MASS PCA Workforce Council, for an informative Zoom session on the Massachusetts PCA Program. This interactive presentation will provide an overview of how the PCA program works, what it means to be a consumer employer, and tips for building a great working relationship with your PCA. Topics will include: posting job opportunities, conducting effective interviews, and building strong communication skills. The session will conclude with a Q&A, and the presentation will be recorded and posted to SCIBoston's YouTube page.

Justin Graceffa is a C5 complete quadriplegic from a fall in 2007 and has been a consumer employer in the PCA program for nearly 18 years. In 2022, he joined the Mass PCA Council—a governor-appointed group of consumer employers that works closely with MassHealth and the PCA union—and was elected vice chair in 2024. That same year, he also began working with the PCA Union's Training and Education Fund, helping provide online training courses for PCAs. Justin is also a Peer Mentor for SCIBoston.

Join Zoom Meeting:

<https://us02web.zoom.us/j/83675304419?pwd=dy9QZFdrWjZVdHlKcUlydzltU3pRUT09>

Meeting ID: 836 7530 4419

Passcode: 730377

	Dial In: 929-205-6099
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Behavioral Health	5. Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) <i>Grant Ending for Center of Excellence for Behavioral Health in Nursing Facilities; Watch Remaining Live Trainings in September</i> The grant for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) is ending September 29, 2025. Their training materials will remain available on the Centers for Medicare & Medicaid Services (CMS) website and at https://nursinghomebehavioralhealth.org, hosted by Alliant Health Solutions. Access presentation slides at: • An Introduction to Trauma-Informed Care - Tuesday, September 11 2:00pm ET • PASRR Essentials: Federal Requirements & State-Specific Navigation for Nursing Facilities - Tuesday, September 16 2:00pm ET • Addiction 101: What It Is and What It Isn't - Thursday, September 18 2:00pm ET • Mental Health First Aid (MHFA) - Friday, September 19 11:00am - 4:30pm ET
Alzheimer's and Other Dementia	6. Washington Post (free access) September 16, 2025 <i>5 surprisingly hopeful things we learned about Alzheimer's this year</i> By Richard Sima <i>From a blood test to the unexpected role of lithium, these findings may lead to better diagnosis and treatment of the memory-robbing condition.</i> Here is a summary of the key hopeful advancements in Alzheimer's research from this year. An Alzheimer's Blood Test • The FDA has approved the first blood test to detect the primary biological signs of Alzheimer's disease: amyloid beta plaques and tau tangles. • This test, which can be administered by a primary care provider, is over 90 percent accurate, making diagnostics more accessible and affordable than expensive PET scans or invasive lumbar punctures. • It measures the p-tau217 biomarker, which can serve as an early warning sign for the disease years in advance, allowing for earlier intervention. Lifestyle Interventions Improve Cognition • The largest lifestyle intervention clinical trial in the U.S., known as U.S. POINTER, found that targeting multiple areas like nutrition, exercise, and cognitive training significantly improved cognitive measures in individuals at risk of dementia. • The study showed that participants in a more structured and supervised program saw greater cognitive improvement than those who were self-guided.

	- Research also suggests that individuals with a higher genetic risk for Alzheimer's (carriers of the APOE4 gene) benefit the most from following a Mediterranean diet. Increasing Focus on Inflammation - Scientists are increasingly investigating the significant role that inflammation and immune system dysfunction play in the development of dementia. - A recent study discovered that individuals with the APOE4 gene, which increases Alzheimer's risk, share many changes to their immune systems. - This has led to a major research push into immunomodulation, or modifying immune system activity, as a potential strategy for treating Alzheimer's and other neurodegenerative diseases. Vaccines May Reduce Dementia Risk - Several large-scale studies have provided strong evidence that common vaccines could help fight dementia risk. - One study found that the shingles vaccine reduced the risk of developing dementia by 20 percent over seven years. - Another large study linked vaccines for both shingles and RSV (respiratory syncytial virus) to a reduced risk of dementia. A Newly Discovered Link to Lithium - A study conducted in mice revealed that the metal lithium may play a protective role in Alzheimer's disease. - Researchers found that amyloid beta plaques trap lithium in the brain, and that low levels of lithium were associated with inflammation and an accelerated accumulation of plaques and tangles. - The study reported that administering small amounts of lithium orotate could reverse the disease and restore brain function in mice, pointing to an exciting potential therapy to be tested in humans.
LGBTQ	7. Justice in Aging September 18, 2025 Supporting LGBTQ+ Older Adults' Basic Needs By Denny Chan and Sahar Takshi Introduction LGBTQ+ older adults face significant challenges. Recently, the rise of targeted threats against the LGBTQ+ community,^[1] including the weaponization of policies to erase LGBTQ+ people, combined with significant cuts and restrictions to safety net programs like Medicaid^[2] and the lack of enforcement of anti-discrimination protections^[3] all harm LGBTQ+ older adults. Despite their indisputable existence throughout history and important contributions in our communities, LGBTQ+ older adults continue to be systemically targeted in unconscionable ways by policymakers. This issue brief highlights improvements to programs and services that would enable LGBTQ+ older adults to age with dignity in the United States. Discrimination and Poverty Among LGBTQ+ Older Adults There are an estimated 3.6 million older LGBTQ+ people in the United States, and by the year 2030, there will be seven million LGBTQ+ people over the age of 50.^[4] Despite their growing numbers, LGBTQ+ older adults face significant inequities and discrimination in terms of

