The Dignity Digest

Issue # 254 October 14, 2025

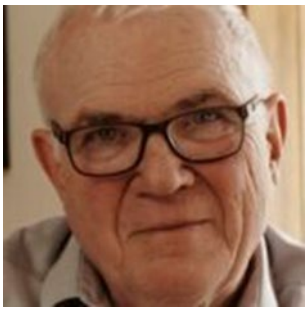
The Dignity Digest contains information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Tuesday.

***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



James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia, beginning at the Boston University Medical Center, where he worked in rehabilitation and became introduced to algorithms. He continues to survey internationally for the Commission on the Accreditation of Rehabilitation Facilities.

Why Expanding Compassionate Release Is a Moral and Fiscal Imperative

Non Profit Quarterly

By James A. Lomastro, PhD

October 7, 2025

As the prison population rapidly ages, medical costs skyrocket, and compassionate release systems remain dramatically underutilized, states face a growing crisis both fiscal and humanitarian in nature.

Thousands of elderly and seriously ill incarcerated people who do not present a threat to society die behind bars at enormous public expense. The need for better policies that encourage compassionate release for older Americans is clear.

What the Data Tell Us

One of the most robust findings in criminology research is that elderly prisoners, especially if they have serious health problems, have a low likelihood of committing new offenses if released.

Thousands of elderly and seriously ill incarcerated people who do not present a threat to society die behind bars at enormous public expense.

For example, a 2022 study by the United States Sentencing Commission found that recidivism for prisoners released after the age of 50 was 21.3 percent, compared to 53.4 percent for younger prisoners. The same study found that offenses of older people released from prison, when they did occur, were “less serious” than for younger people. Moreover, the study also found that the older the person was at the time of release, the less likely recidivism became.

These findings align with earlier federal research, which found that elderly offenders were far less likely to recidivate, with only 13.4 percent of offenders age 65 or older rearrested over an eight-year period compared to 67.6 percent of those under 21.

A Massachusetts Department of Correction study on releases from 2019 likewise found a much lower three-year recidivism rate for elders: 10 percent for women and 12 percent for men 55 and older, compared to 27 percent and 33 percent for women and men respectively for those 30-34 years old at the time of release—demonstrating, once again, that many older adults "age out" of crime.

The Scale of the Crisis

Federal data reveal the growth in compassionate release motions since the COVID-19 pandemic began. According to the US Sentencing Commission, the top reasons for granting compassionate release are serious medical or physical condition, terminal illness (9.2 percent), and unusually long sentences. The data also show that 42.4 percent of those granted release were Black, 32.8 percent were White, and 21.0 percent were Latine, highlighting the disproportionate impact on communities of color.

Research by Prison Policy Initiative indicates that older people make up four times as much of the prison population as they did two decades ago: from 4 percent in 2002 to 16 percent in 2022. Even more sobering, the same report notes that by 2024, 35 percent of people serving life sentences were at least 55 years old, with more than 69,100 older adults sentenced to die in prison. In Virginia, one in four prisoners is expected to qualify as "geriatric" by 2030.

My home state of Massachusetts is no exception. Indeed, a 2017 Pew study found Massachusetts to have the highest elderly imprisonment rate, with prisoners over the age of 55 comprising over 14 percent of those incarcerated. The cost per prisoner: $8,900. Healthcare for prisoners a decade ago in 2015 cost the state an estimated $8.1 billion, or a fifth of its total incarceration budget.

The state's situation with life sentences is particularly stark. As Prisoners' Legal Services reported:

Aging prisoners, who are often the ones most suited to medical parole, are frequently serving life sentences without the possibility of parole. At the beginning of 2020, over 1,000 prisoners were serving life sentences without parole in Massachusetts, more than half of whom were aged 50 or over. Allowing these individuals to age and ultimately die in the custody of the DOC, which is ill-equipped to provide the costly medical care and accommodations they need, is simply bad policy.

Staggering Costs

The fiscal argument for compassionate release, in short, is compelling Research indicates that the cost of incarcerating

elderly inmates typically ranges from $60,000 to $70,000 per year, twice that of younger prisoners, an outcome largely due to greater healthcare needs.

In Massachusetts specifically, the financial burden is extraordinary. At Lemuel Shattuck Hospital, a correctional unit where many of those serving life without parole die from age-related illness, spending in fiscal year 2022 averaged $523,010.58 per person.

This cost represents triple that of community-based care and could save the state millions annually through expanded compassionate release. Research by the American Civil Liberties Union (as reported by the American Bar Association) estimated that "releasing an aging prisoner will save states, on average, $66,294 per year per prisoner, including healthcare, other public benefits, parole, and any housing costs or tax revenue."

Massachusetts: A Case Study in Barriers and Opportunities

Massachusetts implemented its medical parole program in April 2018, making it one of the last states to establish compassionate release policies. However, the program has faced significant challenges. Alexander Phillips, a 31-year-old inmate diagnosed with terminal cancer, was released as the first person released under the new program, but not without initial rejection and bureaucratic hurdles.

The state's approach has been criticized for its restrictive implementation. Correction Commissioner Thomas Turco III, in denying Phillips's application, indicated that Phillips, despite his terminal cancer diagnosis, was not incapacitated enough to qualify for compassionate release. This denial of medical parole reflects broader systemic issues.

The COVID-19 pandemic accelerated compassionate release nationally, providing valuable lessons.

The Elder/Medical Parole Bill (H.2693) currently before the Massachusetts Legislature would address many of these concerns. This bill would amend the medical parole statute to improve access for individuals with cognitive incapacitation and would require the commissioner to base their decision on current risk to public safety given their medical situation.

The legislation would also create a new entitlement for elders (of any sentence category) to seek parole under certain circumstances, making release possible for elders who pose no risk to public safety.

National Trends and Opportunities for Replication

The COVID-19 pandemic accelerated compassionate release nationally, providing valuable lessons. COVID-19 and the First

Step Act led to individuals incarcerated in federal prisons being released at a rate more than 17-fold what had been seen previously, demonstrating that rapid expansion is possible when systems are properly designed and implemented.

The First Step Act, passed in 2018, has since facilitated the release of over 4,560 people through compassionate release provisions, with 2,600 releases occurring during the COVID-19 pandemic alone. However, many states reported numbers of approved releases that were similar to, or at times lower than previous rates, highlighting significant variation in state-level implementation and the need for nonprofit advocacy and support.

Contrary to popular belief, many victims and survivors support reform. A 2022 survey of more than 1,500 crime victims found that six in ten victims prefer increased "spending on prevention and rehabilitation to prison sentences that keep people incarcerated for as long as possible."

