



The Dignity Digest

Issue # 259

November 18, 2025

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

	<p>*May require registration before accessing the article.</p>
<p>DignityMA Zoom Sessions</p>	<p>Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.</p>
<p>Spotlight</p> <p>A DignityMA Study Session has been scheduled about the Nursing Home Staffing Resource Center.</p> <p>Presented by Richard J. Mollot, LTCCC Executive Director</p> <p><i>Understanding & Using Nursing Home Staffing Data to Improve Care</i> Sufficient nursing staffing is the foundation of safe, dignified care. It is also required by federal law. Despite this, too many facilities understaff to cut costs. Richard will discuss this new resource center, with data and tools that make it easier than ever to spot red flags and advocate for improvement.</p> <p>Register in advance for this meeting: https://us02web.zoom.us/j/81221111111?pwd=SEOKFqVGRoGz-ZH8nE5Q1w</p> <p>After registering, you will receive a confirmation</p>	<p><u>LTCCC Launches Nursing Home Staffing Resource Center</u> <i>New Guides Equip Residents & Families, LTC Ombudsmen, Legislators, and Attorneys to Use Staffing Data</i></p> <p>The Long Term Care Community Coalition (LTCCC) has launched a Nursing Home Staffing Resource Center, a one-stop hub for data tools and practical guides that help the public and stakeholders determine whether facilities are staffing to residents' needs.</p> <p>Why it matters: Staffing drives safety, dignity, and outcomes. Though nursing homes are required – and paid – to provide sufficient staffing, too many flout this requirement to maximize profits. Since 2017, LTCCC has provided the public with staffing information for every nursing home (in compliance with federal reporting requirements). Starting in 2025, LTCCC's quarterly reports translate federal data into Expected Staffing: evidence-based calculations of the time needed to meet residents' clinical needs. Users can now easily compare each home's Actual vs. Expected Staffing and identify gaps, which may indicate substandard care, neglect, or fraud. The new guides provide step-by-step instructions for accessing and using these data to support improvement and accountability.</p> <p>What's new:</p> <ul style="list-style-type: none"> • <u>Nursing Home Staffing Resource Center</u> — One stop access point for staffing data, related fact sheets and research, and guides. • <u>Guide for Residents & Families</u> — Plain-language steps to find your facility, assess Actual vs. Expected staffing, spot weekend dips, and raise concerns effectively. • <u>Guide for Long-Term Care Ombudsmen</u> — How to use Expected Staffing with complaints, resident-centered problem solving, and policy advocacy.

email containing information about joining the meeting.

- [Guide for State & Federal Legislators](#) — A concise, data-driven resource to help lawmakers understand staffing requirements, evaluate facility performance using Expected Staffing, and identify opportunities for effective oversight and policymaking.
- [Guide for Attorneys](#) — Practical playbook for case development: using Reported and Expected Staffing data, mapping federal requirements, spotting red-flag patterns, and leveraging targeted discovery checklists.
- [Study: Nursing Home Guide to Adjusting Nurse Staffing for Resident Case-Mix](#) — Peer-reviewed study published in the *Journal of the American Geriatric Society* which provides the methodology for calculating Expected Staffing and a guide for nursing homes, suitable for use in their mandatory facility assessments.

Who should use this: Residents and families, resident, and family councils, LTC Ombudsman Programs, attorneys, journalists, and policymakers covering long-term care.

About LTCCC: The Long Term Care Community Coalition is a nonprofit organization dedicated to improving the quality of care, quality of life, and dignity of people in nursing homes and assisted living through policy analysis, data transparency, public education, and advocacy.

<https://tinyurl.com/NHStaffingResourceCenter>

Quotes

“Given the US Trustee’s mission to ‘prevent fraud, dishonesty, and overreaching in the bankruptcy system’ on behalf of taxpayers, we urge you [Ramona D. Elliott, acting director of the Executive Office for US Trustees] to press Genesis for answers that would help determine whether company insiders are attempting to exploit the bankruptcy system for their own gain, and to object to any sale to these insiders if it would compromise the integrity of the bankruptcy system.”

U. S. Senator Elizabeth Warren, [Why a senator wants watchdog to intervene as Genesis bankruptcy auction approaches](#) (McKnights Long-Term Care News, November 16, 2025)

States desperately need a better way to pay for long-term services and supports. . . However, a new program will only benefit the people who need

services if a sufficient, high-quality workforce is available to provide those services. . . . Addressing workforce needs will reduce the home care workforce shortage and, ultimately, enable older adults and people with disabilities to live with dignity and independence in the setting they prefer.

[Building the Workforce Behind Long-Term Care](#) (National Academy of Social Insurance, November 13, 2025)

Unfortunately, the U.S. has not created the necessary policies and programs to adequately pay for [long-term supports and] services or ensure we have enough workers to deliver them. We currently have an LTSS system that leaves millions of people behind due to its fractured nature and lack of affordability.

[The Growing Crisis in Long-Term Care](#) (National Academy of Social Insurance, October 14, 2025)

“We have people come in all the time, and they have plenty of money and can afford what they need to do. But people think they are invincible and they will die in their sleep and when that doesn’t happen, they don’t have a plan. You don’t think you are going to have a crisis, whether it’s an illness, a stroke, or a fall, you don’t think that’s going to happen to you and the next thing you know you have a broken hip and are coming home with a walker.”

Marge Yetman, director of Burlington’s Council on Aging, [‘People think they are invincible.’ Most Americans are unprepared for aging, studies show.](#) (***Boston Globe**, October 20, 2025)

“This terrible tragedy [Gabriel House fire] leaves no doubt that annual inspections, working sprinkler systems, and regular, coordinated fire drills with staff and residents are invaluable lifesaving tools that should be incorporated into all elder care facilities.”