	access to health care, housing, and economic security. Health inequities stem from stigmatization in medical research, lack of social supports and resources, and medical mistreatment (such as lack of gender affirming care), which ultimately lead to a greater likelihood of depression, dementia, and chronic health conditions.^[5] The seeds of economic inequity are sowed at a younger age. For example, workplace discrimination against LGBTQ+ people earlier in their lives—and in particular, transgender people—results in not being hired for certain jobs, not being promoted, being fired, or not being paid equitably due to one’s sexual orientation or gender identity. The compounding effect of a lifetime of discrimination leads many LGBTQ+ people to age into poverty. These impacts are exaggerated in specific situations, such as the COVID-19 pandemic (e.g., more LGBT older adults reported living in poverty and experiencing food insecurity than their non-LGBT counterparts)^[6] and incarceration (85% of incarcerated LGBTQ people have been put in solitary confinement).^[7] For LGBTQ+ older adults who belong to other historically marginalized communities, systemic inequities can be compounded or unique. LGBTQ+ people of color experience heightened rates of discrimination and hate crimes.^[8] For transgender people of color, these experiences are unfortunately too common—with 68% reporting negative or discriminatory treatment from health care providers and 28% reporting that they had a doctor refuse to see them based on their gender identity. LGBTQ+ people of color are also more likely than their white counterparts to experience workplace discrimination—including harassment, negative comments, not being considering for promotions—ultimately leading to economic inequity that compounds over one’s lifetime.^[9] Approximately 30% of LGBTQ+ people report having a disability, which can increase discrimination in health care and employment settings and increase the risk of domestic violence.^[10] As a result of these harmful discriminatory experiences, many LGBTQ+ older adults who have other marginalized identities may avoid health care or other services or choose not to out themselves to their employer, providers, or caregivers.^[11] The combination of aging and trauma brings distinctive challenges for older adults as they grapple with the cumulative effects of past and present traumatic experiences. Many LGBTQ+ older adults lived through state-sanctioned discrimination and health-related trauma perpetuated by institutions.^[12] Legalized discrimination against the LGBTQ+ community reinforces institutional oppression,^[13] and the most recent round of policy attacks against LGBTQ+ communities through executive orders and other administrative actions increases inequities for LGBTQ+ older adults. Discrimination that highlights the lack of legal protections for LGBTQ+ individuals in areas like housing, health care, education, and employment, financially penalize the community throughout their lives.^[14] Given the diversity within the LGBTQ+ community and the challenges LGBTQ+ older adults experience, below we detail ways that health care,
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	economic, and other social support programs can meet the needs of LGBTQ+ older adults. Download PDF
Topics about Incarcerated Persons	8. Justice in Aging September 16, 2025 Advocacy with Public Housing Authorities (PHAs) to Expand Affordable Housing Access for Formerly Incarcerated Older Adults Introduction State and local Public Housing Authorities (PHAs) administer two of the largest federal rental assistance programs – the Department of Housing and Urban Development (HUD) Housing Choice Voucher and Public Housing programs – and can help expand affordable housing access for formerly incarcerated older adults.^[1] Older adults who are re-entering the community face especially high risks of homelessness, often due to housing barriers such as the inability to afford rent, as well as discrimination against people with criminal records. Federal rental assistance can be a crucial source of support for these older adults who may otherwise lack access to affordable housing. However, one of the most common criteria PHAs use to determine whether to deny housing assistance is prior criminal activity. In a 2012 study, at least 85% of surveyed PHAs reported conducting criminal background checks as part of their screening process.^[2] PHAs have broad discretionary authority to shape their admissions policies so that federal rental assistance programs are more inclusive of people with conviction histories. Advocacy with PHAs can help ensure that PHAs adopt more equitable policies on criminal record screenings. HUD attempted to require PHAs to implement more equitable criminal history policies through its 2024 proposed rule, “Reducing Barriers to HUD-Assisted Housing.” While that proposed rule was never finalized, it still offers useful examples of reasonable policy reforms for PHAs. Using HUD’s 2024 proposed rule as a guide, this issue brief identifies policy recommendations that advocates can pursue with PHAs on behalf of formerly incarcerated older adults. It also outlines how advocates can engage with PHAs through the PHA planning process. Download PDF
Workforce	9. New York Times (free access) September 21, 2025 This Geriatrics Training Program Escaped the Ax. For Now. By Paula Span The Trump administration has restored promised funds to a program that teaches people in health care how to work with aging Americans. In St. Louis, a team of students aboard a well-equipped van visits senior centers, a nursing home, a church, and other sites, learning to conduct comprehensive, hourlong geriatric assessments. The team — future doctors, social workers, psychologists, and therapists — looks for such common problems as frailty, muscle weakness and cognitive decline. The patients they evaluate, free of charge, receive printed plans to help guide their care.

