



The Dignity Digest

Issue # 262

December 9, 2025

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

	*May require registration before accessing the article.
DignityMA Zoom Sessions	Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org .
A Holiday Letter of Hope and Dignity	<p><i>As winter's light softens and the year draws near its close, we gather in spirit, across homes and halls, to share not only gifts wrapped in ribbon, but wishes wrapped in dignity.</i></p> <p><i>Older adults dream of a warm, affordable home, where waiting lists melt away like snow, and no widow spends the holidays alone, counting dollars instead of blessings.</i></p> <p><i>People with disabilities wish for freedom of movement, safe sidewalks, repaired wheelchairs, and buses that kneel in welcome—so every journey leads to community, not confinement.</i></p> <p><i>Caregivers whisper for respite and recognition, a moment of rest, a word of thanks, so their devotion is not invisible, but honored as the heartbeat of compassion.</i></p> <p><i>Together, we long for civic participation, where meetings open their doors in person and online, and every voice—whether spoken, signed, or typed— is heard in the chorus of democracy.</i></p> <p><i>And we pray for dignity in the small things: a personal needs allowance that buys a holiday gift, a meal shared without sacrifice, a coat to warm the body and the soul.</i></p> <p><i>These are not luxuries. They are values. They are the measure of a Commonwealth that calls itself a “city on a hill.”</i></p> <p><i>So let us choose people over profit, community over neglect, justice over indifference.</i></p> <p><i>May the coming year bring a true Commonwealth where homes are accessible, care is affordable, sidewalks are safe, and civic life is open to all.</i></p>

	<p><i>This is our holiday wish. This is our moral imperative. This is the gift we owe one another.</i></p> <p><i>With hope, with dignity, with love— for older adults, for people with disabilities, for caregivers, and for the generations to come.</i></p>
<p>Spotlight</p>	<p><u>The business of caring for older Americans is in a deepening crisis</u> *Washington Post December 7, 2025 By Shannon Najmabadi</p> <p>Workforce Crisis and Economic Pressures</p> <ul style="list-style-type: none"> • Soaring Demand vs. Labor Shortage: Home health and personal care openings are projected to increase by 17% between 2024 and 2034. However, the industry struggles to recruit due to low wages (median salary \$34,900 or \$16.78/hour) and the intense nature of the work. • Wage Competition: Providers are losing staff to retail and restaurant sectors that offer better compensation. The <i>Home Care Alliance of Massachusetts</i> noted a significant workforce migration when the state introduced a \$15 minimum wage. • Rising Costs: Spending on at-home elder care surged 7% from August to September 2025 alone. Year-over-year, home health costs rose 12%, significantly outpacing the 3% general inflation rate and the 4% rise in nursing home costs. <p>Impact of Federal Policy and Funding</p> <ul style="list-style-type: none"> • Medicare Cuts: The federal government finalized a 1.3% (\$220 million) cut to Medicare funding for home health agencies for 2026. This marks the fourth consecutive year of cuts. • Medicaid Uncertainty: Experts fear that Medicaid changes included in the recently signed domestic policy bill will pressure states to cut home care spending, similar to trends seen between 2010 and 2012. • Medicare Advantage: Providers note that Medicare Advantage plans often reimburse at rates lower than the actual cost of providing care, contributing to financial instability. <p>The Role of Immigration</p> <ul style="list-style-type: none"> • Reliance on Foreign-Born Labor: Immigrants accounted for roughly 1 in 3 home care workers in 2023. In Massachusetts specifically, <i>Tribute Home Care</i> reports that immigrants make up 90% of their workforce. • Policy Restrictions: The Trump administration has lowered refugee admissions and moved to end Temporary Protected Status (TPS) and work authorizations for immigrants from countries like Haiti and Venezuela. • "Chilling Effects": A 2025 study by researchers at the University of Pittsburgh and UPenn found that increased

	<p>immigration enforcement (specifically the Secure Communities policy) shrank the home care workforce by 7.5% between 2008 and 2013, reducing access to care for older adults by 5%.</p> <ul style="list-style-type: none"> • Provider Impact: Organizations like <i>Goodwin Living</i> and <i>Tribute Home Care</i> report losing vetted, employed caregivers due to changes in legal status, disrupting patient continuity of care. <p>Provider Closures and Access Issues</p> <ul style="list-style-type: none"> • Agency Contraction: Half of U.S. counties lost at least one home health agency between 2020 and 2024. • Rural Disparities: Closures disproportionately affect rural areas where nurses spend significant time driving between patients. <i>Enhabit Home Health and Hospice</i> closed eight locations this year due to financial pressures and labor shortages. • Impact on Families: The number of family caregivers has jumped 45% in the last decade to 63 million. Due to a lack of home care options, some seniors are forced to move into more expensive assisted-living facilities earlier than necessary.
<p>Quotes</p>	<p><i>“None of us wants to end up in a nursing home with low staffing. It’s the one thing everyone agrees on: Staffing is essential.”</i></p> <p>Medicare Payment Advisory Commission member Tamara Konezka, a prominent long-term care researcher with the University of Chicago, Shift toward staffing could dislodge stars from top-rated nursing homes (McKnights Long-Term Care News, December 4, 2025)</p> <p><i>Massachusetts is uniquely vulnerable in the care sector because of its large Haitian community. Approximately 5,000 TPS holders work specifically in Massachusetts nursing homes. The Massachusetts Senior Care Association estimates that 2,000 of its members' direct employees will lose work authorization if protections expire.</i></p> <p>Immigration Enforcement, the Supply of Home Care Workers, and Access to Long-Term Care: Evidence from Secure Communities (Social Science Research Network, April 1, 2025)</p> <p><i>[Tribute Home Care chief executive John Sneath] doesn’t think they’d be able to operate without immigrants, especially in Massachusetts, where they</i></p>

make up 90 percent of his company's in-state workforce.

[The business of caring for older Americans is in a deepening crisis](#) (Washington Post, December 7, 2025)

National improper payments for nursing homes increased from 7.79% in 2021 to 17.2% in 2024.

[CMS Tightens Audit Oversight As Improper Payments Rise and Nursing Homes Lead in Doc Errors](#) (Skilled Nursing News, December 5, 2025)

Two fires, two vastly different outcomes.