	<p>State Senator Mark Montigny, (D-New Bedford), Fire officials release report on Gabriel House blaze that killed 10 people in Fall River (*Boston Globe, October 20, 2025)</p>
<p>DignityMA in the News</p>	<p>US News study: Nearly 25% of Worcester County nursing homes not making the grade *Worcester Telegram & Gazette By Henry Schwan November 15, 2025</p> <p>When a loved one needs a nursing home, families want a place that gives professional and attentive care. It can be for a relatively short stay after surgery or possibly longer, depending on the severity of the illness. No matter the need, finding a quality nursing home in Worcester County that gives patients and their families peace of mind can be a challenge, according to the 2025 Best Nursing Homes ratings by U.S. News & World Report.</p> <p>Roughly 1 in 4 nursing homes in the county are "below average" according to the report, which used 17 metrics, like staffing levels and quality of care, to rate nearly 15,000 nursing homes nationwide that care for more than 1 million people daily, many of them elderly.</p> <p>Data from the Centers for Medicare & Medicaid Services was used to reach the report's conclusions.</p> <p>"Choosing a nursing facility...is one of the most crucial health care decisions a family can make," said Ben Harder, chief of health analysis and managing editor at U.S. News & World Report.</p> <p>Twelve of 50 nursing homes (24%) in Worcester County, the report said, are "below average" for short-term or long-term care or both. That compares to eight in the county (16%) that are "high performing" in one of the two categories or both. Nationally, fewer than 19% of nursing homes are high-performing.</p> <p>One industry watcher is disturbed about the 24% of nursing homes in Worcester County in the below-average bucket. "That's pathetic and unfortunately the reality," said Paul Lanzikos with Dignity Alliance Massachusetts, which advocates for quality long-term care in nursing homes. "We're seeing a steady downward trend in the provision of quality of adequate care in many nursing homes."</p> <p>The county's below-average rate also troubles state Sen. Peter Durant, a Spencer Republican who sits on the Legislature's Joint Committee on Aging and Independence. "Of course, these numbers are very concerning, especially since they reflect care given to some of our most vulnerable</p>

residents," said Durant in a statement. He noted it's time to focus on what is causing the poor scores and what state lawmakers can do about it.

Six nursing homes in Worcester County ranked below average in both short-term and long-term care. None responded to a request for comment on the U.S. News study.

Half of the six are in Worcester, including Worcester Rehabilitation and Health Care Center, Parsons Hill Rehabilitation & Health Care Center, and Bear Mountain Healthcare & Rehabilitation Center. The others are Fitchburg Rehabilitation and Nursing Center, Lanessa Extended Care in Webster and Wachusett Rehabilitation & Nursing Center in Gardner.

One of Lanzikos' takeaways from the U.S. News study is nursing homes with local ownership fared better than those owned by out-of-state entities. That trend is rising, said Lanzikos, as ownership outside Massachusetts tends to strip away resources that lowers the quality of care.

Athena Health Care Systems in Farmington, Connecticut, owns half of the six underperforming nursing homes in Worcester County, including Worcester Rehabilitation and Health Care Center, Parsons Hill Rehabilitation & Health Care Center, and Lanessa Extended Care.

Bear Mountain is owned by Sabra HealthCare Real Estate Investment Trust based in Tustin, California.

[Bear Mountain was cited for alleged understaffing, overmedication and neglect](#) that compromised patient health, according to a 2024 report by the Disability Law Center. At the time, Bear Mountain claimed the report was based on "overgeneralizations" and outdated information.

The Boston Globe recently reported Bear Mountain is in receivership, which means a neutral third party took hold of its assets and liabilities to recoup money owed to secured creditors.

Fitchburg Rehabilitation and Nursing Center and Wachusett Rehabilitation & Nursing Center in Gardner are owned by limited liability companies with the same mailing address in Howell, New Jersey, according to assessor records.

Reports tie the limited liability companies to Ephram Lahasky of New York and Akiva Horowitz of New Jersey. Beyond out-of-state ownership, Lanzikos touched on other factors that he believes are whittling away at the quality of nursing home care. One is staffing cuts, especially since the COVID-19 pandemic, which made it harder to recruit and keep qualified people.

The Trump administration's immigration crackdown contributed to less staff at nursing homes, said Lanzikos. He worries levels will worsen in February when temporary protected status for Haitians living in the U.S. is set to expire as many Haitians work in nursing homes.

The proliferation of corporate ownership is also contributing to fewer resources in direct care, said Lanzikos.

As for solutions, Lanzikos mentioned better pay and training to bolster staffing, more vigilant on-site investigations by state officials to highlight deficiencies along with recommendations for improvements, and federal and state lawmakers stepping up to demand transparency and accountability from owners.

"It's easy for out-of-state corporate owners to hide what they're doing," said Lanzikos. He explained instead of investing in patient care, owners are funneling nursing home revenues to entities they own, including management companies, real estate investment companies and consultants.

Massachusetts is taking steps to improve the quality and oversight of nursing homes, including sweeping legislation signed into law last year by Gov. Maura Healey. Some of the legislation's provisions include annual state inspections of long-term care facilities, more staff training, and investigating ways that MassHealth, the state's Medicaid insurance program, can reduce wait times for hospital patients so they can get into nursing homes faster to continue their care.

"A first step" is how Lanzikos described the legislation.

Meanwhile, the 16% of nursing homes in Worcester County that scored "high performing" in short- or long-term care or both include five that checked the box in both categories. That compares to 18% that checked both boxes in Boston and 6% in Springfield.

Nursing homes in Worcester County that are high performing in short- and long-term care include Christopher House in Worcester, The Overlook in Charlton, Lydia Taft House in Uxbridge, Holden Rehabilitation & Skilled Nursing Center and Jewish Healthcare Center in Worcester.

The nursing homes with top marks in the U.S. News study on average had several features that separate them from the rest of the pack, including 20% more total staffing per resident per day; 80% more physical therapy per resident per day; and a 15% lower rate of hospitalizations for long-term residents.

Also, patients receiving rehabilitation had on average a 33% lower rate of emergency room visits.

Massachusetts ranks 14th nationally in the number of "Best Nursing Homes" with 75. Rounding out the top five are

California (295), Florida (196), Pennsylvania (175), New York (157) and Ohio (108).

Providing context to the *Worcester Telegram* article:

About 81 of Massachusetts' 342 nursing homes (roughly 24%) would be considered *subpar* under the same U.S. News methodology. The Massachusetts Department of Public Health (DPH) responds to these facilities through enhanced oversight, receivership when care or finances collapse, and monitored closures to protect residents.

Percentage of Subpar Nursing Homes in Massachusetts

- U.S. News reports **342 nursing homes in Massachusetts**.
- If Worcester County's figure of **24% subpar** is applied statewide.

So **about 80–82 nursing homes statewide** would fall into the "subpar" category.

- This aligns with other rankings showing **82 facilities rated 1-star** out of 342, which is about **24%**, confirming consistency with the Worcester County figure.

