



The Dignity Digest

Issue # 261

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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	<i>A Thanksgiving Message of Gratitude</i> Thanksgiving is often defined by plentiful food, football, and family. Yet symbolically, it is a time to pause and give thanks—for those who extend a helping hand, for our health, and for the family, friends, and neighbors who enrich our lives. As children, we learned of the Pilgrims and Native Americans gathering to give thanks for survival through a perilous winter. Four hundred years later, we continue that tradition of gratitude, not only for abundance but for those who help us endure hardship. Today, many give thanks for the volunteers, nonprofits, and government programs that provide food, shelter, and heating assistance to those in need. For older adults and people with disabilities, a special thank you must go to caregivers. We honor family and neighbors who help us navigate the vagaries of health, mobility, and countless small but essential activities of daily living. We recognize the nurses and nurse assistants in nursing homes who, though underpaid and overworked, make extraordinary efforts to care for residents—and we thank those who visit to break through the loneliness. Let us not forget the home health aides and Meals on Wheels deliverers who brighten days for those isolated in homes and apartments. Their dedication embodies the true spirit of Thanksgiving: compassion, community, and dignity.

<p>Quotes</p>	<p>This season, may we all give thanks not only for what we have, but for those who make life better for others.</p> <p><i>"This gives back independence to people who never thought they'd have independence again. There are alternatives. It doesn't have to be the way that it is."</i></p> <p>Barry Berman, the chief executive officer of Chelsea Jewish Lifecare, the nonprofit that owns the Leonard Florence Center, which follows the Green House philosophy, with small residences each serving 10 people, with private bedrooms, a common living room, outdoor space, residential units dedicated to people dependent on ventilators, including those with ALS or MS, They need a ventilator to stay alive. Getting one can be a nightmare (Shots – NPR, November 29, 2025)</p> <p><i>"How can we be so behind in that kind of care [ventilator care] and those kinds of facilities if we're the best country in the world. Why is this?"</i></p> <p>Denise Valliere, whose son, Marion, is ventilator-dependent due to ALS and is now a resident at the Leonard Florence Center in Chelsea, MA, They need a ventilator to stay alive. Getting one can be a nightmare (Shots – NPR, November 29, 2025)</p> <p><i>"Living with my grandmother isn't easy, but there are bright moments."</i></p> <p>Danielle Haynes, I'm in my 40s, single, and childless, so I moved in with my 90-year-old grandma. It isn't always easy being her caregiver. (Business Insider, November 30, 2025)</p> <p><i>"In many respects, it's easier to open a home care agency than a pizza shop in the Commonwealth."</i></p> <p>Harrison Collins, director of legislative affairs for the Home Care Alliance of Massachusetts, Massachusetts considers regulations for home care agencies caring for elderly (*Boston Globe, November 30, 2025)</p> <p><i>"Right now anybody could roll into town and they could put a shingle out and they could start hiring people and offering home care."</i></p> <p>Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts, Massachusetts considers regulations for home care agencies caring for elderly (*Boston Globe, November 30, 2025)</p>
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“[State Representative] Ann-Margaret [Ferrante] was more than just a legislator or a boss to those of us who worked for her. She was a true friend and mentor. Every day with her was a lesson in how to serve your community.”

Dru Tarr, Rep. Ferrante’s research and district director, [State Rep. Ann-Margaret Ferrante, 53, remembered for kindness, grace](#) (*Salem News, December 1, 2025)

[Three Austrian nuns, Sister Rita, 82, Sister Regina, 86, and Sister Bernadette, 88] had had enough of the [nursing] home by early September, and — with the aid of a locksmith — fled to the century-old abbey. Once their supporters restored electricity and water, the sisters went about their old lives with the help of their former students, almost as if they had never left.

[3 Rebel Nuns Can Stay in Abbey, if They Give Up Social Media](#) (*New York Times, November 28, 2025)

“Skilled nursing facilities, just by nature of the way they operate over both a broader geographic footprint and the larger long-term population, they just historically have not had the infrastructure to manage complex reporting.”

Drew Graham, a partner with Hall Booth Smith, an Atlanta, GA based law firm, [New process aims to be build SAFE nursing homes through daily reporting](#) (McKnights Long-Term Care News, November 30, 2025)

“‘Healthy aging’, or successful aging’, tries to fight condescension and improve conditions for older adults by highlighting the virtues of members of the group — as experienced workers, care-giving grandparents, coaches and mentors, adventurers, and sources of wisdom.”

Margaret M. Gullette, author of “Ending Ageism, or How Not to Shoot Old People” and a member of Dignity Alliance Massachusetts’ Coordinating Committee, [Thanks for the help, but maybe I can handle it](#) (*Boston Globe, November 29, 2025)

“The science is real, and the evidence is overwhelming: there is no connection between vaccines and autism. Vaccines are safe, effective and lifesaving. They are the backbone of modern disease prevention and the well-being of our communities.”

Governor Maura Healey, Governor, [Governor Healey Condemns Federal Misinformation about Vaccines and Autism](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, November 24, 2025)

“Massachusetts has a housing crisis, and it affects all of us – families, seniors, students, and young people alike. Research has shown that getting people off the streets and into stable housing builds a foundation for addressing other pressing needs like job training, mental health care, and substance use treatment.”

Attorney General Andrea Campbell, [AG Campbell Sues Trump Administration Over HUD Policy That Would Put More People Into Homelessness](#) (Office of Attorney General Andrea Campbell, November 25, 2025)

“It’s an extremely fragile, vulnerable population. These are people that cannot care for themselves. They rely on us to move them, they can’t quickly get out of bed and evacuate the building.”

Rockland, MA Fire Chief Scott Duffey, ([Ceiling fan eyed as cause in blaze at Rockland nursing home](#) (*Boston Globe, December 1, 2025)

Licensure [of home health care providers] is about setting a baseline of quality and safety standards, not creating barriers. This bill will implement standards that most people assume are already required. Implementing a licensure system will ensure that every Massachusetts resident receiving care at home can do so with confidence, knowing their provider are part of a system that values safety and professionalism.

Jake Krilovich, Executive Director of the Home Care Alliance of Massachusetts, [House Passes Home Care Bill](#) (Massachusetts House of Representatives, November 5, 2025)

Pinnacle’s [a 480-bed nursing facility located in the Bronx, NY] claims for skilled nursing services were not made in accordance with Medicare requirements for 99 of the 100 skilled nursing services claims we sampled, which resulted in overpayments totaling \$1,059,443. Specifically, for 95 sampled claims, the associated medical record did not support the HIPPS code that Pinnacle assigned to the enrollee. Additionally, Pinnacle incorrectly billed Medicare for services provided to enrollees who did not require skilled nursing services (54 claims) and billed for some services that did not meet Medicare documentation requirements (2 claims). The total errors amount to more than 99 because 52 claims contained multiple deficiencies.

[Nearly All Skilled Nursing Services Provided by Pinnacle MultiCare Nursing and Rehabilitation Center Did Not Meet Medicare Payment Requirements](#) (Department of Health and Human Services Office of Inspector General Office of Audit Services, November 25, 2025)

“Florida’s nursing home ownership data reveals a growing trend of private investor involvement and a lack of transparency in ownership structures, making it difficult to assess accountability for care quality. Unlike publicly traded companies, private investors are not required to disclose financial and operational details, complicating efforts to track how public funds are used in these facilities.”

Lindsay Peterson, Ph.D, Associate Professor of Research at the University of South Florida, [New Report Reveals Declining Quality in Florida Nursing Homes Following Private Investor Acquisition](#) (AARP, November 2025)

	<p><i>This missing CMS data may offer some insight into why we encountered so many challenges with identifying clear ownership details for all 425 Florida nursing homes that changed hands between 2019 and 2024. For example, in nearly every case of change in ownership the nursing home was designated as its own limited liability company (LLC). According to CMS Care Compare records, in most cases these LLCs were then listed as the sole owner for each nursing home facility, with the LLC possessing a 100% ownership interest. In some cases, indirect owners were also listed, but many of these turned out to be family and real estate trusts or other LLCs within LLCs. Most of the records listed affiliated entities, but many of these appeared to be either private investors (including more LLCs) or managers and consultants that were unlikely to have control over the facilities' budgets. And while CMS records provide detailed quality data regarding these affiliated entities, the data offered no insights into to what, if any, control these entities may have over the nursing home's operations or spending.</i></p> <p><u>Change of Ownership and Quality in Florida Nursing Home</u> (AARP, November 2025)</p>
<p>A Thanksgiving Day Poem</p>	<p>Reflections on Thanksgiving Day By Barbara Kleeman</p> <p>Time flows through our fingers Like water Cold and bright at the start Full of sensation Until it ceases to be felt as the years tumble ahead and we say How did we get here?</p> <p>Age becomes a familiar mystery. Noting time passing as if we were actors</p>

	<p>on a stage we barely recognize.</p> <p>How did we get here? We ask with the wonder of a young child.</p>
<p>Commentary Offered by DignityMA Participants</p>  <p>Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a former Massachusetts State Senator.</p>	<p><i>A Seat at the Table of Dignity Thanksgiving Reflection, Massachusetts Nursing Homes and Beyond, 2025</i> By Richard T. Moore</p> <p>On Thanksgiving Day, we gather around tables not only to share food, but to share gratitude. For nursing home residents across Massachusetts, gratitude is not a passive feeling, it is a lens through which we see what must change. To give thanks is to recognize blessings, but also to name the responsibilities that come with them.</p> <p>Gratitude for Care We are thankful for the caregivers who show compassion in the face of low pay, long hours, and limited resources. Their kindness reminds us that dignity is not a luxury, but a right. Yet gratitude also compels us to demand staffing levels that allow compassion to flourish, not burn out.</p> <p>Gratitude for Family and Community We are thankful for families who visit, advocate, and hold hands. Their presence is a lifeline. But gratitude also calls us to reform visitation policies, ensuring that no resident is ever isolated again, even in times of crisis.</p> <p>Gratitude for Oversight and Advocacy We are thankful for regulators, advocates, and coalitions like Dignity Alliance, who shine light on ownership chains and accountability gaps. Their vigilance protects lives. But gratitude also insists that transparency be more than a report—it must be a guarantee of safety, accountability, and justice. We are also thankful for the many legislators who not only care, but who act—advancing reforms and benefits that strengthen oversight, expand supports, and uphold dignity across the Commonwealth.</p> <p>Gratitude for Life and Legacy We are thankful for the chance to live, remember, and contribute. Each resident carries a legacy of work, family, and community. Gratitude demands that our deaths not be dismissed as “expected,” but honored as the closing chapters of meaningful lives. Reform must ensure that every passing is treated with dignity, not routine – remembering with Dignity.</p> <p>Parting Thoughts</p>

On this Thanksgiving, gratitude is not the end of the story, it is the beginning of reform. To sit at the table of dignity means to ensure that every resident, every caregiver, and every family member has a voice. Gratitude calls us to action: to build a system where dignity is not seasonal, but permanent.

Beyond the walls of Massachusetts nursing homes, gratitude is also expressed by older adults, people with disabilities, and caregivers who remain active members of their communities. They give thanks for programs that help them age in place: tax incentives like the Senior Citizen Circuit Breaker, rental subsidies and home modification grants, meals on wheels, family caregivers, personal care attendants, senior centers, and transportation programs. Their advocacy, alongside legislative champions, ensures that dignity is not confined to institutions, but is woven into the fabric of community life.