[In contrast to Gabriel House, sprinklers kept Rockland nursing home fire at bay — and no one was injured](#) (Masslive.com, December 5, 2025)

Fewer than one in five nursing homes earned top honors in the latest U.S. News Best Nursing Homes [2026 rankings](#). Of the more than 15,000 long-term and skilled rehabilitation facilities in the United States, the latest analysis finds that 12,000 fell short of providing the highest-quality care due to staffing shortages or other issues. The analysis further confirms [decades of research](#) showing that adequate staffing positively affects patient outcomes.

[U.S. News rankings highlight significance of nursing home staffing shortages](#) (Association of Health Care Journalists, December 4, 2025)

Between 2021 and 2023, Medicare paid \$4.7 million to eye doctors using high-level evaluation and management; the 15 whom the OIG targeted in its audit accounted for 72% of those payments, despite being less than 7% of the test sample.

[Optometrists converted nursing home residents' itchy eyes into huge paydays: OIG](#) (McKnights Long-Term Care News, December 4, 2025)

We deserve policies ensuring families' access to health care, supporting a living wage for those who

provide care, and protecting the programs that support children's futures.

[Four Ways the Trump Administration Took a Page From the Project 2025 Playbook and Made It Harder for Women to Care for Their Families in 2025](#) (National Women's Law Center, December 4, 2025)

An estimated [30% of the direct care workforce](#) nationally . . . are enrolled in Medicaid themselves and could lose coverage temporarily or even permanently due to these measures . . . Continuous insurance coverage may be bad for current-year state budgets, but it is good for the health of patients and costs of administration. The new requirement that all Medicaid enrollees recertify every six months will create additional work for state officials, needless disenrollments and hassles for provider staff, and interrupted episodes of care for patients.

[No Such Thing as Being Out of Harm's Way](#) (Milbank Memorial Fund, December 4, 2025)

"My A1c is through the roof because I'm not on, technically, the right medication like before. I'm having to take something that I can afford."

David Garza, a 53-year-old warehouse worker who has Type-2 diabetes, [His deductible is \\$4,000. To control his diabetes, he's had to cut corners.](#) (*Washington Post, December 7, 2025)

"One childhood friend wrote me a note after he died about how much it meant to her to be with him," she said. "I knew my dad loved it but never thought about the other way around."

[The Simplest Ways to Support the Caregivers in Your Life](#) (*New York Times, December 6, 2025)

"I would describe this job as one of the most important jobs in the hospital regarding patient care and patient safety, and it is one of the most emotionally draining jobs in the hospital as well."

	<p>A nurse at Baystate Franklin Medical Center in Greenfield, MA ‘One of the most emotionally draining jobs in the hospital’: Why ‘sitters’ are such a hard role to fill (*Boston Globe, December 5, 2025)</p>
<p>Remembering with Dignity</p> <p>To access the submission form scan</p>  <p>or click on: https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A.</p> <p>For more information or questions, contact: Deborah W. Coogan Chair, DignityMA’s “Remembering with Dignity” initiative dwc@cooganlaw.com 617-332-8828</p>	<p><i>Dignity Alliance Massachusetts Launches “Remembering with Dignity,” a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i></p> <p>To honor the more than 25,000 Massachusetts residents who died during the COVID-19 pandemic, Dignity Alliance Massachusetts (DignityMA) has launched “Remembering with Dignity,” a new online memorial. The public is invited to submit remembrances of those lost between January 2020 and May 2023.</p> <p>The COVID-19 pandemic caused unprecedented upheaval, and yet the 1.2 million Americans who died from the disease have no official national day or place of remembrance. During the COVID-19 emergency, widespread closures led to profound isolation. Many individuals died in healthcare and other facilities without the comfort of family, and survivors were often deprived of the ability to hold traditional funerals or grieve with their families and friends.</p> <p>“The pandemic left a void, not just in our families but in our collective memory,” said Deborah W. Coogan, Chair of the ‘Remembering with Dignity’ initiative. “So many died in isolation, and their stories risk being lost in the statistics. ‘Remembering with Dignity’ provides a way to honor their essence – the values they lived by – and ensures they are remembered as more than just a number. It is a first step toward healing and advocating for a future where we better protect our most vulnerable.” The platform seeks to capture the spirit of each individual. Submissions can be made at DignityMA’s website.</p> <p>How to Submit a Remembrance:</p> <ul style="list-style-type: none"> • Visit www.dignityalliancema.org and navigate to the “Pandemic Memorial” page under the “Resources” tab or click on https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A. The QR code below can also be used. • A remembrance should be no more than 175 words.

