



The Dignity Digest

Issue # 257

November 4, 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.

Quotes

“Massachusetts is a place where people step up when their neighbors are in need, and I want to make sure that people who need help know where to get it, and that those who want to help know what they can do.”

Governor Maura Healey, [Ahead of November 1 SNAP Freeze, Governor Healey Launches New SNAP Resource Hub](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, October 30, 2025)

“Today, as millions of Americans go into this weekend unsure of how they will buy food, the Court has affirmed that USDA is legally required to utilize the SNAP contingency fund to pay for benefits during the government shutdown.”

Attorney General Andrea Campbell, [AG Campbell Issues Statement On Order In SNAP Benefits Case](#) (Office of Attorney General Andrea Campbell, October 31, 2025)

“Millions of people, including seniors and young children, across the country depend on federal heating assistance to help keep their homes warm during the wintertime.”

Governor Maura Healey, [Governor Healey Provides Update as President Trump Shuts Off Winter Heating Assistance for Millions](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, October 31, 2025)

While people are living longer, they're also having fewer children, [according to the United Nations](#). In

the U.S., this population shift means caring for parents, grandparents, and other relatives could become even more challenging with fewer family members to pitch in.

[The declining population will make it even harder to care for elders](#)
(NPR Morning Edition, November 2, 2025)

“You’re 80 years old. You can do it. We put all kinds of limitations on ourselves. . . Sometimes the biggest one is we don’t get up and try it.”

Betty Kellenberger, who, at the age of 80, became the oldest woman to thru-hike the Appalachian Trail, [She hiked the entire Appalachian Trail at 80, unaware she’d just made history](#)
(*Washington Post, October 29, 2025)

“The American people are already suffering and the suffering is going to get a lot worse.”

Vice President J. D. Vance, [Food Stamp Cuts Expose Trump’s Strategy to Use Shutdown to Advance Agenda](#) (*New York Times, November 2, 2025)

“This shouldn’t happen in this country. People who need help shouldn’t have to beg.”

Johnnie Gomes, 62, a SNAP eligible recipient who lives in Springfield, MA, [‘I’m Going to Stretch It’: SNAP Recipients Face Shrinking Funds and Hard Choices](#) (*New York Times, November 2, 2025)

Japan has about 100,000 people who have lived for a century or more — the most in the world, and more per capita than in any other country. The frailty that comes with age is creating challenges for Japan, where a record-low birthrate means ever more retirees and fewer working-age people to support them. But for some people, reaching 100 is just another milestone in a full life.

[Working Past 100? In Japan, Some People Never Quit.](#) (New York Times (free access), November 2, 2025)

Testimony Offered by DignityMA Participants

I write to offer input to the ALR Commission and the MA Office of Aging and Independence re my experience as a family “care-

Submitted to the Assisted Living Residence Commission's November 5, 2025 Public Hearing

Gerry Miller,
LICSW, CEAP
Boston, MA

giver/partner" to my mother who resided in an ALR for 13 years.

Some background re my experience:

In 2009 I relocated both of my parents from their home in NYC to greater Boston as their ability to live independently rapidly diminished. My father was dealing with progressive fronto-temporal degeneration and my mother's mobility was getting more limited subsequent to a fall necessitating a hip replacement.

My father needed and benefited from the care provided to him at the Goddard House skilled nursing facility and nursing home in Jamaica Plain (since closed in 2012). It was important for me to be quite involved in his care from the start as the needs of residents at this SNF/NH were great and resources understandably limited. I was privileged to be with him throughout his time in MA until he passed in 2010. I was actively involved in the family advisory board at the time and extremely well known to all staff at this his final home. We made the best of the challenges and our family felt good about the quality of care that we were able to provide for him in partnership with Goddard SNF/NH.

My mother was a resident at Goddard House ALR from 2009-2022. I worked extensively to advocate on her behalf (and ALL Goddard House ALR residents) to seek to optimize the quality of life and care that can be offered. I've seen and worked hard to help to address the challenges we all must face as we deal with inevitabilities of aging. During this time I worked with 4 different executive directors, at least as many nursing directors and an infinite number of direct care staff from many different backgrounds.

The following are 2 critically important features that were present during some but not all of the time that my mother resided at Goddard House. They both contributed significantly to the care provided to the residents. I am unclear re if these aspects were "required" parts of an ALR licensed/credentialed in MA. I would STRONGLY recommend that they should be.

1) the presence of a family support/information group offered at least monthly led by an LICSW geriatric social worker who is NOT on staff (hired as outside consultant)

2) the presence of a full time LICSW geriatric social worker on staff
On numerous occasions I noted the presence of these 2 "elements" to contribute consistently to:

-the early detection of potential problems often leading to addressing them before they become significant

-the enhancement of services to ALR residents and support to staff (especially CNAs) which significantly contributed to staff and resident retention

Some examples included:

-advocacy for and creation of enhanced "levels of care" offered by the ALR which led to greater care provided by ALR staff with less need

for the hiring of outside CNAs by residents. This provided greater opportunity for residents to safely “age in place” (both programmatically and financially) at hopefully their “forever” home -development of a welcoming and orientation program for new family caregivers to the ALR by the family support group. Upon arrival family members are often overwhelmed by the rather “incredibly confusing world of senior services” with its own language and often idiosyncratic rules. This welcoming group provided great support to new families often at a time of great chaos and disruption.

- family members offering 3 months of weekend “employee hero recognition celebrations” for staff during the initial months of Covid. Featured in local Brookline news. Huge morale boost for the staff!
- advocacy for and successfully achieving ALR Board listing names of Board members on website and sharing news from Board meetings with residents and families enhancing transparency. Previously Board had NOT been identified and this had been the source of much secrecy and negative speculation

My mother died in 2022 at 100 years! I look back on the time as offering her the best quality of life given the challenges she faced. My experience caring for her led me to enhance/expand my offering within my existing LICSW private psychotherapy practice to include geriatric consultations. I include my resume with my comments for your information. Thank you for the opportunity to offer this input!

Commentary Offered by DignityMA Participants



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

[Sophocles’ Play Teaches Us about Honoring Our Dead Who Have Been Wronged](#)

By Margaret Morganroth Gullette
Silver Century Foundation
 October 24, 2025

The residents of nursing facilities in the United States died in disproportionate numbers from COVID, when they should have been protected by the Trump administration’s Centers for Medicare and Medicaid, the 50 states’ departments of health, and the owners and operators of their so-called “homes.” In 1,950 facilities where they were protected, they survived. Instead, as my recent book *American Eldercide* shows, in the rest of the 15,400 facilities, the residents were locked in, four or more in a room, open to the infection of any one of their companions, left without masks or adequate attendance or, for many crucial months, state inspectors, who could have measured conditions such as understaffing and urged an anxious, preoccupied, devastated nation to pay attention. Many died unnecessarily and prematurely who could have been saved. In the panic of 2020-2021, many were not buried properly.

Since then, there have been no reproaches for the guilty, no memorials for those blameless, COVID dead, no separate

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.

commemorations. At this distance of silent years, can those special, 200,000 deaths be made to seem a vast communal loss, worthy of social as well as familial grief?

"Sweeping up the heart/ the morning after death" (Emily Dickinson's charge to us) is no simple process when society prefers to forget the hardships of COVID and that marginalized and abandoned group who died.

In *Oedipus at Colonus*, the extraordinary play by Sophocles, the Athenian dramatist created suspense about whether the exiled old man will be buried as a polluted and feared outsider or with honorable commemoration. Sophocles wrote the final, and least-well-known play of his Oedipus trilogy shortly before he himself died at the age of 90. The play makes clear that a good end-of-life for Oedipus the King refers not to the end of his exile, not to his old age, nor to the manner of his dying but to what happens to his memory *after he dies*.

In the course of the play, Sophocles turns Oedipus from a miserable, self-blinded man, inadvertently guilty of parricide and incest, into a powerful protagonist with a just grievance. Oedipus successfully re-describes his ferocious, lifelong suffering as *unjustified*. The wrong done him by the gods can be assuaged only by proper recognition of his posthumous standing.

A good burial, rather than a good death, had been on Sophocles' mind at least since he wrote the *Antigone*, a play that forcefully argued for the ethics (and human instinct, and religious necessity) of offering a posthumous ritual to a dead brother, even after he had been proscribed as an enemy of the state. The residents in nursing facilities in 2020 were not enemies of the state, yet many died alone, unable to breathe. No one could wish such deaths on their worst enemy.