2025 marks ‘turning point’ in states’ efforts to scale back private equity influence in nursing homes

Dignity Alliance leads new effort in Massachusetts to prohibit state pension fund investments that prioritize greed over care

By Richard T. Moore

November 28, 2025

Private equity’s expanding role in nursing homes and other healthcare settings is raising alarms from coast to coast, with state lawmakers introducing legislation in an effort to reduce its control over the sector, according to a new report and legislative tracker from the Private Equity Stakeholder Project.

“PESP’s analysis shows that 2025 marked a turning point in the state-level policy landscape,” the organization said.

“From Massachusetts to Oregon, states are moving to close the gaps that have allowed private equity to reshape healthcare with little scrutiny,” PESP Senior Policy Researcher Michael Fenne said in a statement. “Lawmakers are beginning to connect opaque ownership structures and profit extraction to real-world impacts on patients, workers, and their communities.”

PESP noted Genesis HealthCare’s bankruptcy filing earlier this year as an example of “how leveraged buyouts and extractive financial strategies can destabilize essential healthcare providers.” Genesis HealthCare owns and operates several nursing homes in Massachusetts, including facilities in Greenfield, Milford, Danvers, Leominster, Quincy, Worcester, Wakefield, and Westfield, according to ProPublica.

“Genesis’s financial unraveling reflects a familiar pattern: private equity owners extracted value through sale-leaseback deals and layered debt, while the company struggled to maintain operations,” PESP said in an August post on its website.

“The result is another nursing home giant in bankruptcy, and a case study in how financial engineering can undermine long-term care delivery.”

According to PESP’s latest analysis, half a dozen states — California, Indiana, Massachusetts, New Mexico, Maine, and Oregon — enacted laws this year to increase ownership transparency and prohibit risky financial maneuvers. Illinois and Pennsylvania advanced bills granting their attorneys general new powers to review and block private equity-backed healthcare deals deemed contrary to the public interest. State proposals have failed in Colorado and Connecticut, but bipartisan debates continue on the topic.

“These reforms show a growing recognition that healthcare must serve patients, not investors,” Fenne said. “States are developing the oversight frameworks needed to bring accountability, transparency, and continuous access to the healthcare system.”

According to PESP, state bills addressing private equity in healthcare mostly address transparency and reporting, approval and enforcement authority, targeted prohibitions against specific financial practices linked to properties in financial distress and strengthening prohibitions against non-clinicians controlling medical decision-making through management service organizations. However, legislation sponsored by Dignity Alliance focuses on banning state pension fund investments in private equity and real estate investment trust that owns or invest in nursing homes or assisted living.

In testimony before the Joint Committee on Financial Services, Dignity Alliance Co-Founder and Legislative Chair Richard Moore stated:

“We know from research and lived experience that private equity-owned nursing homes often reduce staffing and compromise care, leading to higher rates of neglect and even mortality. REITs, driven by real estate value extraction, prioritize occupancy and revenue over resident well-being. Public funds should never profit from enterprises that erode dignity for older adults and people with disabilities. Pension funds are meant to secure dignity in retirement, not undermine it for others.”

“Together, these reforms reflect a growing state-level movement to increase accountability in healthcare finance and ensure that business practices align with patient and community needs,” PESP said.

NOTE: This story is taken, in part, for McKnight’s Long-Term Care News.

Massachusetts Must Learn from Skyline, Genesis, Steward—and Act Before It's Too Late

Oversight Before Collapse

By Richard T. Moore

When Joseph Schwartz's Skyline Healthcare collapsed, thousands of nursing home residents across the country were left in chaos. Facilities shuttered overnight, employees went unpaid, and taxpayer dollars meant for care were siphoned into fraud. Schwartz was convicted of stealing tens of millions in payroll taxes and Medicaid funds—only to be pardoned by President Trump, erasing accountability for one of the most egregious elder care scandals in U.S. history. He is the third nursing home owner pardoned by Trump this year, underscoring a disturbing trend of absolving executives who exploited vulnerable seniors.

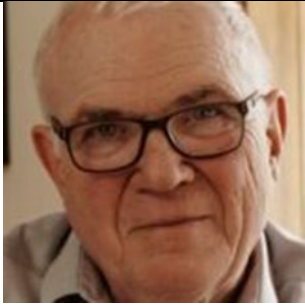
Fortunately, Massachusetts avoided direct exposure to Skyline. But we are not immune. Genesis HealthCare, which operates nursing homes here in the Commonwealth, declared bankruptcy this year under the weight of more than a billion dollars in debt. Unlike Skyline's outright fraud, Genesis's collapse stems from years of financial engineering, sale leaseback deals, private equity extractions, and unsustainable debt structures—that drained resources from care while enriching investors.

Closer to home, Steward Health Care's failure disrupted acute care delivery across Massachusetts, leaving communities scrambling to preserve access to hospitals and emergency services. That collapse rippled into long term care, straining nursing homes and rehabilitation facilities that depend on hospital partnerships for admissions, discharges, and continuity of care. The Steward debacle is a stark reminder that when irresponsible owners strip value from health institutions, the damage is not confined to balance sheets—it is felt in every community, by patients, families, and caregivers.

And the risks are not behind us. Several Bear Mountain nursing homes are pending transfer to Vantage, a company with troubling reports of its own. Meanwhile, the non profit Edgar P. Benjamin Center in Boston—long a trusted provider for vulnerable residents—has been sold through a court ordered receivership to Allaire Health Services of New Jersey, a for profit operator with no local roots. These transactions highlight just how tenuous the ownership landscape has become in Massachusetts, where facilities can change hands overnight, often to companies with questionable track records.

The Massachusetts Risk

	<p>Genesis’s bankruptcy, Steward’s implosion, and the pending transfers raise urgent questions for our state. What happens to residents if nursing homes here are destabilized? How will workers be protected from wage theft or benefit loss? And how can taxpayers be assured that public dollars are funding care, not corporate profits and gamesmanship? The Department of Public Health must not wait for another collapse to reveal hidden risks. It should proactively examine ownership structures, debt burdens, and financial practices of current operators to ensure Massachusetts does not face the same surprise that accompanied Steward’s downfall.</p> <p>What Must Change</p> <ul style="list-style-type: none"> • Financial transparency: Require nursing home operators to disclose ownership structures, debt obligations, and related party transactions. • Proactive oversight: Empower regulators to intervene before insolvency, not after. • Worker protections: Safeguard employees against payroll diversion, benefit fraud, and unsafe staffing practices. • Resident centered care: Tie reimbursements to measurable quality outcomes, ensuring taxpayer dollars support dignity and safety. <p>A Moral Obligation</p> <p>Elder care is not a negotiable commodity. It is a moral obligation. Massachusetts must lead the way in reforming oversight, demanding transparency, and protecting residents and workers alike. The Skyline scandal, Genesis bankruptcy, Steward collapse, Bear Mountain transfer, and Benjamin Center sale are not distant stories—they are warnings. If we fail to act, the next crisis could happen here, and it will be our most vulnerable citizens who pay the price. That is why the Department of Public Health must look closely at current owners of nursing homes and their financial practices now—before another collapse blindsides our communities. Prevention, not reaction, is the only way to honor our duty to seniors and caregivers.</p>
	<p><i>Licensing of Home Care Agencies: Licensing Home Care Is the Minimum Standard of Dignity Massachusetts Owes Its Elders</i> By James A. Lomastro, PhD December 2, 2025</p> <p>In Massachusetts, a quiet contradiction sits at the center of our long-term-care system. This state, which prides itself on health-care excellence, continues to allow one of its fastest-growing and most essential care sectors, home care, to operate with little oversight. As the Boston Globe recently reported, we are one of only four states where a person can</p>



James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia.

open a home-care agency with no license, no background check, no training requirement, and no inspection of any kind. Families live with the consequences of this vacuum every day. The Globe told the story of Doug Hano, whose wife, Kirsten, was diagnosed with early-onset Alzheimer's and requires constant in-home support. What they encountered was not a system but a scramble: untrained aides, inconsistent care, agencies unable or unwilling to be accountable when things went wrong. They had no recourse because, in Massachusetts, home-care agencies answer to no one. This is not an isolated story. It is the predictable outcome of a state choosing, through inaction, to leave thousands of elders, disabled adults, and caregivers in a landscape where trust is assumed, not earned.

If you step back from the daily emergencies families face, a larger pattern emerges: an unregulated market where money flows easily, but safety, training, and accountability do not. In previous analyses of nursing homes, assisted living, and private-equity ownership, we have seen how extraction flourishes wherever structural oversight disappears. Unlicensed home care lives in that same shadow. Reputable agencies try to do the right thing, while pop-up companies with no training or protections undercut them on price. Workers absorb the risk—wage theft, injury, harassment—while families absorb the uncertainty. They exploit a system that, because it is funded with public dollars, becomes a source of guaranteed income.

It would be one thing if this were simply regulatory neglect. But the absence of standards has created systemic chaos. Some institutions operate as though disorder is a strategy, not an accident. Home care in Massachusetts mirrors that logic: little centralized data, no complaint system, limited inspection authority, no visibility into who owns these agencies or how they operate. Chaos is not a policy failure; it has become the policy.

And yet, home care is not marginal to our long-term care system; it is the front door and the back door. It is where families turn first, often in crisis, before hospitals, before assisted living, before nursing homes. It is where many elders return and wish to remain, and where people with disabilities exercise their right to live independently in their communities. To leave this sector without standards is to declare that the people who rely on it are unworthy of protection.

But something deeper is at stake than regulatory structure. There are limits to robotics; caregiving is not a set of mechanical tasks. It is relational, skilled, emotionally attuned work that requires presence, judgment, and dignity. Yet unlicensed home care reduces caregiving to tasks because, under deregulation, they are billable tasks that public agencies can track. The moral dimension of care disappears. The workforce becomes invisible. Their risks become externalities. Their expertise becomes optional. Meanwhile, families are left to rely on intuition and trust because the state offers no public assurance of competence or safety.

Licensing changes that. It is not a bureaucratic hurdle. It is the basic public promise that care matters enough to require skill, that workers matter enough to require protection, that elders matter enough to deserve safety. The evidence supporting oversight is overwhelming. National reviews have repeatedly found that inadequate regulation in home-based care correlates with increased falls, medication errors, preventable injuries, and hospitalizations among older adults. Studies in health services research show that when home care workers operate without training or organizational standards, worker attrition and client harm rise together. The current system is not just fragile; it is dangerous.

Home-care workers today are performing the labor. They are the ones who help older and disabled persons rise safely from bed, prepare food, remind them to take their medications, calm fear or confusion, and bear witness to lives often ignored. To treat that labor as unregulated commodity work is a betrayal of the dignity at the heart of caregiving.

A licensing law would not solve every issue. No single law could. However, it would provide the essential structure needed for improvement: workforce development, fair compensation, consumer protection, and quality assurance all depend on basic oversight. Licensing would help restore public trust, eliminate bad actors, and strengthen reputable ones, aligning Massachusetts with its stated values. Most importantly, it brings clarity and genuine reform to a sector often lost in ineffective efforts. Rather than empty gestures, licensing would be a direct action and a clear public commitment: families would not remain unsupported, workers would not remain unprotected, and opacity would not be mistaken for progress.

Massachusetts has led before—**on community-based care, on moving away from institutions, and on elder rights.** It is

time to lead again. Licensing home-care agencies is the minimum standard of dignity and justice for every person who wishes to live safely at home, for every caregiver doing essential labor, and for every family navigating the complexities of aging and disability. It is not red tape. It is a promise.

The moment for action is now. Massachusetts must act without delay.

