



The Dignity Digest

Issue # 258

November 13, 2025

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

***May require registration before accessing the article.**

DignityMA Zoom Sessions

Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.

Spotlight

By Dick Moore (with an assist from AI)

Dignity Rising

A poem for Dignity Alliance Massachusetts

In halls where silence once prevailed,
A voice now rises, clear, unveiled
Not just for one, but all who've borne
The weight of systems frayed and worn.

From nursing homes to policy walls,
Where dignity too often stalls,
A chorus builds from grief and grace,
Insisting justice find its place.

We speak for those whose final breath
Was met with silence, masked in death.
We name them, frame them, lift their light—
Their stories fuel our moral fight.

No longer shall the frail be cast
As shadows of a fading past.
Their lives, their worth, their quiet plea
Now shape a bold democracy.

We craft with care each slide and line,
A tribute, yes—but more: a sign
That memory, when held with pride,
Can turn the tide, can stem the slide.

	<p>So rise we do, with hearts aligned, With data, dreams, and truth combined. A movement forged in love and flame— Dignity rising, not just in name.</p>
<p>Quotes</p>	<p><i>“In the past, states proposed kicking people off if they ‘didn’t use enough hours.’ Imagine losing meal prep or transfer assistance overnight. When Medicaid is cut, it’s not just our lives that are disrupted—it’s the livelihoods of the people who make independent living possible. Most PCAs are low-income women, immigrants, and people of color. When Medicaid is cut, it’s not just our independence that’s threatened—it’s their livelihoods, too.”</i></p> <p>Dianna Hu, a software engineer and President of the Boston Center for Independent Living Board of Trustees who depends on personal care assistants (PCAs), The Human Toll of Medicaid Cuts (Harvard Law School on Disability, October 8, 2025)</p> <p><i>“Memory care has been very institutional, traditionally. Maybe there’s a different way to do this — get people out of an institution, give them quality housing, the ability to dine with quality fresh food, make sure their chronic conditions are managed properly — and let them socialize by design. They’ll stay out of a more acute setting and cost the public health system less. That’s the vision there.”</i></p> <p>Oussama Souadi, who operates two assisted-living communities in the District of Columbia, Why a dementia village in the Netherlands is fueling hope in D.C. (*Washington Post, November 10, 2025)</p> <p><i>“The bill [H 4704] removes all variations of terms such as handicapped, disabled and mental retardation, and replaces them with person-first language such as person with a disability.”</i></p> <p>Representative Jay Livingstone (D-Boston), House Joins Senate in “targeting offensive language” (*State House News, November 5, 2025)</p>

Analysts have questioned whether the industry-wide rush by health care REITs [real estate investment trusts] into SHOP [Senior Housing Operating Portfolio] investments echoed the expansion cycle a decade ago, when oversupply hurt performance, with one analyst [expressing concerns] about “herd behavior.”

[Inside Sabra’s Push to Maximize on Current Market Conditions with Plans for Nursing Home Deals in 2026](#) (Skilled Nursing News, November 6, 2025)

“All individuals deserve to live free from harmful, disrespectful rhetoric that attacks their sense of self, especially when receiving care necessary for their continued well-being.”

California Attorney General Rob Bonta, [Jail, fines for ‘misgendering’ nursing home patients OK: CA high court](#) (The Black Chronicle, November 10, 2025)

“Hospitals are holding patients longer while waiting for Medicare Advantage authorizations or in-network placement. This is especially common with higher-acuity residents who clearly need skilled care — wound management, IV antibiotics, or respiratory support. By the time those patients reach us, they’ve often lost strength and function, and the window for recovery is smaller.”

Holly Bowen, chief clinical officer for Idaho-based Cascadia Healthcare, [Slower Hospital Discharge of Medicare Advantage Patients Shapes SNF Admissions Practices](#) (Skilled Nursing Home, November 10, 2025)

“With the adoption of PDPM [the Patient Driven Payment Model] by many state Medicaid programs [including Massachusetts as of October 1, 2023], it should be more attractive for SNFs to take heavier care patients from hospitals. The closer the

	<p><i>partnership is with hospitals, the more the barriers to SNF admission will be addressed.”</i></p> <p>Brian Ellsworth, VP for public policy and payment transformation for Health Dimensions Group (HDG), Slower Hospital Discharge of Medicare Advantage Patients Shapes SNF Admissions Practices (Skilled Nursing Home, November 10, 2025)</p> <p><i>Medicare Advantage-related slowdowns in hospital discharges are driving up costs to hospitals, perhaps by as much as \$5.5 billion in 2023 . . . But the situation also has negative effects on patients, who do not receive timely post-acute rehab and are at risk for longer periods of time to infections in the hospital.</i></p> <p>Longer Pre-SNF Hospital Stays More Likely For Medicare Advantage Beneficiaries (Skilled Nursing News, September 14, 2025)</p> <p><i>“With persistent staffing shortages and projections of growing need, urgent legislative action is needed to establish improved oversight over homecare agency employers, better prepare to meet future care demands, and to reduce the far-too-common abuse and workplace bullying of homecare workers and/or their consumer clients.”</i></p> <p>SEIU1199 Vice President Cari Medina, House overhauls homecare industry rules (*Salem News, November 6, 2025)</p> <p><i>As the aging population continues to increase, the need for a comprehensive long-term care (LTC) program in the United States intensifies.</i></p> <p>Rayna Stoycheva, PhD and Chloe Lepak (The Harkin Institute, Long-Term Care Policy Options– A Comparative Perspective)</p>
<p>DignityMA in the News</p>	<p>Channel 25 News November 10, 2025</p> <p>Few surprise state inspections at assisted living residences, state records show</p> <p>By Kerry Kavanaugh</p> <p>How often are state inspectors inside the 273 assisted living facilities in Massachusetts?</p> <p>That’s a big question we had after the tragic fire in Fall River that claimed the lives of 10 people.</p>

25 Investigates spent months working to obtain public records. We found surprise inspections — stemming from complaints or accidents — happen an average of about once (1.32) a month when examining records from the beginning of 2023 through August of 2025. Advocates for the aging population fear there are major gaps in oversight.

On July 13, a devastating fire tore through the Gabriel House Assisted Living Facility in Fall River, exposing serious safety concerns.

25 Investigates [shared exclusive images](#) from inside the building, revealing recalled and faulty sprinkler heads still in use.

“Oh my God, the smoke came so fast. So fast,” said survivor Michael Pimental, still reeling from both the tragedy and [the revelations that followed](#).

“Our safety is involved, and these people swore an oath basically to take care of us,” Pimental said.

In the days after the tragedy, Governor Maura Healey and state leaders [announced new safety measures](#). They required assisted living facilities to send letters to residents and families outlining safety protocols and evacuation plans, and to complete mandatory safety assessment surveys. The state has since reported all 273 assisted living facilities in Massachusetts returned the survey. During a July press conference, Robin Lipson, Secretary of the Executive Office of Aging & Independence, explained the state’s inspection process.

“At a minimum, our team that certifies these residences do a visit, a very in-depth visit, with a full day or two of preparation before an actual site visit,” Lipson said. “They do that at least every two years. But we have the authority to go out unannounced and more frequently than that...and we do. So just know that that’s baseline.” But 25 Investigates wanted to know more about that baseline.

