



The Dignity Digest

Issue # 264

December 23, 2025

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

	<p>*May require registration before accessing the article.</p>
<p>DignityMA Zoom Sessions</p>	<p>Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.</p>
<p>Holiday Distribution Schedule for The Dignity Digest</p>	<p><i>The Dignity Digest</i> will not be issued on December 30, 2025.</p> <p>Edition #265 will be distributed on Tuesday, January 6, 2026.</p> <p>We wish all a joyous holiday season and a new year of peace, well-being, and dignity for all.</p>
<p>Spotlight</p>	<p><u>Record nursing home sale, 'frenzy' of deals portend strong M&A in 2026</u></p> <p>McKnights Long-Term Care News December 21, 2025 By Kimberly Marselas</p> <p>This article from <i>McKnight's Long-Term Care News</i> reports on a massive surge in nursing home mergers and acquisitions (M&A) at the end of 2025, suggesting that 2026 will be a "blockbuster" year for the industry.</p> <p>The key points include:</p> <p><u>A Record-Breaking Environment</u></p> <ul style="list-style-type: none"> • The "Frenzy": The industry is seeing a significant volume of deals, driven by major Real Estate Investment Trusts (REITs) and large-scale operators. The end of 2025 has seen record-shattering transaction totals as investors move to capitalize on stabilizing market conditions. • Key Players: Dominant companies like Welltower, CareTrust REIT, and The Ensign Group are leading the charge. For example, Welltower recently completed multi-billion dollar portfolio acquisitions, while Ensign added dozens of new operations to its portfolio in 2025 alone. <p>Factors Driving the Surge</p> <ul style="list-style-type: none"> • Improving Fundamentals: Investors are responding to improved occupancy rates (which have largely recovered to pre-pandemic levels) and better-than-expected Medicaid reimbursement rates in several key states. • Operator Strength: There is a "flight to quality," where investors are seeking out strong, proven operators who can

	<p>navigate the complexities of staffing and regulatory compliance.</p> <ul style="list-style-type: none"> • Consolidation: Smaller, independent facilities that struggled during the pandemic are being absorbed by larger, better-capitalized regional and national chains. <p>Outlook for 2026</p> <ul style="list-style-type: none"> • Sustained Momentum: Analysts predict that the momentum from late 2025 will carry directly into 2026. The pipeline for new deals is described as "robust," with many large portfolios expected to come to market in the first half of the year. • Investment "Golden Years": Some market experts believe the sector is entering a new era of growth, characterized by higher asset values and more aggressive expansion by major health care REITs. <p>Market Implications</p> <ul style="list-style-type: none"> • Pricing Trends: Despite high interest rates, the price-per-bed for skilled nursing facilities remains strong, indicating high buyer confidence in the long-term viability of the sector due to the aging "Baby Boomer" population. • Strategic Shift: The frenzy isn't just about domestic growth; some major U.S. players are also expanding their footprints into international markets (like the U.K.) to diversify their holdings. <p>In summary, the article paints a picture of a vibrant and aggressive M&A market, where large institutional investors are doubling down on nursing homes as a high-growth asset class for the coming years.</p>
<p>Quotes</p>	<p><i>“This transaction underscores a powerful message heading into 2026: the skilled nursing facility market remains highly competitive, well-capitalized, and willing to pay premium valuations for quality assets with upside. Owners considering a 2026 exit may be positioned to take advantage of one of the strongest pricing environments in years.”</i></p> <p><u>Announcement by Evans Senior Investments, Record nursing home sale, ‘frenzy’ of deals portend strong M&A in 2026</u>, (McKnights Long-Term Care News, December 21, 2025)</p> <p><i>“As the Fed Funds rates continue to decline, lenders’ ability to extend credit has markedly increased. This results in buoying sale transactions. My forecast is a</i></p>

continuance of this ‘feeding frenzy’ into 2026, shifting the landscape to a seller’s market [for nursing home properties].”

Laca Wong-Hammond, managing director and head of Mergers & Acquisitions for [Lument](#), [Record nursing home sale, ‘frenzy’ of deals portend strong M&A in 2026](#), (McKnights Long-Term Care News, December 21, 2025)

“As we look at the current pipeline, we continue to include everything from small to midsize, owner operated portfolios, landlords looking to replace current tenants, nonprofits looking to divest of their post-acute assets and a steady flow of the traditional onesie twosies. However, we’ve also seen some trends in the last few months that show that pricing in certain areas has become too rich to support the fundamentals of the operations.”