	Across Oregon, community health workers have enrolled in an eight-hour online training program — with sections on Medicare and Medicaid, hospice and palliative care, and communications with patients and families — to help them work with older adults. “We need these frontline public health workers to know how to provide age-friendly care,” said Dr. Laura Byerly, the geriatrician at the Oregon Health and Science University who leads its efforts. And in Louisville, the same federally funded program provides geriatrics training across Kentucky. Sometimes, though, it takes a less formal approach. Sam Cotton, the social worker who directs its dementia program, recently heard from a local Methodist church whose parishioners were caring for relatives with dementia. Could someone talk to the congregation about this demanding role? Dr. Cotton, a professor at the University of Louisville, said sure, she would be there. These programs, and 39 more like them across the country, aim to address an alarming fact: The number of geriatricians and other health care providers knowledgeable about aging has failed to keep up with the burgeoning population over 65. Since 2015, therefore, Congress has authorized funding for the Geriatrics Workforce Enhancement Program, or G.W.E.P., which trains about 70,000 people a year. A few weeks ago, these grants to universities and hospitals, up to \$1 million each this year, appeared imperiled. In July, without warning or explanation, the annual disbursements to the recipients, some of which had participated since the program began in 2015, were substantially reduced. Instead of the expected \$41.8 million, the grantees collectively received \$27.5 million, a 34 percent shortfall, according to the Eldercare Workforce Alliance. And more cuts appeared to be coming. The Trump administration’s proposed budget for fiscal 2026 completely eliminated G.W.E.P., along with many other programs funded through the Health Resources and Services Administration, an agency of the Department of Health and Human Services. Although the program had always drawn bipartisan support, and had been repeatedly authorized for five years, the president’s budget zeroed it out, citing “an effort to streamline the bureaucracy, reset the proper balance between federal and state responsibilities, and save taxpayer funds.” As 10 weeks passed without clarification — was the missing money merely delayed, or gone for good? — program directors frantically called their congressional representatives while contemplating painful layoffs and an uncertain future. “This money was appropriated, signed and sealed, so where is it?” Dr. Cotton said earlier this month. Besides her role in the Louisville program, she serves as board president of the National Association of Geriatric Education Centers. Grantees’ questions to H.R.S.A., the funding agency, brought few answers. Then, on Sept. 10, the programs discovered that, as
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	mysteriously as they had vanished, the rest of the allocated funds had suddenly materialized. And G.W.E.P. has been restored to both the House and Senate bills funding the federal health department, though the bills could still change or be voted down — or a continuing resolution could freeze current funding. The rescue may reflect, in part, the efforts of a powerful G.W.E.P. supporter, Senator Susan Collins, Republican of Maine, who faces re-election next year. In a Senate floor speech on Sept. 3, Ms. Collins called the program a “modest investment that will help ensure that our older Americans have the expert care that they need, that their caregivers are provided with training, that other support employees and health care providers receive the skills that they need.” Still, “it has been a roller coaster, to say the least,” said Marla Berg-Weger, G.W.E.P. director at Saint Louis University, which trains about 9,800 people annually. The payments withheld for 10 weeks equaled the amount that each grant had earmarked for Alzheimer’s and dementia training, program directors found. The programs were required to designate \$230,000 of a \$1 million grant to dementia training for both professionals and community members, but some had chosen to spend more and therefore had larger shortfalls. The G.W.E.P. at Louisiana State University, for instance, initially received just \$152,000 of its expected \$976,659 and halted (temporarily, the director hopes) all of its geriatric rotations and internships in Louisiana and Mississippi. What has been going on? H.R.S.A., the federal agency funding the programs, said in an email that “all grant programs have been thoroughly reviewed to ensure alignment with administration priorities,” causing “brief delays in executing certain payments.” “It’s surprising to me that anyone would question the value of having a work force knowledgeable about care for older adults,” said Carole Johnson, the agency’s administrator during the Biden administration. “Everybody in the field hoped this program would grow, not wither,” she added. Appropriations have increased only slightly in recent years. Yet “the recipients are very resourceful,” Ms. Johnson added. “It’s a ‘big bang for the buck’ program and a smart use of federal resources.” The number of practicing geriatricians — 6,580 this year, according to H.R.S.A. estimates — is likely to decrease slightly in coming years, even as the need for such expertise climbs. It’s hard to attract medical students and doctors to a relatively low-paying specialty whose patients are mostly insured by Medicare, though surveys show high job satisfaction among geriatricians. Most older patients receive care not from geriatricians but from primary care doctors, other medical specialists, physician assistants, nurse-practitioners, social workers, pharmacists and direct care workers.
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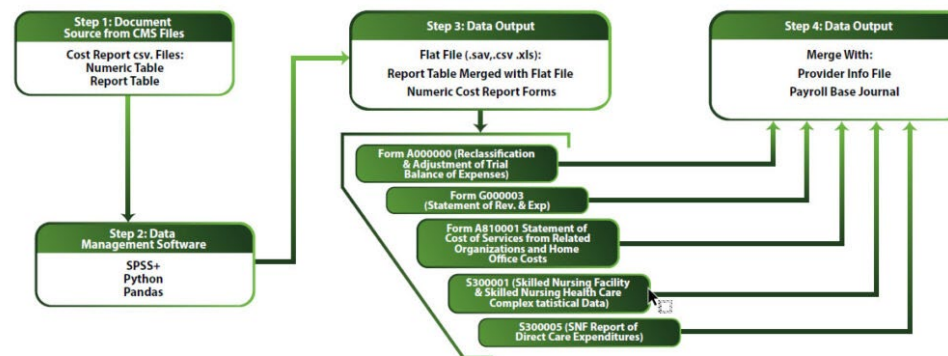
	Accordingly, G.W.E.P.'s emphasize extending knowledge about care for elders — whose risks, symptoms, goals and treatments often differ from that of younger patients — to a wide array of providers, especially in rural and underserved areas. They also educate patients themselves and family caregivers. The Saint Louis University program, for example, recently introduced an apprenticeship for certified nursing aides, or C.N.A.s, working at a suburban nursing home. "The turnover of nursing home employees in general, and C.N.A.s in particular, is very high," Dr. Berg-Weger explained. These jobs are often poorly paid and stressful, and the 75 hours of training required for certification doesn't delve deeply into the particular needs and characteristics of older patients. Six women have enrolled in Saint Louis's first apprenticeship class, designed to accommodate 10 at a time. Over a year they'll receive 144 hours of education on such subjects as medications, falls prevention and dementia. The curriculum includes both in-person classes with a geriatrician and a geriatric nurse-practitioner, and more than 40 short videos the G.W.E.P. team has produced. Aides "can watch on their phones during their breaks," Dr. Berg-Weger said. At the end of the year, graduates become certified geriatrics specialists and receive a \$1,000 stipend from the program and a 12 percent raise from their employer. "Our plan is to offer this to other facilities," Dr. Berg-Weger said. And to G.W.E.P.s in other states, if they survive. 10. X (formerly Twitter) September 8, 2025 CMS Announces CMP Funds Available for Nurse Training In a statement posted on X (formerly Twitter), the Centers for Medicare & Medicaid Services (CMS) Administrator Dr. Mehmet Oz announced that CMS is investing over \$75 million in nurse training. In a letter sent to Governors, Dr. Oz addressed the shortage of qualified nursing home staff across the country. Dr. Oz encouraged states to partner with CMS by committing part of their state civil monetary penalty (CMP) funds, which CMS will match. Funds available can be used for recruitment incentives and training for Certified Nurse Aids (CNAs) in nursing homes.
Medicare	11. Justice in Aging September 9, 2025 Older Immigrants and Medicare INTRODUCTION Enrolling in the Medicare program and accessing its benefits can be complex and is often confusing for older adults. The process can be even more challenging for older immigrants, some of whom do not have a significant work history in the United States, are not citizens, or have limited English proficiency. More than eight million U.S. residents age 65 and older are immigrants, and over 1.6 million noncitizens are enrolled in Medicare.