Through a public records request, we obtained data on unannounced inspections conducted in response to complaints or concerns between January 2022 and August 2025.

Unannounced Spot Inspections at MA Assisted Living Residences (ALRs)

2022: 0

2023: 19

2024: 16

2025 (through August): 6

Source: Massachusetts Executive Office of Aging & Independence

There were no surprise inspections in 2022, which the state attributed to a COVID-related backlog of routine inspections. In 2023 there were 19, 16 in 2024, and just six through August of this year — averaging just over one (1.32) per month statewide since 2023.

“When you look at the records, we got back from the state identifying their unannounced spot inspections, what do they say to you?” 25 Investigates asked Paul Lanzikos of Dignity Alliance

Massachusetts, an organization that advocates for seniors and people with disabilities.

“The state needs to ramp up their efforts,” Lanzikos said. He called the current oversight “limited, lax, not sufficient.”

Dignity Alliance acknowledged while many complaints in assisted living communities go unreported, the group expressed concern that the state was only going into homes for surprise visits based on a complaint or major incident, calling the process reactive.

“Meaningful change needs to happen now,” he added. “You can’t wait because we have thousands of people in vulnerable situations.”

Dignity Alliance is pushing for regulation updates that would include more frequent compliance inspections—annually instead of bi-annually, more review of financial operations, and the licensure of individuals who operate assisted living residences.

“We don’t have adequate transparency. And we don’t have adequate staffing,” said State Senator Patricia Jehlen, chair of the Joint Committee on Aging & Independence said of the Office of Aging and Independence.

Jehlen said the Office of Aging & Independence is in the process of writing new state regulations—a process that began before the Fall River fire but will likely be shaped by it. There’s also an ongoing commission working to recommend policy change, which extended it’s working timeline to the end of the year after the Fall River tragedy.

“Terrible that it took a tragedy to get us to pay attention,” Jehlen said. “But that’s brought into the open a whole lot of issues.”

Secretary Lipson declined 25 Investigates’ multiple requests for an on-camera interview.

In a written statement, her office said the state has taken proactive steps to strengthen oversight and accountability, including conducting routine compliance checks without prior notification since 2024.

“The safety and well-being of assisted living residents remain our top priority. Immediately following the fire at Gabriel House, the Healey-Driscoll Administration launched a statewide Fire and Life Safety Initiative to ensure all 273 assisted living residences in Massachusetts are prepared to protect residents during emergencies.

Through this initiative, the state took proactive steps to strengthen oversight and accountability—including requiring all residences to communicate fire safety protocols to residents and families, complete a comprehensive fire safety self-assessment survey, and submit updated emergency preparedness plans. These measures received a 100% response rate and built on our ongoing commitment to transparency, partnership, and resident safety.

To further enhance coordination between state and local partners, AGE is introducing a new Compliance Verification Form that each ALR will be required to complete. The ALR will be responsible for securing annual sign-off from its municipal fire department, and AGE will review the form during certification and recertification visits to

ensure continued compliance and strong collaboration with local fire officials. We are grateful to our partners at the Executive Office of Public Safety and Security for their collaboration in advancing this important work.

*The Assisted Living Residence Commission continues to examine additional policy and regulatory measures to further strengthen resident safety, and the Healey-Driscoll Administration remains fully committed to ensuring Massachusetts’ assisted living communities are safe, supportive environments for aging residents.” -- **Sec. Robin Lipson, Executive Office of Aging & Independence***

“Everybody who lives in Massachusetts deserves to live in safety,” Lanzikos said. “And that includes people who are frail and have a lot of support needs.”

The Office of Aging and Independence says as of 2024 all routine compliance checks became unannounced visits.

The state conducted 131 routine, unannounced checks in 2024, and 114 so far in 2025 — but according to state records, none of those were at the Gabriel H

The Fall River residence would have been up for recertification in November. The state last recertified it in December 2023. During it’s last onsite visit October 31st, 2023, the state found the Gabriel House was not in compliance with state regulations including missing employee medical records, issues with the handling of residents’ medications, and delayed reporting of resident incident reports. The state reports corrective action was taken.

[Video report](#)
[Text](#)

Commentary Offered by DignityMA Participants During the Assisted Living Residence Commission Public Hearing on November 5, 2025

Pete Tiernan, Principal with HCBS Solutions, LLC, is a subject matter expert in public administration, with particular emphasis on the financing and operations of programs for publicly sponsored consumers receiving home and community-based services and supports. During his twenty-year career in Massachusetts state service, he held several senior level positions with delegated agency-head responsibility. He had the privilege to perform as Chief of Staff and then as CFO for the

Public Verbal Comment Offered to Massachusetts Assisted Living Residences Commission

By Peter J. Tiernan, Principal, HCBS Solutions, LLC

Good Afternoon Chair Lipson and Members of the Assisted Living Residences (“ALR”) Commission, I thank you for this second opportunity to offer comment to the ALR Commission.

- Urge Commission Members to mindfully adopt the role of aspirational beacon for policymakers to navigate towards rather than reinforcing status quo.
 - o It is O.K. if the Commission sets out some policy markers that state government ultimately does not hit;
 - o It is a missed opportunity if the Commission fails to challenge state government to do the best possible job “right-sizing” the Assisted Living service and regulatory environment to be current with 2025 public policy norms.
- Consistent with other commissions established by Chapter 197, the ALR Commission is empowered to transmit policy recommendations to the House and the Senate, including “proposed legislation necessary to carry out its recommendations”.

Executive Office of Elder Affairs, serving 4 Secretaries and 2 Acting Secretaries across the span of 3 Administrations. Since leaving state service, Pete provides technical assistance to other state governments, trade organizations, managed care organizations, and provider entities.

HCBS Solutions, LLC is not being compensated for this testimony.

Editor's note: Text has been modified from that submitted to the ALR Commission to remove non-substantive text.

- As such, I strongly urge the ALR Commission to, at the very minimum, endorse H.791/S.471 “An Act Relative to assisted living and the frail elder waiver” as sponsored by Chair Stanley and Chair Jehlen, now pending before the Joint Commission on Health Care Finance.
 - o I don’t see how a body such as the ALR Commission could be viewed as legitimate and not either endorse the bill or offer a strong statement that MassHealth needs to promptly repair and enhance its service offerings within the Assisted Living care setting.
 - o Any reasonable reviewer of the Fall River tragedy must take notice of how Gabriel House was an outlier among ALRs by its high volume of MassHealth members receiving MassHealth GAFC services (either on a Fee-For-Service basis or via SCO or PACE).
 - o There must be a finding that i) inadequate MassHealth oversight of GAFC services; and ii) chronically inadequate GAFC rate review and rate setting practice, likely served as an indirect cause to the poor conditions at the Gabriel House and the resulting fire.
 - o When the GAFC service rate was first established in the mid-nineties, the MassHealth rate was set at approximately 90% of market rate (private pay) Assisted Living Services. Per this Commission’s own work product, the current GAFC service rate of \$50 per day is <35% of current market rate.
 - o There must be urgent resolve by this Commission to swiftly address obvious inadequate public policy surrounding the MassHealth Assisted Living service offering.
- Therefore, I further urge the ALR Commission to endorse the model legislation contained in the “ALR Reform Omnibus” submitted by the Dignity Alliance (I was a contributor to the document).
 - o While H.791/S.471 compels MassHealth to replicate Assisted Living service offerings typical of other state Medicaid programs, the Dignity Alliance proposal builds on the platform of H.791/S.471 and offers a highly prescriptive reform initiative that first fixes the shortcoming of the current MassHealth GAFC service offering (in addition to other “good government” solutions for Affordable Assisted Living).
 - As build-up to a process recommendation, I note that many of the panel discussions to date have been highly academic in nature and not very well calibrated

towards the Massachusetts Assisted Living policy arena. Discussions have been very generalized, rather than conducted with an applied problem-solving approach.