The Path Forward: Five Key Steps

Effective compassionate release reform requires five key components:

1. Streamlined review procedures with clear timelines must replace the current system, where applications can languish for years
2. Expanded eligibility criteria focused on functional capacity rather than specific diagnoses, including cognitive impairments, chronic pain conditions, and cumulative health factors
3. Mandatory transitional care planning involving community organizations beginning six months before release. This program includes comprehensive medical assessments, housing placement assistance, benefits enrollment, and community support network development. Without such planning, even successful releases can fail—as happened when one aging inmate with dementia returned to federal custody within days because he lacked sufficient community support.
4. Partnerships with community-based long-term care providers to create innovative housing models for formerly incarcerated elderly individuals. These partnerships should include specialized transitional housing, assisted living arrangements, hospice care coordination, and family reunification support when appropriate. Cost-sharing arrangements between state corrections budgets and community providers can achieve savings while providing more appropriate care.
5. Training for healthcare providers on compassionate release advocacy to ensure that medical professionals understand

legal frameworks, assessment techniques, and community alternatives. Too often, prison medical staff lack the knowledge or incentives to advocate for appropriate releases, perpetuating a system that prioritizes custody over care.

Measuring Success

Comprehensive evaluation frameworks must track both humanitarian and fiscal outcomes. Humanitarian metrics should include quality-of-life indicators like pain management, family contact, dignity in end-of-life care, and access to cultural practices. Fiscal analysis should capture direct savings from per-prisoner costs, healthcare reductions through community-based care, and avoided infrastructure investments for aging-appropriate prison facilities.

This crisis also presents a unique opportunity for nonprofits…to make a significant impact through transitional care and housing programs.

This reform agenda addresses three critical contemporary concerns:

- Racial justice demands attention because the aging prison population disproportionately affects communities of color due to historical sentencing disparities. Moreover, federal data show that 5 percent of Black individuals' petitions for compassionate release were accepted (compared to 32.8 percent from White petitioners), but 50.4 percent were denied (compared to 26.8 percent from White petitioners).
- Fiscal responsibility requires acknowledging that warehousing elderly and terminally ill individuals at triple the cost of community care represents a profound misallocation of public resources.
- Community innovation offers an opportunity for transformative change. Organizations can develop specialized transitional housing, care coordination services, and advocacy programs.

The Nonprofit Leadership Role

This crisis presents a unique opportunity for nonprofits to lead and make a significant impact through transitional care and housing programs.

Community organizations can develop specialized programs for elderly and medically fragile individuals transitioning from prison. These programs address the complex needs of people who may have spent decades incarcerated and require both medical care and social reintegration services.

Advocacy and policy reform organizations can work to expand compassionate release criteria and streamline processes. Key to this work are partnerships between criminal justice reform advocates, healthcare providers, eldercare organizations, and community-based long-term care providers. These

	collaborations can create comprehensive support systems that address immediate medical needs and long-term reintegration challenges. In short, addressing the needs of aging prison populations and meeting the moral and fiscal imperatives of compassionate release offer a unique opportunity for nonprofits to improve people's lives and save taxpayer dollars at the same time.
Quotes	*A nonprofit providing prosthetics has estimated that 80,000 Ukrainian soldiers require artificial limbs. A deputy prime minister said in December 2024 that between 35,000 and 40,000 soldiers had lost limbs.* *War Amputees Find New Purpose on the Golf Course* **(*New York Times,** July 25, 2025) *"Many people think only frail older people in nursing homes fall. But even the younger old—those who are healthy and active—can fall."* Emily Nabors, associate director of innovation at the National Council on Aging, *Seven Ways to Track Your Risk of Falling—and Prevent an Injury* **(*Wall Street Journal,** August 6, 2025) *"Aging and illness are separable."* Manel Esteller, chairman of genetics at the University of Barcelona School of Medicine who studied Maria Branyas Morera's life who died at age 117, *How to live to 117? Researchers find clues in the world's oldest woman.* **(Washington Post (free access),** October 2, 2025) *"I have no children, no husband, no siblings. Who's going to hold my hand while I die? You hit a point in your life when you're not climbing up anymore, you're climbing down. You start thinking about what it's going to be like at the end."* Jacki Barden, a 75 year old widow who had no children and lives in western Massachusetts, *An age-old fear grows more common: 'I'm going to die alone'* **(Washington Post (free access),** October 11, 2025) *Although the shortage of primary care physicians is a nationwide problem, it's particularly severe in Massachusetts. The state Health Policy Commission*

said in a report in January that primary care in Massachusetts faces a "dire diagnosis."

MGB is turning to AI to ease shortage of primary care doctors. Some of them don't like it. **(*Boston Globe,** October 12, 2025)

"Get ready with me while I tell you how I got a death sentence before my 30th birthday. . .
There are a lot of easy outs I could take, like saying, 'Oh, my voice sounds like crap. I don't really want to talk on camera anymore,' but I get such supportive comments that it encourages me to keep going. Hearing that it's helping someone or making someone laugh reminds me that maybe it's worth it."

Brooke Eby, who was diagnosed with amyotrophic lateral sclerosis in March 2022, when she was just 33, and posts to her Instagram account, @LimpBroozkit,

In a letter, U.S. Senators Ron Wyden (D-OR) and Elizabeth Warren (D-MA) cited "aggressive" strategies by [UnitedHealth Group] to lower nursing home costs, including allegations the company offered incentives to facilities to avoid medically necessary hospital transfers of residents.

UnitedHealth faces probes of nursing home, Medicare pay **(McKnights Long-Term Care News,** October 11, 2025)

If your business involves layered ownership, outside investors, or strategies that would take a few PowerPoint slides to explain, ask yourself: Would this hold up under scrutiny?
Could you clearly explain who's in charge, who's paid what, and how major financial decisions are made?
If someone in Congress asked you tomorrow, could you tell your story in a way that builds trust instead of raising questions?

More ownership scrutiny is on the way **(McKnights Long-Term Care News,** October 11, 2025)

	Genesis, once the largest nursing home operator in the country, now runs about 175 facilities. According to bankruptcy filings, the company owes more than $250 million in legal claims, with more lawsuits pending. *More ownership scrutiny is on the way* **(McKnights Long-Term Care News,** October 11, 2025) *Nursing facility residents consistently experience poor oral health outcomes and limited access to dental services.* *Expanding Medicare to Include Dental: A Path to Better Oral Health in Nursing Facilities* **(Justice in Aging,** October 7, 2025)
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	***Dignity Alliance Massachusetts Launches "Remembering with Dignity," a Digital Memorial to Honor Those who Died During the COVID-19 pandemic*** 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.
Healthy to 100: The Science of Social Connection SUBSCRIBE	*National Walk to a Park Day – October 10* The Trust for Public Land has a goal of getting a park within a 10-minute walk for all Americans. Parks are great for movement, stress reduction, and social connection, so we are down with that goal here at HT100. And for those same reasons, we are going to make a beeline for our local park this Friday, to mark National Walk to a Park Day, founded by the Trust in 2021 to highlight the importance of parks in community life. We're not sure what we will focus on when we get there – sometimes it's the picnickers, sometimes it's the dogs and their frisbees, sometimes its jugglers and drum circles, and sometimes it's the giant statue of Joan of Arc, which is inexplicably in the middle of a neighborhood park in Washington DC – but whatever it is, it will expand our horizons and contribute to our individual and collective well-being.
Reports	**The Federal Interagency Forum on Aging-Related Statistics** ***Older Americans Key Indicators of Well-Being: 2024*** Older Americans 2024 is one in a series of periodic reports to the Nation on the condition of older adults in the United States. In this report, 41 indicators depict the well-being of older Americans in the areas of Population, Economics, Health Status, Health Risks and

Behaviors, Health Care, and Environment. A special feature is also included.