[The Struggle for Long-Term Care, Nonprofits, and What Economic Justice Requires](#)

Non-Profit Quarterly

By James A. Lomastro, PhD

November 25, 2025

Providers are “split into haves and have-nots.” When Katie Smith Sloan, CEO of [LeadingAge](#)—a 5,400-member network of nonprofit aging services providers—recognized this at the network’s [2025 annual meeting](#), she echoed a similar argument [made in these pages](#), and displayed rare candor. Some organizations are thriving, while others, particularly those serving Medicaid populations, she noted, are “hanging by a thread.” In her remarks at the meeting, held in Boston earlier this fall, Sloan emphasized the need for innovation and adaptation, which is understandable. Yet this approach risks treating symptoms rather than causes.

Participants widely acknowledged that the system of long-term care is not working....But discussion of structural solutions was only rarely part of the conversation.

And the symptoms of the long-term care crisis are significant. For workers, as a Paraprofessional Health Institute report [stated](#), “36 percent of [the direct care] workforce lives in or near poverty (defined as having a household income less than 200 percent of the federal poverty level) and 49 percent rely on public assistance programs to make ends meet.”

Meanwhile, for patients, care is often grossly inadequate. Katherine Miller, a Johns Hopkins University health policy professor and coauthor of a study on the subject, [noted that](#) “an integrated public health delivery system with full support for aging in place, such as increasing opportunities for home-based care, improving access to affordable housing, and providing solutions to satisfy older adults’ transportation and social participation needs will be critical to meet care needs of the aging population.”

At the LeadingAge conference, two things were clear:

Participants widely acknowledged that the system of long-term

care is not working for ordinary people. But discussion of structural solutions was rarely part of the conversation.

Troubling Trends

Meanwhile, [research](#) into nursing home costs shows some troubling trends: related-party deals, typically involving private equity, that extract resources; sale-leasebacks that turn assets into rent for affiliates; and management fees that drain revenue.

Negative outcomes of these measures [include](#) a rise in short-term mortality, fewer nursing staff hours per patient, and more hospitalizations. Struggling facilities face more than innovation gaps; resources are diverted, and regulators remain underfunded.

Industry representation often pushes advocacy away from protective standards—putting vulnerable lives at persistent risk.

While extraction is worse under for-profit owners than nonprofit owners, [63 percent of all nursing home profits](#)—across all ownership types, including nonprofits—flow through related parties (that is, arrangements between parties with business ties or common interests). Nonprofits also use financial structures that may not best serve care. The point here isn't to blame, but to see that the system pressures everyone.

Why Reform Is Difficult for Industry-Based Nonprofits

Several structural factors often constrain nonprofit associations like LeadingAge from being at the forefront of transformative reform:

- Organizations focus on solutions that keep coalitions together. LeadingAge represents nonprofits. Technology and new care models create unity with for-profits. Critiquing ownership or financial engineering could split the group. So, the focus shifts from accountability to innovation.
- Trade groups face tough choices. Those supplying Medicaid funding also decide on enforcement. Demanding strict action against financial fraud could cost support and risk scrutiny—even when justified.
- Workforce challenges create tension. In this fall's conference, Roberto Muñiz, LeadingAge's board chair, praised the dedication of workers in the sector: "We just have the hearts to continue providing excellent care." This commitment is important. But highlighting dedication can perpetuate underfunding, leaving worker resilience as a substitute for real support like living wages, bargaining, and immigration reform.

- The “haves and have-nots” split is seen as market segmentation needing innovation. But it may result from extraction and weak rules, creating a two-tier system. This isn’t intentional misdirection; it’s how trade groups tend to see their members’ challenges.

Back in 2024, LeadingAge, facing such pressures, opposed the Centers for Medicare and Medicaid Services (CMS) proposing [minimum staffing standards](#), and warned of closures as a result—despite research showing that residents need at least [4.1 hours](#) of care per day to avoid harm, and the final rule required only 3.48 hours. This stance highlights the urgent conflict: Organizational capacity concerns collide with the life-or-death stakes of resident safety. Industry representation often pushes advocacy away from protective standards—putting vulnerable lives at persistent risk.

The Moving Forward Coalition as a Case Study

The [Moving Forward Coalition](#), launched with \$1.2 million from The John A. Hartford Foundation, later supplemented in 2024 by an additional [\\$1.69 million](#) “Phase II” grant, exemplifies both good intentions and structural constraints. The coalition has produced nine action plans and brought stakeholders together. However, two-and-a-half years in, the sector still faces challenges around some entrenched, divisive issues, such as private equity ownership, worker wages, Medicaid adequacy, and enforcement capacity.

The core challenge: [LeadingAge’s role as convener of Moving Forward](#) introduces inherent conflicts. As a trade association, it must protect member interests, so action plans center on achievable, visible improvements. This leaves more systemic issues that divide its membership, such as those mentioned above, largely unaddressed. As a result, the structural roots of extraction remain intact.

This isn’t necessarily a result of cynical calculation; it may simply reflect the limits of what industry-convened coalitions can and are structured to address. Organizations achieving significant reform such as the [Long-Term Care Community Coalition](#), [Justice in Aging](#), and [Dignity Alliance Massachusetts](#) (full disclosure: I am a member of the leadership committee of this last group), operate with greater independence from industry structures. They can challenge industry claims directly and pursue litigation when needed. The Moving Forward Coalition, constrained by its convening organization’s multiple stakeholder relationships and lack of adequate industry representation, finds structural reform more difficult. Organizations such as LeadingAge and Moving Forward simply cannot be the [honest brokers](#) to usher in structural change.

Building a Long-Term Care System That Works for All

Economic justice sometimes conflicts with organizational self-interest. Leading transformation within industries presents inherent constraints. Real reform often requires building greater independence, including accepting that advocacy sometimes means confronting comfortable allies and using political power even when controversial.

Long-term care needs are expanding rapidly. Not all people needing long-term care need nursing home support, but a CMS estimate suggests that the current patient load of 1.5 million may increase to [2.6 million](#) by 2030, even as existing facilities are strained. For nonprofits, this moment requires difficult choices. Sloan's invocation: "Hope precedes action, which leads to impact," points to important questions. What kind of hope? Hope centered on working within existing structures, or hope that demands transformation of those structures? The bifurcation between "best years ever" and "hanging by a thread" isn't natural market sorting but reflects choices about who controls resources and whose lives matter.

The long-term care crisis is challenging but also offers nonprofits a unique opportunity.

The arithmetic remains clear: Every dollar diverted through complex financial arrangements represents choices about priorities. Technology and innovation are valuable, but they cannot substitute for accountability and justice. Nonprofit organizations have opportunities to use their resources and moral authority to demand transparency into ownership, financial accountability, adequate enforcement, and prosecution when fraud occurs.

Some principles that might guide change are:

- **Fair distribution.** This means advocating not just for adequate Medicaid reimbursement but also for transparency about where current resources go, including when financial structures don't optimally serve care delivery.
- This means urgently supporting investigations into questionable financial arrangements, demanding transparency into ownership even when it exposes uncomfortable truths, not accepting facility closures when safety cannot be guaranteed, and making sure that operators face legal consequences when residents are harmed.
- This requires that the people most affected have the genuine power to change systems. Direct care workers earning median wages of [\\$17.36 per hour](#) with significant annual turnover need collective bargaining rights,

immigration reform, and living wages, not just verbal appreciation for their dedication.

- **Systemic transformation.** This requires a willingness to change structures that perpetuate inequality. This means moving beyond stakeholder consensus-building toward advocacy for enforcement capacity, transparency requirements for ownership, restrictions on concerning financial arrangements, and public alternatives that might compete with nonprofit members.

There is no need to assign blame to leaders like Sloan who are working hard under extraordinary constraints. Rather, building a functional long-term care system is about recognizing that constraints prevent industry-based organizations from leading the transformation that vulnerable populations need. Economic justice may require nonprofits to operate with greater independence from industry structures, accept confrontation with powerful interests, and choose system transformation over stakeholder consensus.

The long-term care crisis is challenging but also offers nonprofits a unique opportunity. Nonprofits committed to economic justice can decide whether to work primarily within existing industry frameworks or to build the independence necessary to challenge extraction. Taking this harder road may create organizational dissonance, difficulties, and dissent, but the benefits can be substantial.

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

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.

<p>Chair, DignityMA's "Remembering with Dignity" initiative dwc@cooganlaw.com 617-332-8828</p>	<p>"The pandemic left a void, not just in our families but in our collective memory," said Deborah W. Coogan, Chair of the 'Remembering with Dignity' initiative. "So many died in isolation, and their stories risk being lost in the statistics. 'Remembering with Dignity' provides a way to honor their essence – the values they lived by – and ensures they are remembered as more than just a number. It is a first step toward healing and advocating for a future where we better protect our most vulnerable." The platform seeks to capture the spirit of each individual. Submissions can be made at DignityMA's website.</p> <p>How to Submit a Remembrance:</p> <ul style="list-style-type: none"> • Visit www.dignityalliancema.org and navigate to the "Pandemic Memorial" page under the "Resources" tab or click on https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A. The QR code below can also be used. • A remembrance should be no more than 175 words. • Rather than a formal obituary, each submission should describe the person's essence, values, and their story. • Please include the circumstances of their passing (e.g., if they lived or worked in a high-risk setting such as a nursing home, rest home, group home, or hospital, or as a caregiver or essential worker). <p>DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor their loved ones and channel their grief into advocacy for policies that better protect vulnerable populations during future public health crises. Details will be announced at a later date.</p>
<p>Life Well Lived</p>	<p><u><i>State Rep. Ann-Margaret Ferrante, 53, remembered for kindness, grace</i></u> *Salem News December 1, 2025</p> <p>State Rep. Ann-Margaret Ferrante, D-Gloucester, who called herself a legislator of fishermen and farmers, died early Thanksgiving morning after a five-year struggle with pancreatic cancer. She was 53. Ferrante came from a humble downtown immigrant family of a fisherman father and a school librarian mother to become one of the most influential lawmakers on Beacon Hill. The Gloucester native, who had represented the 5th Essex District since 2009, rose to become vice chair of the powerful House Committee on Ways and Means.</p>