Ensign Chief Investment Officer Chad Keetch, [Biggest Nursing Home Deals of 2025: From Insider Bids to Global Growth](#) (Skilled Nursing News, December 19, 2025)

“Spend-down in the community prior to nursing home admission has always been prevalent, but the rapid emergence of privately financed assisted living and other community options over the past 3 decades may have had profound implications for the spend-down rate.”

[‘Spend-down’ rates among nursing home residents rise with longer stays, study finds](#) (McKnights Long-Term Care News, December 18, 2025)

Pennsylvania lawmakers have unintentionally designed a system that funnels people into facilities like nursing homes, hospitals, and residential treatment centers— because those places can afford to pay better wages than home care agencies can. But those places are also the ones where families do not want their loved ones to be.

[My son can't be left alone, but I have no one to stay with him](#)
(*Pittsburgh Post Gazette, December 21, 2025)

“Personal Care Attendants do incredibly challenging work to care for the most vulnerable among us, and they shouldn’t have to also worry about being able to afford to meet their own basic needs. We want highly qualified, dedicated individuals to pursue and stay in careers as PCAs, but they need to be able to afford to do so. I’m proud of Secretary Mahaniah and his team for pursuing this ruling that will save PCAs thousands of dollars every year and grateful for the PCA Workforce Council’s efforts to support our hardworking PCAs.”

Governor Maura Healey, *Governor (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, December 22, 2025)*,
[Governor Healey Announces Major Tax Relief for Health Care Workers](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, December 22, 2025)

Norma Swenson Remembered



Photo by Doris Dagnese

[Norma Swenson](#) was a member of DignityMA’s Coordinating Committee for two years until the time of [her death](#) on May 11, 2025.

[The Activist Who Became Radicalized by Working on ‘Our Bodies, Our Selves’](#)

New York Times Magazine (free access)
December 28, 2025
By Maggie Jones

Norma Swenson was 26 and pregnant when her obstetrician told her that during labor she would receive an injection of scopolamine. Swenson left the office, put a nickel in a pay phone and called a local library. Scopolamine, the librarian explained, is a cerebral sedative. That was all Swenson needed to know: She told her OB that she would skip the medication.

When Swenson was ready to give birth in April 1958 on a 12-bed ward at Boston’s Lying-In Hospital, she watched as women received a cocktail of scopolamine and morphine, designed to create “twilight sleep,” during which they would feel less pain and, in theory, forget any pain they did experience. But scopolamine disoriented them. On the ward, Swenson heard women screaming and saw them thrashing in their beds after the injection. Some tried to climb out, leading nurses to restrain them with cloth ties. They cried and begged for their mothers. The morphine made them groggy. Their contractions slowed,

making it harder for them to push. Doctors used forceps to extract the babies.

Since high school, when she read an excerpt from Grantly Dick-Read's "Childbirth Without Fear" in her parents' Reader's Digest, Swenson had been intrigued by what is known as natural childbirth. Now, a decade later on the maternity ward, medical residents gathered to watch the woman who refused painkillers. She put one foot on a doctor's shoulder and her other foot on another's. Nurses held her hands. And she pushed and pushed.

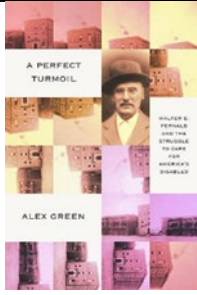
In the years after her daughter, Sarah, was born, Swenson became a childbirth activist and the president of the Boston Association for Childbirth Education. One day in 1971, a friend handed her a booklet. Originally called "Women and Their Bodies," that year the authors renamed it "Our Bodies, Ourselves." More than 130 pages, printed on newsprint and stapled together, the publication was largely circulated underground.

As she first read the pages, Swenson was shocked — and then awakened. The book was an explicit guide to taboos: abortion, which was illegal in most states; venereal diseases; sexuality. The images were detailed, the writing frank. One chapter highlighted women's stories about masturbation and descriptions of the clitoris. "Hardly anybody knew there was such a thing," Swenson later said.

She soon joined the roughly one dozen women, known as the Boston Women's Health Book Collective, who had written and edited "Our Bodies, Ourselves," or "OBOS," as they called it. At 39, with a 13-year-old daughter, Swenson was about a decade older than most of the other women. To the group, she brought her vast knowledge about childbirth and the medical system.