Now, in old age, writing a play about a hapless old man who had been afflicted with wretchedness all his later life, Sophocles must have felt the desire for a righteous, state-sponsored, ritual pressing on him even more urgently.

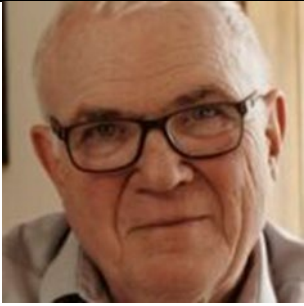
He made Oedipus mournable. He rewrote the king's life story to make Apollo declare that Oedipus was worthy of being buried in a special place, a sacred grove.

"There," said he, "shalt thou round thy weary life, A blessing to the land wherein thou dwell'st, But to [any] land that cast thee forth, a curse."

The resting place and the rites promised by the Athenian government will allow him to end his life as a benediction to the state that recognizes his memory as a blessing.

In the COVID Era, the *Colonus* is movingly relevant. Like so much in the classic literature of grief, the concept of a good

	<p>death and the propriety of commemoration have a new resonance now. We need to attune ourselves. President Joe Biden started the healing process for the nation in two grand public ceremonies for all the US dead soon after his inauguration. Both times, he failed to take special notice of the residents of nursing facilities. Perhaps he thought healing divisions required him to ignore the failures of the previous Trump administration, responsible for abandoning them. In any case, no one learned the lessons taught by the nursing facility deaths.</p> <p>That omission leaves us little imaginative choice but to think of the residents, most of whom were separated from their loved ones while they were dying, as pained and lonely, passive, and bereft. As a result of the Eldercide, they may be judged to have had a miserable end, a “bad death.” It would be purblind and cruel to leave this judgment as the last word on the luckless group who found themselves in nursing facilities when COVID struck.</p> <p>Remembering the dead residents appropriately is the next ritual the nation needs to offer the families and friends that grieve for them without closure. What would count as providing those 200,000 people with their own “sacred grove”?</p> <p>James Lomastro, a member of the coalition I work with, DignityAllianceMA, which advocates for better conditions for residents of nursing facilities and options for never having to enter one, reminds us of a popular saying, that “We die twice: once when our body dies and once when our name is spoken for the last time.”</p> <p>Let there be no such “last time” for these names. <i>American Eldercide</i> suggests that the national government sponsor a <i>locus amoenus</i>, a noble and pleasing monument in the nation’s capital, built out of repentance and grief, in which the names of all the residents who died of COVID would be listed. These would be <i>living</i> names. Every visitor would be able to click on a name and by so doing, see the individual’s photograph, read a tribute, and leave with the intention to never again let public health fail so many.</p> <p>The current Congress will never see age justice as an important goal for healing the nation. All of us who care for the old, the sick or people with disabilities, or who wish for a dignified old age for ourselves, may, however, believe that some honorable commemoration will come and will work to bring about that finer day.</p>
	<p>Reclaiming Care in the Alzheimer’s Movement — A Social Justice Imperative By James A. Lomastro, PhD</p>



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.

Introduction

The Alzheimer's Association (AA) plays a pivotal role in shaping public understanding, research funding, and advocacy around dementia. While its emphasis on "the first survivor" underscores hope for a biomedical breakthrough, this focus has steered narratives, norms, and resources disproportionately toward discovery rather than the care needed now. This imbalance reflects broader injustices in American healthcare—prioritizing technological progress and private investment over care equity and community well-being. Social justice advocates must therefore shift the Alzheimer's movement toward valuing care as justice rather than charity.

The Dominance of the Cure Narrative

In the AA's FY 2023 Annual Report, the Association reported approximately **\$432 million in total revenues** and described its mission as accelerating global research while "maximizing quality care and support" (Alzheimer's Association, 2023a). Despite this dual mission, the AA's strategic priorities and publicly-celebrated milestones highlight research acceleration ahead of care advancement. For example, the audited financial statements show substantial allocation toward research and programmatic activities (Alzheimer's Association, 2023b). Within the research portfolio, only about **16%** of newly funded projects in 2023 were classified as "Dementia Care and Impact of Disease," whereas approximately **48%** addressed "Molecular Pathogenesis and Physiology of Alzheimer's" (Alzheimer's Association, n.d.). This allocation suggests a systemic bias toward biomedical discovery rather than relational caregiving.

Care as Invisible Labor

Unpaid and underpaid caregivers form the backbone of dementia care in the U.S. According to the AA's *2023 Alzheimer's Disease Facts & Figures*, more than 11 million family caregivers provided an estimated 18 billion hours of unpaid care in 2022—valued at \$339.5 billion (Alzheimer's Association, 2023c). These caregivers—predominantly women, often from marginalized communities—remain under-supported and undervalued. A cure-first narrative positions caregiving as a personal duty rather than a societal responsibility, reinforcing gendered and racialized labor patterns. This dynamic also allows public policy to defer investment in long-term care systems, workforce training, and community-based support services.

The Ethics of Allocation: Cure vs. Care

From a social justice perspective, the ethical question isn't whether biomedical research should receive funding—it

absolutely should. Rather, it's about **proportion and purpose**: how should finite resources be distributed to reflect suffering and societal need? The AA's FY2023 figures show about 27% of its programmatic spending directed toward research (Alzheimer's Association, 2023a). Meanwhile, the storytelling and donor appeals overwhelmingly emphasize "ending Alzheimer's," not expanding caregiver wages, respite services, or dementia-friendly housing. By channeling attention and resources into cure rather than care, the movement risks perpetuating economic injustice—especially for workers in the care economy who remain unseen.

The Political Economy of the Alzheimer's Movement


The AA operates within the nonprofit-industrial complex: a hybrid of philanthropy, advocacy, and biomedical enterprise. Its partnerships with pharmaceutical firms and biotech companies tether the movement to a biomedical paradigm—one that privileges drug discovery over social infrastructure. This mirrors the extractive logic of private equity's entry into eldercare, where investment vehicles prioritize returns over caregiving quality. Social justice advocates must therefore redirect advocacy toward public ownership, cooperative care models, and transparent nonprofit governance that prioritize dignity over dividends.

Reframing the Movement Around Care Justice

A care-centered Alzheimer's movement would redefine progress not as disease eradication, but as creating systems that sustain dignity, connection, and meaning in cognitive change. Key reforms include:

1. **Resource reallocation**—ensuring at least half of major Alzheimer's funding supports caregiver wages, respite, community-based care, and dementia-capable design.
2. **Workforce elevation**—advocating for living wages, benefits, training, and professional development for home health aides and personal care attendants.
3. **Equity-first approach**—prioritizing outreach and funding for low-income, rural, and historically underserved populations affected by dementia.
4. **Incorporating Indigenous and ecological wisdom**—recognizing that human life follows natural rhythms of bloom, ebb, and rest, and aligning caregiving accordingly (Tollemar, 2025).
5. **Accountability and transparency**—requiring nonprofit Alzheimer's advocacy organizations to disclose related-party transactions, beneficial ownership, and governance practices, especially when outsourcing services to LLCs or private contractors.

	<p>By reframing care as central rather than residual, the Alzheimer’s movement can resist the commodification of vulnerability and affirm the dignity of dependence, not just independence.</p> <p>Conclusion: Care as the Measure of Justice</p> <p>The Alzheimer’s movement stands at a moral turning point. Continued dominance of the cure narrative deepens economic and social divides—between those who profit from disease and those who live within its shadow. A just movement must treat caregiving not as supplemental duty, but as a central manifestation of citizenship. It must prioritize systems that support interdependence, rather than isolating vulnerability and commodifying it. Social justice advocates should aim for transformation: from a movement chasing immortality, to one embracing mutuality, dignity, and solidarity. Only then will the movement honor both scientific innovation and humanity.</p> <p>References</p> <p>Alzheimer’s Association. (2023a). <i>Annual Report: Fiscal Year 2023</i>. https://www.alz.org/media/Documents/annual-report-2023.pdf</p> <p>Alzheimer’s Association. (2023b). <i>Consolidated financial statements: FY 2023</i>. https://www.alz.org/getmedia/2318c8f7-87eb-4184-8ed7-921ea84c4dc9/audited-financial-statements-fy2023_1.pdf</p> <p>Alzheimer’s Association. (2023c). <i>2023 Alzheimer’s disease facts and figures: At-a-glance</i>. https://www.alz.org/getmedia/d6a072cf-ee7b-4b10-a4c6-068f4afc54db/Facts-And-Figures-2023-At-A-Glance-Stats-Fact-Sheet.pdf</p> <p>Tollema, R. W. (2025, October 27). An Indigenous approach shows how changing the clocks for daylight saving time runs counter to human nature—and nature itself. <i>The Conversation</i>. https://doi.org/10.64628/AAI.hqmc9w4vv</p>
<p>Assisted Living Residences Commission Public Hearing</p>	<p>Assisted Living Residences Commission</p> <p>Wednesday, November 5, 2025, 2:00 p.m.</p> <p>Public hearing</p> <p>Seeking input from residents, family members, advocates, stakeholders, and experts. The commission is interested in input dealing with resident rights and protections, keeping residents safe in emergencies, staffing and workforce, types and levels of care, affordability and access, and transparency of information for families and residents. Written testimony will be accepted through Nov. 14.</p> <p>The Commission is seeking input in each of the six key topic areas:</p> <ol style="list-style-type: none"> 1. Resident rights and protections (e.g., how residents and families can raise concerns, transparency of policies, financial protections) 2. Keeping residents safe in emergencies (e.g., fire safety, disaster planning, emergency response) 3. Staffing and workforce (e.g., type of staff, staff levels, training) 4. Types and levels of care (e.g., making sure care matches residents’ needs) 5. Affordability and access (e.g., costs for residents and families) 6. Transparency of information for families and residents (e.g., how people can better compare options and make informed choices) <p>Zoom</p>
<p>Public Hearing</p>	<p>Public Hearing Proposed change of ownership of the Benjamin Healthcare Center</p>