Administration for Community Living

2023 Profile of Older Americans

May 2024

Based on the selected text from the "2023 Profile of Older Americans," here is a summary of key statistics.

Population Size & Projections

- **Current Population (2022):** Americans aged 65 and older numbered 57.8 million, representing 17.3% of the U.S. population. This is a 34% increase since 2012.
- **Future Growth:** The 65+ population is projected to reach 78.3 million by 2040, comprising 22% of the total population. The 85+ population is expected to more than double by 2040.
- **Life Expectancy (2022):** Individuals reaching age 65 had an average life expectancy of an additional 18.9 years.

Demographics & Living Arrangements

- **Gender (2022):** There were 31.9 million women and 25.9 million men aged 65+, a ratio of 123 women for every 100 men.
- **Marital Status (2023):** A higher percentage of older men (68%) were married compared to older women (47%). Widows accounted for 29% of all older women.
- **Living Arrangements (2023):**
  - 59% of older adults living in the community lived with a spouse or partner.
  - 28% (16.2 million) lived alone; this was more common for women (33%) than men (22%).
  - In 2022, 1.3 million older adults resided in nursing homes.

Racial & Ethnic Composition (2022)

- **Overall:** 25% of people 65 and older were members of racial or ethnic minority populations.
- **Breakdown:**
  - Hispanic: 9%
  - African American (not Hispanic): 9%
  - Asian American (not Hispanic): 5%
  - American Indian and Alaska Native (not Hispanic): 0.6%
- **Projected Growth:** Between 2022 and 2040, the older population from racial and ethnic minority groups is projected to increase by 83%, compared to a 19% increase for the white (not Hispanic) population.

Geographic Distribution (2022)

- **Highest Population:** Half of all older Americans lived in nine states, with the largest populations in California (6.2 million), Florida (4.8 million), and Texas (4 million).
- **Highest Percentage:** The states with the highest proportion of their population aged 65+ were Maine (23%), Florida (22%), Vermont (22%), and West Virginia (21%).

	• **Fastest Growth (2012-2022):** The 65+ population grew by more than 50% in three states: Alaska (63%), Idaho (55%), and Delaware (51%).
Recruitment	**See: Listings on MASSterList.com's Job Board** for all current listings
Guide to news items in this week's *Dignity Digest*	**Nursing Homes** *UnitedHealth faces probes of nursing home, Medicare pay* **(McKnights Long-Term Care News,** October 11, 2025) *More ownership scrutiny is on the way* **(McKnights Long-Term Care News,** October 11, 2025) *Expanding Medicare to Include Dental: A Path to Better Oral Health in Nursing Facilities* **(Justice in Aging,** October 7, 2025) **Housing** *Threats to Permanent Supportive Housing for People Experiencing Homelessness* **(Justice in Aging,** October 10, 2025) **Health Care** *How is My Neurologist Using Artificial Intelligence?* **(Brain & Life,** October / November 2025) **Disability Topics** *Career Resources For People With Disabilities* **(Career Loop)** *How Brooke Eby is Using Humor and Honesty to Redefine Life with ALS* **(Brain & Life,** October / November 2025) *War Amputees Find New Purpose on the Golf Course* **(*New York Times,** July 25, 2025) **Aging Topics** *An age-old fear grows more common: 'I'm going to die alone'* **(Washington Post (free access),** October 11, 2025) **Longevity** *How to live to 117? Researchers find clues in the world's oldest woman.* **(Washington Post (free access),** October 2, 2025) **Wellness** *Seven Ways to Track Your Risk of Falling—and Prevent an Injury* **(*Wall Street Journal,** August 6, 2025) **Federal Policy** **Federal Government Shutdown Continues** **(Justice in Aging,** October 10, 2025) **Workforce** *MGB is turning to AI to ease shortage of primary care doctors. Some of them don't like it.* **(*Boston Globe,** October 12, 2025) **In Person Events** ***MetroWest Wellness Fair,*** Saturday, October 18, 2025, 9:00 a.m. to 1:00 p.m., Keefe Technical School, 750 Winter St., Framingham **Public Sessions** **Personal Care Attendant Quality Workforce Council,** *Meeting*, Tuesday, October 14, 2025, 1:30 p.m. via Zoom **MBTA Riders' Transportation Access Group,** *Meeting*, Wednesday, October 15, 2025, 5:30 p.m. **Executive Office of Health and Human Services**, *Public hearing*, Friday, October 17, 2025, 9:00 a.m.

DignityMA Study Sessions ***Special Focus on Changes in Federal Policies, Programs, and Services***	Unprecedented public policy changes have been occurring since the onset of the Trump Administration three months ago. Programs, policies, and initiatives of importance to older adults, persons with disabilities, and caregivers are not exempted. The implications are starting to become known. The impacts will be experienced in the months and years ahead. No sector is being spared. Health care, social services, Social Security, civil rights, housing, and more are all under historic attack. Some areas are being "downsized," some are being disrupted or radically modified, and others are being eliminated outright. Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults, persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response. The presenters are: • Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition • James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration • Steven Schwartz, JD, Special Counsel, Center for Public Representation Recordings of Jim Roosevelt's and Steve Schwartz's presentations are available at https://dignityalliancema.org/videos/. Bob Blancato's presentation is being rescheduled.
DignityMA Study Session  Bob Blancato, National Coordinator, Elder Justice Coalition	***Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear*** ~~Wednesday, May 21, 2025, 2:00 p.m.~~ Unfortunately, this session is being rescheduled. Date to be announced. Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition Registration required: 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. The Arc of Massachusetts** Monday, October 20, 2025, 3:00 p.m. *Immigration and the Disability Community: Know Your Rights Overview and Training* The danger posed to people with IDD and autism and their care professionals by current immigration policies are of deep concern to our community. Join us for a webinar featuring Susan Church, Chief Operating Officer from the Massachusetts Office for Refugees and Immigrants (ORI), and The Arc's Government Affairs team for an overview of ICE enforcement beyond basic warrant requirements. Topics include when ICE may be required to show a warrant, an overview of the rules regarding when ICE is required to show a badge, and rules about when ICE can legally stop a car. In addition, the session will cover what community organizations and non-lawyers can do to help immigrants prepare for potential ICE detention or assist families in wake of an ICE detention. Susan Church has advocated for immigration rights for more than 25 years. Her goal is to help achieve ORI's mission of "full participation of refugees and immigrants as self-sufficient individuals and families in the economic, social, and civic life of Massachusetts." Church's work has been recognized by the Massachusetts Supreme Judicial Court and Suffolk Law School. Massachusetts Lawyers Weekly honored her with the Attorney of the Year award. This training will summarize the current landscape, share resources, and more. There will be time for questions, but ORI cannot answer questions regarding an ongoing or personal immigration case. If you need support, please reach out to a legal aid nonprofit: https://www.immigrationadvocates.org/nonprofit/legaldirectory/search?state=MA **Register for this webinar here.** **2. The Arc of Massachusetts** Wednesday, October 22, 2025, 12:00 p.m. *Creating a Home* Start the school year strong by learning about housing options for people with disabilities. Attend The Arc's special, two-part series on housing. Whether your loved one is a teenager or decades into adulthood, knowing your options and how to access housing resources are important tools for creating a good life and planning for the future. Building a Foundation for Housing Success Wednesday, September 24 @ 12:00PM The first in The Arc's housing series: Building a Foundation for Housing Success will cover the basics, including different types of housing models, various DDS housing supports, funding resources, as well as public housing eligibility and waitlist tips. DDS housing guru Laura Gallant will share her knowledge and practical experience as she brings clarity to the complex world of housing for people with disabilities. Creating a Home Wednesday, October 22 @ 12:00PM The second in The Arc's housing series: Creating a Home will build on the previous session by exploring alternative housing models, access to services and technology that support independent living, person-centered planning for housing that meets your needs, circles of support, and other key