- o As example, the staffing discussion was not grounded in the current minimum staffing requirements (or lack thereof) imposed by regulations in MA.

- o Once again I turn to the Dignity Alliance ALR Reform Omnibus for a more tailored discussion and practical public policy solution on the topic of staffing.

- o ALR Commissioners should be able to form an opinion on whether the existing staffing requirements established by statute and in regulation are adequate. In consideration of the Gabriel House Fire, at minimum there should be an expectation on this Committee to take on the topic of overnight staffing minimums and creating a goal for state government to raise the bar within no more than six months' time.


- o As another example, contrary to the statutory charge there has been little to no evaluation of AGE oversight practice and procedure. I emphasize the particular need to comment on the importance of unannounced and unanticipated on-site visits and knocking down the current statutory barriers to prudent oversight (see Dignity Alliance ALR Reform Omnibus).

- For the upcoming "Affordability and Access" topic, I suggest the most beneficial forum for this committee would be to facilitate a discussion/debate between MassHealth arguing for status quo on Assisted Living service offerings vs. an Advocate making a policy case for improved assisted service offerings. Furthermore, I humbly suggest that I am the best resource to make the case for Assisted Living as a Service in contrast to the current MassHealth outlook.

- o I have been in the policy space of Affordable Assisted Living for over twenty years, half of which was spent as an internal EOEA advocate pressing MassHealth to make changes; more recently I have been active on the topic as a subject matter expert/advocate.

- o My criticism is MassHealth never comes out and clearly states its objections to offering a proper Assisted Living Service offering. They rely on one-sided discussions to raise scarecrows to analysts who dare to explore the topic, and the MassHealth assertions never get evaluated and challenged in a proper public manner.

- o I can anticipate most of the MassHealth objections, and can typically offer "the other side of the coin" to concerns raised.

	<p>Closing Thank you for this opportunity to offer public comment on the ongoing deliberations of the Assisted Living Residences Commission.</p>
<p>Commentary Offered by DignityMA Participants</p>  <p>Paul J. Lanzikos is the coordinator for Dignity Alliance Massachusetts and previously served as executive director of North Shore Elder Services and is a former Mass. Secretary of Elder Affairs.</p>	<p><u>State headed for a perfect storm on elder care</u> *Salem News October 30, 2025 By Paul J. Lanzikos</p> <p>This month, as the United Nations marks the International Day of Older Persons, we on the North Shore have good reason to reflect — and to act. Our region takes pride in the quality of life in our communities and its health care services. Beverly, Addison Gilbert, and Salem Hospitals offer high quality acute care. But when it comes to long-term care, we are reaching a breaking point.</p> <p>A new report from Dignity Alliance Massachusetts, “Massachusetts at a Crossroads: Facing a Predictable Crisis,” warns that the Commonwealth is heading into a demographic storm without an actionable plan. Over the next decade, the number of residents aged 85 and older will increase by 40%. These aren’t just numbers, they’re our parents, grandparents, partners, and neighbors. Yet, Massachusetts remains stuck in denial and delay. We are not ready!</p> <p>This isn’t just about a shortage of nursing home beds properly staffed with qualified workers. It’s a failure of imagination and leadership. Most older adults and people with disabilities want to remain in their homes and communities. More than 90% say so. Yet public dollars continue to flow into outdated institutional models that fail to offer privacy and ineffective protection from infectious diseases. It’s time to redirect those funds toward home- and community-based services that preserve independence and dignity.</p> <p>The gaps are especially stark outside Greater Boston. On the North Shore, communities face rising housing costs, underfunded programs, and a shortage of care workers. When a nursing home closes, residents are often relocated far from family. For low-income individuals relying on Mass-Health, choices are even more limited. The message is clear: The current system wasn’t built for today’s older adults, and care is declining.</p> <p>We’ve known this was coming. Advocates and caregivers have sounded the alarm for years. What’s missing is coordinated, transparent, accountable action. The Dignity Alliance report offers a roadmap: Launch a public process to assess long-term care needs over the next five to 10 years. Reinvest in</p>

	<p>home care, adult day programs, accessible transportation, and workforce support — so people can age in place with dignity. We must also improve the facilities that remain. Large, shared-room nursing homes are relics. We can build smaller, homelike settings that protect privacy and honor each person. But this vision depends on solving the workforce crisis. Direct care workers — often women and immigrants — are underpaid and overworked. They deserve fair wages, benefits, and career paths. Dignity for those receiving care must include dignity for those providing it.</p> <p>There are glimmers of hope. The Marsters v. Healey settlement requires the state to help thousands of nursing home residents return to community living. The new Office of Aging and Independence, if restored to full Cabinet-level authority, could coordinate across agencies. But these efforts must be accelerated and fully funded — not buried in bureaucracy.</p> <p>In May, Gov. Maura Healey issued Executive Order No. 642, directing every Cabinet department to focus on “age-friendly” programs. Reports are due next month. But unless those plans include real funding and actionable steps, their words will ring hollow to those who urgently need affordable housing, transportation, health care, and the staff to deliver it.</p> <p>Every family in our region will feel the impact of decisions made — or not made — in the next two years. We can prepare with care and planning, or we can face a crisis by ignoring the problem as the aging population continues to grow. This is not just a financial choice. It’s a moral one.</p> <p>Now is the time for elected officials, local leaders, and community members to demand urgent action: invest in home- and community-based services, support fair wages for care workers, and hold state leaders accountable to implement the Dignity Alliance plan. Our dignity — and our future — depend on it.</p>
	<p><u>Alzheimer’s Awareness Month</u></p> <p>November is designated as Alzheimer’s Awareness Month to raise public understanding of the disease, support those affected, and encourage action like research and prevention. It is a time to provide support for individuals and their caregivers, learn about the signs and symptoms, and advocate for a cure.</p> <p>Key aspects of Alzheimer’s Awareness Month</p> <p>History:</p> <ul style="list-style-type: none"> • President Ronald Reagan first proclaimed November as National Alzheimer’s Disease Awareness Month in 1983. <p>Purpose:</p>

**November is
Alzheimer’s Awareness
Month!**



- The month serves to heighten public awareness of Alzheimer's disease, which is a progressive medical condition that causes dementia symptoms to worsen over time.
- Support:
- It is a time to recognize and support the millions of Americans living with the disease and the millions more who are their caregivers.
- Action:
- The month encourages various actions, including learning about early screening, participating in support groups, making donations, and using social media to spread awareness using hashtags like #AlzheimersDiseaseMonth.
- Prevention:
- Awareness efforts also include promoting healthy habits that may help prevent the disease, such as physical and mental activity, managing blood pressure, and quitting smoking.
- Research:
- Organizations and governments use this month to highlight the ongoing search for a cure and the importance of scientific research.