	<ul style="list-style-type: none"> • Rather than a formal obituary, each submission should describe the person’s essence, values, and their story. • Please include the circumstances of their passing (e.g., if they lived or worked in a high-risk setting such as a nursing home, rest home, group home, or hospital, or as a caregiver or essential worker). <p>DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor their loved ones and channel their grief into advocacy for policies that better protect vulnerable populations during future public health crises. Details will be announced at a later date.</p>
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<p>Healthy to 100: The Science of Social Connection <u>SUBSCRIBE</u></p>	<p>Perhaps Santa Ed Could Deliver More Social Connection for Older Americans.</p> <p>It would definitely be a gift worth giving, because older Americans are rather lonely, and getting lonelier. That’s the implications of a new national study from AARP. The report, released last week, found that 40% of adults age 45+ are lonely, a significant rise from 35% that AARP found in both 2010 and 2018.</p> <p>Loneliness is not evenly spread. Men, for instance, are more likely to be lonely than women, but so are people who are not working, making less than \$25,000 a year, live in rural areas, or identify as LGBTQ+. People who described themselves as having poor or fair health are almost twice as likely to be lonely as people in excellent or very good health. Conversely, while no group escapes the threat of loneliness, you are better off being highly educated, wealthy, and 70+. That’s right, loneliness, according to AARP and previous studies, tends to decrease, at least for some time, as we get into later life, not because we have more social connections, but because we become more adept at managing the consequences of social isolation.</p> <p>Lonely adults spend far more time alone: 7.3 hours a day compared to 4.6 for non-lonely adults. And the increasing hours spent alone reflect an ongoing slide in civic engagement – particularly among men: less time with religious groups, less time volunteering, and less time with community groups than just seven years ago.</p> <p>Those who are lonely are more likely to see significant barriers to social connection, starting with fear of engagement. The two most frequently cited reasons for not engaging is lack of confidence and fear of rejection. And the strategies developed by lonely people for coping with feelings of loneliness are much more likely to involve watching TV and surfing the internet, and much less likely to involve reaching out to a friend or family member, diving into a hobby, or even taking a walk. You see the problem here.</p>
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	<p>It's a fascinating report: a picture of an increasingly lonely nation, and it reflects large holes in our communities and social support systems as we age.</p>
<p>Recruitment</p>	<p>See: Listings on MASterList.com's Job Board for all current listings</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes CMS Tightens Audit Oversight As Improper Payments Rise and Nursing Homes Lead in Doc Errors (Skilled Nursing News, December 5, 2025) U.S. News rankings highlight significance of nursing home staffing shortages (Association of Health Care Journalists, December 4, 2025) Shift toward staffing could dislodge stars from top-rated nursing homes (McKnights Long-Term Care News, December 4, 2025) Asset Spend-Down and Medicaid Enrollment in Nursing Homes (JAMA Open Network, December 4, 2025) Optometrists converted nursing home residents' itchy eyes into huge paydays: OIG (McKnights Long-Term Care News, December 4, 2025)</p> <p>Health Care His deductible is \$4,000. To control his diabetes, he's had to cut corners. (*Washington Post, December 7, 2025)</p> <p>Care Giving The Simplest Ways to Support the Caregivers in Your Life (*New York Times, December 6, 2025) 'One of the most emotionally draining jobs in the hospital': Why 'sitters' are such a hard role to fill (*Boston Globe, December 5, 2025) Four Ways the Trump Administration Took a Page From the Project 2025 Playbook and Made It Harder for Women to Care for Their Families in 2025(National Women's Law Center, December 4, 2025)</p> <p>Aging Topics The quest to slow aging leads scientists into the powerhouse of cells (*Washington Post, December 8, 2025)</p> <p>Life Safety In contrast to Gabriel House, sprinklers kept Rockland nursing home fire at bay — and no one was injured (Masslive.com, December 5, 2025)</p> <p>Workforce Immigration Enforcement, the Supply of Home Care Workers, and Access to Long-Term Care: Evidence from Secure Communities (Social Science Research Network, April 1, 2025)</p> <p>Federal Policy No Such Thing as Being Out of Harm's Way (Milbank Memorial Fund, December 4, 2025)</p> <p>From Our Colleagues around the Country</p>

	<p align="center"><u>LTCCC's Statement on CMS Repealing Federal Nursing Home Staffing Standards</u> (Long Term Care Community Coalition, December 3, 2025)</p>
<p>Webinars and Online Sessions</p>	<ol style="list-style-type: none"> <p>1. Christopher & Dana Reeve Foundation Wednesday, December 10, 2025, 3:00 p.m. <u>Rolling Through the Holidays: Accessible Air Travel this Season</u> Getting ready for holiday season travel? Join us to hear from a panel of advocates, coalition partners, and agency officials on the most up-to-date information on accessible air travel for travelers living with disabilities. The panel will cover the newest updates from the US Department of Transportation's (DOT) current wheelchair user rule and share practical guidance on traveling safely with a mobility device during one of the busiest travel seasons of the year. Attendees will learn self-advocacy strategies, consumer protections, and clear steps to take if a mobility device is damaged by an airline, ensuring the community can navigate the holidays with confidence and peace of mind. This event is FREE for everyone to attend. Live captioning and ASL interpreting will be available. <u>Register for this webinar</u></p> <p>2. Long Term Care Community Coalition Tuesday, December 16, 2025, 1:00 p.m. <u>The Expanding Role of Big Finance in Long-Term Care: What It Says About Profitability and Resident Well-Being</u> In this webinar, elder abuse attorney Ed Dudensing explains how Big Finance is growing its market share in long-term care facilities, what that investment suggests about facility profitability, and how it affects resident well-being. He focuses on two major investment vehicles – real estate investment trusts (REITs) and private equity – and describes how they can influence day-to-day operations. Included in this discussion are emails and other materials from a private equity company that supported a significant jury verdict against the defendants in an elder abuse lawsuit. <u>Register for LTCCC's December 16 Webinar</u></p> <p>3. Justice in Aging Tuesday, December 16, 2025, 2:00 p.m. <i>Bird's Eye View: Issues Impacting Older Immigrants in 2025 Part 2</i> In the last year, the Trump administration has relentlessly targeted immigrants, aiming to eliminate their access to essential safety net services and create fear in immigrant communities. Older immigrants already face many barrier in accessing the health, economic, and legal services they need to age with dignity. The pursuit of arbitrary eligibility requirements, limiting language supports, and creating additional administrative burdens not only erodes older immigrants' access to necessary supports, but may threaten access and quality of these supports for all older adults and people with disabilities. This webinar, <u>Bird's Eye View: Issues Impacting Older Immigrants in 2025 Part 2</u>, will provide a high-level overview of major issues facing older immigrants in 2025. This webinar will also provide advocates with information regarding the impacts of H.R. 1, rulemaking</p>

	<p>under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and recent attempts to designate English as the official language of the United States.</p> <p>Presenters will discuss:</p> <ul style="list-style-type: none"> • Who older immigrants are; • Developments in immigration policies impacting older adults; and • General guidance for advocates who work with older immigrants with resources from Justice in Aging and the National Immigration Law Center. <p>Who Should Participate: Advocates for and professionals working with older immigrants and other aging and disability stakeholders.</p> <p>Presenters:</p> <ul style="list-style-type: none"> • Ben D’Avanzo, Senior Strategist, National Immigration Law Center • Denny Chan, Managing Director, Equity Advocacy, Justice in Aging • Tiffany Huyenh-Cho, Director, California Medicare & Medicaid Advocacy, Justice in Aging • Sahar Takshi, Senior Attorney, Equity Advocacy, Justice in Aging <p>Pre-Webinar Question and Stories: Please submit any questions you may have for the presenters in advance of the webinar using the Zoom registration or by emailing trainings@justiceinaging.org. We also welcome any stories from the field that you may want to share with the presenters regarding older immigrants.</p> <p>Register Now</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. Skilled Nursing News December 5, 2025 <u>CMS Tightens Audit Oversight As Improper Payments Rise and Nursing Homes Lead in Doc Errors</u> By Amy Stulick</p> <p>Intensified CMS Oversight and Rising Improper Payments The Centers for Medicare and Medicaid Services (CMS) is intensifying audit oversight of the nursing home sector due to rising improper payments and persistent documentation errors.</p> <ul style="list-style-type: none"> • The national improper payment rate for Skilled Nursing Facilities (SNFs) increased from 7.79% in 2021 to 17.2% in 2024, remaining the highest among care settings. • Federal oversight is intensifying through more sophisticated data analytics to identify outliers, billing inconsistencies, unsupported diagnoses, and patterns in the Minimum Data Set (MDS). • Untimely or incomplete submissions for additional documentation requests often result in automatic denials. <p>Strategies for Compliance and Risk Mitigation Operators must implement proactive measures to protect reimbursement and mitigate the risk of audits and denials:</p> <ul style="list-style-type: none"> • Implement Compliance Systems: Establish proactive compliance systems to reduce denials.