<p>Proposed change of ownership of the Benjamin Healthcare Center</p>	<p>Thursday, November 6, 2025, 6:00 p.m. Phone Number: 888-603-8917 Passcode: 7412210</p> <p>On October 3, 2025, The Department of Public Health, Division of Health Care Facility Licensure and Certification (the “Department”) received notification from Allaire Health Services (the “Applicant”) of a proposed change in ownership of Benjamin Healthcare Center in Boston, MA.</p> <p>Pursuant to 105 CMR 153.022(B), The Department, in conjunction with the Applicant, has scheduled a hearing to be held regarding the proposed change of ownership. This hearing will be held virtually by conference call in order to promote public access. At this hearing the Applicant will be provided with the opportunity to describe their plans for the future of Benjamin Healthcare Center. The Department will provide interested parties with the opportunity to present their comments on the proposed change of ownership.</p> <p>The hearing is scheduled for Thursday, November 6th, 2025, 6:00 p.m. Members of the public and other interested parties may join the hearing by phone.</p> <p>Written comments concerning this matter may be submitted to the Department of Public Health, Division of Health Care Facility Licensure and Certification, Attn: Licensure Unit Coordinator, 67 Forest Street, Marlborough, MA 01752 or by email to HFLLicenseAction@Mass.Gov. Comments will be accepted up to 11:59 PM on November 6th.</p> <p>All written comments submitted to the Department may be posted on the Department’s website and released in response to a request for public records.</p> <p>Subsequent to the hearing, the Department will make a determination as to whether Allaire Health Services is suitable and responsible for licensure under the requirements set forth in M.G.L. c. 111 s. 71. The Department shall take any written comments and comments presented at the hearing into consideration in its determination of the suitability and responsibility of the Applicant.</p>
<p>Remembering with Dignity</p> <p>To access the submission form scan</p>  <p>or click on: https://tinyurl.com/DignityRemembrance or</p>	<p><i>Dignity Alliance Massachusetts Launches “Remembering with Dignity,” a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i></p> <p>To honor the more than 25,000 Massachusetts residents who died during the COVID-19 pandemic, Dignity Alliance Massachusetts (DignityMA) has launched “Remembering with Dignity,” a new online memorial. The public is invited to submit remembrances of those lost between January 2020 and May 2023.</p> <p>The COVID-19 pandemic caused unprecedented upheaval, and yet the 1.2 million Americans who died from the disease</p>

<p>https://forms.gle/GbzP2H9RG1sWSzA3A.</p> <p>For more information or questions, contact: Deborah W. Coogan Chair, DignityMA's "Remembering with Dignity" initiative dwc@cooganlaw.com 617-332-8828</p>	<p>have no official national day or place of remembrance. During the COVID-19 emergency, widespread closures led to profound isolation. Many individuals died in healthcare and other facilities without the comfort of family, and survivors were often deprived of the ability to hold traditional funerals or grieve with their families and friends.</p> <p>"The pandemic left a void, not just in our families but in our collective memory," said Deborah W. Coogan, Chair of the 'Remembering with Dignity' initiative. "So many died in isolation, and their stories risk being lost in the statistics. 'Remembering with Dignity' provides a way to honor their essence – the values they lived by – and ensures they are remembered as more than just a number. It is a first step toward healing and advocating for a future where we better protect our most vulnerable." The platform seeks to capture the spirit of each individual. Submissions can be made at DignityMA's website.</p> <p>How to Submit a Remembrance:</p> <ul style="list-style-type: none"> • 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). <p>DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor their loved ones and channel their grief into advocacy for policies that better protect vulnerable populations during future public health crises. Details will be announced at a later date.</p>
<p>Recruitment</p>	<p>See: Listings on MASterList.com's Job Board for all current listings</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes AG's Office Secures Indictments Against Worcester-Based Temporary Nurse Staffing Agency and Owner For Defrauding</p>

[Nursing Homes And Putting Patients At Risk With Uncertified Aides](#) (Office of Attorney General Andrea Campbell, October 27, 2025)

Housing

[How Can Manufactured Housing Address the Affordable Housing Crisis?](#) (Urban Institute, October 29, 2025)

Homelessness

[Rising Trends and Impacts of Unsheltered Homelessness](#) (Urban Institute, October 15, 2025)

Aging Topics

[Working Past 100? In Japan, Some People Never Quit.](#) (New York Times (free access), November 2, 2025)

[She hiked the entire Appalachian Trail at 80, unaware she'd just made history](#) (*Washington Post, October 29, 2025)

Caregiving

[The declining population will make it even harder to care for elders](#) (NPR Morning Edition, November 2, 2025)

Medicaid

[Strategies and Innovations in Medicaid Managed Long-Term Services and Supports \(MLTSS\)](#) (National Academy for State Health Policy, October 27, 2025)

Federal Policy

['I'm Going to Stretch It': SNAP Recipients Face Shrinking Funds and Hard Choices](#) (*New York Times, November 2, 2025)

[Food Stamp Cuts Expose Trump's Strategy to Use Shutdown to Advance Agenda](#) (*New York Times, November 2, 2025)

[Uncertainty Persists for Americans Waiting for Monthly Food Stamps](#) (*New York Times, October 31, 2025)

State Policy

[Governor Healey Issues Statement on Court Ruling That Trump Must Continue to Fund SNAP](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, October 31, 2025)

[AG Campbell Issues Statement On Order In SNAP Benefits Case](#) (Office of Attorney General Andrea Campbell, October 31, 2025)

[Governor Healey Provides Update as President Trump Shuts Off Winter Heating Assistance for Millions](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, October 31, 2025)

[Ahead of November 1 SNAP Freeze, Governor Healey Launches New SNAP Resource Hub](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, October 30, 2025)

[AG Campbell Sues Trump Administration for Illegally Suspending SNAP Benefits](#) (Office of Attorney General Andrea Campbell, October 28, 2025)

In Person Events

[Meeting the Moment: Community Hearing and Resource Fair](#) (Massachusetts Permanent Commission on the Status of Persons with Disabilities, Tuesday, November 4, 2025, 5:00 p.m., Needham Town Hall, 1471 Highland Ave., Needham)

[The Massachusetts premiere of "No One Cares About Crazy People"](#) (Curry College and the Aspire Health Alliance,