**Remembering with
Dignity**

To access the
submission form scan



or click on:
<https://tinyurl.com/DignityRemembrance> or
<https://forms.gle/GbzP2H9RG1sWSzA3A>.

For more information or
questions, contact:
Deborah W. Coogan
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“Remembering with Dignity”
initiative
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***Dignity Alliance Massachusetts Launches
“Remembering with Dignity,” a Digital Memorial to
Honor Those who Died During the COVID-19 pandemic***

To honor the more than 25,000 Massachusetts residents who died during the COVID-19 pandemic, Dignity Alliance Massachusetts (DignityMA) has launched “Remembering with Dignity,” a new online memorial. The public is invited to submit remembrances of those lost between January 2020 and May 2023.

The COVID-19 pandemic caused unprecedented upheaval, and yet the 1.2 million Americans who died from the disease have no official national day or place of remembrance. During the COVID-19 emergency, widespread closures led to profound isolation. Many individuals died in healthcare and other facilities without the comfort of family, and survivors were often deprived of the ability to hold traditional funerals or grieve with their families and friends.

“The pandemic left a void, not just in our families but in our collective memory,” said Deborah W. Coogan, Chair of the ‘Remembering with Dignity’ initiative. “So many died in isolation, and their stories risk being lost in the statistics. ‘Remembering with Dignity’ provides a way to honor their essence – the values they lived by – and ensures they are remembered as more than just a number. It is a first step toward healing and advocating for a future where we better

protect our most vulnerable.” The platform seeks to capture the spirit of each individual. Submissions can be made at DignityMA’s website.

How to Submit a Remembrance:

- Visit www.dignityalliancema.org and navigate to the “Pandemic Memorial” page under the “Resources” tab or click on <https://tinyurl.com/DignityRemembrance> or <https://forms.gle/GbzP2H9RG1sWSzA3A>. The QR code below can also be used.
- A remembrance should be no more than **175 words**.
- Rather than a formal obituary, each submission should describe the person’s essence, values, and their story.
- Please include the circumstances of their passing (e.g., if they lived or worked in a high-risk setting such as a nursing home, rest home, group home, or hospital, or as a caregiver or essential worker).

DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor their loved ones and channel their grief into advocacy for policies that better protect vulnerable populations during future public health crises. Details will be announced at a later date.

DignityMA Study Session

[DignityMA Study Session: Marsters v. Healey Settlement Update](#)
 Thursday, November 20, 2025, 1:00 to 2:00 p.m.
 Presenters: Attorney Stephen Schwartz and Kathy Walker, Center for Public Representation

Stephen Schwartz and Kathy Walker are the lead counsel for the plaintiffs. He will review the progress since the case was settled in June 2024.


Marsters v. Healey is a lawsuit filed by seven individuals with disabilities living in nursing facilities and the Mass Senior Action Council against the Commonwealth of Massachusetts. The case sought to require the State to provide community residential services and supports for individuals with medical conditions, physical disabilities, and mental illness who want to leave nursing facilities to live in the community. The case and Settlement Agreement is cross-disability, which means it will benefit everyone in nursing facilities regardless of the type of disability they may have.

Register in advance for this meeting:
<https://us02web.zoom.us/meeting/register/2Dzw0d-HSFmquKPq-J3S9g>

After registering, you will receive a confirmation email containing information about joining the meeting.

<p>Healthy to 100: The Science of Social Connection <u>SUBSCRIBE</u></p>	<p>The Friendship Passport Loneliness affects virtually every group in society, but the impact is not evenly spread. For instance, <u>a new study</u> from Cincinnati Children’s Hospital reveals that autistic youth report higher rates of loneliness than the general population, and that many solutions designed to socially connect neurotypical populations may not work well for youth on the autism spectrum. That’s where groups like <u>Travengers</u>, an Australian organization that connects young autistic and neurodivergent adults through supported social groups and travel experiences, comes in. Travengers was founded during the pandemic by Agnes Abelsen, who saw her sister struggles with autism and social isolation. Abelsen wanted to create spaces where people who think differently could meet others who simply “get it.” The model is simple but powerful: small-group trips and meetups guided by trained support staff, helping participants build confidence, independence, and genuine friendships. Since launching, Travengers has engaged more than 500 young people across Australia. <u>Travel itself is an effective antidote to isolation</u> - broadening perspective, building resilience, and strengthening emotional well-being. Shared journeys, especially for those who’ve often felt excluded, can transform how people see the world.</p>
<p>Recruitment</p>	<p>See: <u>Listings on MASterList.com’s Job Board</u> for all current listings</p>
<p>Guide to news items in this week’s Dignity Digest</p>	<p>Nursing Homes <u>Slower Hospital Discharge of Medicare Advantage Patients Shapes SNF Admissions Practices</u> (Skilled Nursing News, November 10, 2025) <u>Longer Pre-SNF Hospital Stays More Likely For Medicare Advantage Beneficiaries</u> (Skilled Nursing News, September 14, 2025)</p> <p>Home Care <u>House overhauls homecare industry rules</u> (*Salem News, November 6, 2025)</p> <p>Alzheimer’s / Dementia <u>Why a dementia village in the Netherlands is fueling hope in D.C.</u> (*Washington Post, November 10, 2025)</p> <p>Disability Topics <u>Desperate Putin hits new low as Russia sends disabled soldiers to the slaughter</u> (Express, November 6, 2025) <u>House Joins Senate in “targeting offensive language”</u> (*State House News, November 5, 2025) <u>The Human Toll of Medicaid Cuts</u> (Harvard Law School on Disability, October 8, 2025)</p> <p>Corporate Strategies <u>Inside Sabra’s Push to Maximize on Current Market Conditions with Plans for Nursing Home Deals in 2026</u> (Skilled Nursing News, November 6, 2025)</p>

	<p>Office of Attorney General Andrea Campbell <u>AG Campbell Issues Statement After Judge Temporarily Blocks Trump Administration From Forcing States To Claw Back SNAP Benefits</u>(Office of the Attorney General Andrea Campbell, November 10, 2025) From Other States <u>Jail, fines for 'misgendering' nursing home patients OK: CA high court</u> (The Black Chronicle, November 10, 2025) <u>NYU Langone extends physician presence into nursing homes</u> (Health *Care Finance, November 6, 2025) <u>Woman who mistakenly killed 2 in nursing home could get 2 years prison</u> (The Daily Journal, November 6, 2025)</p>
<p>Reports</p>	<p>The Harkin Institute <u>Long-Term Care Policy Options– A Comparative Perspective</u> By Rayna Stoycheva, PhD, and Chloe Lepak As the United States reaches peak Baby Boomer aging, the need for better long-term care supports has increased dramatically. Unlike many European countries and Japan and Korea in Asia, the United States is one of the few countries that does not have a universal long-term care insurance program. We review the current LTC supports in the United States and offer examples from Germany, The Netherlands, Korea, and Japan, as some of the alternatives that can be considered.</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