- **Improve Practices:** Strengthen internal communication and improve documentation practices.
- **Internal Monitoring:** Conduct routine internal audits and monitor the Internet Quality Improvement and Evaluation System (iQIES) daily for notifications (including SNF Quality Reporting Program data validation audits).
- **Avoid Common Denial Drivers:** Ensure proper support for claims by preventing small misses like absent certifications, insufficient clinical detail, poorly supported medical necessity, and inconsistencies between MDS data and clinical records.

Levels of Medicare Audit Contractors

Medicare contractors conduct audits with varying levels of intensity:

- **Medicare Area Contractors (MACs):** Handle the majority of routine post-pay audits, process claims, manage recoupment letters, and handle redetermination requests (the first stage of appeal).
- **Targeted Probe and Educate (TPE):** A higher level of intensity involving up to three rounds of review and education. Failure to improve risks escalation to continuous prepayment review.
- **Comprehensive Error Rate Testing (CERT):** Measures the improper payment error rate by reviewing a sample of paid claims for compliance with coverage, coding, and billing rules.
- **Recovery Audit Contractor (RAC):** Identifies and corrects improper payments by reviewing claims, typically looking back about three years, and sends adjustments back to the MAC.
- **Supplemental Medicare Review Contractor (SMRC):** Uses data mining to profile providers for abnormal utilization patterns and may refer cases to the UPIC for further investigation.
- **Unified Program Integrity Contractor (UPIC):** A serious level of scrutiny that identifies potentially fraudulent providers. They allow only **15 to 30 calendar days** for records submission, can withhold or suspend Medicare payments, and refer cases to law enforcement.
- **Health and Human Services Office of the Inspector General (HHS OIG):** The highest level of intensity; they audit facilities, make recommendations for correction, and suggest enforcement and recoupment to CMS.

5. Association of Health Care Journalists

December 4, 2025

[U.S. News rankings highlight significance of nursing home staffing shortages](#)

By Liz Seegert

2026 U.S. News Nursing Home Rankings

- **Widespread Quality Gaps:** Fewer than 20% of U.S. nursing homes earned top honors. Out of 15,000 facilities, approximately 12,000 failed to provide high-quality care, primarily due to staffing shortages.
- **Geographic Disparities:** Quality varies significantly by location. States like California, New York, and Pennsylvania have higher

concentrations of top-tier facilities, while "nursing home deserts" are prevalent in rural areas and states like Louisiana and Montana.

- **Political Landscape:** The "One Big Beautiful Bill Act" (H.R.1) currently pauses federal staffing mandates by a decade, while the Trump administration seeks to permanently overturn minimum nurse-to-resident ratio regulations.

Staffing Levels and Patient Outcomes

- **Quantifiable Benefits:** Top-rated nursing homes provide 20% more staffing per resident and 80% more physical therapy than the national average.
- **Improved Health Metrics:** Higher staffing correlates with 15% fewer hospitalizations for long-term residents and 33% fewer ER visits for rehab patients.
- **Family Challenges:** Families are often forced to make crisis decisions within 24–48 hours with limited information, highlighting the need for transparent data.

Methodology and "Chemical Restraints"

- **Expanded Metrics:** U.S. News overhauled its methodology to include 17 quality measures and 11 distinct staffing dimensions, such as weekend coverage gaps and staff turnover.
- **Antipsychotic Use:** Data obtained via Freedom of Information Act requests reveals "all-in" antipsychotic rates, exposing facilities that may use drugs ("chemical restraints") to manage residents cheaply rather than hiring adequate staff.
- **Critique of CMS:** U.S. News warns against relying solely on CMS 5-star ratings, which utilize outdated state survey data. U.S. News recognizes fewer than 2,000 facilities as high-performing, compared to the roughly 20% awarded 5 stars by CMS.

Economic and Access Issues

- **Rural Crisis:** Rural areas and facilities reliant on Medicaid face closures and "deserts" where no care is available.
- **Private Equity Impact:** Ownership changes and private equity involvement often lead to reduced staffing and worsened outcomes; proposed Medicaid cuts in H.R.1 may accelerate divestment and closures.
- **Workforce Competition:** Facilities struggle to retain staff due to low wages, often competing with retail jobs (e.g., Target) that offer similar pay for less demanding work.

6. McKnights Long-Term Care News

December 4, 2025

[Shift toward staffing could dislodge stars from top-rated nursing homes](#)

By Kimberly Marselas

The Medicare Payment Advisory Commission (MedPAC) is reviewing proposals to restructure the Five-Star Quality Rating System, moving away from a reliance on inspection results to place greater emphasis on staffing levels. Analysts argue that higher staffing is strongly linked to better outcomes and that current inspection-heavy ratings can be misleading.

Proposed Methodologies

MedPAC is considering two alternatives to the current system:

- **Model 1:** Assigns equal weight to staffing, health inspections, and quality measures.
- **Model 2:** Weighs staffing at 60%, with health inspections and quality measures contributing 20% each.

Projected Impact on Ratings

Implementing these models would significantly alter the distribution of ratings across the nation:

- **Decline in Top Ratings:** 5-star facilities would drop from 19% of the total to just 4–5%. Only 23% of current 5-star homes would retain their status.
- **Decline in Lowest Ratings:** The share of 1-star homes would drop from 22% to 4–6%.
- **Shift to the Middle:** Between 88% and 92% of all facilities would land in the 2, 3, or 4-star categories.