	<p>Mayor Greg Verga ordered all flags in the city lowered to half-staff out in her honor.</p> <p>Ferrante worked on demanding legislative matters such as the state budget all while managing chemotherapy infusions at Dana-Farber Cancer Institute, and advocating for policies for cancer patients like herself. She was diagnosed in January 2021 at age 49 in the midst of the COVID-19 pandemic.</p> <p>Just last month, the first-generation American returned to Sicily to visit with family and officials there. It was the first time she had been back in 28 years. Her father, a native of Sicily and retired fisherman, Joseph G. Ferrante, died in November 2024 just shy of his 83rd birthday.</p> <p>“At the end of the day, when all is said and done, for me and this community, it’s about the people,” Ferrante said during an August 2022 interview after speaking to seniors at a cookout at Stage Fort Park during a successful run for reelection that year.</p> <p>“She will be remembered not only for her role as vice chair of the House Ways and Means Committee,” said her close colleague in the Legislature, Senate Minority Leader Bruce Tarr, R-Gloucester, “and for her many legislative achievements, but also for her kindness, her grace in the face of adversity, and her remarkable ability to lift others even while carrying her own burdens.”</p> <p>“First elected to the Legislature in 2008, Ann-Margaret dedicated her legislative career to ensuring that Cape Ann always had a seat at the table in legislative matters; always focused on our fishermen, jobs and economic development, and helping those in need,” read a statement from her office announcing her passing.</p> <p>“Driven by her faith and her focus on community, Ann-Margaret lived to embody the social gospel of Matthew: ‘For I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me,’” the statement said.</p> <p>Ferrante’s legacy</p> <p>Ferrante’s legacy includes championing the establishment of Gloucester Marine Genomics Institute Inc. and Gloucester Biotechnology Academy, bringing the Imagination Library to Cape Ann’s children, expanding The Open Door food pantry, and “her focus on giving the people of Cape Ann and the Commonwealth new opportunities, and much more,” the statement said.</p> <p>A gasp went up in a room outside the kitchen at The Open Door as American Legion Post 3 Commander Peter Favazza III, a friend of Ferrante’s, broke the news of her death to volunteers gathered to help the assemble a Thanksgiving meal for delivery to those in need. He asked for a moment of silence.</p> <p>Favazza said Ferrante was a year behind him in school and they had first met at what is now the O’Maley Innovation Middle School.</p>
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	<p>“She stood out then and I think it’s fair to say we all knew that she was (destined for) big things,” Favazza said. He said her accomplishments continued even after she was diagnosed.</p> <p>“She just kept going. That’s the Ann-Margaret that I know. That’s the one I’m going to miss,” he said.</p> <p>Top state elected officials from U.S. Rep. Seth Moulton, D-Salem, to Gov. Maura Healey, to Lt. Gov. Kim Driscoll and many local leaders extended their condolences and paid tribute to Ferrante’s dedication, love, and drive to help the people not only of Gloucester and Cape Ann but of the commonwealth.</p> <p>Tarr, also a Gloucester native with deep roots in the seaport, worked hand-in hand with Ferrante across the aisle.</p> <p>“For me, this loss is profoundly personal,” he said. “Ann-Margaret was not only a trusted legislative partner, but also a cherished friend — someone my family and I considered part of our own.”</p> <p>Ferrante, a 1990 graduate of Gloucester High who graduated from Tufts University where she majored in economics and international relations, had once worked as Tarr’s intern and then as his aide as she got her start in politics.</p> <p>She went on to earn a law degree from Suffolk University Law School, in part she said in 2022, because working for Tarr and coming from a fisherman’s family, she had seen what she called were “the legal abuses that the U.S. government was putting on our fishermen.”</p> <p>Tarr’s and Ferrante’s close working relationship on Beacon Hill for Cape Ann residents was founded on their friendship and they were in lockstep when it came to working on issues of concern to the community.</p> <p>“Even as she faced a difficult and relentless battle with cancer,” Tarr said, “she met each day with purpose, determination, and an unwavering focus on what truly mattered. That resilience inspired all of us who had the honor to serve alongside her.”</p> <p>A “heartbroken” Healey said Ferrante inspired others with her resilience and bravery during her cancer battle. She said she would miss Ferrante’s humor, guidance, passion and, most of all, her friendship.</p> <p>“The proud daughter and granddaughter of Gloucester fishermen,” Healey said, “Ann-Margaret was a fierce champion for the people of Cape Ann for more than 15 years, always advocating for our fishermen, making Gloucester a hub for marine biotechnology, and investing in vocational training to set students and local businesses up for success.</p> <p>“She was guided by her deep faith, and everything she did was to help others,” Healey said. “She was one of the most selfless people I know, and there was no one more loyal to her friends, family and the constituents she served.”</p> <p>Driscoll, the former Salem mayor who knew Ferrante for many years, described Ferrante as “a true daughter of Gloucester. In fact, Ann-Margaret was Gloucester.</p>
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“ Her leadership was marked by integrity, compassion, and an unwavering belief in the potential of her community,” Driscoll said. “Across the commonwealth, colleagues knew her as a thoughtful policymaker and a determined advocate. But to Gloucester, she was something even more: she was a champion, a protector, and a constant source of pride.”

Ferrante was elected in 2008, having unseated longtime state Rep. Anthony “Tony” Verga in the Democratic primary that year. Verga’s son, outgoing Mayor Verga, worked closely with Ferrante over the years.

“Ann-Margaret was a true champion for our city,” Verga said, “and her impact will be felt for generations. It has been a real honor working alongside her over the past several years. Witnessing her strength as she represented us at the Statehouse while quietly battling cancer is something I have the utmost respect for. She was a fierce advocate for Gloucester — from our waterfront industry to economic development and education. I am grateful to have known her and to have worked with her.”

“I am deeply saddened by the passing of Ann-Margaret Ferrante,” said Moulton. “She was a dear friend, an accomplished legislator, and a champion for the people of Cape Ann. Ann-Margaret led with compassion, integrity, and a profound belief in the dignity of every person she represented.”

“Ann-Margaret was more than just a legislator or a boss to those of us who worked for her. She was a true friend and mentor,” said Dru Tarr, Ferrante’s research and district director. “Every day with her was a lesson in how to serve your community.”

[Remembrances by Governor Maura Healey and Lt. Governor Kim Driscoll](#)

Governor Healey:

“I’m heartbroken over the loss of my dear friend State Representative Ann-Margaret Ferrante. The proud daughter and granddaughter of Gloucester fishermen, Ann-Margaret was a fierce champion for the people of Cape Ann for more than 15 years, always advocating for our fishermen, making Gloucester a hub for marine biotechnology, and investing in vocational training to set students and local businesses up for success. She was guided by her deep faith, and everything she did was to help others. She was one of the most selfless people I know, and there was no one more loyal to her friends, family, and the constituents she served.

“Ann-Margaret inspired us all with her resilience and bravery during her cancer battle, never straying from her focus on her constituents and advocating for policies that would support future cancer patients and survivors even while going through treatment herself. I will miss her humor, her guidance, her passion and, most of all, her friendship. My heart goes out to her family, friends and all who loved her. Massachusetts is a better place because of Ann-Margaret Ferrante.”


Lieutenant Governor Driscoll:

“Gloucester, Cape Ann and the Commonwealth lost a giant today

	<p>with the passing of State Representative Ann-Margaret Ferrante. Ann-Margaret was a force for good – a devoted public servant, a fierce advocate, and a true daughter of Gloucester.</p> <p>“In fact, Ann-Margaret was Gloucester. She carried its stories, its resilience, its working-waterfront pride with her in every room she entered. Whether she was fighting to protect the fishing industry, championing local economic development, poring through the state budget, or ensuring that local families had the resources they needed to thrive, she worked with a passion that came from a lifetime of loving the place she grew up and its people.</p> <p>“Her leadership was marked by integrity, compassion, and an unwavering belief in the potential of her community. Across the Commonwealth, colleagues knew her as a thoughtful policymaker and a determined advocate. But to Gloucester, she was something even more: she was a champion, a protector, and a constant source of pride.</p> <p>“I have had the privilege of knowing Ann-Margaret for many years. I extend my deepest condolences to her mom, her family, friends, and the entire Gloucester community. We share in your grief, and we honor the legacy she leaves behind – a legacy of service, of love for her hometown, and of a life devoted to making Massachusetts stronger.”</p>
<p>Reports</p>	<p><u>Change of Ownership and Quality in Florida Nursing Homes</u> AARP November 2025</p> <p>Over the past five years, more than 425 Florida nursing homes (over 60% of the state’s total) filed a change of ownership. Many of these nursing homes were sold to private equity investors and our analyses revealed that, in most cases, the nursing homes’ quality of care performance worsened after the sale.</p> <p>With the pace of nursing home sales accelerating in recent years, nursing home ownership has become a complex and thorny issue for policymakers, as the complexity of ownership groups has increasingly blurred who is responsible for the quality of care being provided. . .</p> <p>Among the 156 Florida nursing homes acquired by private equity firms, the average CMS ratings dropped from an average of 3.4- to 2.9-stars between 2019 and early 2024. More specifically, in 2019 (prior to their acquisition, 28% of the facilities in our sample had a 5-star or well-above-average quality rating, while only 10% had a 1-star or significantly-below-average quality of care rating. By 2024, the percentage of facilities with 5-star ratings dropped to 14%, while the percentage of 1-star nursing homes more than doubled to 21%. Among nursing homes purchased by private-investment groups or equity funds after 2019, the percentage of nursing homes with 1 Star (the lowest possible) on the Five-Star Quality Ratings substantially increased, while the percentage of 5-Star facilities substantially decreased. . .</p>

	<p>In the process of examining records for all 425 facilities, we discovered how difficult it is to determine who or what controls many nursing homes in Florida today. . .</p> <p>Researchers found that ownership share details were missing for most of the nursing home owners across all facilities; an owner could have had a 5% stake or a 95% stake in a nursing home facility – it was impossible to determine from much of the self-reported data provided. The fact that numerous transactions were missing from the CMS change of ownership files for these facilities suggests that not all nursing home sales and transfers of ownership are being reported to the CMS, as is legally required.</p>
<p>Healthy to 100: The Science of Social Connection SUBSCRIBE</p>	<p>From the Department of Water is Wet.</p> <p>Last year, the Oxford University Press named brain-rot – defined as mental or intellectual deterioration from over-consuming trivial or unchallenging online content – as its word of the year. The rapid growth of use of the word reflects heightened concern among educators, parents, and anyone who has a phone on the deleterious impact of high use of short form social media video (SFV).</p> <p>Now, along come researchers to tell us what we already know. The researchers from Griffith University in Australia reviewed 71 high-quality studies of short form video use, covering almost 100,000 participants, and found that habitual use of fast-paced, highly stimulating SFV desensitized users to slower, more challenging types of content such as reading, problem solving, and deep learning. In addition, long-term exposure to SFV can lead to social isolation, lower life satisfaction, loneliness, increased anxiety, and poorer sleep.</p> <p>It's no wonder that so many tech executives insist on sending their kids to schools that ban phones and social media use. Ironically, here's a SFV on Instagram that explains it.</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</p> <p>Ceiling fan eyed as cause in blaze at Rockland nursing home (*Boston Globe, December 1, 2025)</p> <p>It's Terrifying: 102 Residents Evacuated after Multi-alarm fire in Rockland (Boston 25 News (video report), November 30, 2025)</p> <p>New process aims to be build SAFE nursing homes through daily reporting (McKnights Long-Term Care News, November 30, 2025)</p> <p>They need a ventilator to stay alive. Getting one can be a nightmare (Shots – NPR, November 29, 2025)</p> <p>Providers on the lookout after 'implausible' CMS audit findings (McKnights Long-Term Care News, November 28, 2025)</p> <p>Nearly All Skilled Nursing Services Provided by Pinnacle MultiCare Nursing and Rehabilitation Center Did Not Meet Medicare Payment Requirements (Department of Health and Human Services Office of Inspector General Office of Audit Services, November 25, 2025)</p> <p>Home Health</p>