	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>DignityMA Study Session</p>  <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p><i>Ageing Policy Update: What We Know, What We Don't Know, and What We Should Fear</i> Wednesday, May 21, 2025, 2:00 p.m. Unfortunately, this session is being rescheduled. Date to be announced. Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition Registration required: https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year. Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.</p>
<p>Events</p>	<p>1. Raise Up Massachusetts Coalition Thursday, November 13, 2025, 12:00 p.m. Front Staircase, Beacon Street, Massachusetts State House, Boston RAINY DAY ACTION WITH RAISE UP MASSACHUSETTS Please join the Raise Up Massachusetts Coalition for a rally where we ask state legislators to use just 15% (~\$1.2B) of the state’s reserve fund (a.k.a. the 'Rainy Day Fund') to offset devastating federal cuts to SNAP, education, and healthcare. We'll also ask legislators to prioritize the people of Massachusetts over billionaire corporation's profits, by passing our Mass. Corporate Fair Share bill and opting out of the five most costly and regressive corporate tax provisions of the new federal tax law. Date: Thursday, November 13, 2025 at 11:00 AM Location: Front Staircase, Beacon Street, Massachusetts State House, Boston What to bring: Bring an umbrella ☂️ to signal to legislators that we must tap the 'Rainy Day Fund'! If you have any questions, please reach out to Crisayda at crisayda@field-first.com. We look forward to seeing you there!</p>
<p>Webinars and Online Sessions</p>	<p>2. The Harkin Institute Thursday, November 13, 2025, 7:00 to 9:00 p.m. From DC to Iowa: How Policy Shifts Will Affect the Disability Community Panelists will discuss the state of disability legislation at the federal, state, and local levels.</p>

Senator Tom Harkin (retired) will provide opening remarks.

Panelists:

- Michael Couvillon, PhD, Professor of Education, Drake University
- Liz Matney, Andeli Consulting LLC, and former State Medicaid Director
- Ben Shuberg, CEO, Iowa Association of Community Providers
- Alex Watters, Self-Advocate
- *Dave Price, Iowa Political Director, Gray TV [Moderator]*

Free, but [registration is required](#).

3. The Harvard Law School Project on Disability, the [Petrie-Flom Center for Health Law, Biotechnology, and Bioethics at Harvard Law School](#) (PFC) and the [Center for Law, Brain & Behavior](#) (CLBB)

Tuesday, November 18, 2025, 12:20 p.m.

[Older Persons' Human Rights: Forging a path towards new international legal protections](#)

A panel discussion of how participants in the incipient older persons treaty negotiations can both build on recent advances in international human rights law while also avoiding pitfalls in translating these rights into reality.

On April 3, 2025, the United Nations (UN) [Human Rights Council adopted a resolution](#) jumpstarting the multilateral process for negotiating a new international treaty on the rights of older persons. Like the [Convention on the Rights of Persons with Disabilities](#) (CRPD) before it, this treaty will aim to close critical gaps in international human rights legal protections for a population that disproportionately experiences discrimination, marginalization, and exclusion. Indeed, as demonstrated by the 14 years of deliberations by the UN [Open-Ended Working Group on Ageing](#), the many overlapping human rights challenges faced by both persons with disabilities and older persons make lessons learned from the CRPD negotiations especially relevant to forging new protections for older persons.

This event's panelists will assess the prospects for negotiators to capitalize on this progress, particularly with regard to the successes and challenges manifest during the first two decades of CRPD implementation, given the significant overlaps between the global disability and aging communities.

Live CART captioning provided.

Welcoming Remarks

- [Susannah Baruch](#), Executive Director, PFC

Moderator

- [Professor Michael Stein](#), Executive Director, HPOD

Panelists

- [Dr. Alejandro Bonilla García](#), Chair, NGO Committee on Ageing (Geneva)

- [H.E. Luis Gallegos](#), Senior Advisor, HPOD

- [Professor Jody Heymann](#), Founding Director, WORLD Policy Analysis Center, UCLA

- [Ms. Silvia Perel-Levin](#), Independent consultant on ageing, health and human rights of older persons

	<p><i>Concluding Remarks</i></p> <ul style="list-style-type: none"> • Robert Kinscherff, Executive Director, CLBB REGISTER <p>4. National Council on Aging Wednesday, November 19, 2025, 3:00 to 4:30 p.m. From Numbers to Action: Using Data to Strengthen the HCBS Direct Care Workforce Learn how state leaders can use existing data, identify gaps, and make smarter, more sustainable workforce decisions. Register online: https://bit.ly/3LxjwEt</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>5. Skilled Nursing Homes November 10, 2025 Slower Hospital Discharge of Medicare Advantage Patients Shapes SNF Admissions Practices By Kristin Carroll MA Plans Delay Patient Discharge to SNFs</p> <ul style="list-style-type: none"> • A JAMA study confirms that Medicare Advantage (MA) patients average longer pre-SNF hospital stays compared to traditional Medicare patients. • Skilled Nursing Facility (SNF) leaders agree this is a serious threat to patient wellbeing and the financial and operational health of SNFs. <p>Cause of Delays: Administrative Hurdles</p> <ul style="list-style-type: none"> • SNF leaders attribute the delays to MA administrative burdens, not a lack of SNF capacity. • Hospitals often hold patients longer while waiting for MA authorizations or in-network placement, especially for high-acuity residents (e.g., those needing wound management or IV antibiotics). • These delays can add an extra one to three days in the hospital for MA patients versus traditional Medicare patients. <p>Consequences of Delayed Transitions</p> <ul style="list-style-type: none"> • Patient Harm: Patients often lose strength and function while waiting, making their recovery window smaller. They face increased risks of infection, deconditioning, and delirium. • "Rehab to Death" Cycle: In some cases, care intensity continues past what is clinically appropriate simply because transitions are delayed. • System Issues: Delays lead to hospital bed shortages, backed-up emergency departments, and unpredictable SNF admissions, which harms census and staffing. <p>Proposed Solutions</p> <ul style="list-style-type: none"> • SNF-Led Improvements: <ul style="list-style-type: none"> ○ Create rapid-response admission teams to accept and categorize patients on the same day. ○ Employ authorization specialists to coordinate daily with MA case managers.

- Build close relationships with hospital referral partners to clearly communicate the facility's acuity level.
- **Policy and Advocacy:**
 - SNF leaders advocate for partnering with hospitals and associations to push for standardized, expedited authorization pathways.
 - They call for increased CMS oversight into how MA plans approve skilled nursing care.

6. Skilled Nursing News

September 14, 2025

[Longer Pre-SNF Hospital Stays More Likely For Medicare Advantage Beneficiaries](#)

By Tim Mullaney

Key Study Findings (JAMA Internal Medicine)

- **Longer Stays for MA Patients:** Hospital length of stay is increasing more significantly for Medicare Advantage (MA) beneficiaries than for those on traditional Medicare, particularly for patients discharged to a skilled nursing facility (SNF).
- **Pre-SNF Stay Disparity:** In Q3 2023, MA hospital patients were 3.1 percentage points more likely than traditional Medicare patients to have a stay of 14 days or more before a SNF discharge.
- **Overall Stay Disparity:** Across all hospital patients in Q3 2023, MA beneficiaries' probability of a 14+ day stay increased by 1.2 percentage points relative to traditional Medicare.