	<p>Wednesday, November 5, 2025, 4:30 p.m., Keith Auditorium, Curry College, 1071 Blue Hill Ave., Milton)</p> <p>Public Sessions</p> <p><u>Statutory Advisory Board meeting (Massachusetts Commission for the Blind, Tuesday, November 4, 2025, 12:00 p.m.)</u></p> <p><u>Subcommittee on school-aged children meeting (Autism Commission, Wednesday, November 5, 2025, 12:00 p.m.)</u></p> <p><u>Public hearing (Assisted Living Residences Commission, Wednesday, November 5, 2025, 2:00 p.m.)</u></p> <p><i>Public Hearing Proposed change of ownership of the Benjamin Healthcare Center (Massachusetts Department of Public Health, Thursday, November 6, 2025, 6:00 p.m.)</i></p> <p><u>Meeting (Governor's Advisory Council on Veterans Services, Friday, November 7, 2025, 1:00 p.m.)</u></p> <p><u>Hearing (Joint Committee on Mental Health, Substance Use and Recovery, Monday, November 10, 2025, 1:00 p.m.)</u></p>
<p>DignityMA Study Sessions</p> <p><i>Special Focus on Changes in Federal Policies, Programs, and Services</i></p>	<p>Unprecedented public policy changes have been occurring since the onset of the Trump Administration three months ago. Programs, policies, and initiatives of importance to older adults, persons with disabilities, and caregivers are not exempted. The implications are starting to become known. The impacts will be experienced in the months and years ahead.</p> <p>No sector is being spared. Health care, social services, Social Security, civil rights, housing, and more are all under historic attack. Some areas are being “downsized,” some are being disrupted or radically modified, and others are being eliminated outright.</p> <p>Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults, persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response.</p> <p>The presenters are:</p> <ul style="list-style-type: none"> • Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition • James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration • Steven Schwartz, JD, Special Counsel, Center for Public Representation <p>Recordings of Jim Roosevelt’s and Steve Schwartz’s presentations are available at https://dignityalliancema.org/videos/. Bob Blancato’s presentation is being rescheduled.</p>
<p>DignityMA Study Session</p>	<p><i>Ageing Policy Update: What We Know, What We Don’t Know, and What We Should Fear</i></p> <p>Wednesday, May 21, 2025, 2:00 p.m.</p> <p>Unfortunately, this session is being rescheduled. Date to be announced.</p>



Bob Blancato, National Coordinator, Elder Justice Coalition

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. Health Begins

November 13, 2025, 1:00 p.m.

[Strategies to Sustain Health Equity Investments Against Headwinds](#)

Efforts to improve health equity and social and structural drivers of health equity (SDOH-E) face stronger headwinds now than they have in years. The Trump Administration’s [\\$1 trillion in Medicaid cuts](#) are poised to strip hospitals of essential funding and force an estimated 1 in 4 to close. Critical federal funding that underpins food assistance and other health-related social supports is dramatically shrinking. Federal language restrictions are driving health equity efforts underground.

The need for equity—and the powerful impact it makes on health care’s quadruple aim—has not changed. If anything, it is only growing greater.

How can healthcare and public health leaders reimagine and retool strategies to protect and advance health equity against headwinds?

[In this webinar](#), we hear from those doubling down on health equity investments. We identify the biggest challenges to making informed investment decisions when so much is under threat. We illustrate how to see beyond siloed funding streams to pool and align funds for collaborative financing and greater impact. And we explore how to overcome traditional healthcare financial models that are ill-suited to health equity investments.

These practices **empower leaders to make the business and mission case for health equity, fund it effectively, and build coalitions of support**. By learning about these practices in community with fellow leaders, we also grow the courage to use them.

Speakers:

- **Rishi Manchanda**, MD, MPH, CEO, HealthBegins
- **Glasha Marcon**, Vice President of Learning and Innovation, HealthBegins
- **Christina Harris**, MD, Vice President and Chief Health Equity Officer, Professor, Department of Medicine Cedars-Sinai Medical Center

	<ul style="list-style-type: none"> • Karen Hacker, MD MPH, Health Policy Fellow at Emory University, Rollins School of Public Health, former Director, National Center for Chronic Disease Prevention and Health Promotion <p>Webinar Objectives: By the end of the webinar, attendees will be able to:</p> <ul style="list-style-type: none"> • Describe current systemic challenges to sustainable investments and financing for health equity and SDOH-E work. • Articulate more comprehensive approaches to financial modeling and a more compelling — and more accurate — definition of value that can help address current threats to health equity and SDOH-E investments. • Identify at least two concrete opportunities to sustain health equity and SDOH-E investments in the current political and economic environment. <p>REGISTER HERE</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>2. Office of Attorney General Andrea Campbell October 27, 2025 <u>AG's Office Secures Indictments Against Worcester-Based Temporary Nurse Staffing Agency and Owner For Defrauding Nursing Homes And Putting Patients At Risk With Uncertified Aides</u> <i>Defendants Allegedly Billed Nursing Facilities Over \$300,000 for Services Provided by Uncertified Nursing Assistants</i></p> <p>Indictments Against Worcester Staffing Agency</p> <ul style="list-style-type: none"> • Who: The Massachusetts Attorney General's Office (AGO) announced indictments against Blooming Staffing Agency, Inc., its owner Catherine Kibe, and former employee Osaretin “Jerry” Osazee. • Charges: <ul style="list-style-type: none"> ○ Blooming Staffing Agency: Larceny by False Pretenses (Over \$1,200 and Under \$1,200), Attempted Larceny. ○ Catherine Kibe: Larceny by False Pretenses (Over \$1,200 and Under \$1,200), Attempted Larceny, Identity Fraud. ○ Osaretin Osazee: Attempted Larceny, Identity Fraud. <p>Allegations</p> <ul style="list-style-type: none"> • The agency is accused of staffing Worcester-area nursing homes with uncertified individuals acting as Certified Nursing Assistants (CNAs), putting patients at risk. • Catherine Kibe allegedly knew of and/or instructed uncertified individuals to work as CNAs. • The agency then allegedly billed nursing homes for these uncertified employees as if they were certified, fraudulently receiving over \$300,000. • Osaretin Osazee, who never obtained a CNA certificate, allegedly impersonated a licensed CNA at Kibe's direction while working at nursing homes. <p>Context</p>

	<ul style="list-style-type: none"> • The AGO's Medicaid Fraud Division investigated this case as part of a commitment to curb violations by temporary nurse staffing agencies and protect elders. • Since taking office, AG Campbell has recovered nearly \$900,000 from such agencies through five separate settlements.
<p>Housing</p>	<p>3. Urban Institute October 29, 2025 <u>How Can Manufactured Housing Address the Affordable Housing Crisis?</u> By Daniel Pang, Sarah Gerecke Here is a summary of the selected text:</p> <p>Manufactured Housing Price Appreciation</p> <ul style="list-style-type: none"> • Myth vs. Fact: Contrary to common perception, data from the FHFA Housing Price Index shows that manufactured homes (MH) appreciate at nearly the same rate as site-built homes. • Data (Q1 2000 - Q2 2025): Real property manufactured homes appreciated by 219.1%, while site-built homes appreciated by 219.9%. • Recent Trends: In the past decade, manufactured homes have frequently seen higher year-over-year price increases than site-built homes. <p>Manufactured Housing as an Affordable Option</p> <ul style="list-style-type: none"> • Supply (2024): Manufactured housing accounted for 10.2% of new single-family home supply, with 103,314 homes shipped. • Cost (2024): The average sales price of a new manufactured home (excluding land) was \$124,800, significantly less than the \$424,176 average for a new site-built home. • Income (2023): The median income for households in manufactured homes was \$46,000, compared to \$80,000 for those in site-built homes. <p>Financing Challenges</p> <ul style="list-style-type: none"> • Denial Rates (2024): Mortgage applications for manufactured homes are denied at much higher rates (57.8% for mortgages, 65.3% for personal property loans) compared to site-built homes (10.0%). • Interest Rates (2024): Originated loans for manufactured homes have higher median interest rates (7.88% for mortgages, 9.50% for personal property) than site-built home loans (6.63%). <p>Need for Data Refinements</p> <ul style="list-style-type: none"> • Standardization: The definition of manufactured housing needs to be standardized across datasets. • Outdated Terminology: The US Census Bureau still uses the term "mobile homes or trailers" in the American Community Survey, despite federal law mandating the term "manufactured" since 1980 to move away from stigma. • Knowledge Gaps: New surveys are needed to gather more timely data on topics like titling, delinquencies, living conditions, the homebuying process, loan performance, and zoning regulations to better inform policymakers.