Massachusetts Department of Public Health Oversight

The DPH, through its **Bureau of Health Care Safety and Quality**, has several mechanisms to address failing nursing homes:

- **Receivership**
 - When facilities face severe financial or care crises, courts can place them in **temporary receivership**.
 - Example: In 2024, **three Blupoint Healthcare facilities** (Whitinsville, Amesbury, South Hadley) were placed in receivership after payroll failures and care concerns.
 - A receiver takes over operations to stabilize staffing, finances, and resident care.
- **Closures**
 - DPH monitors and regulates closures, ensuring safe resident transfers.
 - Recent closures include **Phillips Manor (Feb 2025)**, **Highview of Northampton (Dec 2024)**, and several others since 2021.
 - DPH works with the **Executive Office of Aging and Independence Long-Term Care Ombudsman** to minimize disruption.
- **Enforcement & Improvement Measures**

	<ul style="list-style-type: none"> ○ Facilities with repeated deficiencies face corrective action plans, fines, and heightened inspections. ○ DPH collaborates with CMS (Centers for Medicare & Medicaid Services) to track staffing, hospitalizations, and abuse designations. ○ Facilities failing to improve risk loss of licensure or forced closure. <p>Broader Context</p> <ul style="list-style-type: none"> • Massachusetts has seen frequent ownership changes and “flipping” of nursing homes for profit, raising alarms about care quality. • Advocates, including groups like Dignity Alliance Massachusetts, argue that transparency and stronger state intervention are essential to protect residents. • The state’s dual strategy should be: <ol style="list-style-type: none"> 1. Push for improvements through inspections and corrective plans. 2. Intervene decisively with receivership or closure when resident safety is at risk. <p>In summary: Roughly one-quarter of Massachusetts nursing homes are subpar, mirroring Worcester County’s rate. DPH addresses this through receivership for failing operators, monitored closures, and enforcement actions to safeguard residents and push facilities toward compliance.</p>
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Commentary Offered by DignityMA Participants



Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a former Massachusetts State Senator.

Justice Delayed Is Dignity Denied: Resolve the Nursing Home Lawsuit Now

By Richard T. Moore
November 17, 2025

Three years of litigation have stalled vital nursing home reforms. The Attorney General must act now to protect residents’ health and privacy.

For three and a half years, a lawsuit has been stalled in Suffolk Superior Court. River Terrace Operator LLC and thirty other nursing homes are fighting to block a regulation from the Massachusetts Department of Public Health that limits nursing home rooms to no more than two residents. The rule was designed to protect residents’ health and dignity, and facilities were given a full year to comply, with the option to request reasonable extensions. Yet instead of adapting, these operators chose litigation. The result: thousands of residents remain in crowded rooms, waiting for justice.

“Limiting nursing home rooms to two residents reduces infections and safeguards privacy—science and dignity demand it.”

This is not a minor administrative dispute. It is a matter of life, health, and humanity. Studies have shown that reducing room density in nursing homes lowers infection rates and improves privacy. These benefits are not theoretical; they are tangible protections for people who are often frail, vulnerable, and dependent on the system to safeguard their well-being. The COVID-19 pandemic revealed in the starkest terms how deadly overcrowding in long-term care facilities can be. To ignore those lessons is to invite tragedy.


Opponents of the regulation argue that compliance is costly and burdensome. But what is truly burdensome is the daily reality for residents to be forced to share cramped quarters, stripped of privacy and exposed to preventable risks. Massachusetts has long prided itself on leading the nation in health care and human rights. Allowing this case to languish undermines that legacy and sends a dangerous message: that corporate convenience can outweigh human dignity.

“Every day of delay is another day residents live in crowded rooms that compromise their health and erode their dignity.”

The Attorney General has both the authority and the responsibility to act. The Commonwealth’s highest law office must press for a resolution that upholds the Department of Public Health’s regulation. Justice delayed is justice denied—and in this case, dignity delayed is dignity denied. Every day of delay is another day residents live in conditions that compromise their health and erode their humanity.

This lawsuit has dragged on far too long. The law is clear, the science is compelling, and the moral imperative is undeniable. Massachusetts cannot allow nursing home operators to stall reforms that protect residents. The Attorney General should move decisively to end the litigation, enforce the regulation, and affirm that the Commonwealth stands with its most vulnerable citizens.

Our parents, grandparents, neighbors, and friends deserve better than crowded rooms and endless court delays. They


	<p>deserve protection, privacy, and dignity. The time for delay has passed. The time for action is now.</p>
<p>Remembering with Dignity</p> <p>To access the submission form scan</p>  <p>or click on: https://tinyurl.com/DignityRemembrance or 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><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 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.

	<ul style="list-style-type: none"> • 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>Healthy to 100: The Science of Social Connection SUBSCRIBE</p>	<p>This Week in Social Connection... {A}ccording to a new study from SmileHub (a nonprofit tech company that routes contributions to charities), Minnesota is the best state for community connection. That’s based on calculations of Community Well-Being & Togetherness, Financial and Social Support, and “Stability Detractors,” the last category measuring things like divorce rates, violent crimes, and property crimes. Well-Being and Togetherness, on the other hand, is based on positive factors related to community cohesion including volunteer rates, organizational membership, political participation, and standing in the “State Kindness” rankings prepared by kindness.com.</p> <p>Utah ranks number 2, so perhaps there is no need to move after all. Massachusetts, North Dakota, and New Hampshire follow not far behind. Best to be avoided are Louisiana, New Mexico and Nevada, unless your social connections relate to jazz, ballooning, or slot machines in that order.</p> <p>Don’t shoot the messenger if you don’t believe the data – we’re not entirely confident about it either – but SmileHub also reports that Utah, Arkansas, and Wyoming are the best for charitable giving (people from West Virginia, Rhode Island, and Maine are conversely rather tight with the dollar). And if you care about having the most community and support workers per capita, best to go to Vermont, Oregon, and Massachusetts - and avoid Alabama, Arkansas and Texas.</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 Dignity Digest</p>	<p>Nursing Homes Why a senator wants watchdog to intervene as Genesis bankruptcy auction approaches (McKnights Long-Term Care News, November 16, 2025) 1,000 nursing homes ‘best’ at both short- and long-term care: US News (McKnights Long-Term Care News, November 13, 2025)</p> <p>Assisted Living Residences</p>