Commissioner Feedback & Financial Recommendations

- **Support & Concerns:** Commissioners broadly supported prioritizing staffing but worried that shrinking the 1-star category to 4% might make it difficult to identify the lowest-quality homes.
- **Alternative Suggestions:** Some members suggested a less drastic shift, such as weighting inspections at 40% and staffing and quality at 30% each, to avoid devaluing site visits.
- **Reimbursement:** Aside from ratings, the commission recommended a 4% cut to skilled nursing fee-for-service reimbursement for the coming year.

7. JAMA Open Network

December 4, 2025

[Asset Spend-Down and Medicaid Enrollment in Nursing Homes](#)

Gabriella Aboulaflia, Amanda C. Chen, David C. Grabowski

Key Points

Question What is the rate of Medicaid “spend-down” among nursing home residents enrolled in traditional Medicare?

Findings In this cohort study of 191 416 US nursing home residents, 16.4% of residents who were initially not enrolled in Medicaid (largely self-pay) who entered a nursing home in 2018 spent down their assets and became enrolled in Medicaid between 2018 and 2022. The likelihood of spending down assets and enrolling in Medicaid varied by demographic characteristics and time spent in a nursing home.

Meaning This study suggests that Medicaid spend-down has implications for individuals’ and families’ financial well-being and likely the long-term financial sustainability of the Medicaid program.

8. McKnights Long-Term Care News

December 4, 2025

[Optometrists converted nursing home residents’ itchy eyes into huge paydays: OIG](#)

By Kimberly Marselas

Key Findings of the Audit

- [The Department of Health and Human Services Office of Inspector General \(OIG\) estimated](#) that Medicare overpaid **15 optometrists**

	<p>serving nursing home residents at least \$3 million over a three-year period (2021–2023).</p> <ul style="list-style-type: none"> • These 15 providers accounted for 72% of the \$4.7 million Medicare paid to eye doctors for high-level Evaluation and Management (E/M) codes, despite being less than 7% of the audit sample. <p>Nature of Improper Billing</p> <ul style="list-style-type: none"> • Service Mismatch: Optometrists routinely billed for low-level services, often treating complaints like dry or itchy eyes, using high-cost codes. • Inappropriate Codes: They used high-value CPT codes (99309 or 99310), which indicate high-complexity services for a "significant complication or a new problem," or an unstable problem "requiring immediate physician attention." • Documentation Failure: In a sample of 225 claims, none met the required documentation standards for the high-level E/M codes. <ul style="list-style-type: none"> ○ The OIG found patients typically required only eye drops and follow-up, not immediate or high-complexity care. ○ Visits were often scheduled weeks or months in advance, confirming they were routine and not emergencies. <p>Oversight Deficiencies and CMS Response</p> <ul style="list-style-type: none"> • Lack of Oversight: The OIG criticized the Center for Medicare & Medicaid Services (CMS) for insufficient oversight, noting the agency: <ul style="list-style-type: none"> ○ "did not perform any claim reviews" of optometrists' billing. ○ "did not have system edits in place" to prevent the billing of these high-cost codes. • Agreed-Upon Actions: CMS agreed with OIG recommendations to: <ul style="list-style-type: none"> ○ Collaborate with contractors to review all claims submitted by the 15 selected optometrists and recover a portion of the estimated \$3,059,204 overpayments. ○ Instruct its contractors to notify optometrists to conduct their own internal audits and return similar overpayments. ○ Provide more billing education and training. • Refused Action: CMS declined to increase general claim reviews, citing the small number of optometrists involved.
<p>Health Care</p>	<p>9. *Washington Post December 7, 2025 <i>His deductible is \$4,000. To control his diabetes, he's had to cut corners.</i> By Charlotte Huff KFF Health News The Impact of High-Deductible Health Plans on Chronic Disease High-deductible health plans (HDHPs) are becoming increasingly prevalent, creating significant financial and health barriers for Americans with chronic conditions, particularly diabetes. Rising Costs and Health Risks</p> <ul style="list-style-type: none"> • Prevalence: In 2024, 50% of employers offered HDHPs, a significant increase from 38% in 2015.

	<ul style="list-style-type: none"> • Health Consequences: Adults with diabetes involuntarily switched to HDHPs face significantly higher risks compared to those on other plans: <ul style="list-style-type: none"> ○ 11% higher risk of hospitalization for heart attack. ○ 15% higher risk of hospitalization for stroke. ○ Double the likelihood of blindness or end-stage kidney disease. • Preventable Complications: Experts warn that high out-of-pocket costs discourage patients from treating asymptomatic issues (like high blood sugar) until irreversible damage occurs.
<p>Workforce</p>	<p>10. Social Science Research Network April 1, 2025 <u>Immigration Enforcement, the Supply of Home Care Workers, and Access to Long-Term Care: Evidence from Secure Communities</u> By Amanda Kreider, Rachel M. Werner</p> <p>Core Methodology The researchers did not just look at current trends; they conducted a retrospective analysis of the Secure Communities program, a federal immigration enforcement initiative that facilitates information sharing between local police and federal immigration authorities. Because this program was rolled out in phases across different U.S. counties between 2008 and 2013, the researchers were able to measure the specific "shock" to the local labor market in each county as the policy went into effect.</p> <p>Key Findings The study established a causal link between stricter immigration enforcement and a decline in elder care capacity:</p> <ul style="list-style-type: none"> • Workforce Reduction: In counties where Secure Communities was activated, the available home care workforce shrank by 7.5%. • Reduced Access to Care: As the workforce contracted, older adults in those communities became 5% less likely to receive any home care services. • The "Chilling Effect": A critical insight from the study is that enforcement policies do not just remove undocumented workers. They create a "chilling effect" where legal immigrants (including those with work permits or green cards) withdraw from the workforce or public life due to fear of scrutiny or family separation. <p>Relevance to 2025 The study is being cited now because experts fear history is repeating itself. The current reductions in refugee admissions and the revocation of Temporary Protected Status (TPS) for Haitians and Venezuelans—who make up a significant portion of the care workforce—are expected to trigger a similar or even sharper decline in caregiver availability than was seen during the 2008–2013 period.</p> <p>Massachusetts (Disproportionate Care Reliance) While having fewer total TPS holders than Texas or California, Massachusetts is uniquely vulnerable in the <i>care sector</i> because of its large Haitian community.</p> <ul style="list-style-type: none"> • Top Counties: Suffolk (Boston), Middlesex, and Norfolk.