In turn, the women and the work radicalized her. As a childbirth activist, she was in her "pre-feminist consciousness," as she put it, charming doctors to make them allies and focusing only on childbirth. The women in the collective took a different approach, writing critically about systemic sexism in the medical establishment in chapters like "Women, Medicine and Capitalism," "Some Myths About Women" and "Medical Institutions."

	<p>They worked collaboratively, usually meeting weekly in living rooms in Cambridge, Somerville, Newton and Brookline, where they debated whether they should take grants from medical groups that, Swenson worried, would influence their writings and whether to leave their small left-wing publisher for a mainstream one. (Simon & Schuster began publishing “OBOS” in 1973; the women used their royalties to give grants to small women’s-health organizations.) Throughout, Swenson contributed and helped write sections on pregnancy, childbirth, postpartum care and, later, menopause and aging.</p> <p>In the 1980s, the book grew to more than 600 pages (it would eventually balloon to 900-plus) and became a fixture in women’s bedrooms, given as gifts among friends and sisters, handed out to first-year college students, used in medical schools, distributed to farmworkers in Spanish. It eventually sold more than four million copies and was translated and adapted into 34 languages.</p> <p>Swenson, meanwhile, was the first coordinator of international programs for the collective and traveled the world — the Philippines, India, Brazil, Mexico, Uganda — to help women adapt “OBOS” for their own countries and organize for abortion rights, birth control and the rights of mothers.</p> <p>At home, she also helped build a new generation of activists, including through a class she taught at Harvard University until she was in her early 80s called Women, Health and Development. Many of her international students planned to return home after graduation to work in women’s health. Swenson pushed them to hone their research and public-speaking skills so they could testify in front of governments and talk to NGOs and the press. They practiced and performed for Swenson, who wrote up single-spaced, multipage critiques. She knew her students would have to be meticulous, factual and relentless. She also knew firsthand that it was entirely possible — if frustratingly slow and filled with setbacks — to shift the course of women’s health in ways no one could have imagined.</p>
<p>DignityMA supporter Alex Green’s book makes the National Book Critics Circle Award’s Long List for Biography.</p>	<p><u><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled</i></u> by Alex Green <u>has been chosen</u> by <u>the National Book Critic’s Circle Awards</u> as one of the best biographies in 2025. In this post from the newsletter <i>(Un)Hidden</i>, author Alex Green celebrates that his biography, <i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled</i>,</p>



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.

has been named to the **National Book Critics Circle (NBCC) Award longlist** for Biography.

The summary of the post is as follows:

The Honor

Green's debut book is one of only ten biographies selected for the 2025 longlist, with finalists and winners to be announced in the coming months.

The Book's Subject: Walter E. Fernald

The biography uncovers the lost history of Walter Fernald, a complex and influential figure whose work shaped modern disability policy. Green spent ten years sifting through over 250,000 disordered documents to reveal that Fernald:

- **Created Special Education:** Passed the first law requiring academic testing for public school students.
- **Influenced Mental Health:** Helped found **Mental Health America** and conducted early neurological research into intellectual disabilities.
- **Challenged Eugenics:** Led a major challenge against eugenic sterilization in the U.S.
- **Pioneered Policy:** Was an early advocate for "de-centralization" (now known as deinstitutionalization) and oversaw the enlistment of disabled men in WWI.

Contemporary Relevance

Green argues that understanding Fernald's "monstrous yet utopian" legacy is essential for navigating today's political and legal climate. He suggests the book explains the origins of:

- The use of **IQ scores** in Supreme Court death penalty cases.
- The modern push to **reopen asylums**.
- The current rollbacks of **civil rights protections** for disabled students.

Call to Action

Green encourages readers to support the publication by subscribing to the newsletter, sharing the news, or purchasing the book through independent bookstores.

Commentary Offered by DignityMA Participants

The Quiet Transfer of Seniors' COLA Dollars to the Nursing Home Industry

By Richard T. Moore
December 22, 2025

Every year, Social Security provides cost-of-living adjustments (COLAs) to help older Americans keep up with rising prices. [These increases are meant to ensure that seniors can afford basic necessities—soap, clothing, a phone, a haircut, a birthday card for a grandchild.](#) But for roughly 26,000 nursing home residents in Massachusetts who rely on Medicaid, these COLA



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

increases never reach them. Not in 2023. Not in 2024. Not in 2025. Not in any year since **2008**.

That is because the [Personal Needs Allowance \(PNA\)](#), the one portion of a resident's income they are allowed to keep—has been frozen at **\$72.80 per month** for **17 years**. Everything above that amount, including every dollar of every COLA since FY 2008, is swept into the state's Medicaid system and ultimately flows to nursing home operators.