	<p><u>Fire officials release report on Gabriel House blaze that killed 10 people in Fall River</u> (*Boston Globe, October 20, 2025)</p> <p>Home Health Care <u>Home Care’s ‘Game Changer’: Expanding Into Complex Care Service Lines</u> (Home Health Care News, November 12, 2025)</p> <p>Health Care <u>Help! I Need Somebody: The Impact of Cognitive Status on Designating a Healthcare Proxy</u> (Health & Social Work, November 2025) <u>Blue Cross plans to target doctors for overcharging. Physicians are furious.</u> (*Boston Globe, October 24, 2025)</p> <p>Longevity <u>A day inside a penguin retirement home at the New England Aquarium: ‘It’s a passion job.’</u>(*Boston Globe, November 17, 2025 (Updated)) <u>‘People think they are invincible.’ Most Americans are unprepared for aging, studies show.</u> (*Boston Globe, October 20, 2025)</p> <p>Workforce <u>Building the Workforce Behind Long-Term Care</u> (National Academy of Social Insurance, November 13, 2025)</p> <p>Federal Policy <u>The Growing Crisis in Long-Term Care</u> (National Academy of Social Insurance, October 14, 2025)</p>
<p>Life Well Lived</p>  <p>Alice Wong, transformational leader for disability rights and justice, who founded the Disability Visibility. Photo by Maria del Rio</p>	<p><u>Alice Wong, disability rights advocate and wordsmith, dies at 51</u> *Washington Post November 15, 2025</p> <p>Alice Wong, a transformational leader for disability rights and justice, who founded the Disability Visibility project to magnify disabled culture, died Nov. 14 at a San Francisco hospital. She was 51. The cause of death was an infection, said close friend Abby Yim. Ms. Wong’s death was shared by Sandy Ho, executive director of the Disability & Philanthropy Forum, who posted a final message on her behalf.</p> <p>In it, Ms. Wong, displaying her unapologetic and witty personality, told the hundreds of thousands who found community in her work that she was “honored” by their support and believed “disabled oracles like us will light the way to the future.”</p> <p>“As a kid riddled with insecurity and internalized ableism, I could not see a path forward,” Ms. Wong wrote. “It was thanks to friendships and some great teachers who believed in me that I was able to fight my way out of miserable situations into a place where I finally felt comfortable in my skin. We need more stories about us and our culture.”</p> <p>At the time of her death, Ms. Wong was being profiled as part of The Washington Post’s “Post Next 50,” which lists individuals who are shaping society in 2026.</p> <p>Ms. Wong was born with spinal muscular dystrophy on March 27, 1974, in Indianapolis. Her parents, father Henry Wong and mother</p>

	<p>Bobby Wong, had immigrated to the United States two years before from Hong Kong.</p> <p>She detailed her childhood in her acclaimed 2022 memoir, “Year of the Tiger: An Activist’s Life,” describing how portions of her Indiana education were complicated by “enraging, traumatic, discriminatory, bullying, and embarrassing experiences.” It was her agitation and dissatisfaction, Ms. Wong wrote, that led her “to become more of an advocate and to use that individual anger to help other people.”</p> <p>Ms. Wong enrolled at Earlham College in Indiana after high school, where access to Medicaid granted her personal care services that gave her “choices and the basic human right of self-determination,” she wrote in a New York Times opinion piece. After state cuts to Medicaid resulted in costlier services, as well as enduring an episode of respiratory failure, Ms. Wong transferred to a nearby public university.</p> <p>She completed her undergraduate education at Indiana University in 1997, receiving degrees in English and sociology. The second, and possibly most transformative, chapter of her life began when she moved west to San Francisco to earn a master’s degree in medical sociology.</p> <p>In the Bay Area, Ms. Wong worked alongside other advocates to fight for the expansion of disability rights. She rose to national prominence in 2013, when President Barack Obama appointed her to the National Council on Disability.</p> <p>The following year, she founded the Disability Visibility Project, an online forum that collects the oral histories of disabled communities. A focus of Ms. Wong’s career was elevating disabled voices in a variety of ways, including a podcast, social media pressure, her books and work with StoryCorps — a platform that documents American voices.</p> <p>Throughout her life, she stressed the value of community in the fight for equal access.</p> <p>“I want to leave behind a body of work that is in community with others and, most importantly, relationships and good memories that will live on forever,” she told NPR in 2023.</p> <p>When she died, Ms. Wong was working on the final book in a trilogy of anthologies pulling up stories from the disabled community to address different aspects of existing in what she called an “ableist society.” The title of the book in progress is “Disability Vulnerability,” and the aim was to spotlight stories of disabled people who’ve struggled in the post-covid reckoning.</p> <p>Ms. Wong was hospitalized in 2022 after a series of medical crises, including a collapsed lung, emerging after four weeks in the ICU unable to speak, eat or swallow. She became adept at using a text-to-speak app, continuing her writing and sharing openly about her struggles.</p> <p>She made her animated television debut on the second season of Netflix’s “Human Resources,” where she voiced a character loosely</p>
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	<p>based on her. In 2024, Ms. Wong received a fellowship from the MacArthur Foundation, known as a “genius grant.”</p> <p>That year was also significant for Ms. Wong, who had finally moved into an apartment of her own after living with her parents. She decorated the space beautifully, her friends said, hosted dinner parties and enjoyed the company of her cats, Bert and Ernie.</p> <p>“Death remains my intimate shadow partner,” she wrote for Time magazine in 2024. “It has been with me since birth, always hovering close by. I understand one day we will finally waltz together into the ether. I hope when that time comes, I die with the satisfaction of a life well-lived, unapologetic, joyful, and full of love.”</p> <p>In addition to her parents, Ms. Wong is survived by sisters Emily Wong and Grace Wong.</p>
<p>Assisted Living Residence Commission</p> <p>Editor’s Note: Peter Tiernan, Principal with HCBS Solutions, LLC and a member of DignityMA’s Coordinating Committee will be on the Expert Panel regarding Affordability.</p>	<p><u>Assisted Living Residences (ALR) Commission Meeting</u> Tuesday, November 18, 2025, 11:00 a.m.to 12:30 p.m.</p> <p>Agenda:</p> <ol style="list-style-type: none"> 1. Welcome 2. Approval of the Minutes from the October 28th, 2025 Meeting 3. Expert Panel on Affordability Discussion 4. Public Hearing Testimony Reflections 5. ALR Commission Roadmap 6. Next Steps and Adjournment <p><u>Join Zoom meeting</u></p> <ul style="list-style-type: none"> • Meeting ID: 946 7403 5870 • Passcode: 777002
<p>DignityMA Study Session</p>	<p><u>DignityMA Study Session: Marsters v. Healey Settlement Update</u> Thursday, November 20, 2025, 1:00 to 2:00 p.m.</p> <p>Presenters: Attorneys Stephen Schwartz and Kathy Walker, Center for Public Representation</p> <p>Stephen Schwartz and Kathy Walker are the lead counsel for the plaintiffs. They will review the progress since the case was settled in June 2024.</p> <p><i>Marsters v. Healey</i> 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.</p> <p>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.</p> <p>Register in advance for this meeting:</p>