	To assist advocates working with older immigrants who may qualify for Medicare, this issue brief discusses Medicare policies and practices most relevant to older immigrants, including: • Eligibility and enrollment, with particular attention to rules affecting non-citizens • Help paying for coverage • Post-enrollment issues The issue brief includes numerous hypothetical examples. The names and details are created to illustrate the rules and are not actual case reports. This brief contains updates from H.R.1, a budget reconciliation bill passed by Congress in July 2025. H.R.1 made sweeping changes to healthcare access for immigrants, including eliminating Medicare eligibility for many immigrants, even those previously eligible under prior rules. Download PDF
Medicaid	12. Justice in Aging August 28, 2025 Communicating the Harm of Medicaid Estate Recovery Most people need Medicaid to afford paid long-term care. To qualify for Medicaid, individuals must have very limited income and few assets. Those with modest means must exhaust a lifetime of savings before they become eligible. The home they live in is exempt under Medicaid eligibility rules. However, after a person receiving Medicaid long-term care dies, federal law requires states to attempt to collect the costs of that care from their remaining property. The Medicaid program refers to this process as “estate recovery.” Forcing states to collect Medicaid costs is harmful. It can lead a person to delay enrolling in Medicaid out of fear of losing their home, compromising their health. It can also deny a family the opportunity to pass on their home to the next generation and help secure their economic future. In this way, the policy perpetuates poverty and disproportionately harms economically oppressed communities and people of color who have faced barriers to building intergenerational wealth. This messaging guide provides recommendations to help advocates explain the harms of Medicaid estate recovery to policymakers and the public. Download PDF
Federal Policy	13. Association of Healthcare Journalists November 15, 2017 U.S. ranks worse in elder care vs. other wealthy nations By Liz Seegert Here is a summary of the findings from the Commonwealth Fund's international survey on elder care. Key Findings • The U.S. healthcare system for older adults ranks poorly compared to 10 other wealthy nations in categories such as access, affordability, timeliness of care, and care coordination.