Potential Causes & Consequences

- **Contributing Factors:**
 - Reduced SNF capacity post-pandemic (e.g., staffing shortages).
 - MA requirements, such as prior authorization or limited post-acute care networks, acting as barriers to discharge.
- **Negative Impacts:**
 - **Cost:** Increased costs for hospitals, estimated at a potential \$5.5 billion in 2023.
 - **Patient Health:** Delayed post-acute rehab and increased risk of hospital-acquired infections.
 - **Role Reversal:** Hospitals may be forced to act as de facto SNFs, providing care they aren't equipped for.

Policy & Industry Context

- **Policy Focus:** The study authors suggest policy interventions should target the MA beneficiary population, perhaps by regulating or negotiating with MA payers.
- **Shifting Dynamics:**
 - SNF providers anticipate increased hospital pressure to accept discharged patients.
 - Some SNFs are expanding clinical capabilities (e.g., advanced respiratory care, IV management) to manage more complex patients, effectively becoming "the new hospital."
 - MA-related discharge delays threaten to reverse this, forcing hospitals to fill the role of SNFs.

<p>Home Care</p>	<p>7. *Salem News November 6, 2025 House overhauls homecare industry rules By Christian M. Wade Key Provisions of the Bill</p> <ul style="list-style-type: none"> • Mandatory Checks & Training: Homecare workers will be required to undergo criminal background screenings and regular training. • New Licensing System: The Executive Office of Health and Human Services will create a new licensing process for homecare workers and agencies. • State Investigative Authority: The state agency will have the power to approve licenses and investigate any allegations of neglect or abuse. • Agency Requirements: Agencies must: <ul style="list-style-type: none"> ○ Disclose any person with a 5% ownership interest. ○ Have workers' compensation and liability insurance. ○ Provide "appropriate" levels of training. <p>Additional Measures</p> <ul style="list-style-type: none"> • Advisory Councils: Two councils will be created to recommend standards and procedures to address the "abusive treatment" of homecare workers, personal care attendants, and consumers. • Workplace Standards: The bill sets minimum standards to address "abusive treatment and bullying" of both workers and clients. <p>Context and Support</p> <ul style="list-style-type: none"> • Legislative Status: The bill passed the House 153-0 and now moves to the Senate. • Driving Factors: The changes are seen as critical due to a growing aging population, fewer family caregivers, and industry staffing shortages. • Supporters: The legislation is praised by advocacy groups for the elderly and disabled (like the Home Care Alliance of Massachusetts and Mass Aging Access) and unions (like SEIU Local 1199). Supporters state the bill implements standards many people assumed were already in place and will improve safety and professionalism.
<p>Alzheimer's / Dementia</p>	<p>8. *Washington Post November 10, 2025 Why a dementia village in the Netherlands is fueling hope in D.C. By Michael Brice-Saddler The Rising Dementia Crisis in D.C.</p> <ul style="list-style-type: none"> • The U.S. is "dangerously underprepared" for a dementia crisis, with the number of Americans developing the condition projected to roughly double by 2060. • The situation is especially concerning in Washington, D.C., where an estimated 16% of the 84,000 seniors live with Alzheimer's-related dementia—a rate higher than any U.S. state. • This high rate is driven in part by the city's majority Black senior population, which is twice as likely as their White counterparts to develop dementia.

	<p>A Proposed Solution: The "Dementia Village"</p> <ul style="list-style-type: none"> • One of the boldest proposed solutions is the "dementia village," a model pioneered by the Hogeweyk in the Netherlands. • The Hogeweyk model focuses on "living and well-being" (95%) rather than just medical care (5%). • About 188 residents with advanced dementia live in 27 houses, where they cook, shop at an on-site grocery store, and tend gardens, all supported by a team of caregivers. • The goal is to allow residents to live comfortably and maintain their personhood, rather than being treated constantly as patients. <p>Efforts to Adapt the Model in D.C.</p> <ul style="list-style-type: none"> • Advocates are pushing to create a dementia village in D.C., potentially on a 15-acre site east of the Anacostia River. • The nonprofit Iona Senior Services proposed a separate, hybrid model to Congress, seeking \$3 million to combine adult day health centers with staffed group homes for seniors living alone. • Lawmakers approved only \$850,000, forcing Iona to scale back the plan and expand existing services instead. <p>Current Realities and Support</p> <ul style="list-style-type: none"> • Iona has been offering free memory screenings, such as the Montreal Cognitive Assessment (MoCA), to seniors like 85-year-old William Goode, whose test indicated "mild" memory concerns. • The D.C. Department of Aging and Community Living relies on Iona's three "dementia navigators"—social workers who support the city's 14,000 caregivers. • This navigator program is the only one of its kind in the District but operates on a "shoestring" budget (\$404,000 in fiscal 2025), which is insufficient for the rising need. • Advocates stress that cost (the Dutch model is state-funded) and stigma remain significant barriers to implementing better care.
<p>Disability Topics</p>	<p>9. Express November 6, 2025 <u>Desperate Putin hits new low as Russia sends disabled soldiers to the slaughter</u> By James Knuckey <i>A Ukrainian military member said the Kremlin "doesn't view its infantry as humans but chattels".</i></p> <p>Allegations and Evidence</p> <ul style="list-style-type: none"> • Russia is allegedly sending severely mentally disabled men and soldiers suffering from disease to the frontline in Ukraine. • Sources inside the Ukrainian military have documented five cases of this practice. • The Ukrainian Security and Cooperation Centre has specifically documented two cases, with another case reportedly shown in an online video. <p>Casualty and Military Context</p> <ul style="list-style-type: none"> • Experts suggest this is evidence of Moscow's willingness to deploy mass numbers and suffer mass casualties to gain ground.

- Russia's use of **"meat grinder"** and **"zombie waves"** tactics has been well-documented, leading to significant losses.
- British intelligence estimated Russia has suffered approximately **1.118 million casualties** since the 2022 invasion, including around **332,000 killed or wounded** this year alone.

Specific Case and Ukrainian View

- A specific documented case involved **Semyon Karmanov**, a 27-year-old Russian man diagnosed with an **"intellectual disability with significant behavioral disorders"** and unable to read or write.
- Despite his lifelong condition, a prison medical commission classified him as **"Category A"** (fit for military service).
- Karmanov was reportedly issued a military ID detailing him as a **"driver"**—a claim his mother refuted—and was **killed** on the frontline this autumn.

A Ukrainian military member stated that the Kremlin views its infantry not as humans but as **"chattels"** (property), utilizing **"unrelenting waves"** of soldiers to compensate for inferior equipment and less-skilled troops.

10. *State House News

November 5, 2025

[House Joins Senate in "targeting offensive language"](#)

By Sam Drysdale

Bill to Remove Offensive Disability Language

The Massachusetts House unanimously passed a bill (H 4704) to remove outdated and offensive terms for people with disabilities from state laws.