	https://us02web.zoom.us/meeting/register/2Dzw0d-HSFmquKPq-J3S9g
DignityMA Study Session  Bob Blancato, National Coordinator, Elder Justice Coalition	<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</p> <p>Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year.</p> <p>Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.</p>
Webinars and Online Sessions	<ol style="list-style-type: none"> 1. Long Term Care Community Coalition Tuesday, November 18, 2025, 1:00 p.m. <i>Staff Fear of Retaliation: A Barrier for Reporting Abuse and Neglect in Nursing Homes.</i> In this webinar, elder mistreatment researcher Eilon Caspi PhD will share his insights and discuss how we can support staff, strengthen reporting systems, and better protect residents. Register for LTCCC's November 18 Webinar 2. Blue Cross Blue Shield Foundation Wednesday, December 3, 2025 <i>One Big Beautiful Bill Act (OB3): Key Health Care Provisions and Impacts in MA</i> The goals of the webinar are to: <ul style="list-style-type: none"> • Provide a high-level overview of the subsidized coverage landscape in Massachusetts; • Outline the relevant provisions from OB3 that will result in changes to Medicaid and Marketplace eligibility and financing; and • Describe the potential impacts of these provisions on health insurance coverage, financing, and the broader delivery system in the Commonwealth. REGISTER HERE
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	<ol style="list-style-type: none"> 3. McKnights Long-Term Care News November 16, 2025

[Why a senator wants watchdog to intervene as Genesis bankruptcy auction approaches](#)

Senator Warren Raises Concerns Over Genesis Bankruptcy Sale Core Concern

- Sen. Elizabeth Warren (D-MA) [has asked](#) a federal watchdog (Executive Office for US Trustees) to investigate the Genesis Healthcare Chapter 11 bankruptcy.
- She is concerned that company insiders are trying to sell the 175-nursing home company to themselves to "wip[e] away legal and other creditor debts."

Key Actions & Context

- **Auction Status:** A bankruptcy auction, previously set for Tuesday, is rescheduled for Dec. 10.
- **Sole Bidder:** The only known bidder is ReGen, a private equity firm already "heavily invested" in Genesis, which is acting as the "stalking horse bidder."
- **Previous Inquiries:** Warren and other lawmakers sent letters to Genesis and ReGen, but the responses reportedly "did not answer our questions" and raised "red flags."
- **Call to Action:** Warren urged the US Trustee to object to any sale to these insiders if it "would compromise the integrity of the bankruptcy system."

Reasons for Investigation

- **Significant Debts:** A sale could erase massive liabilities, including:
 - Over \$12 million in unfunded pension liabilities.
 - Over \$200 million owed to vendors.
 - Hundreds of millions in liabilities from "neglect, wrongful death, and other suits."
- **Lack of Transparency:** Warren alleges that Genesis and ReGen's "refusal to respond to questions" about their company structures is a "red flag" warranting investigation *before* the sale is approved.

4. McKnights Long-Term Care News

November 13, 2025

[1,000 nursing homes 'best' at both short- and long-term care: US News](#)

By Kimberly Marselas

Here is a summary of the selected text:

U.S. News 2026 Best Nursing Homes List

- Over 2,700 providers made the 2026 list, representing fewer than 19% of U.S. nursing homes.
- **1,064 nursing homes** earned a "high-performing" designation in *both* short-term rehabilitation and long-term care.
- The list assigns **separate ratings** for short-term and long-term care, unlike the single CMS Five-Star rating.

Expanded Rating Methodology

- U.S. News increased its rating criteria to **17 quality measures**, up from nine (short-term) and eight (long-term) in 2025.
- Most data is from CMS, but U.S. News interprets it differently. For example, it prioritizes staffing **consistency** over just hourly provision.

- Data on antipsychotic medication use is provided by the Long-Term Care Community Coalition.

Characteristics of Top Facilities

Compared to the national average, "highest performing" facilities had:

- **20% more** total staffing per resident.
- **80% more** physical therapy per resident.
- **15% lower** hospitalization rate for long-term residents.
- **33% lower** emergency room visit rate for rehab patients.

Advice for Improvement

U.S. News suggests facilities can improve by:

- Ensuring adequate staffing, including on weekends.
- Minimizing staff turnover.
- Reducing the use of antipsychotic medications.
- Taking steps to keep residents safe and prevent hospital visits.

5. *Boston Globe

November 11, 2025

[Granddaughter vows justice as nursing home giant shirks \\$1.6b claims](#)

By Kay Lazar

Diana Coleman died of a stroke last year. But up until her last breath, the 73-year-old Townsend woman was battling Genesis HealthCare, a massive nursing home company, over the death of Coleman’s mother, Viola Whittemore, who died in 2020 after falling in one of Genesis’ Massachusetts nursing homes.

Now, Coleman’s 43-year-old daughter, Jillian Allen, is carrying the family’s lawsuit forward. But it will be more challenging than Allen had ever imagined.

That’s because Genesis, a [troubled nursing home chain](#) with 49 such facilities across New England and a history of violations and [low ratings](#), is in bankruptcy court, planning to sell the chain next Tuesday — to itself. The complex action, if approved by a judge in the Texas [bankruptcy proceedings](#), would wipe out much of the liability claims against the company.

Several members of New England’s congressional delegation, including Massachusetts Senator Elizabeth Warren, are [crying foul](#), saying the proceedings will stiff plaintiffs with pending negligence and wrongful death suits, like the Coleman family, as well as endanger a pension fund for roughly 500 of its workers in Connecticut, and leave many more medical supply, pharmacy, and other vendors in a lurch.

The move also raises questions about the quality of care for the thousands of residents who remain patients in Genesis’ nearly 200 nursing homes nationwide.

“My mother worked really hard to get justice for my grandmother, and I want to honor that and follow through with the case,” said Allen. “They should not be allowed to sweep this under the rug.”

The lawsuit alleges that Whittemore, Allen’s 96-year-old grandmother, died after falling at Academy Manor in Andover, then operated by Genesis, while left unattended. An ambulance record from that early morning notes that a nursing home worker acknowledged the ambulance

crew outside the facility's locked doors, but inexplicably failed to let them in for about two more minutes as they knocked on the nursing home's doors and rang the bell.

The EMTs found Whitemore breathing on the floor but unresponsive, and the crew noted a bruise on her head. She died an hour later at the hospital, the record shows.

Genesis denied the family's claims of negligence and wrongful death in the lawsuit, and did not return the Globe's requests for comment.

In its July bankruptcy filings, Genesis proposed to the court that it be acquired by ReGen Healthcare, a private equity company owned by [Joel Landau](#), who also co-owns another private equity firm called [Pinta Partners](#). Landau's ReGen already has at least 93 percent equity in Genesis, according to a letter the New England senators recently sent the companies demanding answers about the company's compensation to top executives and its plans for caring for patients going forward. Landau did not return a request for comment.