	areas. Led by Catherine Boyle, president of Autism Housing Pathways and former commissioner of the Winchester Housing Authority, this session will focus on what it takes to create a supportive, living environment that truly is a home. **Register for this webinar here.**
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/

Nursing Homes	**3. McKnights Long-Term Care News**
	October 11, 2025
	UnitedHealth faces probes of nursing home, Medicare pay
	By John Roszkowski
	UnitedHealth Group Faces Dual Investigations
	UnitedHealth Group is currently contending with two significant legal and political challenges regarding its business practices.
	• **DOJ Investigation into Medicare Billing**
	  ○ The U.S. Department of Justice is conducting both civil and criminal investigations into the company's Medicare billing practices.
	  ○ UnitedHealth Group denies any wrongdoing, has stated its full confidence in its practices, and is cooperating with the investigation.
	• **Congressional Scrutiny of Nursing Home Payments**
	  ○ U.S. Senators Ron Wyden and Elizabeth Warren are calling for a major investigation into the company's nursing home business.
	  ○ Allegations include the use of "aggressive" strategies to lower costs, such as offering incentives to facilities to prevent medically necessary hospitalizations of residents.
	  ○ UnitedHealth asserts that these allegations are based on a misleading media report and that the Department of Justice has already reviewed the matter and found no evidence of wrongdoing.
	4. McKnights Long-Term Care News
	October 11, 2025
	More ownership scrutiny is on the way
	By John O'Connor
	Increased Federal Scrutiny on Nursing Home Ownership
	Federal lawmakers are intensifying their examination of the ownership and financial structures within the long-term care industry. This increased oversight signals a potential trend of more rigorous investigations into how nursing home operators manage their businesses, especially those with complex financial arrangements.
	The Genesis HealthCare Case

- **Targeted Inquiry:** In a notable move, U.S. senators, including Elizabeth Warren and Richard Blumenthal, have specifically targeted **Genesis HealthCare**, a major skilled care operator.
- **Allegations:** They accuse Genesis and its private equity investors of using the bankruptcy process to improperly offload liabilities and facilitate a sale to insiders.
- **Concerns:** Lawmakers are concerned that this process will protect company decision-makers while leaving potential victims of malpractice or neglect without legal recourse. The choice of a court venue known for favoring corporate interests is also under question.

Industry-Wide Implications

- **Perception is Key:** The scrutiny of Genesis is viewed as a preview of what other operators might face. The complex ownership and financing models common in the sector, often involving private equity and layered structures, are being portrayed as potentially "evasive or exploitative," especially during bankruptcies or closures.
- **Legitimate Complexity:** While these financial structures can be a necessary tool to keep facilities open and invest in care, their complexity can breed suspicion among lawmakers, regulators, and the media.

A Call for Transparency

- **Prepare for Questions:** The article urges all long-term care operators, particularly those with complex ownership or investment structures, to "stress-test" their models.
- **Be Ready to Explain:** Operators should be prepared to clearly and transparently explain who is in charge, how financial decisions are made, and how money flows through the organization to build trust and withstand potential scrutiny from Congress or other investigators.

5. **Justice in Aging**
   October 10, 2025
   New Demonstration to Waive Medicare's 3-Day Hospital Stay Rule for Skilled Nursing Facility Coverage
   To be eligible for Medicare covered skilled nursing facility services (SNF), Medicare enrollees must have a 3-day qualifying stay as an in-patient in a hospital, which can be a barrier to access medically necessary SNF services.
   The Centers for Medicare and Medicaid Services (CMS) is launching a new Transforming Episode Accountability Model (TEAM) to allow waiver of the 3-day stay starting January 1, 2026 through December 31, 2030. TEAM will allow participating acute care hospitals to discharge eligible patients without the 3-day hospital stay to a qualified SNF.
   Per CMS guidance, to be eligible, patients must be enrolled in Original Medicare Parts A and B and have an in-patient hospital stay or

outpatient hospital procedure for one of five surgeries (lower extremity joint replacement, surgical hip femur fracture treatment, spinal fusion, coronary artery bypass graft, and major bowel procedure).
Justice in Aging supports efforts to eliminate these barriers to the Medicare SNF benefit, including the Improving Access to Medicare Coverage Act of 2025 (H.R. 3954), which would count observation status days toward the 3-day stay requirement.
We also co-counseled a successful class action lawsuit led by the Center for Medicare Advocacy to secure appeal rights for certain Medicare enrollees who are barred from SNF services because the hospital changes their status from "inpatient" to "outpatient." See our flowcharts for more about the expedited appeals process that took effect February 14, 2025, and the time-limited retrospective appeals process for individuals who experienced a change in status on or after January 2009.