- **Purpose:** The bill replaces terms like "handicapped," "disabled," and "mental retardation" with person-first language, such as "person with a disability."
- **Legislative Status:** The bill aligns closely with a Senate version (S 2563) passed in July. Minor differences in terminology (e.g., "people with disabilities" vs. "people who have disabilities") must be resolved before a final bill goes to the governor.
- **Context:** This effort has been proposed for over 15 years. Proponents note the delay was due to the meticulous process of reviewing all Massachusetts General Laws to find and replace the antiquated language.

11. Harvard Law School on Disability

October 8, 2025

[The Human Toll of Medicaid Cuts](#)

By Sahar Khan

Here is a summary of the selected text:

Webinar on Medicaid Cuts' Impact

- **Event:** An October 8th webinar hosted by HPOD, Harvard's DLSA, and the Boston Center for Independent Living (BCIL).
- **Topic:** The "enormous human toll" of Medicaid cuts under the new One Big Beautiful Bill Act (OBBBA).
- **Core Threat:** The cuts disproportionately affect persons with disabilities and older persons, threatening their civil right to live

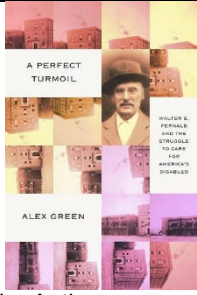
	<p>independently in the community as affirmed by the <i>Olmstead</i> decision.</p> <p>Key Concerns and Consequences</p> <ul style="list-style-type: none"> • Forced Trade-offs: Reduced federal funding will likely force states to cut benefits, restrict eligibility, or scale back home-and-community-based services (HCBS). • Risk of Re-institutionalization: Speakers warned these changes could force thousands from their homes into nursing facilities, reversing decades of progress. • Human Cost: Panelists stressed that abstract budget cuts translate into profound, negative human consequences, undermining independence, and dignity. <p>Perspectives from Panelists</p> <ul style="list-style-type: none"> • Professor Michael Ashley Stein: Emphasized that Medicaid cuts risk pushing thousands back toward institutionalization. • Dr. Lisa Iezzoni: <ul style="list-style-type: none"> ○ Warned that cuts will exacerbate health disparities and erode care quality, both in communities and nursing facilities. ○ Cited a 2025 Texas court decision striking down nursing-staffing standards as a compounding factor. ○ Shared the story of "Michael," a man with quadriplegia who rapidly declined after being forced into a nursing home. • Dianna Hu: <ul style="list-style-type: none"> ○ Highlighted the essential role of Personal Care Assistants (PCAs) in enabling her to work as a software engineer. ○ Noted that cuts harm both disabled individuals and the caregiving workforce, which largely comprises low-income women, immigrants, and people of color. • Anne Fracht: <ul style="list-style-type: none"> ○ Described Medicaid as her "passport to the world," allowing her to work and live independently. ○ Shared personal experiences with medication rationing and the anxiety caused by chronic staff shortages, which funding instability worsens. • Vesper Moore: <ul style="list-style-type: none"> ○ Stated cuts disproportionately harm people with psychosocial disabilities and marginalized backgrounds. ○ Called the policy changes "a slow dismantling of freedom." <p>Concluding Points</p> <ul style="list-style-type: none"> • Intersectionality: The Q&A session addressed how intersections between Medicaid and immigration policy further marginalize disabled immigrants and their caregivers. • Final Message: Professor Stein concluded that the fight to preserve Medicaid is fundamentally a fight to preserve the human right to live in the community. <p>Video link</p>
Corporate Strategies	<p>12. Skilled Nursing News November 6, 2025</p>

	<p><u>Inside Sabra's Push to Maximize on Current Market Conditions with Plans for Nursing Home Deals in 2026</u> By Zahida Siddiqi</p> <p>Strategic Portfolio Rebalancing</p> <ul style="list-style-type: none"> • Shift to Senior Housing: Sabra is actively shifting its portfolio toward managed senior housing (SHOP), which now represents roughly 26% of total assets (up from 20% earlier this year). The company aims to increase this to 40%. • SNF Reduction: For the first time, skilled nursing facilities (SNFs) account for less than 50% of Sabra's portfolio, reflecting a strategy to diversify and reduce exposure to reimbursement-sensitive assets. • Future SNF Plans: Despite the current shift, CEO Rick Matros stated Sabra is not shying away from SNFs and expects to see more SNF deal volume in 2026 to maintain a balanced portfolio. <p>Financial Performance and Investments</p> <ul style="list-style-type: none"> • Q3 Results: Sabra posted normalized FFO of \$0.36 per share, missing Wall Street estimates of \$0.37. • Investment Activity: The company invested \$237 million in senior housing during Q3. Total 2025 acquisitions (including pending deals) have reached over \$550 million, exceeding the initial \$400–\$500 million target. • Lease Terminations: Earnings included \$2.8 million from terminating Genesis HealthCare leases, further reducing SNF exposure. <p>Market Outlook and Strategy Defense</p> <ul style="list-style-type: none"> • Demographics over "Herd" Behavior: Executives rejected concerns that their SHOP expansion is "herd behavior," citing a disciplined focus on newer assets, limited new supply, and strong demographic demand that is finally materializing. • Favorable Conditions: Matros noted that current higher interest rates have reduced aggressive private equity leverage, creating a better environment for REITs to find opportunities without previous cap rate pressures.
<p>Office of the Attorney General Andrea Campbell</p>	<p>13. Office of the Attorney General Andrea Campbell November 10, 2025 <u>AG Campbell Issues Statement After Judge Temporarily Blocks Trump Administration From Forcing States To Claw Back SNAP Benefits</u></p> <p>Court Action</p> <ul style="list-style-type: none"> • A federal judge in Massachusetts issued a temporary block on a Trump Administration directive. • This directive required states to "claw back" (reclaim) SNAP benefits that were previously authorized due to a court order in Rhode Island and USDA guidance. • A hearing for further relief was scheduled for 3:30 pm on November 10, 2025. <p>Attorney General Campbell's Reaction</p> <ul style="list-style-type: none"> • AG Campbell expressed gratitude for the court's temporary block. • She accused the federal government of caring more about its "political agenda" than ensuring residents can access food.