Genesis has racked up massive debts since 2011, when its previous private equity owners sold the company's facilities to a health care real estate investment trust for \$2.4 billion.

"The sale, which mirrors a similar move by the private equity owners of the now-defunct company [Steward Health Care](#), left Genesis with costly leases and long-term debts on real estate it once owned, while securing payouts for the private equity owners and other Genesis investors," the letter alleges.

"By March 2021, the sale of its real estate assets had led Genesis to the brink of bankruptcy. As a result, Genesis accepted a \$100 million investment over two years from Mr. Landau's private equity firm ReGen Healthcare LLC in exchange for 93 percent equity and the right to appoint two board members," the letter continued.

"If the money is not recovered through the bankruptcy process, it will have to be made up elsewhere," Creane said.

While the bankruptcy process is focused on the money owed to so many, Warren and her congressional colleagues raised concern about the welfare of the thousands of residents who remain in Genesis facilities. Their letter asked the company how it plans to ensure their safety and improve care going forward.

There's good reason for concern, according to recent [findings](#) from the [National Bureau of Economic Research](#), a Cambridge think tank. Researchers found that bankruptcy filings in nursing homes immediately increase staff turnover, and those who leave are replaced by new workers with fewer skills. Bankruptcies also increase hospitalizations by 4 percent among residents within 90 days of admission.

Adrienne Sabety, an assistant professor of health policy at Stanford University and coauthor of the research, said private equity companies find the \$200-billion-a-year industry, which receives public funding through Medicaid and Medicare, alluring.

"It's an industry that has a lot of sick and vulnerable patients, especially relative to the number of skilled workers in this industry," she said. "These

	<p>homes are probably working as very lean, mean machines, and if anything goes wrong, it can go really wrong.”</p> <p>Citing the huge growth of private equity in health care, Warren sponsored a bill that would, among other actions, create a new criminal penalty of up to six years in prison for executives who financially bleed health care entities like nursing homes and hospitals, if those actions result in a patient’s death.</p> <p>It’s all a bit overwhelming for Jillian Allen, who has fond memories of playing cards with her grandmother — gin rummy was one of her favorites. Allen said Genesis is mistaken if it thinks she will not keep her mother’s protracted legal battle alive. Her grandmother, she said, was a kind woman who did not deserve to die on a cold nursing home floor. “They need to be held accountable,” she said. “I am not done with them. They are trying to pull a fast one, and it’s so not right.”</p>
<p>Assisted Living Residences</p>	<p>6. *Boston Globe October 20, 2025 Fire officials release report on Gabriel House blaze that killed 10 people in Fall River By Travis Andersen Key Report Findings and Recommendations</p> <ul style="list-style-type: none"> • Rescue Obstructions: Rescue efforts were severely hampered by AC units installed with "plywood filling" in resident windows, forcing firefighters to rescue many residents through smaller bathroom windows. • Operational Takeaways: The report highlighted the need for pre-fire planning in high-risk facilities, clear communication, and "shelter-in-place" procedures. It also recommended direct alarm transmission to the fire department instead of private monitoring. • Calls for Reform: State Senator Mark Montigny emphasized the report shows a need for universal safety standards in all facilities housing seniors, including annual inspections, working sprinklers, and regular fire drills. <p>Fire Origin and Contributing Factors</p> <ul style="list-style-type: none"> • Cause: The blaze was deemed "accidental" and likely originated in a 2nd-floor resident's room. • Ignition Source: Investigators found smoking materials and a medical oxygen device in the room. Due to the damage and the resident's death, they could not confirm whether the fire was caused by the improper use of smoking materials or an electrical/mechanical failure. • Rapid Spread: The report identified the "presence of medical oxygen" in the room of origin and throughout the facility as a "significant factor in the rapid fire growth and spread." <p>Legal Response and Stakeholder Reactions</p> <ul style="list-style-type: none"> • Survivors' Attorney: Lawyer Steven P. Sabra, representing survivors, found the report "consistent" with clients' stories. He specifically noted the lack of hallway fire doors as a "significant finding" and confirmed his client, a double amputee, was one of those rescued through a small bathroom window.

	<ul style="list-style-type: none"> • Pending Lawsuits: The facility's owners face multiple lawsuits alleging that fire, smoke, and suppression systems "were not properly installed, inspected, or maintained." • Defendant Response: Fire Systems Inc. (FSI), a defendant, stated it only conducted periodic inspections and testing since 2014, but "did not install — nor was it contracted to maintain" the system. • Owner's Statement: A spokesperson for the owner said the staff is "heartbroken" and cooperating with investigators "to determine what went wrong."
<p>Home Health Care</p>	<p>7. Home Health Care News November 12, 2025 <u>Home Care's 'Game Changer': Expanding Into Complex Care Service Lines</u> By Joyce Famakinwa Home Care's Shift to Complex Services Home care providers are increasingly expanding beyond traditional non-clinical personal care to offer more complex, higher-acuity services. This "game changer" strategy is driven by changing patient needs, the opportunity for new revenue streams, and the ability to build stronger community partnerships.</p> <p>Provider Examples and Programs</p> <ul style="list-style-type: none"> • Synergy HomeCare: <ul style="list-style-type: none"> ○ Developed a "hospital-to-home" concierge program that includes transportation, care coordination, medication reminders, and fall prevention. ○ Offers a specialized care program for individuals with cancer. ○ Partners with BetterHelp (a Teladoc company) to provide a "Total Well-Being" program addressing mental and social health. • Home Helpers Home Care: <ul style="list-style-type: none"> ○ Launched specialty programs for memory care and chronic disease management. ○ Created the "Cared-4" bundled-services program to fill gaps in care, which has also opened up new partnership and revenue opportunities. <p>Operationalizing and Key Challenges</p> <ul style="list-style-type: none"> • Training: Success depends on robust caregiver training. Home Helpers has invested heavily in training, technology, and AI to support caregivers, making them feel more prepared and families safer. • Staffing: It is critical to have the right staff, as not every caregiver is equipped for complex cases like dementia or chronic disease. • Risks: According to Talentcare, the margin for error in complex care is low. Failures can lead to clinical quality issues, loss of trust from payers, and significant reputational damage. • Mindset Shift: Providers must transition from thinking about "providing hours" to "providing complex solutions" for families.