<p>Homelessness</p>	<p>4. Urban Institute October 15, 2025 <i>Rising Trends and Impacts of Unsheltered Homelessness</i> By Samantha Batko, Alyse D. Oneto, Aaron Shroyer Unsheltered Homelessness: Trends, Characteristics, and Policy Implications The number of people experiencing unsheltered homelessness—residing in places not meant for habitation—has substantially risen since 2015, disproportionately affecting certain demographic groups and regions. This situation exacerbates health issues, disconnects people from formal employment, and generates significant costs for local governments.</p> <p>Overview and Trends</p> <ul style="list-style-type: none"> • Prevalence: Unsheltered individuals represent approximately one in three people experiencing homelessness overall. • Recent Growth (2015–2019): Unsheltered homelessness increased by 22%. • Geographic Concentration: <ul style="list-style-type: none"> ○ 83% of the growth was accounted for by "hot spot" Continuums of Care (CoCs). ○ Approximately 44% of the total unsheltered population resides in just 14 areas, primarily on the West Coast. • Contributing Economic Factors: All 14 hot-spot CoCs have a higher share of households with very low incomes (below 50% of area median income) and a severe housing cost burden (spending over 50% of income on housing). • Changes in Sub-populations: <ul style="list-style-type: none"> ○ Unsheltered families with children dropped 71% between 2009 and 2019. ○ The population of unsheltered individuals who were not chronically homeless rose 38% between 2015 and 2019. <p>Key Findings and Disparities Individuals enduring unsheltered homelessness face unique vulnerabilities, including:</p> <ul style="list-style-type: none"> • Racial and Ethnic Disparities (2015–2019 Increase): <ul style="list-style-type: none"> ○ Individuals who identify as Black accounted for one-quarter of the national increase. ○ Individuals who identify as Latinx accounted for 31% of the national increase. • Other Vulnerable Groups: Individuals who identify as transgender are almost twice as likely to be unsheltered than sheltered. • Health and Mental Health: <ul style="list-style-type: none"> ○ Half of those chronically homeless and unsheltered reported depression, and 44% reported anxiety. • Safety and Legal System Involvement: <ul style="list-style-type: none"> ○ 35% of men and 40% of women reported experiencing a violent attack while living unsheltered.
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	<ul style="list-style-type: none"> ○ Unsheltered people were nine times as likely as those in shelters to have spent at least one night in jail in the past six months. ● Housing Instability: The average number of days since being stably housed was six times longer for unsheltered people compared to sheltered people. <p>Policy Implications</p> <p>To prevent homelessness, end the crisis, and avoid increased municipal costs, cities and states should focus on proactive measures:</p> <ul style="list-style-type: none"> ● Affordable Housing: Expand affordable housing and rental assistance programs, especially in high-cost areas. ● Housing First: Fund the Housing First approach to scale, particularly through permanent supportive housing and rapid rehousing. ● Avoid Criminalization: Shun strategies that aim to criminalize unsheltered homelessness.
<p>Aging Topics</p>	<p>5. New York Times (free access) November 2, 2025 <u>Working Past 100? In Japan, Some People Never Quit.</u> Visuals by Chang W. Lee and Text by Hikari Hida Working Past 100 in Japan</p> <p>The article profiles five Japanese centenarians who continue to work, finding purpose, health, and joy in their long-held professions. Japan has the world's largest population of centenarians (around 100,000), which creates societal challenges due to a low birthrate. The individuals profiled credit their longevity not only to diet, healthcare, and family, but also to their continued work.</p> <p>The Centenarians</p> <ul style="list-style-type: none"> ● Seiichi Ishii (103), The Bicycle Repairman: <ul style="list-style-type: none"> ○ Began working in a bike shop at age 12 and still runs his own shop over 90 years later. ○ His income supplements his small pension (about \$330/month). ○ He states, "If I die here, in my workshop, I will be happy." ● Fuku Amakawa (102), The Ramen Chef: <ul style="list-style-type: none"> ○ Works the lunch shift five to six days a week at her family's restaurant. ○ She says work "changes the quality of my life" physically and emotionally and helps her stay fit. ○ A doctor once diagnosed her chest pains as muscle pain from lifting heavy pans, not a heart problem. ● Masafumi Matsuo (101), The Farmer: <ul style="list-style-type: none"> ○ Grows vegetables and rice, stating, "I work to stay healthy." ○ Farming is "all I know," and he continues to work after surviving esophageal cancer and COVID-19 at 99. ○ He is a widower and tends to a Buddhist shrine for his late wife every morning. ● Tomoko Horino (102), The Beauty Consultant:

- Began selling makeup at 39, against cultural norms, because she loved the product and her family needed the money.
- Now widowed, she continues to work (mostly by phone) because it "helps her fend off loneliness."
- She loves "making people feel beautiful" and enjoys hitting her monthly sales targets.
- **Tomeyo Ono (101), The Storyteller:**
 - Began a career as a teller of *minwa* (folk tales) after turning 70.
 - After losing her home in the 2011 tsunami, she vowed to incorporate survivor experiences into her stories.
 - She says, "I'm living to tell my stories," and is determined to prevent them from being lost.

6. *Washington Post

October 29, 2025

[*She hiked the entire Appalachian Trail at 80, unaware she'd just made history*](#)

By Sydney Page

"We put all kinds of limitations on ourselves," said Betty Kellenberger.

"Sometimes the biggest one is we don't get up and try it."

80-Year-Old Sets Appalachian Trail Record

- **Betty Kellenberger**, at 80 years old, became the **oldest woman to ever thru-hike** the 2,197-mile Appalachian Trail.
- She finished her hike at the Massachusetts-Vermont border on September 12.
- The previous record was held by Linda "Nana" Vanderloop, who completed the trail at age 74.
- According to the Appalachian Trail Conservancy, only **1 in 4 people** who attempt a thru-hike (finishing in 12 months or less) succeed. The average finisher's age is 41.

Overcoming Adversity

- This was not Kellenberger's first attempt. Previous efforts were derailed by **Lyme disease, a concussion, and a fall**.
- She also recovered from **shoulder surgery and a knee replacement** in 2024 before starting again.
- During her successful hike, she had to evacuate due to **Hurricane Helene** and navigated the notoriously difficult, rocky terrain of Maine and New Hampshire.
- She dedicated her hike to her former hiking partner, Joe Cox, who passed away in 2023.

"The Legend" and Her Impact

- Kellenberger, a retired teacher, was given the trail name **"The Legend"** by other hikers.
- She met Ben Montgomery, an author and relative of "Grandma Gatewood," the first woman to solo thru-hike the trail in 1955.
- Kellenberger says she didn't intend to break records but is glad her perseverance has **inspired others to "get off their couch and move."**

	<ul style="list-style-type: none"> • She is already planning future hikes, including trips to Iceland and potentially the North Country National Scenic Trail.
<p>Caregiving</p>	<p>7. NPR Morning Edition November 2, 2025 <i>The declining population will make it even harder to care for elders</i> By Kristin Wright, Marisa Peñaloza</p> <p>The Growing U.S. Elder Care Challenge The article highlights a growing crisis in U.S. elder care, driven by two key demographic shifts: people are living longer, while birth rates are declining. This results in fewer family members being available to care for aging loved ones, a problem compounded by an existing workforce shortage in the professional caregiving industry.</p> <p>A Family's Experience with Caregiving</p> <ul style="list-style-type: none"> • The Example: Maurice White (75) and Renee DeVigne (68) are profiled for their extensive experience as family caregivers. They have cared for 12 elders, including Maurice's 104-year-old mother, Evelyn, who has lived with them for 25 years. • Multigenerational Households: The couple cites their culture as a Black family as a major reason for providing care at home. • Supporting Statistics: Pew Research Center data from 2021 shows that Black (26%), Hispanic (26%), and Asian Americans (24%) are significantly more likely to live in multigenerational households compared to white Americans (13%). • Evolving Needs: The couple cared for Evelyn without assistance until two years ago. After she had a stroke, they hired a home health aide and used a short-term rehab facility. <p>Systemic Barriers and Costs</p> <ul style="list-style-type: none"> • Workforce Shortages: Care facilities face severe staffing shortages, which were an issue before the pandemic and have since worsened. Immigration policies are also expected to deepen the strain, as immigrants comprise more than a quarter of the direct long-term care workforce. • High Costs (2023): The article notes the high cost of care, which is typically paid out-of-pocket: <ul style="list-style-type: none"> ○ Home Health Aide: Median cost of over \$68,000/year (for 40 hours/week). ○ Assisted Living: Median cost of over \$64,000/year (for a private bedroom). • Policy & Funding: Ai-jen Poo of Caring Across Generations states the U.S. model of families managing care alone has "reached its very limit." This is exacerbated by cuts to Medicaid, with over 700,000 aging adults and people with disabilities on waitlists for home and community-based care. <p>Key Takeaways and Future Outlook</p> <ul style="list-style-type: none"> • Family Advice: The couple advises other caregivers to "research, research, research" all available resources and to utilize self-care techniques like meditation. • The Need for Connection: The family's experience reinforced the importance of human connection. Maurice White notes that he is