	• Medicare beneficiaries in the U.S. are more likely to be sicker and forgo needed medical care due to high costs than their counterparts in other countries. Challenges for U.S. Seniors • High Costs: 23% of U.S. seniors surveyed skipped needed care in the last two years due to cost. In contrast, 5% or fewer seniors in the U.K., France, Norway, and Sweden did so. Additionally, 22% of U.S. seniors spent over \$2,000 in out-of-pocket costs, compared to less than 10% in most other countries. • Economic Vulnerability: One in four U.S. older adults reported concerns about affording basic necessities like food, rent, or utility bills, or had serious problems paying medical bills. • "High-Needs" Population: Among older adults with complex health issues, 31% of U.S. seniors skipped care due to cost, compared to only 2% in Sweden. This group also has higher rates of depression, anxiety, emergency room use, and medical errors. Social Safety Net and Solutions • The study found that the U.S. spends a disproportionately low amount on social care compared to health care. The U.S. spends less than 60 cents on social services for every dollar of health care, while countries like France and Sweden spend about \$2. • The study concluded that a stronger social safety net is needed to improve health outcomes and decrease spending. • Proposed solutions include relying on evidence-based home and community programs and legislative efforts such as the CHRONIC Act, which aims to boost telehealth services and other programs for the chronically ill.
From Our Colleagues from Around the Country	14. Consumer Voice September 16, 2025 Pursuing Quality Long-Term Care (podcast) When something goes wrong in long-term care, do you know what to do? In this episode of Pursuing Quality Long-Term Care, Lori Smetanka and Jocelyn Bogdan of Consumer Voice share practical strategies for gathering information and advocating effectively. Lori and Jocelyn also introduce Documenting Resident Concerns in Long-Term Care, a new resource created to help residents and families respond with confidence. From falls and pressure injuries to conflicts with staff, knowing what questions to ask and what details to document can be the key to real solutions. Listen to the Podcast and view the new fact sheet and accompanying What Happened? form. 15. Tallgrass Economics September 12, 2025 The "People's Data Project:" A Data Ecosystem for Giving the American People Healthcare Information They Rightfully Own & Deserve to Have By Dave Kingsley U.S. taxpayers and users of the government-corporate privatized healthcare system are paying 2 to 3 times as much as residents of peer countries such as England, Japan, South Korea, France, Canada, and

	all of the Scandinavian countries. While all residents of those countries have either free or affordable access to medical care, over 30 million Americans have no insured access to a doctor, clinic, or hospital. The uninsured either forego care or risk bankruptcy. The ugliest facet of this disgrace is that the uninsured pay taxes for the care they are not getting. Indeed, the poor often pay more disproportionately because the states' proportion of Medicaid is paid to a large degree with sales and property taxes, both of which are regressive. And yet it is the poor who are targeted for bureaucratic harassment and denial of services. We will be saying much more about this in the months and years ahead. Ethical and moral issues are crucial in the fight against predatory corporate practices, but effectively opposing bad corporations and their executives requires valid and reliable data. For instance, the nursing home industry claims that pervasive neglectful care by Medicare and Medicaid-funded long-term care is justifiable due to inadequate Medicaid reimbursement. As we will demonstrate with overwhelming evidence, this is false. It is an intentional lie pushed through a powerful lobby (see post today: <i>Nursing Home Industry Financial Propaganda is a Barrier to Decent Medicaid Funded Long-Term Care</i>). “Effectively opposing bad corporations and their executives requires valid and reliable data.” The People’s Data Project: A Data Ecosystem for Healthcare Data Accessibility & Transparency Americans intuitively know that the privatized healthcare system is siphoning off excess amounts of funding for their healthcare into the pockets of private interests. However, the only data available that people need and deserve to prove that their taxes, premiums, deductibles, and co-payments are unduly and excessively channeled from their care to investors and executives are rarely obtainable without the aid of advanced data analytical tools. For instance, hospital and nursing home cost report Public Use Files (PUFs) are available online. One problem is that the files are too large to open in a commonly used spreadsheet. The data must be merged with other data files and converted into file formats suitable for analysis. Even when the data is analyzable in a typical spreadsheet, considerable assistance from data analysts who have experience with cost reports is necessary. That is the role and purpose of the <i>People’s Data Project</i>. We prepare and analyze data for nonprofit organizations, legislators, and other Americans who want to understand how money flows through nursing homes, hospitals, Medicaid contractors, and other providers of U.S. healthcare nationally, as well by region, state, county, city, and zip code. Our data ecosystem has been built with an <i>IBM-SPSS</i> statistical core using <i>Python/Pandas</i> programming languages for file transformation, analysis, and data modeling. Steps in the analytics of hospital and nursing home cost reports are depicted in the schematic below. This schematic displays the originating sources of data, the tools used to format the data for creating needed output, the necessary organizing
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structure, and the files the with which data are merged to complete the full picture.