This is not a small amount of money. Since 2008, Social Security benefits have risen by **well over 50%** through cumulative COLAs. If a resident received \$1,300 per month in 2008, their benefit today would be roughly \$2,000. But the resident still keeps only \$72.80. The entire increase—hundreds of dollars per month per resident—goes to the state to offset Medicaid payments to nursing homes.

Multiply that by 26,000 residents over 17 years, and the total diversion easily reaches into hundreds **of millions of dollars**, if not more than a **billion**. These are federal dollars intended to help low-income older adults maintain a shred of autonomy and dignity. Instead, they have been quietly redirected to support the finances of nursing home corporations and their investors.

[Massachusetts is not the lowest state in the country when it comes to the PNA. It sits in the middle of the pack.](#) But that fact obscures a deeper truth: a PNA set in 2008 cannot meet the needs of 2025. Prices have risen dramatically. Residents' Social Security benefits have risen dramatically. Yet the amount they are allowed to keep has not risen at all.

The result is a slow, silent erosion of dignity. Residents must choose between deodorant and a phone plan, between a winter coat and a haircut. Many rely on charity for basic items. Meanwhile, the COLA dollars meant to help them keep up with inflation are absorbed into the state budget and passed through to nursing home operators—many of whom are owned by private equity firms, real estate investment groups, or complex corporate structures that already extract significant revenue from the system.

This is not what Social Security COLAs were designed for. They were meant to help seniors, not subsidize corporate nursing home finances or state government.


Fortunately, a solution is on the table. [Senator Joan Lovely](#), working with **Dignity Alliance Massachusetts**, has filed [S.887, An Act increasing the personal needs allowance for long term care residents](#), now before the Senate Ways and Means Committee. The bill would:

- **Increase the PNA to reflect the inflation that has occurred since 2008**, restoring the purchasing power residents have lost.
- **Index the PNA to future COLAs**, ensuring that residents—not the state, and not nursing home corporations—receive the benefit of federal increases going forward.

This is not a radical proposal. It is a correction. It restores fairness. It restores dignity. And it ensures that federal dollars intended for vulnerable older adults actually reach them.

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
 Chair, DignityMA’s “Remembering with Dignity” initiative
dwc@cooganlaw.com
 617-332-8828

Dignity Alliance Massachusetts Launches “Remembering with Dignity,” a Digital Memorial to Honor Those who Died During the COVID-19 pandemic

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

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

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

	<p>the spirit of each individual. Submissions can be made at DignityMA’s website.</p> <p>How to Submit a Remembrance:</p> <ul style="list-style-type: none"> • Visit www.dignityalliancema.org and navigate to the “Pandemic Memorial” page under the “Resources” tab or click on https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A. The QR code below can also be used. • A remembrance should be no more than 175 words. • Rather than a formal obituary, each submission should describe the person’s essence, values, and their story. • Please include the circumstances of their passing (e.g., if they lived or worked in a high-risk setting such as a nursing home, rest home, group home, or hospital, or as a caregiver or essential worker). <p>DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor their loved ones and channel their grief into advocacy for policies that better protect vulnerable populations during future public health crises. Details will be announced at a later date.</p>
<p>Recruitment</p>	<p>See: Listings on MASterList.com’s Job Board for all current listings</p>
<p>Guide to news items in this week’s Dignity Digest</p>	<p>Nursing Homes ‘Spend-down’ rates among nursing home residents rise with longer stays, study finds (McKnights Long-Term Care News, December 18, 2025)</p> <p>Private Equity Biggest Nursing Home Deals of 2025: From Insider Bids to Global Growth (Skilled Nursing News, December 19, 2025) 7-State Skilled Nursing Portfolio Sells for \$545 Million (Skilled Nursing News, December 7, 2025)</p> <p>Federal Policy US health agency announces two Medicare pilot programs on drug pricing (Reuters, December 19, 2025) Massachusetts Men Charged With Nearly \$7 Million in SNAP Fraud (*Wall Street Journal, December 17, 2025)</p> <p>State Policy Governor Healey Announces Major Tax Relief for Health Care Workers (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, December 22, 2025) Healey criticized for lax SNAP oversight (*Salem News, December 22, 2025)</p>