6. **Justice in Aging**
October 7, 2025
Expanding Medicare to Include Dental: A Path to Better Oral Health in Nursing Facilities
This issue brief is the third in a series of papers that examine how to address barriers in access to care and oral health outcomes among certain groups of Medicare enrollees, including people of color, people with disabilities, and older adults with dementia and cognitive impairments. These briefs build on the issue brief, Creating an Oral Health Benefit in Medicare: A Statutory Analysis, where Justice in Aging provided an analysis of the statutory changes that would be needed to add an oral health benefit to Medicare Part B.
Medicare is the primary source of health coverage for most older adults and many younger individuals with disabilities. Yet, Original Medicare, also known as Traditional Medicare fee-for-service, explicitly excludes most dental services, leaving millions without comprehensive oral health coverage. In recent years, the Centers for Medicare & Medicaid Services (CMS) has issued regulatory changes that have clarified when Medicare will pay for certain medically necessary dental services, but Medicare coverage remains limited. While the majority of Medicare Advantage plans offer some dental coverage as supplemental benefits, the extent of coverage varies plan to plan. As a result, access to essential oral health treatment is out of reach for many Medicare enrollees – particularly nursing facility residents, who already face significant barriers to oral health care.
Nursing facility residents consistently experience poor oral health outcomes and limited access to dental services. This paper examines how adding a dental benefit to Medicare would reduce these disparities and address these challenges. The paper begins with a description of nursing facility residents enrolled in the Medicare program, followed by an overview of the disparities in access to oral health coverage, services, and outcomes residents face. Next, the paper examines how adding a dental benefit to Medicare would help improve access and outcomes and concludes with policy recommendations to address

	barriers beyond coverage that impede access to oral health care for residents.
Housing	**7. Justice in Aging** October 10, 2025 *Threats to Permanent Supportive Housing for People Experiencing Homelessness* Recent reporting from Politico revealed the Department of Housing and Urban Development (HUD)'s plan to defund permanent supportive housing (PSH) programs. PSH provides long-term rental assistance with supportive services for people experiencing chronic homelessness. Older adults aged 55 and over comprise 40% of PSH residents, who include people with disabilities and complex health conditions. Currently, HUD's Continuum of Care (CoC) homeless assistance program prioritizes funding PSH, with 87% of funds supporting PSH programs. However, HUD intends to cap funding for PSH to 30% of CoC funds to shift more funding to temporary forms of assistance, such as transitional housing. These drastic cuts would put approximately 170,000 people in PSH at risk of losing their housing and services. Learn more about PSH and HUD homeless assistance in this Justice in Aging primer. Advocates should urge Congress to include a provision in upcoming spending bills that protect PSH funding for next year.

Health Care	**8. Brain & Life**
	October / November 2025
	How is My Neurologist Using Artificial Intelligence?
	By Allan D. Wu, MD, FAAN
	AI in Neurology: A Tool for Today and Tomorrow
	Artificial intelligence (AI) has been a part of neurology long before the public release of ChatGPT. While AI offers significant benefits in analyzing complex data and streamlining administrative tasks, it is still considered a supplementary tool rather than a replacement for a neurologist's expertise.
	Types of AI in Medical Use
	• **Machine Learning:** This form of AI analyzes large datasets to detect patterns and offer conclusions. It is used to interpret test results, such as identifying hemorrhages or measuring lesions on brain imaging.
	• **Generative AI (e.g., ChatGPT):** These large language models (LLMs) can generate human-like text from prompts. Their uses in medicine include:
	  ○ Summarizing and explaining medical information.
	  ○ Assisting with paperwork.
	  ○ Brainstorming patient education materials.
	  ○ Drafting responses to common patient inquiries.

	Practical Applications and Benefits
	• **Note-Taking During Appointments:** Some neurologists use AI to listen to and transcribe patient conversations, generating clinical notes.
	  ○ This allows physicians to focus more on the patient, improving interaction and communication.
	  ○ Evidence suggests this saves time, improves efficiency, and can increase the number of patients a clinician can see.
	• **Responding to Patient Messages:** AI can draft replies to common patient questions, which physicians then review and edit. This can save time for doctors who handle a high volume of messages.
	Challenges and Limitations
	• **Risk of Misinformation:** AI can produce inaccurate or fabricated information, known as "hallucinations."
	• **Lack of Specificity:** AI-generated responses can be generic and may not account for individual patient details.
	• **Potential for Bias:** AI systems can be subject to biases present in the data they are trained on.
	• **Technical Inaccuracies:** AI tools may struggle with slurred speech, uncommon names, or rare medical terms, leading to potential inaccuracies in clinical notes.
	• **Loss of Nuance:** Important details from a traditional neurological exam may be lost if not explicitly stated during the conversation.
	Privacy and Confidentiality
	• **Patient Care Tools:** AI tools used for tasks like messaging and paperwork are governed by strict business agreements that protect patient data, specifying data ownership, storage, and deletion protocols.
	• **Public Platforms:** Neurologists must not enter patient-specific information into public AI platforms like ChatGPT or Microsoft Copilot, as these do not have the necessary privacy agreements.
	The Future Outlook
	The use of AI in neurology is expected to grow rapidly. However, the ultimate responsibility for clinical decisions will remain with human neurologists, who will continue to provide the nuanced judgment essential for patient care.

Disability Topics	**9. Career Loop** *Career Resources For People With Disabilities* *A Comprehensive Guide to Organizations, Job Boards, and Programs for Professionals with Disabilities* This is a non-commercial and student-developed-and-run website to help professionals with disabilities find accessible career opportunities. This Built free, regularly updated database of accessible employers and disability career resources can be accessed at: https://careerloop.app/resources/career-resources-for-disabled **10. Brain & Life** October / November 2025 *How Brooke Eby is Using Humor and Honesty to Redefine Life with ALS* By Gina Shaw

She was diagnosed with ALS at 33. Now she's sharing her story with over 500,000 followers on social media.
Of course. Here is a summary of the selected text:

Profile

- Brooke Eby, 36, was diagnosed with Amyotrophic Lateral Sclerosis (ALS) at age 33 in March 2022.
- She uses her social media account, @LimpBroozkit, to share her journey with over 500,000 followers, using humor and honesty to raise awareness about living with a neurodegenerative disease as a younger person.

Diagnosis and Coping

- Eby's symptoms began in 2018 with tightness in her calf, leading to a four-year journey to get a definitive ALS diagnosis.
- Initially depressed after her diagnosis, she had a turning point at a friend's wedding where she realized she could use humor to cope and make others more comfortable.
- This inspired her to start making funny and honest videos about her life with ALS, which evolved into her current social media presence.

Disease Progression and Current Life

- Eby's illness has progressed from her legs to her arms; she now uses a wheelchair full-time and cannot move her arms.
- Her lung function has declined, requiring her to use a non-invasive ventilator 24/7, and she has had a feeding tube inserted.
- In 2024, she moved back to her childhood home in Maryland to live with her parents, who provide support and create adaptive devices to assist her.

Advocacy and Technology

- Eby continues her work for Salesforce, though she has stepped back from speaking-intensive roles.
- She founded **ALS Together**, a nonprofit that provides a centralized online community on Slack for people with ALS, caregivers, and organizations to share resources and support.
- She utilizes various technologies to adapt, including an Eyegaze device for communication and a "voice bank" created with AI company Eleven Labs, which will allow her to speak with her own voice via a text-to-speech device as the disease progresses.

11. *New York Times

July 25, 2025

War Amputees Find New Purpose on the Golf Course

By Andrew E. Kramer

Ukrainian soldiers who have lost limbs in the war against Russia are turning to golf as a form of rehabilitation. The sport offers both physical and psychological benefits, helping them to heal from their trauma and master their new prosthetics.