	<ul style="list-style-type: none"> • Impact: Approximately 5,000 TPS holders work specifically in Massachusetts nursing homes. The <i>Massachusetts Senior Care Association</i> estimates that 2,000 of its members' direct employees will lose work authorization if protections expire. • Specific Example: <i>Tribute Home Care</i> in Boston reported that 90% of its workforce consists of immigrants, with significant exposure to the Haitian TPS expiration.
<p>Care Giving</p>	<p>11. *New York Times December 6, 2025 <u><i>The Simplest Ways to Support the Caregivers in Your Life</i></u> By Elizabeth Passarella The Challenge: The piece focuses on the "sandwich generation"—adults simultaneously raising children and caring for aging parents. It highlights the importance of friendship and emotional support during this physically and emotionally draining life stage. How to Support a Caregiving Friend: Experts and caregivers suggest three primary ways to offer meaningful help:</p> <ul style="list-style-type: none"> • Listen and Validate: Resist the urge to "fix" the problem. Instead, offer a safe space for the friend to vent without judgment. Sharing similar experiences ("experiential similarity") helps validate their feelings and reduce stress. • Offer Specific Help: Vague offers like "let me know if you need anything" are often ignored. Instead, propose concrete tasks during specific times (e.g., "I can walk the dog between 10 a.m. and noon" or ordering dinner). Be patient and consistent, as caregivers may initially hesitate to accept help. • Step in for Respite: Offer to sit with the parents so the caregiver can nap or take a break. Engaging with the parents (playing cards, chatting) also helps break up the monotony of the day for the family. <p>12. *Boston Globe December 5, 2025 <u><i>'One of the most emotionally draining jobs in the hospital': Why 'sitters' are such a hard role to fill</i></u> By Jonathan Saltzman Summary: Massachusetts Hospital Sitter Shortage Current Crisis and Staffing Data</p> <ul style="list-style-type: none"> • High Vacancy Rates: According to a Massachusetts Health & Hospital Association (MHA) survey, nearly half of all "sitter" (patient observer) positions in the state are vacant. This is a significant increase from 2022, when less than one-third of positions were unfilled. • Safety Implications: The shortage has compromised "one-to-one" monitoring protocols. Patients deemed high-risk for suicide, falls, or complications from dementia and substance abuse are frequently left unmonitored or grouped together under a single observer. <p>Role, Compensation, and Conditions</p> <ul style="list-style-type: none"> • Job Description: Sitters provide constant observation for patients posing a danger to themselves or others. Responsibilities include

staying within arm's reach (approx. 18 inches), de-escalating conflicts, and accompanying patients to restrooms.

- **Working Conditions:** The role is described as emotionally draining and physically dangerous, with staff frequently suffering scratches and bruises from confused or combative patients.
- **Compensation:** Positions are entry-level, often requiring only a high school diploma. Wages are low, ranging from \$16 to \$26 per hour, which contributes to high turnover as employees leave for less stressful work.

Systemic Disputes

- **Reimbursement Conflict:** Hospitals argue they cannot offer higher pay because insurers inadequately reimburse behavioral health costs. Conversely, the Massachusetts Association of Health Plans argues that reimbursements are bundled, giving hospitals full discretion on how to allocate funds for nurse and sitter pay.
- **Union Action:** The Massachusetts Nurses Association (MNA) has filed numerous complaints regarding dangerous conditions due to the lack of sitters.

Documented Incidents and Regulatory Fallout

- **Baystate Franklin Medical Center:** A high-risk patient attempted suicide using a bedsheet while unmonitored. At the time, only one sitter was on duty for five suicidal patients. Nurses intervened in time to save the patient.
- **Tenet Healthcare (St. Vincent, Framingham Union, Leonard Morse):** Nurses filed over 30 complaints regarding the failure to provide one-to-one monitoring. In February 2024, CMS issued a finding of "immediate jeopardy" at St. Vincent Hospital regarding staffing deficiencies, briefly threatening their Medicare/Medicaid funding.
- **Carney Hospital (Steward Health Care):** In 2021, patient Gilberto Melendez-Brancaccio died while in four-point restraints. He was left unobserved because his assigned sitter was simultaneously monitoring two other patients. A wrongful death lawsuit was filed but stayed due to Steward's bankruptcy.

13. National Women's Law Center

December 4, 2025

[Four Ways the Trump Administration Took a Page From the Project 2025 Playbook and Made It Harder for Women to Care for Their Families in 2025](#)

By Veronica Faison

The article argues that despite the Trump administration's "pro-family" rhetoric, its actions in 2025 align with the "Project 2025" playbook to dismantle essential caregiving infrastructure. These policies have reportedly hindered women's ability to care for themselves and their families.

Four Key Policy Impacts

- **Decimating Long-Term Care:** To fund tax breaks for the wealthy, Congress passed the "Big Ugly Bill" in summer 2025, enacting **\$990 billion** in Medicaid cuts over 10 years. This forces states to cut

	<p>"optional" services, specifically targeting long-term and home-based care relied upon by the elderly and disabled.</p> <ul style="list-style-type: none"> • Threatening Care Workers: The Department of Labor proposed rolling back minimum wage and overtime protections and rescinded 2024 nursing home staffing standards. These actions devalue a workforce that is disproportionately Black, Latina, and immigrant women, while Medicaid cuts threaten their personal health coverage. • Destabilizing Immigrant Communities: Immigrants comprise over 20% of the care workforce. The administration has restricted access to SNAP and Medicaid for immigrants, revoked legal statuses, and increased deportations, disrupting community care networks. • Undermining Head Start: Since early 2025, the administration has utilized funding freezes, staff firings, and policy shifts to weaken Head Start, leaving low-income families without necessary early education and health support for their children. <p>Conclusion</p> <p>The author asserts that these policy decisions prioritize billionaire tax breaks over family survival, highlighting a hypocrisy in the administration's agenda. The article calls for policies that ensure healthcare access, living wages for care workers, and the protection of child support programs.</p>
<p>Aging Topics</p>	<p>14. *Washington Post December 8, 2025 <i>The quest to slow aging leads scientists into the powerhouse of cells</i> By Mark Johnson <i>Texas A&M researchers create mini mitochondria factories using tiny nanoflowers.</i></p> <p>Summary of New Method to Fight Cellular Aging</p> <p>The selection details a discovery by scientists at Texas A&M University aimed at reversing cellular deterioration, a process often linked to the diminishing function of mitochondria, the energy source of most cells. This decline in mitochondrial function is a primary factor in various conditions, including neurodegenerative diseases and metabolic disorders like Alzheimer's, muscular dystrophy, and diabetes.</p> <p>The Texas A&M Supercharging Method</p> <p>The innovation focuses on creating "mini mitochondria factories" to revitalize aging or damaged cells:</p> <ul style="list-style-type: none"> • The Catalyst: Scientists use microscopic, flower-shaped particles called nanoflowers. • The Material: Nanoflowers are made from an inorganic compound, molybdenum disulfide. • The Process: <ul style="list-style-type: none"> ○ Nanoflowers are added to a lab dish containing stem cells. ○ Molybdenum disulfide triggers the stem cells to produce double the normal amount of mitochondria.