<p>Health Care</p>	<p>8. Health & Social Work November 2025 <u>Help! I Need Somebody: The Impact of Cognitive Status on Designating a Healthcare Proxy</u> By Joanne Tompkins, Heather L Connors Abstract The goal of this study is to understand the characteristics that make someone more likely to choose a healthcare proxy. Using five waves of the Health and Retirement Study, the authors use logistic regression models to examine the likelihood of designating a healthcare proxy, based on cognitive status and other demographic, social, and health factors. Results show several variables associated with lower odds of having a healthcare proxy, such as lower socioeconomic status, less active social life, and better health. Authors discuss how social workers can help identify at-risk patients and normalize conversations about end-of-life care preferences between healthcare professionals, patients, and families. Authors also discuss the importance of end-of-life care conversations between healthcare professionals and patients, and suggest more work is done to identify organizations that can serve as healthcare proxies for adults without support systems, as these adults have a greater likelihood of needing a legal guardian, which can be costly and create delays in care and hospital discharge.</p>
<p>Longevity</p>	<p>9. *Boston Globe November 17, 2025 (Updated) <u>A day inside a penguin retirement home at the New England Aquarium: 'It's a passion job.'</u> By Stan Grossfeld The Aquarium's "Geriatric Island"</p> <ul style="list-style-type: none"> • The New England Aquarium provides a "penguin retirement home" for its aging population, where most are in their 20s and 30s. • The oldest resident, Good Hope, is 36, which is like 118 in human years. • This special area protects elderly penguins from the younger birds and provides an easier life. • Residents often have age-related issues like arthritis, glaucoma, and foot problems. <p>Special Care and Enrichment</p> <ul style="list-style-type: none"> • The habitat features soft matted pads to help with mobility and comfort. • Trainers provide preventative foot treatments and enrichment activities like mirrored balls and bubbles. • The penguins receive unlimited fresh fish. • They receive extensive medical care, including vet teams, an ICU, and specialists like ophthalmologists and acupuncturists. <p>Social Dynamics</p> <ul style="list-style-type: none"> • Penguins often pair off, though they may not mate for life. One pair noted has a significant age difference: Lambert (33) and Dyer (15). • Dyer is protective of Lambert, especially during molting, highlighting the need for the separate, safer "geriatric island."

- Staff form strong bonds with the penguins and provide dedicated, compassionate care, including at the end of life.

10. *Boston Globe

October 20, 2025

['People think they are invincible.' Most Americans are unprepared for aging, studies show.](#)

By Kay Lazar

Summary of Aging Preparedness Studies

The selection highlights the urgent need for better planning by individuals and the government in response to two new reports on aging in America, noting that most Americans are unprepared for their later years. The population of Americans **65 and older is projected to increase by over 40% by 2050**, and one-fifth of an individual's life, on average, is expected to be lived in a state of illness.

Key Findings from the MIT AgeLab Study

The MIT study, which surveyed approximately 1,300 people across various age groups (18 to over 75), revealed generally low levels of preparedness for longevity.

- **Overall Scores:** Respondents averaged a score of **60 out of a possible 100**.
 - The **youngest participants** (18+) had the lowest scores, averaging **55**.
 - Adults over 65 didn't score much better, with a total average of **66**.
- **Primary Concern: Caregiving:** Caregiving was identified as the area needing the most improvement, as few adults know who will care for them or how they will afford the care.
 - Only **one in five** younger people indicated they had a care plan.
 - Even among the oldest respondents (75+), only **four in 10** had a clear idea.
- **Home Accessibility:** Many homes are not ready for "aging in place."
 - Only **45%** of those surveyed said they had no stairs in their home.
 - Just **34%** said their home was wheelchair accessible.
- **Psychological Barrier:** The study's coauthor noted that discussing caregiving is more difficult than discussing money, with people being "more likely... to see yourself dead than you are to see yourself disabled."

Financial Preparedness and Medicaid Concerns

Research from UMass Boston and the National Council on Aging (NCOA) focused on the financial vulnerability of older Americans and the threat to the social safety net.

- **Financial Vulnerability: 80% of older Americans** (60 and older) lack sufficient resources to withstand a financial shock, such as a health issue or a significant long-term care need, without falling into poverty.

	<ul style="list-style-type: none"> • Socioeconomic Gap: Earlier data showed a significant differential in longevity between wealthier and less wealthy people. • Medicaid Cuts: The researchers concluded that the social safety net will be severely impacted by the nearly trillion dollars in cuts to Medicaid under the new federal tax and spending law. <ul style="list-style-type: none"> ○ Medicaid's Role: It provides health coverage to 7.2 million low-income seniors enrolled in Medicare, pays for various home care services, and is the primary funding source for most nursing home residents. ○ Consequence: These cuts are expected to have a "cascade effect" on younger people, with many potentially having to leave the workforce to care for an aging parent. <p>Community Response and Planning Details</p> <ul style="list-style-type: none"> • Local Assistance: Local councils on aging can help residents navigate available resources during a crisis. • Community-Level Planning: More communities are adopting changes to be more welcoming to older residents, especially those with dementia or mild cognitive impairment, by training staff at local businesses. • Gaps in Planning: Even the "best planners" may overlook critical details, such as planning for the onset of dementia or teaching a spouse how to handle finances.
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11. National Academy of Social Insurance

November 13, 2025

[Building the Workforce Behind Long-Term Care](#)

By Allison Cook and Erica Amarante

Overview: Investing in the Home Care Workforce

This article presents four key recommendations for states to strengthen the home care workforce as they develop new Long-Term Services and Supports (LTSS) social insurance programs. The central argument is that any new financing program will only succeed if there is a sufficient, high-quality workforce to provide care.

1. Establish Workforce Standards Across Programs

The text recommends setting minimum, uniform standards across all LTSS programs (e.g., Medicaid, private pay, new social insurance) to reduce confusion, simplify training, and make the jobs more appealing.

- **Create a Home Care Workforce Standards Board:** This board would include stakeholders (workers, consumers, providers) and issue binding recommendations on wages, benefits, and training that apply to the entire industry, regardless of the payer.
- **Support Unionization:** Ensure workers have the freedom to form and join unions, which negotiate for higher wages, better benefits, and improved job safety. The public authority model (used in Michigan) is cited as one way to facilitate this.

2. Support Home Care Workforce Development

New LTSS programs will require more skilled workers, so funding must be set aside for recruitment, training, and credentialing.

- **Designate Funding:** A modest percentage of the social insurance program's revenue could be placed in a trust fund dedicated to workforce development expenses, such as career advancement programs and certifications.
- **Conduct a Landscape Study:** States should first study their existing workforce development systems to determine if it is more efficient to fund current programs or create new ones.