	<p>Office of Attorney General Andrea Campbell <u>AG's Office Secures Indictments Against Two Norfolk County Residents for Elder Neglect, Larceny, and Medicaid Fraud</u> (Office of Attorney General Andrea Campbell, December 18, 2025)</p> <p>From Around the Country <u>Comment: State funding cuts would devastate long-term care</u> (HeraldNet, December 22, 2025) <u>My son can't be left alone, but I have no one to stay with him</u> (*Pittsburgh Post Gazette, December 21, 2025) <u>A look into one woman's Medicaid fight for her friend</u> (*The Keene Sentinel, December 20, 2025) <u>Nursing Home Transparency Bill Draws Interest but Remains Stalled in State Senate</u> (Skilled Nursing News, December 19, 2025) <u>Medicaid backlog puts NH seniors in crisis</u> (*The Keene Sentinel, December 18, 2025)</p>
<p>Reports</p>	<p>1. The Consumer Voice <u>New Report Provides Eye-Opening Perspective on Nursing Home Residents' Experiences</u> Individuals living in long-term care facilities deserve high-quality person-centered care, to experience quality of life, and to be treated with dignity and respect. Consumer Voice surveyed residents of long-term care to find out what life is really like for them on a day-to-day basis. We asked questions regarding whether they are treated with dignity, have access to technology, and the issues that impact their daily life like staffing, food, and activities. We also asked questions about whether they are able to live life on their own terms. Consumer Voice received answers from more than 450 residents, and their responses were eye-opening. Overall, we learned that while some facilities are living up to expectations, many are not. This report highlights themes identified in resident responses, such as poor staffing levels, feelings of loneliness, and a lack of autonomy and control over their lives. To hear directly from residents, we've included a sample of quotes residents provided in response to the survey. As one resident noted when asked about her quality of life, "we have gone from feeling we have a home, to a room in an institution." 2025 Resident Report 2 KEY FINDINGS Of the residents who responded to the survey:</p> <ul style="list-style-type: none"> • 50% say their quality of life got worse after moving into their facilities. • 32% say they are only sometimes, rarely, or never treated with dignity or respect in their facilities. • 19% say their opinions and preferences about their daily care and routines are rarely or never considered. • Only 24% say they always get the care they need in their facilities when they need it.

	<ul style="list-style-type: none"> • 34% report that the food at their facilities rarely or never looks or smells appetizing, with 25% reporting they are rarely or never offered an alternative. • 25% say the activities offered by their facilities are rarely or never interesting or engaging. • 97% who have visitors can see their visitors when they want to see them. • 40% do not have a family caregiver. • 39% report that a lack of transportation prevents them from participating in community events. • 52% of respondents are able to participate in religious services of their choice, though this appeared truer for members of certain religions than others. • 32% report that members of their community visit their facilities to participate in or host events less than once a month, if at all. • 50% report that they have access to technology when they want to use it with 58% reporting that they use technology daily. • 36% report there is rarely or never enough staff in their facilities to meet their needs in a reasonable amount of time. • 43% report that it is somewhat or very difficult to live life on their own terms at their facilities. <p>Read the Report</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>2. McKnights Long-Term Care News December 18, 2025 ‘Spend-down’ rates among nursing home residents rise with longer stays, study finds By Foster Stubbs A December study published in <i>JAMA Network Open</i> tracked over 191,000 U.S. nursing home residents from 2018 to 2022 to analyze "spend-down" rates—the process of depleting personal assets on healthcare to qualify for Medicaid.</p> <p>Key Statistics</p> <ul style="list-style-type: none"> • Overall Rate: 16.4% of residents who entered as non-Medicaid patients eventually enrolled in the program. • Impact of Duration: The likelihood of spending down increases significantly with longer stays: <ul style="list-style-type: none"> ○ 3 Months: 20.5% of living residents spent down. ○ 4 Years: 61.8% of living residents spent down. <p>Demographic Disparities The study found that minority groups were significantly more likely to spend down than White individuals:</p> <ul style="list-style-type: none"> • Black Residents: 10% to 17% higher likelihood. • Hispanic and North American Native Residents: 8% to 15% higher likelihood.