Rehabilitation and Recovery

- **Physical Healing:** The uneven, soft surfaces of golf courses help amputees improve their balance and learn to use their prosthetic limbs effectively. The sport does not require exceptional strength or speed, making it accessible to many.

	• **Psychological Well-being:** A key goal is to get soldiers out of their hospital rooms to combat feelings of isolation and self-pity. Being in nature and connecting with other veterans who have similar injuries provides a powerful sense of camaraderie and psychological relief. • **"United by Golf":** A group co-founded by retired colonel Vyacheslav Tsiukh, who also lost a leg, facilitates this rehabilitation. So far, about 750 amputees and severely injured veterans have participated in the program, playing for free at Ukraine's otherwise exclusive golf clubs. **Golf in a War Zone** • **Damaged Courses:** Many of Ukraine's golf courses have been significantly damaged by the war, with some bearing craters from rockets and shells. One club near Kharkiv uses a tractor with magnets to clear shrapnel from the turf. • **Constant Reminders:** Even on pristine courses, the war is never far away. The sound of a nearby military firing range can interrupt a game, and groundskeepers often find debris from downed Russian drones. • **Atrocities on the Green:** The GolfStream club outside Kyiv was occupied by the Russian army and used as a site for torturing civilians, highlighting the grim realities that persist even in places of respite. **Veteran Perspectives** • **Anatoly Melnychenko**, who lost his leg from a drone-dropped explosive, finds that golf provides "psychological relaxation even while it's hard physically." • **Davyd Yung**, who lost his leg to an anti-tank missile, has become an avid golfer and notes, "You don't have to be pumped to make a good shot." • **Oleksandr Batalov**, another veteran amputee, hopes to raise awareness and has an ambitious goal to one day play a round of golf with President Trump.
Aging Topics	**12. Washington Post (free access)** October 11, 2025 *An age-old fear grows more common: 'I'm going to die alone'* By Judith Graham | KFF Health News *As families fracture, people are living longer and are more likely to find themselves without close relatives or friends at the end of their lives.* **A Growing Fear: Dying Alone** An increasing number of older adults are facing the prospect of dying alone. This concern is fueled by a rise in solo living due to widowhood, divorce, or being single and childless. Many lack a support system of close family or friends. **Key Statistics** • **Solo Agers:** In 2023, over **16 million** older adults in the U.S. were living alone. • **Without Close Kin:** More than **15 million** people aged 55 or older do not have a spouse or biological children.

	• **No Family:** Nearly **2 million** older adults have no family members at all. • **Social Isolation:** Approximately **20-25%** of older adults living outside of nursing homes are not in regular contact with other people. **Challenges and Risks** • **Inadequate Support:** Without family, terminally ill adults face a higher risk of self-neglect. Many cannot afford assisted living or in-home care, and government programs like Medicare don't typically cover these services. • **Hospice Limitations:** While hospice care is an option, it often relies heavily on family caregivers for daily support, and some agencies may not accept patients who don't have a designated caregiver. • **End-of-Life Decisions:** If a person is unable to communicate their wishes, and no family is present, hospitals may need to go to court to have a guardian appointed by the state to make medical decisions. • **The Unclaimed:** In the most extreme cases, individuals who die alone with no one to claim them may be buried in a common grave. **Diverse Perspectives** • **A Desire for Company:** Many, like 75-year-old Jacki Barden, worry about who will be with them at the end and have focused on making legal and financial preparations. • **A Preference for Solitude:** Others, like 80-year-old Elva Roy, have lived independently for decades and are comfortable with the idea of dying alone, viewing it as a final act of control.
Longevity	**13. Washington Post (free access)** October 2, 2025 *How to live to 117? Researchers find clues in the world's oldest woman.* By Gretchen Reynolds *A new study offers insights about what made Maria Branyas Morera exceptional — and what it could mean for the rest of us.* A new study on Maria Branyas Morera, the world's oldest woman who lived to 117, reveals several clues to her remarkable longevity. Researchers found that a combination of genetics, a robust immune system, and a healthy lifestyle all played a role. **Genetic Advantage** • Morera's genome contained a wide array of genetic variants previously linked to a long lifespan. • She also possessed seven other variants not previously identified as contributing to longevity. • Crucially, she did not have any gene variants known to increase the risk of major chronic illnesses like cancer, Alzheimer's, or diabetes. **An Efficient Immune System and Healthy Gut**

	• Her immune system was unusually sturdy, with a large number of "memory" T cells that remained very active but did not attack healthy tissue. • Her gut microbiome was teeming with bacteria known to produce substances that may help reduce inflammation, which in turn bolsters the immune system. **Lifestyle and Biological Age** • Morera followed a Mediterranean diet, eating lightly with plenty of fish, olive oil, and fruit. In her later years, she also consumed three plain yogurts a day. • She remained physically active through walking and gardening for most of her life and maintained social connections. • Her healthy lifestyle likely contributed to her blood chemistry, which at 116 looked like that of someone decades younger. • Tests revealed her "biological age" was 23 years younger than her chronological age. The primary lesson from Morera's life, according to researchers, is that **aging and serious illness are separable**.
Wellness	**14. *Wall Street Journal** August 6, 2025 *Seven Ways to Track Your Risk of Falling—and Prevent an Injury* By Julie Jargon *Without proper monitoring, even the healthy and active 'younger old' can suffer a bad spill, experts say* A recent research paper states that the risk of falling doubles with each additional related issue, such as reduced muscle strength, balance problems, and medication side effects. Medical experts recommend an initial screening for fall risk at age 65. Even for those at low risk, there are preventative measures that can be taken beyond removing trip hazards at home. **Seven Technologies to Help Reduce Your Risk of Falling:** • **Fitness Trackers:** Exercise, especially for core and lower-body strength, is crucial for fall prevention. Fitness trackers like the Apple Watch or Fitbit can motivate users by showing their progress. • **Vital-Sign Monitors:** Low blood pressure or blood oxygen levels can cause dizziness and increase the risk of falling. Smartwatches and other devices can monitor these vitals. • **Gait Sensors:** Phones and wearable devices can provide data on fall risk over time. Apple's walking-steadiness feature and smart insoles can track gait and balance. • **Proper Lighting:** Many falls happen at night. Motion-activated lights and plug-in emergency nightlights can improve visibility.