	<ul style="list-style-type: none"> • She stated the administration was targeting vulnerable populations, including children, elders, veterans, and people with disabilities. • Campbell affirmed her office would "keep fighting" this action. <p>Legal Background</p> <ul style="list-style-type: none"> • This order follows a motion for a temporary restraining order filed by AG Campbell and a coalition of 22 other attorneys general and three governors. • The motion is part of a lawsuit against the Trump Administration for the alleged unlawful suspension of SNAP benefits for over 42 million Americans.
<p>From Other States</p>	<p>14. The Black Chronicle November 10, 2025 <u>Jail, fines for 'misgendering' nursing home patients OK: CA high court</u> By Black Chronicle News Service CA Supreme Court Upholds Law on Pronoun Use in Nursing Homes</p> <ul style="list-style-type: none"> • The Ruling: The California Supreme Court unanimously upheld a state law requiring nursing home workers to use residents' preferred names and pronouns. • The Law: The 2017 "LGBT Long-Term Care Facility Residents' Bill of Rights" makes it illegal for staff to "willfully and repeatedly" fail to use a resident's preferred name or pronoun after being informed, if done based on the resident's protected status (like sexual orientation or gender identity). • Potential Penalties: Violators could face disciplinary action, termination, fines, and potentially up to a year in prison. <p>Court's Reasoning</p> <ul style="list-style-type: none"> • Conduct, Not Speech: The court, led by Chief Justice Patricia Guerrero, ruled the law regulates "conduct" in the workplace, not constitutionally protected free speech. • Narrowly Tailored: The justices found the law "narrowly tailored" to protect a "captive audience" of residents from discrimination in what is effectively their home. • Limited Scope: The ruling emphasized the law only applies to "willful, repeated, knowing acts" of misgendering based on a protected characteristic, not isolated incidents or staff's personal beliefs expressed elsewhere. • Workplace Standard: The court compared the provision to other anti-discrimination laws in heavily regulated health care environments, stating that willingness to provide respectful care to all residents is a "minimum qualification of the job." <p>Other Opinions & Reactions</p> <ul style="list-style-type: none"> • Concurring Opinions: <ul style="list-style-type: none"> ○ Justice Leandra Kruger, joined by Justice Goodwin Liu, clarified that the law requires proof of actual discrimination, not just "occasional... instances of misgendering." ○ Chief Justice Guerrero, in a separate concurrence, argued that the state's goal of ending discrimination outweighs workplace speech rights in this setting.

	<ul style="list-style-type: none"> • Plaintiff's Argument: The plaintiff group, "Taking Offense," argued the law violates the First Amendment by compelling speech against workers' beliefs. • Reaction: <ul style="list-style-type: none"> ○ California Attorney General Rob Bonta praised the ruling for protecting residents' right to "respectful and dignified treatment." ○ The plaintiff's attorney called the ruling "embarrassing" and argued the court mischaracterized speech as conduct. <p>15. Health Care Finance November 6, 2025 NYU Langone extends physician presence into nursing homes By Jeff Lagasse NYU Langone Expands Rusk Rehabilitation to Nursing Homes</p> <ul style="list-style-type: none"> • Partnership Expansion: NYU Langone Health is extending its collaboration with Centers Health Care by placing dedicated physicians from Rusk Rehabilitation onsite at nursing homes. • Locations: The model, started at Boro Park Center in Brooklyn, is now expanding to Amsterdam Nursing Home in Manhattan. <p>Program Impact and Goals</p> <ul style="list-style-type: none"> • Physician Presence: The initiative provides a dedicated Rusk physician onsite for direct resident care, aiming to improve care and address staffing issues. • Positive Outcomes: Since launching five years ago, the partnership has served over 1,000 patients, achieving a discharge goal rate "significantly higher" than state and national averages. • Objectives: The program aims to help residents regain mobility, independence, and quality of life while reducing hospital readmissions. • Participant Perspective: Dr. Matthew Glenn, a Rusk physician at Amsterdam Nursing Center, emphasizes working with residents from arrival through recovery, ensuring they understand treatment plans and receive preventative care. <p>16. *The Daily Journal November 6, 2025 Woman who mistakenly killed 2 in nursing home could get 2 years prison Daily Journal staff report The San Mateo County Probation Department is recommending a sentence of two years minimum in state prison for an East Palo Alto woman who has already taken a one-year county jail plea deal for felony elder abuse after accidentally killing two and hospitalizing one Atria Assisted Living Facility resident. . . Mendoza, who was an employee of the facility at the time, poured a toxic cleaning fluid into a pitcher, intending to use it to clean the kitchen after breakfast. However, another employee took the pitcher and poured it into the three residents' glasses.</p>
<p>A Raise for Mom: Campaign to Increase the</p>	<p>The Campaign to Increase the Personal Needs Allowance (PNA)</p>

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



About the Author:

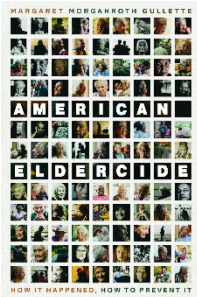
Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led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

that continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, *A Perfect Turmoil* is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time.

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

[Buy the book here](#)

Books by DignityMA Participants



About the Author:

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

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

By [Margaret Morganroth Gullette](#)

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

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

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

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

[Buy the book here.](#)

Bringing People Home:

Webpages:

The Marsters Settlement	https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/
Support Dignity Alliance Massachusetts Please Donate!	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</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>The Harkin Institute https://harkininstitute.drake.edu/</p> <p>The Harkin Institute for Public Policy & Citizen Engagement is a nonpartisan policy research institution focused on the main policy areas that shaped Senator Tom Harkin’s career: people with disabilities, retirement security, and wellness and nutrition.</p> <p>Vision: A future where everyone has equal access to opportunity, well-being, and dignity.</p> <p>Mission: The Harkin Institute advances inclusive, evidence-based public policy by connecting research, civic learning, and diverse lived experiences. We provide access to trusted information and empower robust civic engagement to promote the public good.</p> <p>Legacy Statement: We are inspired by Tom and Ruth Harkin’s decades of public service. Their enduring legacy demonstrates that all of us are interconnected, bound together in a single circle of inclusion, with no one left out.</p> <p>Benefits Tech Advocacy Hub</p>

	https://www.btah.org/ The Benefits Tech Advocacy Hub is a community of battle-tested advocates who fight algorithm-based and technology-enabled cuts to public benefits and foster collective efforts to promote public benefits systems that meet people’s basic needs.	
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version	

	MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025</p> <p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p> <ul style="list-style-type: none"> • 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. <p>Massachusetts facilities listed (updated)</p>

Newly added to the listing

- Salem Rehab Center, Salem
<https://www.adviniacare.com/adviniacare-salem/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225644/>
- Fall River Healthcare
<https://www.nextstephc.com/fallriver>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225723/>

Massachusetts facilities which have graduated from the program

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

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

- AdviniaCare Newburyport (13)
<https://www.adviniacare.com/adviniacare-country-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225332>
- Brandon Woods of New Bedford (1)
<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>

	<ul style="list-style-type: none"> • 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 Nursing Home Inspect Data updated October 15, 2025</p> <p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025. Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>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># 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	# 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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<p>Nursing Home Compare</p>	<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.</p> <p>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></p> <p>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. • 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>	<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@bostoncouncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Jim Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncouncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu	Facilities (Nursing homes and rest homes)	Jim Lomastro	jimlomastro@comcast.net	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
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<p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group leaders for more information.</p>	Legislative	Richard Moore	Dickmoore1943@gmail.com
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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 MailChimp Specialist: Sue Rorke</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i>:</p> <ul style="list-style-type: none"> • Chris Hoeh • Sue Rorke <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. If you have submissions for inclusion in <i>The Dignity Digest</i> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</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> Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts. Previous issues of <i>The Tuesday Digest</i> and <i>The Dignity Digest</i> are available at: https://dignityalliancema.org/dignity-digest/ For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</p>			