	<p>Research & Policy Implications</p> <ul style="list-style-type: none"> • Changing Landscape: Authors noted that the rise of privately financed assisted living over the last 30 years may be influencing spend-down rates prior to nursing home admission. • Future Needs: Researchers called for more accurate measurement of the spend-down phenomenon and policy interventions to ease the financial burden on families requiring long-term care.
<p>Private Equity</p>	<p>3. Skilled Nursing News December 19, 2025 <u>Biggest Nursing Home Deals of 2025: From Insider Bids to Global Growth</u> By Amy Stulick</p> <p>This article from <i>Skilled Nursing News</i> highlights a massive shift in the nursing home real estate landscape in 2025, marked by a surge in "mega-deals" and a significant expansion into international markets, particularly the United Kingdom.</p> <p>The key takeaways from the year's dealmaking include:</p> <p>1. Record-Breaking Global Moves</p> <ul style="list-style-type: none"> • Welltower's UK Expansion: One of the year's most significant moves was Welltower's (NYSE: WELL) \$6.9 billion (£5.2 billion) acquisition of a Barchester Healthcare portfolio in the U.K. They also completed a \$1.6 billion recapitalization of HC-One, signaling a strong belief in the stability of the British care market. • CareTrust REIT's Double Play: CareTrust completed two massive deals: an \$817 million cash offer for U.K.-based Care REIT and a \$437 million acquisition of a 13-facility portfolio in the U.S. Southeast and Mid-Atlantic. Approximately one-third of their investment pipeline is now focused on the U.K. <p>2. Strategic Domestic Consolidations</p> <ul style="list-style-type: none"> • The Ensign Group (Nasdaq: ENSG): Continued its aggressive growth strategy by adding 45 operations in 2025. Their expansion focused on off-market deals and targeted regional portfolios, specifically in California and Utah. • Omega & Saber Joint Venture: Omega Healthcare Investors and Saber Healthcare formed a \$222.4 million joint venture. Omega's strategy focused on acquiring underperforming assets below replacement cost and partnering with high-quality operators to turn them around. • Mystery Portfolio Sale: A notable \$545 million "mystery" sale of 5,000 beds across seven states underscored that even unnamed, large-scale portfolios are attracting significant investor appetite. <p>3. Market Resilience and "Insider" Bids</p> <ul style="list-style-type: none"> • Genesis HealthCare: Following its Chapter 11 bankruptcy filing, an insider bid (a "stalking horse" offer) won the auction for all of Genesis's assets. This highlighted a trend where existing stakeholders are often the most motivated buyers for distressed but essential infrastructure.

- **Valuation Trends:** Despite high interest rates, high-performing facilities are seeing "pools of piranhas"—deep benches of buyers leading to multiple rounds of bidding. This is driven by a "scarcity premium" as facility closures continue to outpace new developments.

4. Driving Factors for 2026

- **Reimbursement as a Catalyst:** Investors are flocking to states with favorable Medicaid reimbursement rates (like Nevada and Arizona).
- **Regulatory Shifts:** The potential repeal or delay of federal staffing mandates (under the incoming administration and the "One Big Beautiful Bill Act") has injected new optimism into the sector, as it lowers projected operational costs.
- **Value-Based Care:** Winners in the 2026 market are expected to be those who align with value-based care models and use data to prove quality, making them more attractive to both payers and investors.

In summary, 2025 was a year where **institutional capital doubled down** on the skilled nursing sector, moving past pandemic-era hesitancy to embrace global consolidation and large-scale domestic portfolio shifts.

4. Skilled Nursing News

December 7, 2025

[7-State Skilled Nursing Portfolio Sells for \\$545 Million](#)

By Zahida Siddiqi

This article from *Skilled Nursing News* reports on a major transaction involving a large skilled nursing portfolio, signaling continued high-volume investment in the sector at the end of 2025.

The key details of the deal include:

The Transaction

- **Price and Scale:** A portfolio consisting of **5,000 licensed beds** was sold for approximately **\$545 million**.
- **Geographic Reach:** The assets span **seven states** across the Midwest and Southeast, specifically Illinois, Missouri, Tennessee, Louisiana, Mississippi, Alabama, and Georgia.
- **The Players:** While the advisory firm (3G Healthcare Real Estate) did not name the parties in the official announcement, industry sources identify the seller as being associated with **Tara Cares** (specifically Aurora Cares LLC). The buyer is identified as the Illinois-based **Cascade Capital Group**, with **Legacy Healthcare** serving as the operating partner.

Market Context and Strategy

- **Strategic Valuation:** The sellers were described as "steadfast" in their valuation expectations, despite the "operational intricacies" and the high capital expenditure (CapEx) required to maintain the facilities.
- **Reimbursement Landscape:** The deal was finalized amid a rapidly changing Medicaid reimbursement environment. Investors are increasingly looking for large-scale portfolios in states where reimbursement rates are stabilizing or improving.