	<p>rethinking his own desire to age in his house, fearing isolation. He believes keeping his mother socially engaged "kept her alive."</p> <ul style="list-style-type: none"> • Hopes for the Future: The family hopes the U.S. can solve the caregiving crisis by making care affordable, valuing the professional workforce with better wages, and ensuring elders get the care they deserve.
<p>Medicaid</p>	<p>8. National Academy for State Health Policy October 27, 2025 <u>Strategies and Innovations in Medicaid Managed Long-Term Services and Supports (MLTSS)</u> By Kimberly Hodges, Jacob Thayil, Sarah Barth, Wendy Fox-Grage</p> <p>Key Definitions & Context</p> <ul style="list-style-type: none"> • NASHP Learning Collaborative: Ten states partnered with the National Academy for State Health Policy (NASHP) to develop and strengthen policies for Medicaid Managed Long-Term Services and Supports (MLTSS). • MLTSS (Managed Long-Term Services and Supports): A service delivery model where states contract with managed care organizations (MCOs) to provide health and social services to individuals with complex needs. The goals include increasing access to home and community-based services (HCBS), improving care coordination, and containing costs. • D-SNPs (Dual-Eligible Special Needs Plans): A type of Medicare Advantage plan for individuals enrolled in both Medicare and Medicaid. These plans require a State Medicaid Agency Contract (SMAC), which allows states to build in requirements for care coordination and integration. <p>1. Innovations in Care Coordination Care coordination is a key benefit of MLTSS, typically involving health risk assessments, person-centered care plans, and interdisciplinary care teams. However, states face challenges such as high care coordinator turnover and difficulty engaging members with complex needs.</p> <p>State Strategies:</p> <ul style="list-style-type: none"> • California: The Enhanced Care Management program provides intensive, relationship-based coordination to high-need populations (e.g., those experiencing homelessness or substance use disorder) by "meeting members wherever they are." • Minnesota: Developed a Care Plan Audit Protocol where the state oversees MCOs in an intensive review of member assessments and care plans. This helps identify trends and reward high-performing plans. • Virginia: Encourages MCOs to hire "care management extenders" for administrative tasks. Plans that do so are

allowed a 20% increase in the staffing ratio for their corresponding care managers.

2. Effective Contract Management and Oversight

Strong state oversight is crucial for a robust MLTSS program but can be challenged by administrative capacity and data management issues.

Key Approaches:

- Balancing prescriptive contract language (to ensure accountability) with flexibility (to allow innovation).
- Conducting periodic or ongoing readiness reviews, not just a one-time check.
- Assigning dedicated state staff to each plan contract and holding regular meetings with subject matter experts.
- Establishing accountability tools, such as incentives and penalties, tied to program goals (e.g., successful care transitions).

State Snapshots:

- **California:** Created internal and external data dashboards for faster data processing, allowing for earlier identification of administrative issues and trends.
- **Massachusetts:** Developed a contract management tracker to gather extra monthly data on issues like service denials and appeals. This led to an internal "issue tracker" to monitor cases.
- **Virginia:** Created a new, centralized Office of MCO Compliance and Monitoring to elevate the importance of health plan accountability. They also implemented a 360-degree performance review for a more holistic assessment of MCOs.

3. Meaningful Stakeholder Engagement

Engaging dual-eligible populations is critical because their lived experiences provide direct insight into program gaps.

Key Strategies:

- **Work with "Champions":** Partner with trusted community or faith-based organizations to develop communication strategies.
- **Meet people "where they are":** Host in-person events in familiar community locations and provide accommodations like transportation, interpretation, and food.
- **Create permanent channels:** Form standing member councils or advisory boards for continuous feedback.
- **"Close the loop":** Operationalize stakeholder feedback into policy and then communicate back to stakeholders how their input was used.

State Snapshots:

	<ul style="list-style-type: none"> • California: The Medicare and Medi-Cal Ombudsperson Program contracts with legal aid organizations to handle member complaints and create a feedback mechanism for systemic issues. • Massachusetts: The One Care Implementation Council is member-led and provides ongoing feedback that has resulted in concrete changes to the program, including modifications to MCO contracts. • Idaho: Conducted statewide outreach to diverse groups (e.g., Spanish-speaking, refugee, and tribal communities) and created easy-to-read flyers for complex information. • Indiana: Used multiple channels (office hours, webinars, advisory groups) to gather stakeholder feedback for its new PathWays for Aging Program.
<p>Federal Policy</p>	<p>9. *New York Times November 2, 2025 <u>'I'm Going to Stretch It': SNAP Recipients Face Shrinking Funds and Hard Choices</u> By Jenna Russell Anxiety Over SNAP Funding</p> <ul style="list-style-type: none"> • SNAP recipients in Springfield, Mass., are grappling with anxiety and uncertainty as the future of their federal food assistance is threatened by a government shutdown. • Despite court rulings ordering the Trump administration to continue funding, President Trump warned of delays, leaving families unsure if their benefits would be reloaded as scheduled. <p>Impact on Grocery Shopping</p> <ul style="list-style-type: none"> • At a local grocery store, America's Food Basket, shoppers with dwindling benefits were forced to make hard choices and buy less. • Angela Duncan, 65, carefully rationed her remaining \$52 to feed 11 family members, ultimately falling short by \$10 at the register. • Fernando Rosario, 50, skipped meat and bought only staples like beans and rice due to worries about his wife's benefit and his own work hours. • Christophe Niyibizi, 67, and his wife began eating only one meal per day to make their food last. • The store experienced unusually light traffic, leading managers to consider cutting employee hours. <p>High SNAP Reliance in Springfield</p> <ul style="list-style-type: none"> • Springfield has the highest rate of SNAP reliance in Massachusetts, with 46% of its 155,000 residents receiving benefits. • Statewide, over one million people depend on the program, including children, older adults, and veterans. <p>Community and State Response</p> <ul style="list-style-type: none"> • Gov. Maura Healey and state legislators fast-tracked millions of dollars to food banks to address the crisis.

- Nonprofits, like The Boston Foundation, quickly raised substantial emergency funds from private donors.
- In Springfield, a local nonprofit farm store began giving away free milk and eggs to SNAP recipients, with a local car dealership helping to cover the cost.

10. *New York Times

November 2, 2025

[Food Stamp Cuts Expose Trump's Strategy to Use Shutdown to Advance Agenda](#)

By Tony Romm

Here is a summary of the selected text:

Shutdown Threatens SNAP Funding

- As a federal shutdown entered its fifth week (in November 2025), funding for the Supplemental Nutrition Assistance Program (SNAP), which serves 42 million people, was imperiled.
- The Trump administration, despite claims from Vice President JD Vance that its hands were tied, had access to billions of dollars to sustain the program.
- President Trump only signaled he would release the funds after a federal judge intervened and ordered the government to do so.

White House Shutdown Strategy

- The article analyzes these events as exposing a White House strategy to use the shutdown to advance its agenda of cutting domestic spending.
- The strategy involves **selective relief**:
 - The administration used "new and untested ways" to shuffle funds to pay military members and law enforcement.
 - Conversely, the administration claimed it had no power to help others, such as furloughed workers or recipients of low-income benefits.
- This aligns with the administration's fiscal vision to cut programs for climate, education, health, and the poor, while increasing spending on the military and deportations.
- Other programs, such as Head Start and the Low Income Home Energy Assistance Program (LIHEAP), were also allowed to languish.

Legal and Political Conflict

- The Agriculture Department initially suggested it could use emergency reserves to fund SNAP but abruptly reversed course, citing legal and technical reasons.
- Democrats accused the administration of intentionally "starving" a program they had previously cut and targeted with new work requirements.
- Cities, states, and nonprofits filed lawsuits, resulting in a court order forcing the government to use its emergency funds for SNAP.
- In response, President Trump stated it would be his "honor" to provide the funding *if* the court provided "appropriate legal direction," while blaming Democrats for the shutdown.