The *PDP* makes data available online usable for the lay public. In addition, we have extensive experience with and knowledge of hospital and nursing home data and other obtainable healthcare data. Our purpose is to assist nonprofit organizations, researchers, and lay people with obtaining and analyzing data within our bailiwick.

The Dangers of Predatory Corporate and Government Data Analytics are Creating a Democratic Crisis.

Without integrity in the collection and use of data by governments and corporations, Democracy as we know it will disappear. Unfortunately, the power of contemporary corporations with sophisticated technology is producing a crisis of citizen powerlessness. It is also unfortunate that too many professionals and politicians are indifferent to glaring conflicts of interest and intentional misinformation for the purpose of manipulating and misleading the public.

“Without integrity in the collection and use of data by governments and corporations, Democracy as we know it will disappear.”

The data crisis we are facing can only worsen with the advent of AI and increasingly sophisticated data analytics tools. It is despicable for industries to misuse technology and statistics to prey on unsuspecting populations needing healthcare. There is no doubt that AI is a powerful tool that can be used against “We the People.” However, *The People’s Data Project* will empower people to harness the power of AI and data analytics for fighting back against those forces that are using it against them.

16. Tallgrass Economics

September 12, 2025

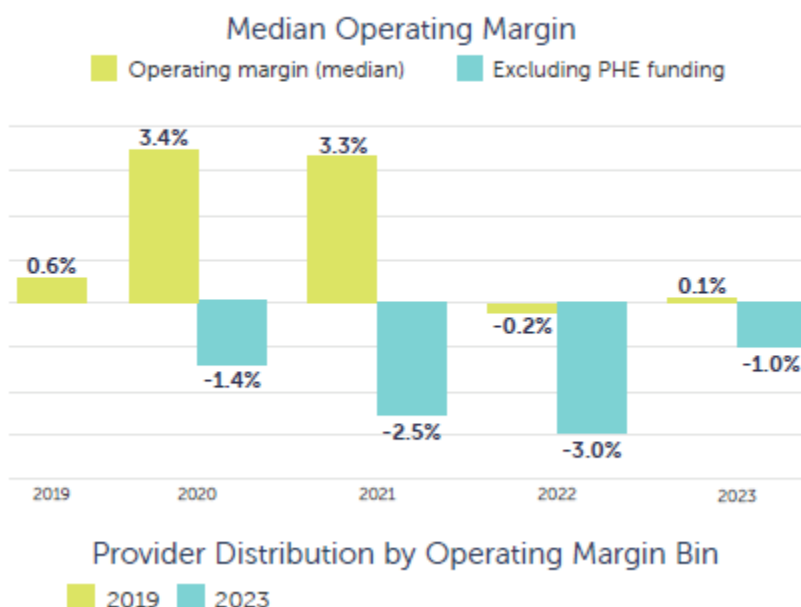
[*Nursing Home Industry Financial Propaganda is a Barrier to Decent Medicaid Funded Long-Term Care*](#)

By Dave Kingsley

The nursing home industry, represented in Washington, D.C. and all 50 states by the American Healthcare Association, has been successful in pushing a simple narrative: “Nursing home companies are operating on a ‘thin margin’ due to inadequate Medicaid reimbursement; therefore, they can’t afford to provide adequate staffing and decent care.” This

hardship plea has been successfully sold to politicians, the media, academics, and the public in general.

At the *People's Data Project*, we have the data and the data analytic tools to debunk AHCA-funded misinformation. We will begin with the misleading annual report^[1] put out by the major accounting firm of Clifton, Larson, & Allen (CLA) on behalf of the industry. The bar charts below appear in the accounting firm's latest report. These graphics display the nursing home industry "Median Operating Margin" for 2023.



“From a financial and statistical perspective, the above presentation is highly flawed....”

From a financial and statistical perspective, this presentation is highly flawed and, for a leading accounting firm, disingenuous. We have the same data as CLA. We will show briefly in this post why the operating margin as referenced in the above graphic has no relevance to the important concept of “cash flow” – the flow of capital through a network of facilities onto the Income statements, “Cash Flow statements, and “Balance Sheets” of Parent Corporations. Rarely are nursing home facilities stand alone, independent subsidiaries with meaningful financial statements. Rather, they are conduits for cash to parent/holding companies.

The *PDP* data files include data from cost reports submitted by 14,440 facilities for 2023. Net operating income in our file – displayed in the table below – is not significantly different than that reported by CLA. Certainly, accountants at CLA know that foisting these statistics in this manner on an unsuspecting public is unethical. They are failing to add data and explanations that place them in proper perspective. The data are extremely skewed in a negative direction, which pulls the average and even the median in a negative direction. A skew of -38.33 is so extreme that point estimates are of no use when all the data is dumped

into a stats package and no adjustment is made for the shape of the data.