	<ul style="list-style-type: none"> • A "Flight to Quality": This sale is part of a broader trend in late 2025 where major real estate investment firms are acquiring large, regional portfolios to achieve economies of scale. It follows other massive deals by companies like Welltower and CareTrust REIT. <p>Operational Transition</p> <ul style="list-style-type: none"> • Continuity of Care: The buyer and seller reportedly worked on a "collaborative transition strategy" intended to protect the interests of the 5,000 residents and the employees across the seven states. • Cascade's Growth: This acquisition further cements Cascade Capital Group's position as a major player in the SNF (Skilled Nursing Facility) space, following their recent acquisition of the majority of properties from the bankrupt Petersen Health Care earlier in the year. <p>The deal is highlighted as a "mystery" portfolio because it was marketed and closed with a high degree of discretion, reflecting a competitive market where buyers are willing to pay significant premiums for large-scale, multi-state footprints.</p>
<p>Federal Policy</p>	<p>5. Reuters December 19, 2025 <u>US health agency announces two Medicare pilot programs on drug pricing</u> By Reuters On December 19, 2025, the U.S. Centers for Medicare and Medicaid Services (CMS) announced two new pilot programs, GLOBE and GUARD, designed to lower prescription drug costs for Medicare beneficiaries by linking U.S. prices to international benchmarks. According to the Reuters report, here are the key details of the programs:</p> <p>1. The GLOBE Model (Medicare Part B)</p> <ul style="list-style-type: none"> • Full Name: Global Benchmark for Efficient Drug Pricing. • Target: Drugs administered in doctor's offices or hospital outpatient departments (e.g., treatments for cancer, autoimmune diseases, and eye disorders). • Mechanism: CMS will use global price data to calculate manufacturer rebates and set patient out-of-pocket costs based on what "economically comparable countries" pay. • Timeline: Scheduled to launch October 1, 2026, and run through 2031. <p>2. The GUARD Model (Medicare Part D)</p> <ul style="list-style-type: none"> • Full Name: Guarding U.S. Medicare Against Rising Drug Costs. • Target: Prescription drugs purchased at pharmacies (outpatient medications). • Mechanism: Similar to GLOBE, this model will use international price benchmarks to determine rebates and reduce what patients pay at the pharmacy counter. • Timeline: Scheduled to launch January 1, 2027, and run through 2031. <p>Context and Objectives</p>

- **International Parity:** The programs aim to bring U.S. drug prices—which are often nearly three times higher than in other developed nations—on par with international levels.
- **Wider Strategy:** These pilots were announced alongside a deal between the Trump administration and nine major pharmaceutical companies to slash prices for Medicaid and cash-paying customers. In exchange for participating in these price-reduction efforts, companies reportedly received a three-year exemption from potential tariffs.
- **Patient Impact:** The primary goal is to reduce out-of-pocket expenses, such as co-pays and coinsurance, which are currently often tied to high U.S. list prices.

6. ***Wall Street Journal**

December 17, 2025

[Massachusetts Men Charged With Nearly \\$7 Million in SNAP Fraud](#)

By Jared Mitovich

Federal prosecutors say they are responding to a Trump administration-led effort to crack down on food-stamp crime

This article from *The Wall Street Journal* (and corroborated by local reports) details federal charges against two Boston men for a "shocking and glaring" SNAP (Supplemental Nutrition Assistance Program) fraud scheme involving nearly \$7 million.

The key points of the case include:

The Defendants and the Scheme

- **The Accused:** Antonio Bonheur (74) and Saul Alisme (21) were charged with one count each of food stamp fraud.
- **The Stores:** The men operated two tiny storefronts in the Mattapan neighborhood of Boston: **Jesula Variety Store** and **Saul Mache Mixe Store**. The stores shared a single storefront, with Jesula described as "effectively a closet" of about 150 square feet.
- **The Trafficking:** Instead of selling groceries, the men allegedly exchanged SNAP benefits for cash (trafficking) and liquor. Despite having almost no inventory and no refrigeration, the stores redeemed between **\$100,000 and \$500,000 in SNAP benefits per month**—far exceeding the \$82,000 monthly average of a full-service supermarket in the same area.