	<p><u>Massachusetts considers regulations for home care agencies caring for elderly</u> (*Boston Globe, November 30, 2025) <u>House Passes Home Care Bill</u> (Massachusetts House of Representatives, November 5, 2025)</p> <p>Caregiving <u>I'm in my 40s, single, and childless, so I moved in with my 90-year-old grandma. It isn't always easy being her caregiver.</u> (Business Insider, November 30, 2025)</p> <p>Health Care <u>Mass. reports 590 confirmed COVID-19 cases and 3 deaths in a week. See the latest data.</u> (*Boston Globe, November 27, 2025 (updated)) <u>Governor Healey Signs Budget That Prioritizes Affordability, Vaccine and Health Care Access, and Public Safety</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, November 25, 2025)</p> <p>Ageism <u>Thanks for the help, but maybe I can handle it</u> (*Boston Globe, November 29, 2025)</p> <p>Disability Topics <u>For blind climber Jesse Dufton, there is little that's out of reach</u> (Sunday Morning (CBS News) (Video report), November 30, 2025)</p> <p>Federal Policy <u>AG Campbell Sues To Block Unlawful SNAP Eligibility Guidance</u> (Office of Attorney General Andrea Campbell, November 26, 2025) <u>AG Campbell Sues Trump Administration Over HUD Policy That Would Put More People Into Homelessness</u> (Office of Attorney General Andrea Campbell, November 25, 2025) <u>Governor Healey Condemns Federal Misinformation about Vaccines and Autism</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, November 24, 2025)</p> <p>State Policy <u>Massachusetts seeks more oversight, safer conditions at group homes</u> (*Boston Globe, November 12, 2025)</p> <p>From Around the Country <u>New Report Reveals Declining Quality in Florida Nursing Homes Following Private Investor Acquisition</u> (AARP, November 2025) <u>Bay Area assisted living facility worker gets jail time after 2 residents die</u> (SFGATE, November 30, 2025) <u>How a troubled Michigan nursing home chain came to an end</u> (Michigan Live, November 28, 2025)</p> <p>International <u>3 Rebel Nuns Can Stay in Abbey, if They Give Up Social Media</u> (*New York Times, November 28, 2025) <u>Elderly Austrian nuns who broke back into their convent will be allowed to stay. But there are conditions</u> (CNN, November 28, 2025)</p>
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<p>DignityMA Study Session</p> <p>Newly Rescheduled</p>  <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p>Agging Policy Update: What We Know, What We Don't Know, and What We Should Fear</p> <p>Friday, December 5, 2025, 11:00 a.m. to 12:00 p.m.</p> <p>Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</p> <p>Registration required: https://us02web.zoom.us/j/8121212121</p> <p>Bob discusses the current state of aging policy at the national level as the second year of the Trump Administration is getting underway. 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>
<p>Webinars and Online Sessions</p>	<p>1. Health Affairs</p> <p>Thursday, December 11, 2025, 1:00 to 2:30 p.m.</p> <p><i>Private Equity's Impact on the Practice of Medicine</i></p> <p>Private equity (PE) firms have made huge investments in health care, including hospitals, physician practices, home health, and more. With growing research pointing out the negative impacts on physicians and quality of care for patients, the ultimate outcome of PE in health care is unclear.</p> <p>On December 11, join Health Affairs for a virtual event with a panel of experts exploring some of the most recent research on PE, implications for health care clinicians and patients, and what policy makers at the state and federal levels should be doing in response to PE's increasing role in health care.</p> <p>Moderated by Ateev Mehrotra of Brown University, the event's confirmed speakers include:</p> <ul style="list-style-type: none"> • Yashaswini Singh, Brown University • Sneha Kannan, University of Pittsburgh • Ola Abdelhadi, Stanford Medicine • Stephanie Lee, University of Michigan • Barak Richman, George Washington University • Ge Bai, Johns Hopkins University • Rick Snyder, HeartPlace • Zirui Song, Harvard University <p>Register</p> <p>2. Leonard Davis Institute of Health Economics</p> <p>Friday, December 12, 2025, 12:00 to 1:00 p.m.</p> <p><i>Financing Long-Term Care: Public vs. Private Solutions</i></p> <p>The U.S. has no comprehensive system to pay for long-term care, leaving many families to exhaust their savings or leave the workforce to care for aging loved ones. Policy solutions range from expanding public</p>

programs to stabilizing the private insurance market, or combining both approaches, as recent bipartisan efforts propose. Yet past policy chapters highlight just how challenging—and costly—this issue remains. This seminar will bring together experts to examine the policy options and political landscape shaping the future of long-term care—and explore what it will take to build a sustainable system to care for aging Americans.

Speakers:

- Richard G. Frank, PhD, Director, Center on Health Policy and Senior Fellow in Economic Studies, The Brookings Institution
- Narda Ipakchi, MBA, Vice President, Policy and Programs, The SCAN Foundation
- R. Tamara Konetzka, PhD, Louis Block Professor of Public Health Sciences and Professor, Medicine, The University of Chicago

Moderator: Rachel M. Werner, MD, PhD, Executive Director, Penn LDI; Robert D. Eilers Memorial – William Maul Measey Professor in Health Care Management and Economics, Wharton School; Professor, Medicine, Perelman School of Medicine

[Register](#)

3. Agency for Healthcare Research and Quality

Wednesday, December 17, 2025, 1:30 to 3:00 p.m.

[AHRQ National Webinar on Prepping for the Future: Digital Solutions for Aging Populations](#)

As the population of older adults continues to grow, there is an increasing need for healthcare solutions that can support healthy aging, improve quality of life, and address the unique challenges faced by this demographic. Digital healthcare technologies, including remote monitoring, telehealth, and personalized health apps, have the potential to revolutionize care for older adults by enabling timely interventions, enhancing access to care, and promoting independence. Our panel of experts will share their research on how digital tools can improve health outcomes for older adults, explore barriers to adoption, and discuss strategies to ensure these technologies are accessible, user-friendly, and effective. Eligible providers can earn up to 1.5 CE/CME contact hours for participating in the live webinar.

Learning Objectives:

At the conclusion of this Webinar, participants should be able to:

- Identify key design principles for developing older adult-friendly digital health tools that integrate EHR data and natural language processing to support personalized health communication and shared decision-making.
- Describe how telehealth-enabled transitional care models can improve medication adherence, self-management, and health outcomes in older adults following hospital discharge.
- Explain how mobile apps and SMART on FHIR-enabled platforms can collect and integrate patient-generated health data to inform clinical decision-making in age-friendly care.

Speakers:

	<p>Zhe He, Ph.D., FIAHSI, FAMIA, Professor, School of Information Director, Institute for Successful Longevity, Florida State University Valerie G. Press, M.D., M.P.H., Professor of Medicine and Pediatrics, Associate Chief Clinical Transformation Officer, University of Chicago Jorie Butler, Ph.D., Assistant Professor, Department of Internal Medicine, Division of Geriatrics, University of Utah School of Medicine Moderator: Kevin Chaney, M.G.S., Senior Advisor for Dissemination and Innovation, Division of Digital Healthcare Research, Center for Evidence and Practice Improvement Register</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>4. *Boston Globe December 1, 2025 Ceiling fan eyed as cause in blaze at Rockland nursing home By Camilo Fonseca Incident Overview</p> <ul style="list-style-type: none"> • Event: A three-alarm fire broke out Saturday around 4 p.m. at the Webster Park Rehabilitation & Healthcare Center in Rockland. • Response: Firefighters from Rockland and neighboring communities responded quickly, extinguishing the third-floor blaze within minutes. • Cause: State and local investigators believe the fire was an accidental electrical event, likely originating from a ceiling fan in a third-floor bathroom. <p>Impact on Residents</p> <ul style="list-style-type: none"> • Displacement: Although the fire was contained quickly, water damage necessitated the evacuation of all 102 residents to nearby nursing homes. • Status: No injuries were reported resulting from the fire, though some residents were treated for pre-existing conditions. • Witness Accounts: Family members described a chaotic scene. One resident reported falling ceilings and having to leave personal possessions behind. <p>Context and Background</p> <ul style="list-style-type: none"> • Facility Status: The building is owned by Marquis Health Services and passed a fire safety inspection on Feb. 4. • Severity: Fire Chief Scott Duffey noted the extreme vulnerability of the population, comparing the potential danger to a July fire in Fall River that killed 10 residents. <p>5. Boston 25 News (video report) November 30, 2025 It's Terrifying: 102 Residents Evacuated after Multi-alarm fire in Rockland</p> <p>6. McKnights Long-Term Care News November 30, 2025 New process aims to be build SAFE nursing homes through daily reporting By Kimberly Marselas</p>

Program Overview

- **Initiative:** The Good Samaritan Society has launched daily "SAFE" (Sanford Accountability For Excellence) meetings across its skilled nursing facilities to address patient safety, daily processes, and policy needs.
- **Significance:** Observers view this as a comprehensive approach to safety reporting, an area where the nursing home sector has historically lagged behind acute care.

Structure and Function

- **Format:** The process involves 15-minute regional meetings that escalate information to market leaders and finally to an enterprise-wide call involving all Sanford health sectors.
- **Participation:** Administrators or nurse leaders from every nursing home participate, in addition to standard building-level morning stand-ups.
- **Methodology:** Calls begin with a "SAFE story"—an actual incident or near miss—to facilitate shared learning across facilities.
- **Responsiveness:** The system allows for immediate action on urgent issues, such as product recalls, ensuring faster compliance than traditional email notifications.

Legal and Industry Context

- **Barriers:** Attorneys note that while acute care systems have robust reporting infrastructures, nursing homes often lack them due to geographic spread and liability concerns.
- **Legal Risks:** Experts warn that without specific state peer-review protections or attorney-client privilege, safety discussions could be discoverable in litigation or used by CMS surveyors.
- **Regulatory Environment:** Concerns regarding how CMS inspectors utilize quality and safety data continue to discourage some providers from implementing rigorous self-reporting systems.

Operational Impact

- **Broader Scope:** Beyond patient safety, the meetings address operational challenges, such as IT network outages, survey preparedness, and human resources issues.
- **Feedback:** despite the time commitment, administrators report the meetings are vital for efficient communication and shared problem-solving.

7. Shots – NPR

November 29, 2025

[*They need a ventilator to stay alive. Getting one can be a nightmare*](#)

By Jordan Rau

Systemic Care Shortages ("Ventilator Deserts")

- **Lack of Facilities:** There is a severe shortage of nursing homes capable of caring for ventilator-dependent patients (e.g., those with ALS or spinal cord injuries). Only **347 of the nation's ~14,750 nursing homes** have specialized ventilator units.
- **Geographic Gaps:** Fifteen states, including Missouri, have zero nursing homes with specialized ventilator units.

- **Displacement:** Because most nursing homes cannot accept these patients due to staffing or equipment shortages, families are often forced to move loved ones out of state or leave them in hospitals indefinitely.

Insurance and Equipment Barriers

- **"Fail First" Policies:** Many insurers, particularly Medicare Advantage plans, require patients to fail on cheaper, simpler devices (like CPAP or BiPAP) before authorizing advanced home ventilators.
- **Safety Risks:** Unlike advanced ventilators, cheaper respiratory assist devices often lack essential safety features such as backup batteries and alarms for airway leaks or collapsed lungs, increasing the risk of suffocation.
- **Bureaucratic Hurdles:** Advanced ventilators cost over \$10,000. Patients and doctors must often fight lengthy appeals processes to get coverage, during which the patient's condition may deteriorate.

Financial and Regulatory Challenges

- **Exorbitant Costs:** Families often deplete their savings paying for private home nursing, which can cost hundreds of thousands of dollars, as insurance rarely covers 24/7 care.
- **Medicaid Issues:** State Medicaid programs often have low reimbursement rates that fail to incentivize nursing homes to offer ventilator care.
- **Future Cuts:** Proposed federal Medicaid cuts threaten existing waiver programs and home-health initiatives that allow disabled patients to live outside of institutions.

Alternative Care Models

- **The Green House Model:** The Leonard Florence Center in Massachusetts offers a rare alternative, providing small, technology-enabled residences that allow ventilator patients independence (e.g., using eye-movement technology to control their environment).

8. McKnights Long-Term Care News

November 28, 2025

[Providers on the lookout after 'implausible' CMS audit findings](#)

By Kimberly Marselas

Summary of OIG Audit Findings on Skilled Nursing Facility (SNF) Payments

The Office of Inspector General (OIG) has released initial audit findings suggesting gross misuse of the **Patient Driven Payment Model (PDPM)** by a skilled nursing provider, causing anxiety among operators.

Key Audit Findings

- **Provider:** A New York provider was audited.
- **Compliance Rate:** Found to be out of compliance in **99 of 100** sampled PDPM claims.
- **Repayment Amount:** The provider was directed to repay **more than \$31 million**.
- **Improper Claims:** Allegedly related to:
 - **HIPPS code selection.**
 - **Provision of skilled services** to Medicare patients whose conditions did not require them.