11. *New York Times

	<p>October 31, 2025 Uncertainty Persists for Americans Waiting for Monthly Food Stamps By Eduardo Medina Linda Qiu and Rick Rojas Here is a summary of the selected text: SNAP Benefits Uncertain Despite Court Order</p> <ul style="list-style-type: none"> • Millions of low-income Americans face likely interruptions in their November SNAP (food stamp) benefits, despite a federal judge's order for the government to continue payments during the shutdown. • Recipients, like 78-year-old Christine Tully, are left confused and worried about affording groceries. <p>Court Ruling vs. Administration Stance</p> <ul style="list-style-type: none"> • Court Order: A judge in Rhode Island ordered the Trump administration to keep funding SNAP, ruling it had unlawfully refused to use emergency funds. Another judge in Massachusetts required the administration to explain its funding plan. • Administration Response: President Trump stated the administration would provide funding but warned of inevitable delays, blaming Democrats for the shutdown and citing the need for legal clarification on how to supply the money. <p>Widespread Impact and Broader Concerns</p> <ul style="list-style-type: none"> • Immediate Crisis: Local social services offices, like in Durham County, N.C., are "bombarded" with questions from residents in crisis about how they will feed their families. • Other Programs Affected: The shutdown is also imperiling other federal programs, including WIC (affecting 6.7 million women and children), LIHEAP (for utility bills), and Head Start (early education). • Compounding Policy Changes: These disruptions coincide with major cuts to Medicaid (\$1 trillion) and SNAP (\$186 billion) and new work requirements set to take effect, which are expected to reduce enrollment by millions. • Advocate Warning: Advocates warn of a "tidal wave" hitting the most vulnerable, threatening widespread hunger and overwhelming food banks, as this is the first time SNAP benefits have faced such a severe interruption.
<p>State Policy</p>	<p>12. Office of Governor Maura Healey and Lt. Governor Kim Driscoll October 31, 2025 Governor Healey Issues Statement on Court Ruling That Trump Must Continue to Fund SNAP Governor Healey on SNAP Court Ruling</p> <ul style="list-style-type: none"> • Court Decision: On October 31, 2025, a federal judge ruled that President Donald Trump's withholding of SNAP benefits is "unlawful" and that the administration must use contingency funds to pay for them. • Governor's Statement: Governor Maura Healey stated the ruling confirms President Trump has the funds but was "choosing to force millions of Americans to go hungry." She urged him to restore full benefits immediately. • Status of Benefits: It remains unclear when or in what amount November SNAP benefits will be paid.

- **Resources:** The Department of Transitional Assistance will provide updates for Massachusetts recipients at mass.gov/SNAPupdates. Information on food assistance is available at mass.gov/SNAPfreeze.

13. Office of Attorney General Andrea Campbell

October 31, 2025

[AG Campbell Issues Statement On Order In SNAP Benefits Case](#)

Federal Judge Issues Order Directing USDA to Use SNAP Contingency Funds

Summary of SNAP Benefits Case Order

Federal Court Mandate

- A federal judge in the U.S. District Court for Massachusetts ordered the **U.S. Department of Agriculture (USDA)** to utilize its **Supplemental Nutrition Assistance Program (SNAP) contingency funds** to pay for benefits during the ongoing federal government shutdown.
- The court also ruled that if the contingency fund cannot fully cover the program's costs in November, the federal government must consider **other, additional funding sources**.

Attorney General Campbell's Response

- **AG Andrea Joy Campbell** affirmed the ruling, stating the court confirmed the USDA is legally required to use the contingency fund.
- She called the government's failure to fund the program **"unacceptable,"** criticizing its **"disregard"** for residents' health and well-being.
- The order stems from a lawsuit AG Campbell co-led with a **coalition of 26 states** against the Trump Administration regarding the suspension of SNAP benefits.

Compliance Deadline and Program Status

- The federal government must inform the Court by the end of the day on **Monday, November 3**, whether it will fully or partially fund the SNAP program.
- The Administration has indicated the contingency funds may be **insufficient** to cover the cost of November SNAP benefits for all 50 states, necessitating the consideration of other funding to prevent **42 million Americans** from risking hunger.

14. Office of Governor Maura Healey and Lt. Governor Kim Driscoll

October 31, 2025

[Governor Healey Provides Update as President Trump Shuts Off Winter Heating Assistance for Millions](#)

Healey Administration will utilize \$13 million remaining from last year's federal HEAP funding to help provide assistance for residents facing heating emergencies in short term while shutdown continues

Federal Shutdown Threatens Winter Heating Assistance (HEAP)

The Healey-Driscoll Administration issued a warning on October 31, 2025, that the **Massachusetts Home Energy Assistance Program (HEAP)** is under threat due to the federal government shutdown, which they attribute to President Trump and Congressional Republicans.

- Federal HEAP funding will become **unavailable for thousands** of families starting **November 1**.
- HEAP typically helps over **150,000 households** (more than 300,000 people) annually with winter heating costs.
- Administration officials urged the President and Congress to quickly act to fund the federal government and restore HEAP funding.

HEAP Program Scope and Demographics (2024-2025 Season)

The program provided assistance to over **159,000** Massachusetts households during the previous heating season, with the federal government allotting **\$144 million** to the state for HEAP.

- **54%** of households served were seniors on a fixed income.
- Approximately **11%** of assisted households included children under the age of six.

Administration's Emergency Response

The Administration is utilizing limited carryover funds to support residents on an emergency, case-by-case basis until federal funds are approved.

- **\$13 million** in federal HEAP carryover funding from last year will be used to support short-term heating emergencies.
- A **heating emergency** is defined as:
 - Not having any heat.
 - Receiving a termination notice from a utility.
 - Having less than 1/8 of a tank of oil.
 - Having less than three days' supply of other deliverable fuels.
- Any family experiencing an emergency must **immediately contact their Local Administering Agency** to apply for assistance.

15. Office of Attorney General Andrea Campbell

October 28, 2025

[AG Campbell Sues Trump Administration for Illegally Suspending SNAP Benefits](#)

Lawsuit Against USDA for SNAP Suspension

Core Issue

- Massachusetts Attorney General Andrea Joy Campbell, leading a coalition of 22 other attorneys general and three governors, has filed a lawsuit against the USDA and its Secretary Brooke Rollins.
- The suit alleges the unlawful suspension of SNAP benefits (which help over 40 million Americans buy food) due to the federal government shutdown that began October 1, 2025.

Administration's Stance vs. Lawsuit's Claim

- The USDA informed states that insufficient funds would be available for full November SNAP benefits if the shutdown continues.
- The lawsuit counters that the USDA has access to billions of dollars in SNAP-specific contingency funds appropriated by Congress for this exact situation.
- It accuses the administration of making a "deliberate, illegal and inhumane choice" not to fund SNAP, despite funding other programs.

Impact of Suspension

- In Massachusetts, over one million people, including nearly 60% who are children or seniors and 31% with disabilities, are affected.
- The suspension is expected to cause "dire consequences" for health, strain emergency food services, harm education by increasing food insecurity, and hurt grocers.
- The USDA itself estimates every \$1 in SNAP benefits generates \$1.54 in economic activity.

Legal Action

- The lawsuit argues that the suspension is "contrary to law and arbitrary and capricious" under the Administrative Procedure Act.
- It asserts that Congress intended SNAP to continue during shutdowns and that the USDA lacks the authority to suspend it.
- The coalition is also filing a temporary restraining order to immediately restore the benefits.

16. Office of Governor Maura Healey and Lt. Governor Kim Driscoll

October 30, 2025

[*Ahead of November 1 SNAP Freeze, Governor Healey Launches New SNAP Resource Hub*](#)

Based on the selection, here is a precise and concise summary of the Governor's actions and the impact of the SNAP Freeze in Massachusetts:

Governor Healey's Response to the SNAP Freeze

Governor Maura Healey launched immediate efforts to support families impacted by the SNAP Freeze, which she attributed to President Trump's decision to suspend benefits starting November 1st.

- **SNAP Resource Hub:** A new digital hub was launched at [Mass.gov/SNAPFreeze](https://www.mass.gov/SNAPFreeze) containing information for families seeking food assistance, ways for people and businesses to offer help, and a digital map showing affected populations by city and town.
- **Funding Advanced:** The Governor, in collaboration with the Legislature, advanced an additional **\$4 million** of existing state resources to the Massachusetts Emergency Food Assistance program (MEFAP). This brings the monthly total funding for food banks to **\$8 million** to help meet the anticipated increase in demand.
- **Federal Appeal:** Governor Healey called on President Trump to release the billions of dollars in USDA contingency funds appropriated by Congress that could be used to continue SNAP benefits.