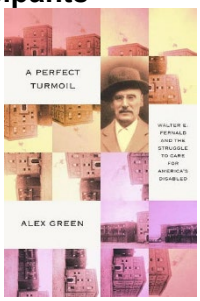
	• **Doorbell Cameras:** Rushing to answer the door can lead to falls. Doorbell cameras like Ring allow you to see who is at the door and communicate with them, reducing the need to hurry. • **Water-Leak Sensors:** These sensors can alert you to leaks before they create a slippery surface, preventing falls. • **Smart Pill Dispensers:** Forgetting to take medication or taking it at the wrong time can cause dizziness. Smart pill dispensers help ensure medications are taken correctly.
Federal Policy	**15. Justice in Aging** October 10, 2025 *Federal Government Shutdown Continues* The federal government remains shut down after Congress was unable to negotiate an extension of federal funding, which expired at the end of September. Key issues include the extension of Affordable Care Act (ACA) enhanced premium tax credits (EPTCs) that are set to expire at the end of the year and reversing Medicaid cuts included in H.R. 1, the reconciliation bill passed in July. If EPTCs expire, individuals enrolled in the Marketplace could see premium increases of over 500%, and older adults ages 50-64 will be disproportionately affected. As a result of the shutdown, non-essential government services are paused. The impacts vary across agencies as outlined in their contingency plans. Importantly, public programs that are mandatorily funded, including Social Security, Supplemental Security Income (SSI), Medicare, and Medicaid are expected to continue. Additionally, most tenants receiving federal rental assistance should continue to receive their rental subsidies through November. However, older adults may experience disruptions in how they receive services from these programs, especially if the shutdown persists. For example, the Social Security Administration is pausing certain services, such as processing overpayments and issuing replacement Medicare cards. Some health care policies also expired, including telehealth visits for the majority of Medicare enrollees and the Acute Hospital Care at Home Initiative. Justice in Aging will continue to update our network about the shutdown's potential impacts on older adults. **16. Justice in Aging** October 10, 2025 *New Report on Potential Harmful Changes to SSDI and SSI* The Social Security Administration will likely release a proposed rule this fall that could change how age and education are considered in determining disability in the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs.

	A new Urban Institute report analyzes the harmful effects of these potential regulatory changes to SSDI and SSI, particularly for older adults. According to the report, changes to the treatment of age and education could reduce eligibility for new applicants to the SSDI program by 20% overall and up to 30% for people over age 50. Just a 10% reduction in eligibility would result in roughly 500,000 people losing benefits, including 80,000 widows and children. Older adults who are denied and resort to early retirement for income would see a lifetime benefit that is 30% lower than what they would have received had they qualified for SSDI. Justice in Aging will continue to monitor this issue and update our network about the future proposed rule.
Workforce	**17. *Boston Globe** October 12, 2025 *MGB is turning to AI to ease shortage of primary care doctors. Some of them don't like it.* By Jonathan Saltzman Here is a summary of the selected text about Mass General Brigham's use of AI for patients. **Doctors' Criticisms of MGB's AI Platform** • **Out-of-State Physicians**: Critics are concerned that some doctors for the telehealth appointments are located outside Massachusetts and may lack knowledge of the local health ecosystem, including specialists for referrals. • **A "Band-Aid" Solution**: Several MGB primary care doctors view the AI platform, Care Connect, as a temporary fix for deeper issues like the failure to retain and recruit primary care physicians. • **Alternative Solutions**: A union organizer suggested that hiring just eight to ten more primary care providers would be a more direct solution than implementing the AI system. • **Lack of Input**: Doctors at MGB reported having little to no say in the decision to launch the AI platform, making them feel like a "cog in the wheel." • **Replacing Human Interaction**: One doctor compared the AI service to a "vending machine" replacing a "local neighborhood restaurant," implying it's not a full substitute for in-person care. **The Role of AI in Primary Care** • **Reshaping Healthcare**: The Care Connect system is part of a broader trend of AI integrating into healthcare, from interpreting scans to aiding in drug discovery. • **Doctor-Patient Relationship**: This technology inserts AI directly into the primary care relationship, potentially becoming a new entry point for patients into the healthcare system. • **Diagnostic Accuracy**: A study found that a similar AI system matched doctors' diagnoses and treatments two-thirds of the time and was correct twice as often as the physician when disagreements occurred. **How the AI Platform Functions**

	• **Patient Experience**: A 77-year-old patient found the app to be a "lifesaver," allowing him to quickly get prescription renewals after his doctor left MGB. • **Process**: Patients use an app to answer questions from a chatbot, which then sets up a telehealth appointment with a doctor. • **Augmenting Doctors**: The AI reviews patient records and generates potential diagnoses to make the virtual physicians more efficient. The final treatment decision is always made by a doctor. • **Benefits**: The system can help patients get treated faster and avoid costly visits to emergency rooms or urgent care for routine issues. • **Limitations**: Not all medical cases are suitable for online treatment, and the system may direct patients to in-person urgent or emergency care when necessary. **Underlying Physician Shortage** • **Statewide Problem**: Massachusetts faces a "dire diagnosis" regarding its primary care system, with patients struggling to find doctors and physicians facing heavy workloads. • **Recruitment Challenges**: MGB stated it has hired over 110 primary care doctors in the past two years but faces long delays in getting them licensed and integrated into the system. • **Doctor Retention**: According to one MGB doctor, if the health system treated its physicians better, it wouldn't be losing so many. As an example, 10 doctors from a single practice left to join a rival health system.
In Person Events	**18. MetroWest Wellness Fair** Saturday, October 18, 2025, 9:00 a.m. to 1:00 p.m. Keefe Technical School, 750 Winter St., Framingham Senate President Spilka hosts her annual 55+ Health and Wellness Fair for MetroWest residents There will be free breakfast and lunch, live music, and exhibitors highlighting their services and resources. The lunchtime keynote speaker is Phillip Gonzalez, CEO of MetroWest Health Foundation. The event runs through 1 p.m. More Info
Public Sessions	**19. Personal Care Attendant Quality Workforce Council** Tuesday, October 14, 2025, 1:30 p.m. via Zoom Meeting Agenda includes MassHealth PCA program updates and council concerns. Zoom **20. MBTA Riders' Transportation Access Group** Wednesday, October 15, 2025, 5:30 p.m. Meeting Register **21. Executive Office of Health and Human Services** Friday, October 17, 2025, 9:00 a.m. *Public hearing* Hearing on emergency regulations that took effect on Sept. 26 tied to rates for ambulance and wheelchair van services. The changes updated

	the formula for nonpublic ambulance supplemental payments. Officials say those payments are expected to tally $39.61 million in fiscal 2026. "The changes are intended to increase MassHealth members' access to medical services and sustain services provided by nonpublic ambulance providers." More Info and Access
A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)	***The Campaign to Increase the Personal Needs Allowance (PNA)*** 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. **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.*

Books by DignityMA Participants



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

A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled

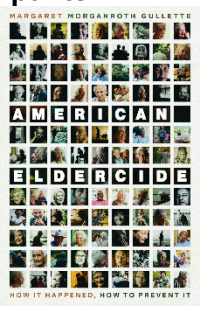
By Alex Green

From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, A Perfect Turmoil is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time.

In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures.

Buy the book here

Books by DignityMA Participants



About the Author:
Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.