- OIG stated most selected residents did not require skilled nursing care.

Provider's Defense

- An attorney for the facility called the OIG's calculated overall improper payment rate "**statistically implausible**" and the finding that residents didn't require skilled care "**flawed.**"
- The provider argued the disputed claims were pulled from the **early COVID-19 Public Health Emergency (PHE)** period.
- The provider claimed investigators "**misconstrued**" rules and interpretations, citing that the Centers for Medicare & Medicaid Services (CMS) had relaxed some admissions and reporting rules during the PHE.

Industry Implications

- This audit is the "**first in a series of audits**" of SNF practices under PDPM, which was introduced in October 2019.
- The OIG is pursuing these audits because skilled nursing billing is historically "**susceptible to noncompliance with Medicare requirements.**"
- Experts note the findings are "**utterly shocking to the industry**" and could have **significant implications** across other reimbursement formats, including state PDPM Nursing Case-Mix methodologies.

9. Department of Health and Human Services Office of Inspector General Office of Audit Services

November 25, 2025

[Nearly All Skilled Nursing Services Provided by Pinnacle Multicare Nursing and Rehabilitation Center Did Not Meet Medicare Payment Requirements](#)

Why OIG Did This Audit

- In October 2019, CMS implemented a new payment system for determining Medicare Part A payments for skilled nursing facilities (SNFs) known as the Patient Driven Payment Model (PDPM).
- Prior OIG audits found that skilled nursing services are susceptible to noncompliance with Medicare requirements, resulting in improper payments to SNFs.
- This audit is the first in a series of audits of SNFs that billed for skilled nursing services under the PDPM.

Our audit determined whether Pinnacle Multicare Nursing and Rehabilitation Center's (Pinnacle's) claims for skilled nursing services were made in accordance with Medicare requirements.

What OIG Found

- Pinnacle did not comply with Medicare requirements for 99 of 100 sampled claims, resulting in overpayments totaling \$1.1 million, for skilled nursing services provided during calendar years 2020 and 2021. As a result, we estimated that Pinnacle received Medicare overpayments of at least \$31.2 million.
- Pinnacle incorrectly billed Medicare for skilled nursing services (1) when the medical record did not support that the associated individual

	<p>was assigned the correct reimbursement rate code, (2) provided to individuals who did not require skilled nursing services, and (3) that did not meet documentation requirements.</p> <ul style="list-style-type: none"> • The errors occurred because Pinnacle’s clinical and billing staff did not always follow its procedures to properly assign reimbursement rate codes in accordance with Medicare requirements and provide sufficient clinical review to verify that enrollees required skilled nursing services. In addition, Pinnacle did not follow its procedures to ensure that it always complied with Medicare documentation requirements. <p>What OIG Recommends</p> <p>We made three recommendations to Pinnacle, including that it refund to the Medicare program \$31.2 million for skilled nursing services claims that did not meet Medicare requirements, consider conducting one or more internal audits or investigations for claims before and after our audit period, and provide additional training to its clinical and billing personnel on its procedures to properly claim skilled nursing services. The full recommendations are in the report. Pinnacle did not concur with any of our recommendations.</p>
<p>Home Health</p>	<p>10. *Boston Globe November 30, 2025 <u>Massachusetts considers regulations for home care agencies caring for elderly</u> By Jason Laughlin</p> <p>Based on the provided text, here is a summary of the situation regarding home care agencies in Massachusetts:</p> <p>Current Regulatory Landscape</p> <ul style="list-style-type: none"> • Lack of Oversight: Massachusetts is one of only four states with no licensing process for private, nonmedical home care agencies. • Low Barrier to Entry: Industry experts note it is currently easier to open a home care agency than a pizza shop, allowing inexperienced operators to enter the market. • Inconsistent Quality: Without regulations, families report wildly varying levels of care, with some aides being disengaged or untrained, leaving vulnerable patients at risk. <p>Proposed Legislation</p> <p>The Massachusetts House recently passed a bill to establish standards for the state's approximately 1,500 home care agencies. Key provisions include:</p> <ul style="list-style-type: none"> • Licensing: Agencies must obtain a three-year license from the Executive Office of Health and Human Services (HHS). • Mandates: Requires worker background checks, transparency regarding services and costs, and mandatory training in skills such as dementia care and infection control. • Enforcement: HHS would have the power to inspect agencies, revoke licenses, and levy fines of \$500 per day for violations. • Scope: The bill regulates businesses, not individual personal care attendants. <p>Support and Impact</p>

- **Industry Support:** The Home Care Alliance supports the bill to prevent "subpar" agencies from undercutting those that invest in quality control.
- **Worker Protections:** Supported by the union SEIU 1199, the bill includes protections for fair payroll practices and creates a tracking system for mistreatment complaints to protect both workers and clients.
- **Family Advocacy:** Families of patients with conditions like Alzheimer's view the legislation as a necessary step toward accountability and better vetting for caregivers.

11. Massachusetts House of Representatives

November 5, 2025

[House Passes Home Care Bill](#)

Legislative Action

- **Passage:** The Massachusetts House of Representatives passed a bill (vote of 153-1) to establish a licensure process for non-medical home care agencies. The legislation now moves to the Senate.
- **Objective:** To ensure quality care for the growing aging population, increase transparency, and protect home care workers.

Oversight and Accountability

- **Regulatory Authority:** The Executive Office of Health and Human Services (EOHHS) is tasked with implementing licensure, approving licenses, investigating agencies, and imposing fines for violations.
- **Agency Requirements:** Agencies must disclose any individual with at least a 5% ownership interest, demonstrate financial capacity, and carry workers' compensation and liability insurance.
- **Transparency:** EOHHS must publish a list of licensed agencies and establish quality metrics to monitor performance.

Workforce and Consumer Protections

- **Advisory Bodies:** The bill creates two councils:
 - *Home Care Oversight Advisory Council:* To guide the licensure process.
 - *Home Care Worker and Consumer Abuse Stakeholder Advisory Committee:* To recommend standards for addressing bullying and abuse of workers and consumers.
- **Worker Safety:** Establishes procedures for reporting abusive treatment, tracking incidents, and informing workers of unsafe environments.
- **PCA Rights:** Grants specific anti-discrimination protections to Personal Care Attendants (PCAs).

Training and Standards

- **Screening:** Mandates background checks for all home care workers.
- **Competency Requirements:** Requires annual training for employees covering:
 - Confidentiality and privacy rights.
 - Infection control and emergency handling (including falls).
 - Abuse/neglect identification and reporting.
 - Alzheimer's and dementia care (communication and behavioral management).

	<p>Support</p> <ul style="list-style-type: none"> • Legislative Leadership: Championed by House Speaker Ronald J. Mariano and Rep. Thomas M. Stanley (Chair, Joint Committee on Aging and Independence). • Endorsements: Supported by major organizations including 1199SEIU, the Home Care Aide Council, Mass Aging Access, the Home Care Alliance of Massachusetts, and the Alzheimer's Association.
<p>Caregiving</p>	<p>12. Business Insider November 30, 2025 <i>I'm in my 40s, single, and childless, so I moved in with my 90-year-old grandma. It isn't always easy being her caregiver.</i> By Danielle Haynes Based on the selection, here is a summary of the author's experience as a caregiver:</p> <p>Background and Motivation</p> <ul style="list-style-type: none"> • Logistical Fit: At 41, the author moved in with her grandmother (then 88, now 90) because her personal circumstances—being single with no children or mortgage—made the transition smoother than it would have been for other family members. • Goal: The move allowed the grandmother to remain in her own home, which she refused to leave. • Shared History: The two share a deep bond, as the author lived with her grandmother as a child and views her as a secondary parent. <p>Caregiving Dynamics and Challenges</p> <ul style="list-style-type: none"> • Team Effort: The family employs a "sandwich generation" approach; the author's mother assists on weekdays with appointments and home health visits while the author balances caregiving with work and job hunting. • Daily Struggles: Challenges include ensuring the grandmother eats and drinks enough, managing refusals to do physical therapy, and juggling professional obligations with medical needs. • Health Decline: The author acknowledges visible deterioration in her grandmother's health over the last two years. <p>Relationship and Outlook</p> <ul style="list-style-type: none"> • Reciprocity: The author does not view the arrangement as a selfless sacrifice but rather as an opportunity to return the support her grandmother provided in the past. • Bonding: Despite the difficulties, they enjoy each other's company, bonding over activities like watching "Jeopardy," hockey, and "The Great British Bake Off."
<p>Health Care</p>	<p>13. *Boston Globe November 27, 2025 (updated) <i>Mass. reports 590 confirmed COVID-19 cases and 3 deaths in a week. See the latest data.</i> By Peter Bailey-Wells, Ryan Huddle, Amanda Kaufman, Daigo Fujiwara-Smith, and Shanna Kelly</p>

	<p>Massachusetts on Wednesday reported 590 new confirmed coronavirus cases and 3 confirmed deaths in the week from Nov. 16-22. The state also reported that 0.8 percent of all total hospitalizations during that timeframe in Massachusetts were related to COVID-19, meaning 100 patients were hospitalized with COVID-19, and the seven-day percent positivity was 4.10 percent. Explore the latest COVID-19 case and demographic data in the charts below and see more data on COVID-19 and other respiratory illnesses in Mass.</p> <p>14. Office of Governor Maura Healey and Lt. Governor Kim Driscoll November 25, 2025 Governor Healey Signs Budget That Prioritizes Affordability, Vaccine and Health Care Access, and Public Safety</p> <p>Governor Maura Healey signed a \$2.3 billion Fiscal Year 2025 closeout supplemental budget aimed at balancing the state's books while prioritizing public health, education, and safety. The legislation emphasizes fiscal responsibility and counteracts potential federal funding cuts and policy changes.</p> <p>Health Care and Vaccine Access</p> <ul style="list-style-type: none"> • Vaccine Independence: Grants the Department of Public Health (DPH) flexibility to set independent immunization schedules and requirements for Massachusetts if federal recommendations weaken. • Provider Support: Allocates \$5 million to reproductive health providers at risk of losing federal funding and supports public health hospital operations (\$18.5 million). • Public Awareness: Dedicates \$10 million to educate MassHealth members on new federal work requirements and vaccine policies. • Treatment Services: Provides \$14 million for Section 35 treatment services in Western Massachusetts.
Ageism	<p>15. *Boston Globe November 29, 2025 Thanks for the help, but maybe I can handle it</p> <p><i>At 76, I often get offers of help. I appreciate the thoughtfulness, even if I say no.</i></p> <p>I was struck by Karen Stabiner's column on women aging ("Am I too old to do this anymore?" Opinion, Nov. 28). I'm not sure how old she is but it's clear that she is active, adventurous, and aware of her limitations. But there is 65 years old and there is 85 years old. Granted people don't often distinguish between those ages. I'm 76 old and like Ms. Stabiner I'm still very active and also aware of my limitations. But I have friends who aren't and often try to do things they shouldn't, like climbing a ladder and then getting dizzy and falling.</p> <p>In supermarkets I often step on the bottom shelf to reach something higher up and inevitably some nice younger person runs over to help. I don't feel offended or marginalized; I actually appreciate how those people were raised and the empathy they show. As I've aged I've learned to accept the many offers of help. They are done out of kindness and show care and compassion in a world that sadly lacks these virtues.</p>

So when someone says I shouldn't do something, I think about it to see if I'm missing something about my abilities. And then I smile and thank them and say: "I can do this," as I take up my trowel and head out to my volunteer job at a farm laboring to grow food for those who are food insecure.