Support Initiatives and Resources

Various state and non-profit organizations are mobilizing resources to address the crisis:

- **United Response Fund:** A new statewide effort, announced by the Governor and the United Way, rapidly raised **\$1.3 million** (including \$400,000 from United Way organizations) in one week to provide resources to community-based organizations and local food pantries.
- **Project Bread's FoodSource Hotline:** Provides free, confidential support to all Massachusetts residents in 180 languages for finding

	<p>food pantries, community meals, or assistance with SNAP applications. Residents can call or text 1-800-645-8333.</p> <ul style="list-style-type: none"> • Business Involvement: Businesses are encouraged to donate (like r4 Technologies' commitment of 10,000 pounds of fresh produce) or register on the MassGrown Exchange to list surplus food or post a need for wholesale products. <p>Impact and Legal Action</p> <p>The SNAP Freeze impacts over a million residents and has led to legal action by the state's Attorney General.</p> <ul style="list-style-type: none"> • Affected Population: More than 1.1 million Massachusetts residents, including children, seniors, people with disabilities, and veterans, rely on SNAP and are at risk of hunger. <ul style="list-style-type: none"> ○ 32% are children, 26% are seniors, and 31% are people with disabilities. ○ Approximately 1 in 10 veterans and their families could be affected. • Business Dependency: Over 5,500 farms and grocery stores that accept SNAP depend on the associated revenues. • Lawsuit Filed: Massachusetts Attorney General Andrea Joy Campbell co-led a coalition of 25 other states in suing the U.S. Department of Agriculture (USDA) for unlawfully suspending SNAP, arguing that the USDA has billions in contingency funds (including \$23 billion in Section 32 funds) that could be used to continue the program.
In Person Events	<p>17. Massachusetts Permanent Commission on the Status of Persons with Disabilities Tuesday, November 4, 2025, 5:00 p.m. Needham Town Hall, 1471 Highland Ave., Needham Meeting the Moment: Community Hearing and Resource Fair This is the start of a statewide series the group says is aimed at connecting "state-level policy discussions with the lived experiences of people with disabilities, their families and caregivers, as well as the work of local disability commissions, service providers, agencies and advocacy groups across Massachusetts." Commission Chair Denise Garlick, members and representatives from state agencies, local disability commissions and community organizations will be in attendance.</p> <p>18. Curry College and the Aspire Health Alliance Wednesday, November 5, 2025, 4:30 p.m. Keith Auditorium, Curry College, 1071 Blue Hill Ave., Milton The Massachusetts premiere of "No One Cares About Crazy People" A documentary exploring the crisis of severe mental illness in America. After the screening, Sen. Friedman, Beth Lucas of the Department of Mental Health, Dr. Andres Chaparro of Aspire Health Alliance, and Dr. Ann Marie Leonard-Zabel of Curry College participate in a roundtable discussion. Learn more / register</p>
Public Sessions	<p>19. Massachusetts Commission for the Blind Tuesday, November 4, 2025, 12:00 p.m.</p>

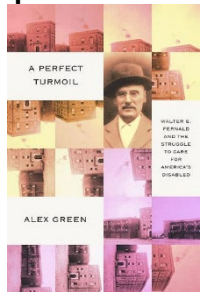
	<p>Statutory Advisory Board meeting Agenda includes a report from Commissioner John Oliveira, an update from Deputy Commissioner Justine Muir and program updates. Agenda and Access</p> <p>20. Autism Commission Wednesday, November 5, 2025, 12:00 p.m. Subcommittee on school-aged children meeting Agenda and Zoom</p> <p>21. Assisted Living Residences Commission Wednesday, November 5, 2025, 2:00 p.m. Public hearing Seeking input from residents, family members, advocates, stakeholders, and experts. The commission is interested in input dealing with resident rights and protections, keeping residents safe in emergencies, staffing and workforce, types and levels of care, affordability and access, and transparency of information for families and residents. Written testimony will be accepted through Nov. 14. Zoom</p> <p>22. Massachusetts Department of Public Health <i>Public Hearing Proposed change of ownership of the Benjamin Healthcare Center</i> Thursday, November 6, 2025, 6:00 p.m. Phone Number: 888-603-8917 Passcode: 7412210</p> <p>23. Governor's Advisory Council on Veterans Services Friday, November 7, 2025, 1:00 p.m. Meeting Agenda and Access</p> <p>24. Joint Committee on Mental Health, Substance Use and Recovery Monday, November 10, 2025, 1:00 p.m. Hearing Access and agenda</p>
<p><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></p>	<p><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.</p>

Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: <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

[A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled](#)

By Alex Green

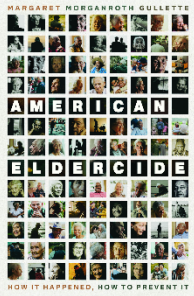
From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views 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](#)

disabled people in Massachusetts.

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.

	<p>The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>	
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>	
Websites	<p>Silver Century Foundation https://www.silvercentury.org/</p> <p>The foundation encourages a positive and curious attitude about aging. No age denying here. We embrace the life experiences that have made us who we are and explore ways to sustain our vim and vigor throughout our lives.</p> <p>The foundation envisions a society where:</p> <ul style="list-style-type: none"> • We no longer fear our own aging. • Viable social and working roles for older adults exist and are valued. • People are taught how to plan for the middle and later years, not just for the tasks of early adulthood. • Different generations respect and enjoy each other. • Growing older is seen not as an inevitable decline but as the fulfillment of a whole life. 	
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>	
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>	
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>	
Contact information for reporting complaints and concerns	Nursing home	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>

<p>MassHealth Eligibility Information</p>	<p><u>MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care</u></p> <p><u>Table of Contents</u> (Last updated: December 16, 2024)</p> <p><u>Massachusetts Medicaid Long-Term Care Definition</u></p> <p><u>Income & Asset Limits for Eligibility</u></p> <p><u>Income Definition & Exceptions</u></p> <p><u>Asset Definition & Exceptions</u></p> <p><u>Home Exemption Rules</u></p> <p><u>Medical / Functional Need Requirements</u></p> <p><u>Qualifying When Over the Limits</u></p> <p><u>Specific Massachusetts Medicaid Programs</u></p> <p><u>How to Apply for Massachusetts Medicaid</u></p>
<p>Money Follows the Person</p>	<p>MassHealth</p> <p><u>Money Follows the Person</u></p> <p>The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.</p> <p>Statistics as of March 31, 2025:</p> <p>344 people transitioned out of nursing facilities in 2024</p> <p>49 transitions in January and February 2025</p> <p>910 currently in transition planning</p> <p><u>Open PDF file, 1.34 MB, MFP Demonstration Brochure</u></p> <p><u>MFP Demonstration Brochure - Accessible Version</u></p> <p><u>MFP Demonstration Fact Sheet</u></p> <p><u>MFP Demonstration Fact Sheet - Accessible Version</u></p>
<p>Nursing Home Closures</p>	<p>List of Nursing Home Closures in Massachusetts Since July 2021:</p> <p><u>https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</u></p>
<p>Determination of Need Projects</p>	<p>List of Determination of Need Applications regarding nursing homes since 2020:</p> <p><u>https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</u></p> <p>Recent approval:</p> <p><u>Town of Nantucket – Long Term Care Substantial Capital Expenditure</u></p> <p>Approved May 5, 2025</p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services</p> <p><i>List of Special Focus Facilities and Candidates</i></p> <p><u>https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</u></p> <p>Updated March 26, 2025</p> <p>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.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally</p>

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://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)

	<ul style="list-style-type: none"> • AdviniaCare Newburyport (13) https://www.adviniacare.com/adviniacare-country-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225332 • Brandon Woods of New Bedford (1) https://brandonwoodsnewbedford.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225264/ • Cape Cod Post Acute, Brewster (9) https://capecodrehabhc.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225667/ • Charwell House Health and Rehabilitation, Norwood (37) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Life Care Center of Merrimack Valley, Billerica (2) https://lcca.com/locations/ma/merrimack-valley/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225546/ • Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Pine Knoll Nursing Center, Lexington, (3) https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225049/ • RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/ <p>No longer operating</p> <ul style="list-style-type: none"> • South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated October 15, 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 (July 1, 2022 through September 30, 2025. Massachusetts listing:</p>

	<p>https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated October 15, 2025</p>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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Nursing Home Compare	<p>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:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>																																																
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																																																
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. 																																																

	<ul style="list-style-type: none"> • 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	<p>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</p>																																													
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group leaders for more information.</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <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>iford@nic-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>jiplomastro@comcast.net</td> </tr> <tr> <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> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </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>jiplomastro@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>jiplomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	iford@nic-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu	Facilities (Nursing homes and rest homes)	Jim Lomastro	jiplomastro@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	jiplomastro@comcast.net	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jiplomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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Bringing People Home: Implementing the Marsters class action settlement	<p>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/</p>																																													
REV UP Massachusetts	<p>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.</p>																																													
The Dignity Digest	<p>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</p>																																													

	MailChimp Specialist: Sue Rorke
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i>:</p> <ul style="list-style-type: none"> • Margaret Morganroth Gullette • James A. Lomastro • Gerry Miller <p>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></p>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i> https://dignityalliancema.org/dignity-digest/</p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	