3. Incorporate Workforce Investments into Actuarial Studies

Actuarial studies, which estimate the costs of a new program, must be based on the cost of quality jobs, not on historically low wages that perpetuate under-investment.

- **Build a Worker Registry:** Create an up-to-date, cross-program online platform that connects vetted workers with consumers who need care. This helps consumers find staff and helps workers find compatible jobs.

	<ul style="list-style-type: none"> • Include True Costs in Estimates: Actuarial firms must factor in the costs of a living wage, health benefits, paid time off, and training when projecting program costs. <p>4. Explore Additional Workforce Strategies</p> <p>The creation of a new LTSS program provides an opportunity for states to improve other areas of the long-term care system.</p> <ul style="list-style-type: none"> • Incentivize Quality: Use cross-payer payment mechanisms to give financial rewards to providers (in home care or nursing homes) that invest in their workforce and provide high-quality care. • Bolster Medicaid Investment: Any "savings" the new social insurance program creates by delaying or preventing people from needing Medicaid should be reinvested into Medicaid to remedy its historic under-investment in the workforce. • Assess Career Advancement Opportunities: Explore strategies like multi-state certifications, universal worker designations (allowing work across settings), and advanced certifications that come with pay increases.
<p>Federal Policy</p>	<p>12. National Academy of Social Insurance October 14, 2025 <u>The Growing Crisis in Long-Term Care</u> By Allison Cook and Erica Amarante</p> <p>The U.S. is getting older, with 10,000 people turning 65 every day. People may also develop disabilities at any age that require long-term services and supports (LTSS). Seventy percent of those over the age of 65 will need some form of LTSS in their lifetimes – such as home care, care delivered in a nursing home or assisted living facility, adult day care, or others. Therefore, demand for LTSS, especially for home- and community-based services, is increasing.</p> <p>Unfortunately, the U.S. has not created the necessary policies and programs to adequately pay for these services or ensure we have</p>

	<p>enough workers to deliver them. We currently have an LTSS system that leaves millions of people behind due to its fractured nature and lack of affordability. Medicaid, a federal and state partnership, has become the largest payer for LTSS – requiring middle-class individuals to spend down their life savings to qualify for vital services. Further, Medicaid home and community-based services are largely considered optional, rather than mandatory services – creating enrollment caps, waitlists, and geographic limitations for services. Private long-term care insurance provides LTSS coverage, but the premiums are unaffordable for many of those who qualify. These realities create a significant gap in this system for the “forgotten middle” who do not qualify for Medicaid, cannot afford long-term care insurance, and cannot afford paying out-of-pocket.</p> <p>At the federal level, debates on Medicaid have mostly centered on whether to maintain or cut existing funding levels—leaving little room for a broader, long-overdue conversation about how to adequately fund and strengthen this struggling system. Therefore, a growing number of states have begun to explore building their own programs to help their residents pay for the LTSS they need. In particular, learning from WA Cares in Washington State, additional states are considering establishing LTSS social insurance programs, which would provide a benefit to those who have paid in – usually through a payroll tax, similar to workers’ compensation and unemployment insurance programs.</p> <p>Simultaneously, states are experiencing an LTSS workforce shortage. Meeting long-term care demand will require filling 8.9 million direct care positions between 2022 and 2032 (including filling new positions and replacing workers leaving the field). Therefore, any new LTSS financing approach that seeks to increase access to services must also address workforce needs.</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></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</p>

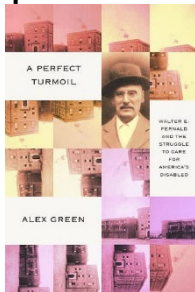
continental United States – meaning these vulnerable residents can afford less each and every year.

Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: <https://dignityalliancema.org/take-action/#/25>. It literally takes less than a minute to deliver the message.

If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via <https://tinyurl.com/ForgetMeNotPNA> or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.

**We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.*

Books by DignityMA Participants



About the Author:

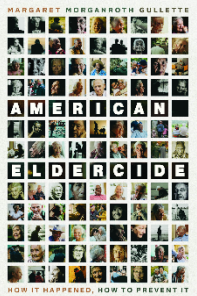
Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led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

[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.

<p>history of state institutions for disabled people in Massachusetts.</p>	<p>Buy the book here</p>
<p>Books by DignityMA Participants</p>  <p>About the Author: Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women’s Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>	<p><u>American Eldercide: How It Happened, How to Prevent It</u> By <u>Margaret Morganroth Gullette</u></p> <p>A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.</p> <p>Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up. Until now. In <i>American Eldercide</i>, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.</p> <p>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.</p> <p>Buy the book here.</p>
<p>Bringing People Home: The Marsters Settlement</p>	<p>Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/</p>
<p>Support Dignity Alliance Massachusetts</p> <p><u>Please Donate!</u></p>	<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		
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>
MassHealth Eligibility Information	<p>MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care</p> <p>Table of Contents (Last updated: December 16, 2024)</p> <p>Massachusetts Medicaid Long-Term Care Definition</p> <p>Income & Asset Limits for Eligibility</p> <p>Income Definition & Exceptions</p> <p>Asset Definition & Exceptions</p> <p>Home Exemption Rules</p> <p>Medical / Functional Need Requirements</p> <p>Qualifying When Over the Limits</p> <p>Specific Massachusetts Medicaid Programs</p> <p>How to Apply for Massachusetts Medicaid</p>	
Money Follows the Person	<p>MassHealth</p> <p>Money Follows the Person</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: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning</p> <p>Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version</p>
Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</p> <p>Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>
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.

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://somersestridgerehab.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)

	<p>https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208</p> <ul style="list-style-type: none"> Life Care Center of Merrimack Valley, Billerica (2) https://lcca.com/locations/ma/merrimack-valley/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225546/</p> <ul style="list-style-type: none"> Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1) https://www.medwaymanor.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412</p> <ul style="list-style-type: none"> Pine Knoll Nursing Center, Lexington, (3) https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225049/</p> <ul style="list-style-type: none"> RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523</p> <ul style="list-style-type: none"> West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/</p> <p>No longer operating</p> <ul style="list-style-type: none"> South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram
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<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> 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> </tbody> </table>	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
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Nursing Home Compare	Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes: <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. Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite		
Data on Ownership of Nursing Homes	Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.		
DignityMA Call Action	<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	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
Participation opportunities with	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com

<p>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>	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Farrow	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
	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"> • Wynn Gerhardt • Richard Mollot • Dick Moore <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></p>			

Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.

The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.

Previous issues of The Tuesday Digest and The Dignity Digest are available at:

<https://dignityalliancema.org/dignity-digest/>

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.