American Eldercide: How It Happened, How to Prevent It

By Margaret Morganroth Gullette

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

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

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

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

	Buy the book here.
Bringing People Home: The Marsters Settlement	Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/
Support Dignity Alliance Massachusetts **Please Donate!**	Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth. **As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.** **Consider a donation in memory or honor of someone.** **The names of those recognized will be included in The Dignity Digest and posted on the website.** **https://dignityalliancema.org/donate/** Thank you for your consideration!
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.
Websites	**ALStogether** **https://www.alstogether.org/** One centralized hub for the ALS community to connect, share, and support each other. With dedicated channels for various topics , from genetic variants to veterans to general support, you can find answers within our platform. Our goal is to have everyone living with ALS across the globe in this community as well as their caregivers. **Foundation for Social Connection (F4SC)** **https://www.social-connection.org/** At the Foundation for Social Connection (F4SC) they are advancing social connection nation-wide rooted in evidence for our collective well-being. Their work translates research into practice, creates long-lasting partnerships and convening

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

Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: **Town of Nantucket – Long Term Care Substantial Capital Expenditure** Approved May 5, 2025
List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *List of Special Focus Facilities and Candidates* *https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf* **Updated March 26, 2025** CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. **What can advocates do with this information?** • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. **Massachusetts facilities listed (updated)** **Newly added to the listing** • Salem Rehab Center, Salem

https://www.adviniacare.com/adviniacare-salem/
Nursing home inspect information:
https://projects.propublica.org/nursing-homes/homes/h-225644/

- Fall River Healthcare
  https://www.nextstephc.com/fallriver
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225723/

Massachusetts facilities which have graduated from the program

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
  https://tinyurl.com/MarlboroughHills
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225063
- Somerset Ridge Center, Somerset
  https://somersetridgerehab.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225747
- Tremont Healthcare Center, Wareham
  https://thetremontrehabcare.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225488/

Massachusetts facilities that are candidates for listing (months on list)

- AdviniaCare Newburyport (13)
  https://www.adviniacare.com/adviniacare-country-center/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225332
- Brandon Woods of New Bedford (1)
  https://brandonwoodsnewbedford.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225264/
- Cape Cod Post Acute, Brewster (9)
  https://capecodrehabhc.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225667/
- Charwell House Health and Rehabilitation, Norwood (37)
  https://tinyurl.com/Charwell
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225208
- Life Care Center of Merrimack Valley, Billerica (2)
  https://lcca.com/locations/ma/merrimack-valley/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225546/
- Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1)
  https://www.medwaymanor.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225412
- Pine Knoll Nursing Center, Lexington, (3)

<table>
<tr><td></td><td>https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab
Nursing home inspect information:
https://projects.propublica.org/nursing-homes/homes/h-225049/
• RegalCare at Glen Ridge (20)
https://www.genesishcc.com/glenridge
Nursing home inspect information:
https://projects.propublica.org/nursing-homes/homes/h-225523
• West Newton Healthcare, West Newton (9)
https://www.nextstephc.com/westnewton
Nursing home inspect information:
https://projects.propublica.org/nursing-homes/homes/h-225324/
No longer operating
• South Dennis Healthcare, South Dennis
https://tinyurl.com/SpeciialFocusFacilityProgram</td></tr>
<tr><td>Nursing Home Inspect</td><td>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?)
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
Updated April 23, 2025</td></tr>
<tr><td>Nursing Home Compare</td><td>Centers for Medicare and Medicaid Services (CMS)
Nursing Home Compare Website
Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</td></tr>
</table>

<table>
<tr><td></td><td>This information will be posted for each facility and includes:
Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.
Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.
Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.
https://tinyurl.com/NursingHomeCompareWebsite</td></tr>
<tr><td>Data on Ownership of Nursing Homes</td><td>Centers for Medicare and Medicaid Services
Data on Ownership of Nursing Homes
CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</td></tr>
<tr><td>DignityMA Call Action</td><td>Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements.
Support relevant bills in Washington – Federal Legislative Endorsements.
Join our Work Groups.
Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content</td></tr>
<tr><td>Access to Dignity Alliance social media</td><td>Email: info@DignityAllianceMA.org
Facebook: https://www.facebook.com/DignityAllianceMA/
Instagram: https://www.instagram.com/dignityalliance/
LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts
Twitter: https://twitter.com/dignity_ma?s=21
Website: www.DignityAllianceMA.org</td></tr>
<tr><td>Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.</td><td>
<table>
<tr><th>Workgroup</th><th>Workgroup lead</th><th>Email</th></tr>
<tr><td>General Membership</td><td>Bill Henning
Paul Lanzikos</td><td>bhenning@bostoncil.org
paul.lanzikos@gmail.com</td></tr>
<tr><td>Assisted Living</td><td>John Ford</td><td>jford@njc-ma.org</td></tr>
<tr><td>Behavioral Health</td><td>Frank Baskin</td><td>baskinfrank19@gmail.com</td></tr>
<tr><td>Communications</td><td>Lachlan Forrow</td><td>lforrow@bidmc.harvard.edu</td></tr>
<tr><td>Facilities (Nursing homes and rest homes)</td><td>Jim Lomastro</td><td>jimlomastro@comcast.net</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><td rowspan="10">Interest Groups meet periodically (monthly, bi-monthly, or quarterly).

Please contact group leaders for more information.</td><td>Home and Community Based Services</td><td>Meg Coffin</td><td>mcoffin@centerlw.org</td></tr>
<tr><td>Legislative</td><td>Richard Moore</td><td>Dickmoore1943@gmail.com</td></tr>
<tr><td>Legal Issues</td><td>Stephen Schwartz</td><td>sschwartz@cpr-ma.org</td></tr>
<tr><td>Interest Group</td><td>Group lead</td><td>Email</td></tr>
<tr><td>Housing</td><td>Bill Henning</td><td>bhenning@bostoncil.org</td></tr>
<tr><td>Veteran Services</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Transportation</td><td>Frank Baskin
Chris Hoeh</td><td>baskinfrank19@gmail.com
cdhoeh@gmail.com</td></tr>
<tr><td>Covid / Long Covid</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Incarcerated Persons</td><td>TBD</td><td>info@DignityAllianceMA.org</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>Bringing People Home: Implementing the Marsters class action settlement</td><td colspan="3">Website: https://marsters.centerforpublicrep.org/
Center for Public Representation
5 Ferry Street, #314, Easthampton, MA 01027
413-586-6024, Press 2
bringingpeoplehome@cpr-ma.org
Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/</td></tr>
<tr><td>REV UP Massachusetts</td><td colspan="3">REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote.
Website: https://revupma.org/wp/
To join REV UP Massachusetts – go to the SIGN UP page.</td></tr>
<tr><td>The Dignity Digest</td><td colspan="3">For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest:
Wynn Gerhard
Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of The Dignity Digest.
If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</td></tr>
<tr><td colspan="4">Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.
Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.
The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.
Previous issues of The Tuesday Digest and The Dignity Digest are available at:
https://dignityalliancema.org/dignity-digest/
For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</td></tr>
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