MEDICAID FUNDED LTC/SKN FACILITY REPORTED NET OPERATING INCOME 2023		
AVERAGE	MEDIAN	SKEW
-12	-.03	-38.33

But statistical validity problems such as skew aren't the only problems with the way nursing home operating net is used in the industry narrative. Here are the major problems with operating net that CLA accountants most certainly understand:

- Net operating income (net income from service to patients) is net patient revenue minus expenses. Expenses include payments to parent and holding companies of the facilities reporting net operating income (see the table below, which indicates \$16 billion allocated to related parties and home office allocations).
- Reimbursement from sources other than Medicaid/Medicare reimbursement and self-pay are not included in operating net income. However, as the table below indicates, other revenue for state incentive programs, COVID relief, and other sources totaled \$18.6 billion in 2023 but is not added to the operating margin by CLA & AHCA.

Operating expenses of \$172.6 billion include payouts to parent/holding companies for management fees of \$16 billion. Also, other revenue from incentive programs, COVID relief, and other sources of \$18.6 billion added to the net patient revenue, along with home office allocations and payments to related parties (subsidiaries owned by parent/holding companies) creates a different perspective than operating net.

Summary Statistics: 2023 CMS Nursing Home Cost Reports					
	NET PATIENT REVENUE	OPERATING EX- PENSE	NET INCOME FROM SERVICE TO PATIENTS	HOME OFC. REL. PARTIES	OTHER REVENUE
MEAN/AVERAGE	\$10,961,743	\$11,957,026	-\$1,004,398	\$1,404,473	\$1,319,240
MEDIAN	\$9,121,150	\$10,573,790	-\$282,278	\$963,790	\$163,223
N	14,420	14,432	14,432	11,422	14,095
TOTAL	\$158 Billion	\$172.6 Billion	-\$14.5 Billion	\$16 Billion	\$18.6 Billion

When home office allocations, payments to related parties, and nonpatient revenue is added to net operating income, it appears that 12.7% of industry patient revenue is funneled to owners of nursing home chains. There are other sources of income for chain owners through tax write-downs for interest, taxes, and depreciation. In future posts, we will discuss other vehicles available to the nursing home industry for adding value to Medicare and Medicaid reimbursement.

From Around the Country

17. The Conversation

September 16, 2025

[Emergency alerts may not reach those who need them most in Colorado](#)

By Carson MacPherson-Krutsky, Mary Angelica Painter, and Micki Olson

Summary:

The Problem: Low Reach and Accessibility

- Only 4 in 10 Colorado residents have opted in to receive local emergency alerts.
- Many alerts are not translated, formatted for people with vision or hearing loss, or written with complete information.
- Vulnerable populations, such as those with disabilities or limited-English proficiency, are at higher risk of missing crucial information during disasters.
- Issues with delayed, inconsistent, and English-only alerts were highlighted by the 2020 Grizzly Creek Fire and 2021 Marshall Fire.

System Challenges: A Patchwork Approach

- Colorado lacks a uniform, statewide alert system; local areas choose their own.
- **Opt-in systems:** Require individuals to sign up, which is a barrier for many, especially vulnerable groups. Neighboring counties often use different systems.
- **Opt-out systems:** (e.g., Wireless Emergency Alerts - WEAs) are broadcast to all cellphones in a specific area by default.
- The lack of a national standard for these systems leads to inconsistencies.

Barriers for Authorities: Lack of Resources

- Local authorities face significant constraints in time, staff, funding, and training.
- 64% of surveyed authorities reported lacking funds to make alerts more inclusive.
- More than one-third did not know their systems' capabilities for providing alerts in other languages or accessible formats.
- Alerts are often incomplete; a study found fewer than 10% of national WEAs from 2012-2022 were complete (lacking full information on source, hazard, location, and time).

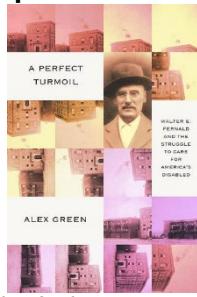
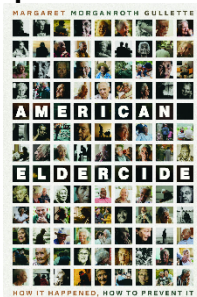
Inherent System Flaws

- Alert systems were not originally designed with accessibility in mind (e.g., no video/image options).
- The WEA system is limited to English and Spanish, and it cannot include special characters like accents or tildes.
- This is a significant gap, as over 230,000 Coloradans have difficulty comprehending English.

Recommended Solutions

- **Individuals:** Can learn about and sign up for their local emergency alerts.
- **Government (Federal & Local):** Can allocate funds to update and standardize systems, and implement better training.
- **Alert Authorities:** Can partner with trusted community organizations to reach diverse populations.
- **Researchers:** Can help identify how to better tailor systems to specific community needs.

Public Sessions	18. Massachusetts Commission for the Blind Tuesday, September 23, 2025, 9:00 a.m. Public hearing Proposed Comprehensive Annual Independent Living Social Services Plan. The plan would be in effect from Oct. 1, 2025 through Sept. 30, 2026. Review a copy of the report Access
<i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i>	<i>The Campaign to Increase the Personal Needs Allowance (PNA)</i> 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. 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: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message. If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.