	<ul style="list-style-type: none"> ○ These "supercharged" stem cells exploit their natural ability and "home" toward damaged areas to transfer their excess mitochondria to stressed or damaged cells. <p>Potential Applications and Future Steps</p> <p>The method, led by biomedical engineering professor Akhilesh K. Gaharwar, is currently in the lab dish stage with plans for animal testing and eventual clinical trials.</p> <ul style="list-style-type: none"> • Proposed Human Treatment: If approved, a patient's own skin cells could be reprogrammed into stem cells, supercharged with nanoflowers in a lab, and then returned to the patient's body. • Therapeutic Benefits: New mitochondria could help aging nervous system cells communicate better and assist cells in a person with diabetes to process glucose faster. • Testing: The team hopes to begin testing the technique in rats in January or February. <p>Expert Perspectives and Cautions</p> <p>Mitochondria experts acknowledge the study's significance but advise caution as the technique is in its early stages.</p> <ul style="list-style-type: none"> • Praise: Daria Mochly-Rosen of Stanford University called the ability to increase the number of mitochondria per cell "huge" and a finding that could change the future of medicine. • Caution: Keshav K. Singh, director of the Cancer Genetics Program at UAB, called the study promising but early, noting that the long-term safety of molybdenum disulfide in humans is currently unknown. • Uncertainty: It is also important to pinpoint how long-lasting the benefit from this method of boosting mitochondria will be.
<p>Life Safety</p>	<p>15. Masslive.com December 5, 2025 <i>In contrast to Gabriel House, sprinklers kept Rockland nursing home fire at bay — and no one was injured</i> By Hadley Barndollar</p> <p>Comparison of Recent Fires</p> <ul style="list-style-type: none"> • Webster Park (Rockland): A November 29 fire resulted in no injuries among 102 residents. The positive outcome is attributed to a functioning sprinkler system and effective staff evacuation procedures. • Gabriel House (Fall River): A July 13 fire resulted in 10 deaths. Contributing factors included recalled sprinkler heads that failed to activate, a missed five-year inspection, and staff fleeing the scene without assisting residents. <p>Operational and Regulatory Disparities</p> <ul style="list-style-type: none"> • Oversight: Nursing homes (e.g., Webster Park) are subject to strict federal and state regulations, including quarterly fire inspections. Assisted living facilities (e.g., Gabriel House) lack federal standards and undergo only annual fire inspections. • Preparedness: Webster Park had upgraded sprinklers and trained staff. Conversely, Gabriel House staff had not conducted fire drills in

	<p>over four years, and the facility utilized sprinkler heads recalled over two decades ago.</p> <p>Government Response and Reform Efforts</p> <ul style="list-style-type: none"> • New Mandates: Governor Maura Healey has required all 272 Massachusetts assisted living facilities to submit emergency preparedness plans and complete fire safety surveys. • Proposed Legislation: Fire officials are urging the state to align assisted living safety codes with the stricter standards applied to nursing homes. • Ongoing Risks: Following the Gabriel House tragedy, officials have discovered recalled sprinkler heads in other vulnerable occupancy buildings, prompting calls for statewide guidance.
<p>Federal Policy</p>	<p>16. Milbank Memorial Fund December 4, 2025 <i>No Such Thing as Being Out of Harm's Way</i> By Christopher F. Koller</p> <p>Summary of HR1's Impact on Health Care and Recommended State Action</p> <p>The health care industry, which consumes 17% of the U.S. economy and 25% of government spending, is directly affected by major legislative changes like HR1, "The One Big Beautiful Bill Act." Even seemingly protected areas like nursing homes, whose staff and residents largely rely on Medicaid, are not "out of harm's way."</p> <p>The Indirect Impact of HR1 on Nursing Home Residents</p> <p>While few nursing home residents are expected to directly lose coverage under HR1, the bill's provisions create a massive financial squeeze that will ultimately target the elderly and disabled served by Medicaid:</p> <ul style="list-style-type: none"> • Workforce Coverage Loss: An estimated 30% of the national direct care workforce (nursing assistants, etc.) is enrolled in Medicaid and could lose coverage due to new measures like work requirements and more frequent administrative redeterminations. • State Revenue Shortfalls: New limits on provider taxes will result in reduced federal Medicaid matching funds, leading to an estimated \$11.9 billion per year loss in federal payments to states. • Increased Uncompensated Care: Newly uninsured people (from HR1 cuts or the expiration of ACA subsidies) will seek care at emergency rooms and community health centers, forcing states to look for funds to cover the resulting uncompensated care burden. • Targeting the Vulnerable: Faced with revenue shortfalls, state officials will likely target the largest area of Medicaid spending: elderly or disabled beneficiaries, who represent 65% of the program budget and include many nursing home residents. <p>Four Principles to Guide State Decision-Making</p> <p>State officials must view their response to HR1 as more than just a budgeting exercise. The resulting hard choices should be guided by these four principles:</p> <ol style="list-style-type: none"> 1. Good Administration and Standards to Keep People Covered