Donna Qualters, Peabody

Just don't call me 'honey'

Karen Stabiner's essay overlooks one of the most common indignities inflicted on older women: being called "honey" by health professionals and by strangers. I respond by either calling them "darling" or asking, "Why are you calling me 'honey'? Are you in love with me?"

Felicia Nimue Ackerman, Providence, *The writer is a professor of philosophy at Brown University.*

Still climbing

Karen Stabiner's op-ed reminds us of a conversation we had last year as we climbed a very steep road in Portugal to the magical castle in Sintra. As we hiked, while our friends (also in their late 60s) took the shuttle, we reflected on the difference between "giving up" and "letting go" and agreed to choose the latter.

One of us said: "Let's do these climbs for as long as we can, and when we can't, we will do something else." A year later, we were still climbing; this time to a medieval mountain village in Certaldo, Italy, where one of us studied metalwork while the other rode gravel bikes through the hills of Tuscany.

When it's time to let go, we will let go. Until then, we will keep climbing.

Ellen Carno and Neil Leife, Brookline

Old age should burn and rave at close of day

I loved Karen Stabiner's short essay. I recently re-read Dylan Thomas' poem, "Do Not Go Gentle Into That Good Night." The impact on this 73 year old was completely different than on my much younger self almost 60 years ago.

Owen Reynolds, Haverhill

For many older people, steep obstacles to healthy aging

"Healthy aging," or "successful aging," tries to fight condescension and improve conditions for older adults by highlighting the virtues of members of the group — as experienced workers, care-giving grandparents, coaches and mentors, adventurers, and sources of wisdom. If positive aging works, it does so incrementally, a process that must be repeated daily. It may lessen shame at becoming old, as individuals reject nasty stereotypes. It may open job prospects for older adults, so that actors and artists continue to be given roles and shows, women break glass ceilings, and politicians (despite condescension toward older adults) continue to run and get elected.

What those approaches cannot do is improve conditions for older people who may have many of those virtues but are disabled, or have cognitive impairments, or mental illnesses, or are indigent. Ageism, classism, fear, and dislike, even revulsion, work against them. Work against many of us, that is. We can't get jobs even if we'd be good at them. We can't get a wheelchair repaired rapidly. We can't get into the state's Home Care

	<p>and Enhanced Community Options programs, to stay in our homes. We can't get quality care in nursing facilities because owners underpay aides and skimp on hours of attention. For such improvements, we need changes of heart at the top in Massachusetts government.</p> <p>Margaret M. Gullette, Newton, <i>The writer is the author of "Ending Ageism, or How Not to Shoot Old People" and a member of Dignity Alliance Massachusetts' Coordinating Committee.</i></p> <p><i>Still working after all these years</i></p> <p>The writer, Karin Stabiner, didn't say how old she is — which is another syndrome of growing old. Few acknowledge how old we are. Well, I'm 87, a journalist <i>still</i>, and here are some of the comments and questions I get. Some I'm grateful for, some not.</p> <p>"Can I help you with that?" (I want to tell the helper he should have used "may" instead of "can," but I, the old English teacher, refrain.)</p> <p>"Hey, that's too heavy for you." (I refrain comment, nod, let him carry my recyclables to the bin.)</p> <p>"You're, like, amazing at your age." (I refrain from commenting on the verbosity and omnipresence of the word "like.")</p> <p>"Yeah, we move slower as we get older." (I nod as he waits, holding the door to the gym.)</p> <p>"Doncha hate it, this gettin' old? Sucks." (I squint, nod, keep mouth closed.)</p> <p>"I know this chiro, I can give you the name." (I smile and say "no thanks, already have one.")</p> <p>The mailings — for hearing aids, eye exams, stairlifts, night glasses, ointments for all aches, supplements for all ailments, creams for all wrinkles, adult diapers, arch supports, pain patches, etc.</p> <p>No, old is not a walk in the park, thanks for the offers. Onward.</p> <p>Barbara Leedom, South Yarmouth</p> <p><i>Gone biking</i></p> <p>I remember calling my dad on his 80th birthday and my mom answered and said that he wasn't there and I would have to call back. He was out on his daily bike ride.</p> <p>John Sisk</p>
<p>Disability Topics</p>	<p>16. Sunday Morning (CBS News) (Video report) November 30, 2025 <u>For blind climber Jesse Dufton, there is little that's out of reach</u> By Lee Cowan "Climbing teaches you a lot about who you are," says 40-year-old rock climber Jesse Dufton, who has conquered thousands of peaks without the benefit of vision. Dufton, who was born with a rare degenerative condition called rod-cone dystrophy, talks with Lee Cowan about how losing his sight did not lead to him forsaking his potential.</p>
<p>Federal Policy</p>	<p>17. Office of Attorney General Andrea Campbell November 26, 2025 <u>AG Campbell Sues To Block Unlawful SNAP Eligibility Guidance</u> <i>New Guidance Wrongly Prohibits Some Immigrants from Receiving SNAP Benefits</i> Overview of the Lawsuit</p>

	<ol style="list-style-type: none"> 1. Plaintiff Coalition: Massachusetts Attorney General Andrea Joy Campbell joined 21 other attorneys general to sue the federal government and the USDA. 2. Objective: The lawsuit seeks to block USDA guidance that restricts Supplemental Nutrition Assistance Program (SNAP) benefits for lawful permanent residents and threatens states with financial penalties. <p>Disputed USDA Guidance</p> <ol style="list-style-type: none"> 1. Eligibility Restrictions: Issued on October 31 regarding the “One Big Beautiful Bill,” the guidance asserts that humanitarian immigrants (such as refugees and asylees) remain ineligible for SNAP even after obtaining green cards. 2. Legal Contradiction: The coalition argues this contradicts federal statutes, which state that these groups become eligible upon achieving lawful permanent resident status. <p>Procedural Violations and Consequences</p> <ol style="list-style-type: none"> 1. Grace Period Denial: The USDA claimed the standard 120-day implementation grace period expired on November 1—just one day after the guidance was released—preventing states from adjusting their systems in time. 2. Financial Liability: This retroactive deadline exposes states to massive financial penalties for administrative errors under a cost-shifting framework. 3. Public Impact: The Attorneys General warn that the guidance will cause wrongful benefit terminations, public confusion, and food insecurity for eligible families. <p>18. Office of Attorney General Andrea Campbell November 25, 2025 <u>AG Campbell Sues Trump Administration Over HUD Policy That Would Put More People Into Homelessness</u> <i>Unlawful Grant Restrictions Dramatically Reduce Amount of Grant Funds for Permanent Housing</i></p> <p>Overview of Legal Action Massachusetts Attorney General Andrea Joy Campbell, joined by a coalition of 20 other states and governors, has filed a lawsuit against the U.S. Department of Housing and Urban Development (HUD). The suit challenges new restrictions placed on Continuum of Care grant programs, arguing they are unlawful and will increase homelessness.</p> <p>Contested Policy Changes The lawsuit targets several specific changes implemented by HUD regarding grant funding and conditions:</p> <ul style="list-style-type: none"> • Drastic Funding Cuts: HUD aims to reduce funding for permanent housing from approximately 90% to one-third starting in 2026. • Reduced Renewals: Protections for year-to-year funding renewals were slashed from 90% to 30%, threatening the stability of existing housing projects. • Discriminatory Mandates: New conditions require providers to recognize only two genders and withhold funds from applicants acknowledging gender-diverse individuals.
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	<ul style="list-style-type: none"> • Service Preconditions: The rules deny housing unless recipients commit to program services and punish providers who do not enforce strict anti-homeless laws. • Reversal of "Housing First": The new policies move away from the "Housing First" model (which prioritizes housing without preconditions like sobriety) despite prior HUD regulations encouraging it. <p>Projected Impact</p> <ul style="list-style-type: none"> • National Consequences: The coalition argues that tens of thousands of formerly homeless individuals face eviction due to non-renewal of funds. • Impact on Massachusetts: The changes threaten over \$136 million in annual funding for 11 programs that support nearly 4,000 vulnerable residents, including veterans, domestic violence survivors, and youth. <p>Legal Arguments</p> <p>The plaintiffs argue the Administration's actions are illegal on several grounds:</p> <ul style="list-style-type: none"> • Lack of Authorization: The rules were not authorized by Congress and are inconsistent with existing statutes. • Procedural Violations: HUD failed to engage in required rulemaking procedures before issuing the changes. • Arbitrary Nature: The lawsuit characterizes the abandonment of longstanding policies as "arbitrary and capricious," noting HUD failed to explain the changes or address the resulting risks of mass eviction. <p>19. Office of Governor Maura Healey and Lt. Governor Kim Driscoll November 24, 2025 <u>Governor Healey Condemns Federal Misinformation about Vaccines and Autism</u> <i>"The science is real: Vaccines are safe, effective and lifesaving"</i> Governor Healey Condemns Federal Misinformation Criticism of CDC Actions</p> <ol style="list-style-type: none"> 1. Governor Maura Healey issued a statement condemning the CDC for publishing inaccurate claims suggesting a link between vaccines and autism. 2. Healey noted this change was made at the direction of Health and Human Services Secretary Robert F. Kennedy Jr., characterizing it as a shift toward ideology over science. 3. The Governor cited a pattern of recent baseless federal guidance, including false claims regarding fluoride, Tylenol use during pregnancy, and COVID-19 vaccination shifts. <p>Defense of Scientific Evidence</p> <ol style="list-style-type: none"> 1. Healey emphasized that decades of research involving millions of people prove there is no connection between vaccines and autism. 2. The statement reaffirms that vaccines are safe, effective, and essential for disease prevention. <p>Guidance for Massachusetts Residents</p>
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	<ol style="list-style-type: none"> 1. Governor Healey and Public Health Commissioner Dr. Robbie Goldstein formally reject the new misinformation found on federal websites. 2. Residents are advised to approach CDC content with caution, as the state no longer has confidence in its accuracy. 3. The administration encourages the public to rely on the Massachusetts Department of Public Health (DPH) for honest, evidence-based health information.
<p>State Policy</p>	<p>20. *Boston Globe November 12, 2025 <u>Massachusetts seeks more oversight, safer conditions at group homes</u> By Jason Laughlin Based on the selected text, here is a summary of the proposed oversight changes for Massachusetts group homes:</p> <p>Context and Drivers for Reform</p> <ul style="list-style-type: none"> • Triggers for Change: The reforms follow a 2024 state audit criticizing vetting processes and a series of <i>Boston Globe</i> reports detailing serious lapses, including a fatal teen overdose, sexual abuse allegations, and the recent death of a staff member. • Rising Mistreatment: Incidents of child mistreatment in congregate care reached a decade-high of 147 in fiscal year 2023. • Development: The Department of Early Education and Care (EEC) spent two years developing these regulations, incorporating feedback from operators, agencies, and children. <p>Proposed Regulatory Changes</p> <ul style="list-style-type: none"> • Governance and Oversight: <ul style="list-style-type: none"> ○ Oversight boards must include at least one member with direct experience (a former resident, a parent of a resident, or a direct-care worker). ○ Boards will receive detailed data regarding the use of restraints, seclusion, and state citations. • Operational Standards: <ul style="list-style-type: none"> ○ Seclusion and Surveillance: Stricter limitations on involuntary seclusion and increased EEC input on the use of surveillance cameras. ○ Room Assignments: Placements must consider a child’s age, culture, religious beliefs, and gender identity. ○ Treatment Plans: Homes must maintain comprehensive plans focused on long-term goals and permanent housing. <p>Safety and Staffing</p> <ul style="list-style-type: none"> • Trafficking Prevention: Facilities are required to create plans to prevent exploitation and abduction. They must also conduct screenings for sex trafficking indicators when missing children return to the home. • Mandatory Training: The new rules mandate "trauma-informed care" training for staff to better manage emotional dysregulation and safety. Studies indicate this training significantly reduces the likelihood of physical abuse and neglect.