	<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>
Books by DignityMA Participants  About the Author: Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.	<u>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</u> By Alex Green From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, <i>A Perfect Turmoil</i> is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time. 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. <u>Buy the book here</u>
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 <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar	<u>American Eldercide: How It Happened, How to Prevent It</u> By <u>Margaret Morganroth Gullette</u> 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 <i>American Eldercide</i>, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she 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

at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.	to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone. Buy the book here.
Bringing People Home: The Marsters Settlement	Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/
Support Dignity Alliance Massachusetts Please Donate!	Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth. As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month. Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website. https://dignityalliancema.org/donate/ Thank you for your consideration!
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net .
Websites	Fact Sheet: Documenting Resident Concerns in Long-Term Care https://theconsumervoice.org/news/fact-sheet-on-documenting-resident-concerns/ Consumer Voice has created a new fact sheet and accompanying form to help consumers ask the right questions and document key information to advocate for themselves and address their concerns.
Blogs	
Podcasts	
YouTube Channels	

Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/	
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/	

	Recent approval: <u>Town of Nantucket – Long Term Care Substantial Capital Expenditure</u> Approved May 5, 2025
List of Special Focus Facilities	Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</u> Updated March 26, 2025 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. What can advocates do with this information? • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. Massachusetts facilities listed (updated) Newly added to the listing • Salem Rehab Center, Salem <u>https://www.adviniacare.com/adviniacare-salem/</u> Nursing home inspect information: <u>https://projects.propublica.org/nursing-homes/homes/h-225644/</u> • Fall River Healthcare <u>https://www.nextstephpc.com/fallriver</u> Nursing home inspect information:

	https://projects.propublica.org/nursing-homes/homes/h-225723/ Massachusetts facilities which have graduated from the program • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063 • Somerset Ridge Center, Somerset https://somersetridge rehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225747 • Tremont Healthcare Center, Wareham https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488/ Massachusetts facilities that are candidates for listing (months on list) • AdviniaCare Newburyport (13) https://www.adviniacare.com/adviniacare-country-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225332 • Brandon Woods of New Bedford (1) https://brandonwoodsnewbedford.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225264/ • Cape Cod Post Acute, Brewster (9) https://capecodrehabhc.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225667/ • Charwell House Health and Rehabilitation, Norwood (37) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Life Care Center of Merrimack Valley, Billerica (2) https://lcca.com/locations/ma/merrimack-valley/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225546/ • Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Pine Knoll Nursing Center, Lexington, (3) https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225049/ • RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523
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	- West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/ No longer operating - South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram																																																
Nursing Home Inspect	ProPublica Nursing Home Inspect Data updated April 23, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?) <table><tr><th>Deficiency Tag</th><th># Deficiencies</th><th>in # Facilities</th><th>MA facilities cited</th></tr><tr><td>B</td><td>315</td><td>222</td><td>Tag B</td></tr><tr><td>C</td><td>106</td><td>82</td><td>Tag C</td></tr><tr><td>D</td><td>7,445</td><td>1,401</td><td>Tag D</td></tr><tr><td>E</td><td>2,133</td><td>767</td><td>Tag E</td></tr><tr><td>F</td><td>676</td><td>314</td><td>Tag F</td></tr><tr><td>G</td><td>517</td><td>339</td><td>Tag G</td></tr><tr><td>H</td><td>58</td><td>35</td><td>Tag H</td></tr><tr><td>I</td><td>3</td><td>2</td><td>Tag I</td></tr><tr><td>J</td><td>53</td><td>28</td><td>Tag J</td></tr><tr><td>K</td><td>27</td><td>9</td><td>Tag K</td></tr><tr><td>L</td><td>9</td><td>3</td><td>Tag L</td></tr></table> Updated April 23, 2025	Deficiency Tag	# Deficiencies	in # Facilities	MA facilities cited	B	315	222	Tag B	C	106	82	Tag C	D	7,445	1,401	Tag D	E	2,133	767	Tag E	F	676	314	Tag F	G	517	339	Tag G	H	58	35	Tag H	I	3	2	Tag I	J	53	28	Tag J	K	27	9	Tag K	L	9	3	Tag L
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Nursing Home Compare	Centers for Medicare and Medicaid Services (CMS) <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: Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on																																																

	weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite		
Data on Ownership of Nursing Homes	Centers for Medicare and Medicaid Services <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 data.cms.gov and updated monthly.		
DignityMA Call Action	• Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content		
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly).	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	jimlomastro@comcast.net
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	Dickmoore1943@gmail.com
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin	baskinfrank19@gmail.com

Please contact group leaders for more information.		Chris Hoeh	cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<i>Bringing People Home: Implementing the Marsters class action settlement</i>	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/		
<i>REV UP Massachusetts</i>	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : • Mikko Cook • Wynn Gerhardt • Dave Kingsley • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<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> <i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i> <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> <i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i> https://dignityalliancema.org/dignity-digest/ <i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i>			