	<ul style="list-style-type: none"> ○ Minimize needless disenrollments caused by the new six-month recertification requirement for Medicaid enrollees. ○ Adopt less burdensome documentation standards and upgrade eligibility verification systems. <p>2. Keep Options Affordable for Individuals and Families</p> <ul style="list-style-type: none"> ○ Limit the damage from high-deductible benefit plans and aggressive provider collection strategies, protecting individuals from high costs and medical debt. <p>3. Follow the Money</p> <ul style="list-style-type: none"> ○ Empower public officials to monitor health system finances to prevent providers, opaque nursing home owners, and private equity from jacking up prices or extracting assets. ○ Tracking dollar distribution allows states to implement cost control strategies like reference pricing. <p>4. Establish Structures and Processes that Prioritize Covered Services to Maximize Population Health for All</p> <ul style="list-style-type: none"> ○ Since cutting provider rates or beneficiaries is ineffective or unethical, states should consider explicitly prioritizing services when facing budget constraints. ○ Lessons can be learned from the original Oregon Health Plan, which set forth a structure for defining and prioritizing "condition treatment pairs" based on cost and patient/societal benefit to ensure a fairer rationing of limited resources.
<p>From Our Colleagues around the Country</p>	<p>17. Long Term Care Community Coalition <u>LTCCC's Statement on CMS Repealing Federal Nursing Home Staffing Standards</u> December 3, 2025</p> <p>The Long Term Care Community Coalition is deeply disheartened by the <u>Centers for Medicare & Medicaid Services' decision to repeal the federal minimum staffing standards for nursing homes</u>. This action removes a long-overdue national floor for staffing – standards that, while modest, provided a basic safeguard to help ensure residents received essential nursing care.</p> <p>The repealed rule would have required facilities to provide at least 3.48 hours of total nurse staffing per resident per day, including a minimum of 0.55 hours from a registered nurse and 2.45 hours from nurse aides, and it also would have required nursing homes to have a registered nurse onsite 24 hours a day, 7 days a week. Even these minimums were far below what many residents need, but they represented a clear federal commitment that no nursing home should be allowed to operate beneath a threshold of safety.</p> <p>Although CMS has eliminated the minimum staffing standards, the rule's enhanced facility assessment requirements remain in place, continuing the require nursing homes to more rigorously evaluate resident needs and the staffing necessary to meet them. See <u>LTCCC's fact sheet</u> on providing input on your facility's staffing assessment.</p> <p>By rolling these standards back, CMS and the U.S. Department of Health and Human Services are turning away from residents, families,</p>

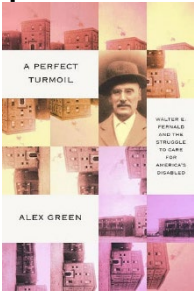
	<p>and the dedicated workforce that provides hands-on care every day. Chronic understaffing is not an abstract policy issue – it is a direct driver of avoidable suffering: residents left waiting for help to eat, toilet, bathe, manage pain, or prevent falls and infections. Families already struggling to find safe placements will now face even fewer assurances that their loved ones’ basic needs will be met.</p> <p>We recognize that nursing homes across the country face real workforce challenges. These challenges are largely driven by the industry’s persistently high turnover rates, which stem from poor working conditions and low wages that push caregivers out of the field. But eliminating minimum standards is not a solution. The answer to staffing shortages is accountability and better jobs, not permitting facilities to admit vulnerable people without the staff required to care for them. As multiple investigations and years of resident and family experiences have shown, treating nursing homes like warehouses for human being leads to harm, indignity, and tragedy.</p> <p>Residents deserve to live with dignity and safety. Caregivers deserve a system that supports them to do their jobs well. This repeal moves the nation in the opposite direction, and the people who will pay the price are those least able to bear it. We must continue the fight for quality care.</p>
<p><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other</p>

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](#)

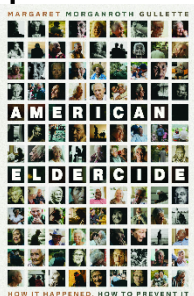
By Alex Green

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 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

<p>About the Author: Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>	<p>passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.</p> <p>Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our own panic about aging and a social bias in favor of youth-based decisions about lifesaving care. The compassion this country failed to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone.</p> <p>Buy the book here.</p>
<p>Bringing People Home: The Marsters Settlement</p>	<p>Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/</p>
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>

Websites			
Blogs			
Podcasts			
YouTube Channels			
Previously recommended websites	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	<table border="1"> <tr> <td>Nursing home</td> <td> 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 </td> </tr> </table>	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
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MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid		
Money Follows the Person	MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version		
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/		

<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: Town of Nantucket – Long Term Care Substantial Capital Expenditure 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 Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated) Newly added to the listing</p> <ul style="list-style-type: none"> • Salem Rehab Center, Salem https://www.adviniacare.com/adviniacare-salem/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225644/

- Fall River Healthcare
<https://www.nextstephc.com/fallriver>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225723/>
- **Massachusetts facilities which have graduated from the program**
- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
<https://tinyurl.com/MarlboroughHills>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225063>
- Somerset Ridge Center, Somerset
<https://somersetridge rehab.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- Tremont Healthcare Center, Wareham
<https://thetremontrehabcare.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225488/>
- **Massachusetts facilities that are candidates for listing (months on list)**
- AdviniaCare Newburyport (13)
<https://www.adviniacare.com/adviniacare-country-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225332>
- Brandon Woods of New Bedford (1)
<https://brandonwoodsnewbedford.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225264/>
- Cape Cod Post Acute, Brewster (9)
<https://capecodrehabhc.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225667/>
- Charwell House Health and Rehabilitation, Norwood (37)
<https://tinyurl.com/Charwell>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225208>
- Life Care Center of Merrimack Valley, Billerica (2)
<https://lcca.com/locations/ma/merrimack-valley/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225546/>
- Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1)
<https://www.medwaymanor.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225412>
- 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)

	<p>https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523</p> <ul style="list-style-type: none"> West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/</p> <p>No longer operating</p> <ul style="list-style-type: none"> South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram 																																																
<i>Nursing Home Inspect</i>	<p>ProPublica Nursing Home Inspect Data updated October 15, 2025</p> <p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025. Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated October 15, 2025</p>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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<i>Nursing Home Compare</i>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on</p>																																																

	<p>weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>																																							
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																																							
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																							
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																							
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Jim Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>Dickmoore1943@gmail.com</td> </tr> <tr> <td>Legal Issues</td> <td>Stephen Schwartz</td> <td>sschwartz@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	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	baskinfrank19@gmail.com
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Please contact group leaders for more information.		Chris Hoeh	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	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/		
REV UP Massachusetts	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 .		
The Dignity Digest	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		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none"> • Wynn Gerhard • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			