21. AARP

November 2025

[New Report Reveals Declining Quality in Florida Nursing Homes Following Private Investor Acquisition](#)

AARP Florida’s latest nursing home quality report reveals troubling trends as private investment group acquisitions reshape the state’s long-term care sector. [Change of Ownership and Quality in Florida Nursing Homes](#), the latest installment in [AARP Florida’s long-term care report series](#), developed in partnership with Dr. Lindsay Peterson, Associate Professor of Research at the University of South Florida (USF), finds that private equity takeovers are often tied to declines in resident care, and decreased transparency and accountability of those responsible for providing the care.

Key Findings Among Private Equity Owned Nursing Homes:

- **Quality Ratings Drop:** Nursing homes acquired by private equity groups saw their average CMS Five-Star Quality Ratings fall from 3.4 to 2.9 stars between 2019 and early 2024.
- **Staffing Reductions:** Direct care staffing levels decreased by 13% per resident, resulting in 33 fewer minutes of care per day.
- **Increased Costs:** Medicare costs per resident were \$1,000 higher in private equity-owned facilities, with more frequent hospitalizations for conditions that could be treated on an outpatient basis.
- **Opaque Ownership Structures:** Complex networks of LLCs and trusts make it difficult to determine who is responsible for care quality and spending.

[Link to Report](#)

“Florida’s nursing home ownership data reveals a growing trend of private investor involvement and a lack of transparency in ownership structures, making it difficult to assess accountability for care quality,” said **Lindsay Peterson, Ph.D.** “Unlike publicly traded companies, private investors are not required to disclose financial and operational details, complicating efforts to track how public funds are used in these facilities.”

“All Floridians deserve access to high-quality, transparent care for their loved ones,” said **AARP Florida State Director, Jeff Johnson.** “Our latest findings show that private investment in nursing homes often comes at the expense of residents’ well-being. We urge lawmakers to prioritize transparency and accountability in the sector.”

Over the past five years, more than 425 nursing homes—over 60% of Florida’s total—have changed ownership, with many acquired by private equity investors. As the pace of nursing home sales accelerates, policymakers and families face growing challenges in identifying who controls care quality and how public dollars are spent.

The report highlights the urgent need for greater transparency and accountability in ownership reporting, especially as new federal rules requiring more detailed disclosures have been delayed until 2026.

22. SFGATE

November 30, 2025

[Bay Area assisted living facility worker gets jail time after 2 residents die](#)

By Katie Dowd

Incident Overview

- **Event:** In August 2022, three residents at Atria Park in San Mateo, California, were accidentally poisoned after drinking caustic chemicals.
- **Cause:** An employee, Alisia Rivera Mendoza, poured dishwashing liquid into an unlabeled pitcher. Another worker, mistaking it for cranberry juice, served it to residents.
- **Casualties:** Two residents died, and a third was hospitalized with severe burns and respiratory distress.

Investigation Findings

- **Operational Failure:** Management switched from 5-gallon to 1-gallon chemical containers. Consequently, staff began storing cleaning fluid in unlabeled drink pitchers on kitchen counters before use in dishwashers.

Legal Outcome

- **Charges & Plea:** Mendoza was charged with involuntary manslaughter and elder abuse. She avoided trial by pleading no contest to felony elder abuse.
- **Sentence:** A judge sentenced Mendoza to 40 days in county jail and 350 hours of community service.

Broader Consequences

- **Related Incident:** Days after the San Mateo tragedy, a dementia patient at Atria Walnut Creek died after ingesting disinfectant left in an unlocked cabinet. An employee faces charges in this case as well.
- **Regulatory Action:** The California Department of Social Services filed to revoke the licenses of both Atria facilities. Atria has appealed the decision.

23. Michigan Live

November 28, 2025

[How a troubled Michigan nursing home chain came to an end](#)

By Matthew Miller

Here is a summary of the [collapse of Mission Point Health Care](#):

Financial Collapse

- **Massive Debt:** By early 2025, the chain owed nearly \$5 million in back rent, defaulted on \$6.8 million in loans, and owed \$4.7 million in state taxes.
- **Receivership:** These liabilities, combined with millions in federal fines, led to a court-appointed receivership for eight facilities in February.
- **Final Sale:** In October, the last seven homes were sold to investors linked to the Villa nursing home chain for just \$10, plus the assumption of millions in liabilities.

History of Neglect and Closures

- **Substandard Care:** Mission Point faced federal citations for abuse and neglect, including rampant COVID outbreaks and patients developing maggots in wounds.

	<ul style="list-style-type: none"> • Facility Closure: The Madison Heights location, deemed one of the nation's worst, was closed by the receiver in July. Its 78 residents were relocated to facilities where they reportedly received significantly better care. <p>Rebranding and New Ownership</p> <ul style="list-style-type: none"> • Name Changes: Throughout the year, various facilities were rebranded, including a dozen becoming "Intersect Healthcare" and the Detroit facility becoming "Lafayette Park Nursing & Rehabilitation Center" after filing for Chapter 11 bankruptcy. • Concerns about Villa: The new owners, Villa, have a history of regulatory issues, including a recent \$4.5 million settlement for substandard care. Reports also indicate potential financial opacity, with Villa paying over \$137 million to related companies while reporting low profits, a practice known as "tunneling."
<p>International</p>	<p>24. *New York Times November 28, 2025 3 Rebel Nuns Can Stay in Abbey, if They Give Up Social Media By Christopher F. Schuetze</p> <p>The Conflict</p> <ul style="list-style-type: none"> • The Standoff: In September 2025, three octogenarian nuns (Sisters Rita, Regina, and Bernadette) escaped a senior center to reclaim their residence at the Castle Goldenstein abbey in Austria. • Publicity: The "rebel nuns" garnered global attention and nearly 100,000 Instagram followers, using social media leverage to resist Abbot Markus Grasl's attempts to remove them. <p>The Abbot's Proposal</p> <ul style="list-style-type: none"> • Concession: Abbot Grasl admitted defeat regarding their residency, agreeing to let the sisters remain at the abbey. • Provisions: The order offered to provide round-the-clock care, an on-call doctor, and weekly religious services. • Conditions: To stay, the nuns must ban laypeople from the cloisters and, crucially, cease all social media activity. Additionally, the order would assume power of attorney over the nuns and their donations. <p>Reaction and Current Status</p> <ul style="list-style-type: none"> • Rejection: The nuns' lawyer, Reinhard Bruzek, advised against the offer, comparing the social media ban to a "gagging contract" worthy of North Korea. • Distrust: The sisters fear that granting power of attorney would allow the Abbot to force them back into a care facility in the future. • Current Support: Former students are currently caring for the nuns using donations to fund a full-time home care worker and accessibility upgrades for the abbey. <p>25. CNN November 28, 2025 Elderly Austrian nuns who broke back into their convent will be allowed to stay. But there are conditions By Issy Ronald and Nadine Schmidt</p>

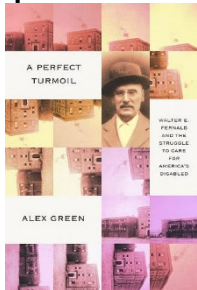
	<ul style="list-style-type: none"> • The Incident: Three nuns (ages 81, 86, and 88) escaped a nursing home to break back into Schloss Goldenstein, their former convent in Salzburg, Austria. • Publicity: Assisted by former students and a locksmith, the sisters became viral stars, gaining 100,000 Instagram followers by sharing content ranging from prayer to boxing. <p>Conditions for Residency The local diocese has agreed to let the nuns remain at the convent, but Provost Markus Grasl outlined specific stipulations:</p> <ul style="list-style-type: none"> • Social Media Ban: The sisters must close their social media accounts. • Seclusion: They must return to a traditional, secluded monastic life. • Future Care: They must join the waiting list for the nursing home for when the convent can no longer support them. • Church Support: In exchange, the church will provide 24-hour medical care and spiritual guidance. <p>Ongoing Dispute and Reaction</p> <ul style="list-style-type: none"> • Legal Stance: The nuns' lawyer advised against accepting the proposal, describing the conditions as too restrictive. • Background: The conflict stems from late 2023, when the nuns claim they were removed from the convent against their will. • Community Support: While the Provost stated that outside help is no longer required, the community continues to assist with renovations, such as reinstalling stairlifts previously removed by the diocese.
<p><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i> For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <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</p>

representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: <https://dignityalliancema.org/take-action/#/25>. It literally takes less than a minute to deliver the message.

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

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

Books by DignityMA Participants



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

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

By Alex Green

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

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

[Buy the book here](#)

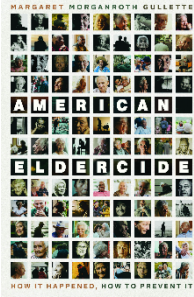
Books by DignityMA Participants

[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



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 *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.

US population. Something about this catastrophic loss of life in government-monitored facilities has never added up. Until now. In *American Eldercide*, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.

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

[Buy the book here.](#)

**Bringing People Home:
The Marsters Settlement**

Webpages:

https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/
<https://marsters.centerforpublicrep.org/>

**Support Dignity Alliance
Massachusetts**

[Please Donate!](#)

Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.

As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.

Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.

	https://dignityalliancema.org/donate/ Thank you for your consideration!	
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com .	
Websites	MA Commission on LGBTQ Aging www.macommissiononlgbtqaging.org MA Commission on LGBTQ Aging Launches New Website. Mission: The Massachusetts Commission on LGBTQ Aging enhances the quality of life for LGBTQ older adults in Massachusetts through state policy and program recommendations, collaborations, partnerships, and advocacy.	
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	

<p>Money Follows the Person</p>	<p>MassHealth <u>Money Follows the Person</u> 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 <u>Open PDF file, 1.34 MB, MFP Demonstration Brochure</u> <u>MFP Demonstration Brochure - Accessible Version</u> <u>MFP Demonstration Fact Sheet</u> <u>MFP Demonstration Fact Sheet - Accessible Version</u></p>
<p>Nursing Home Closures</p>	<p>List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>
<p>Determination of Need Projects</p>	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: <u>Town of Nantucket – Long Term Care Substantial Capital Expenditure</u> Approved May 5, 2025</p>
<p>List of Special Focus Facilities</p>	<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 CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. What can advocates do with this information?</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://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/>

	<ul style="list-style-type: none"> • Charwell House Health and Rehabilitation, Norwood (37) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Life Care Center of Merrimack Valley, Billerica (2) https://lcca.com/locations/ma/merrimack-valley/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225546/ • Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Pine Knoll Nursing Center, Lexington, (3) https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225049/ • RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 • West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/ <p>No longer operating</p> <ul style="list-style-type: none"> • South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram
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<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated October 15, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># 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> </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
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	J	64	31	Tag J
	K	30	9	Tag K
	L	7	2	Tag L
	Updated October 15, 2025			
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			
	Workgroup	Workgroup lead	Email	
	General Membership	Bill Henning	bhenning@bostoncil.org	

<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group leaders for more information.</p>		Paul Lanzikos	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
	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 Gerhard • Margaret Gullette • Barbara Kleeman • Jim Lomastro • Richard T. Moore • 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>.</p>		

If you have submissions for inclusion in *The Dignity Digest* or have questions or comments, please submit them to Digest@DignityAllianceMA.org.

Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.

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

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

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

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

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