Key Evidence and Allegations

- **Suspicious Patterns:** More than 70% of the transactions at the stores exceeded \$95, yet surveillance showed customers leaving the stores without grocery bags.
- **Illegal Sales:** The defendants were observed selling liquor for SNAP benefits. Most egregiously, they were allegedly selling **MannaPack meals**—donated food products intended for starving children in overseas disaster zones—for \$8 to \$10 per package.
- **Financial Concealment:** The men allegedly used multiple secondary bank accounts to shuffle funds and create the appearance of legitimate business activity.

Political and Oversight Friction

	<ul style="list-style-type: none"> • Lack of Oversight: U.S. Attorney Leah Foley criticized the lack of state oversight, stating the fraud was unsophisticated but allowed to persist because the system failed to flag "anomalous volumes" of transactions. • State vs. Federal Response: Governor Maura Healey's office countered that the state had actually notified the USDA of suspicious activity at Jesula Variety Store over a year ago. The U.S. Attorney's office maintains that the investigation was a federal effort (FBI and USDA) with help from Boston Police, highlighting tension over who was responsible for allowing the millions in losses to accumulate. <p>Legal Consequences</p> <ul style="list-style-type: none"> • If convicted, the men face up to five years in prison, three years of supervised release, and a fine of \$250,000. <p>The case is being cited by federal authorities as a prime example of the need for better data sharing and oversight to protect taxpayer-funded safety net programs.</p>
<p>State Policy</p>	<p>7. Office of Governor Maura Healey and Lt. Governor Kim Driscoll December 22, 2025 <u>Governor Healey Announces Major Tax Relief for Health Care Workers</u> <i>Thousands of MassHealth Personal Care Attendants (PCAs) will no longer be subject to state or federal income taxes, saving \$5,000+ per year</i></p> <p>On December 22, 2025, Governor Maura Healey announced a significant tax exemption for Personal Care Attendants (PCAs) in Massachusetts, a move designed to address the state's affordability crisis and support the healthcare workforce.</p> <p>The key points of the announcement include:</p> <ul style="list-style-type: none"> • Tax-Free Income for Live-in PCAs: Thousands of PCAs who live in the same home as the person they care for will no longer be subject to state or federal income taxes. • Significant Savings: The exemption is projected to save eligible workers \$5,000 or more per year. • IRS Ruling: The change follows a ruling requested by the state's PCA Workforce Council. The IRS confirmed that payments made to PCAs for MassHealth-covered services provided to members living with them qualify as "Difficulty of Care" payments, which are tax-exempt. • Who is Eligible: Out of the approximately 60,000 PCAs employed through the MassHealth program, an estimated 18,000 will qualify for this tax relief. • Strategic Goal: The administration aims to improve the recruitment and retention of high-quality caregivers. By making the profession more financially viable, the state hopes to ensure that MassHealth members with disabilities can continue to live independently in their homes and communities. <p>This initiative is part of a broader effort by the Healey-Driscoll Administration to ease financial burdens on Massachusetts residents and maintain a stable workforce for the state's long-term care system.</p>

	<p>8. *Salem News December 22, 2025 Healey criticized for lax SNAP oversight By Christian M. Wade Federal Fraud Allegations</p> <ul style="list-style-type: none"> • Case Details: Two Haitian nationals, Antonio Bonheur (74) and Saul Alisme (21), were charged by U.S. Attorney Leah Foley for a \$7 million SNAP "trafficking" scheme operated through two Boston grocery stores. • Criticism of State Oversight: Foley characterized the scam as "unsophisticated" and claimed it was only possible due to a lack of enforcement by the Massachusetts Department of Transitional Assistance. <p>Governor Healey's Response</p> <ul style="list-style-type: none"> • Referral Claim: Gov. Maura Healey denied the allegations of lax oversight, stating her administration identified and reported the suspicious activity to federal authorities for investigation over a year ago. • Stance on Fraud: Healey emphasized her commitment to prosecuting anyone who abuses federal or state programs. <p>Political Fallout</p> <ul style="list-style-type: none"> • Republican Criticism: State GOP Chairwoman Amy Carnevale cited the case as evidence of a "culture of negligence" under Democratic rule. • Gubernatorial Race: GOP candidates Brian Shortsleeve and Mike Minogue used the scandal to challenge Healey's leadership, with Minogue expressing concerns that mismanagement and a lack of transparency could risk the integrity of the entire SNAP program. • Federal Pressure: The Trump administration has threatened to withhold federal funding from states that fail to provide adequate oversight, citing similar massive fraud cases in other states, such as a \$1 billion Medicaid fraud case in Minnesota. <p>Program Context</p> <ul style="list-style-type: none"> • Scope: In 2024, the Massachusetts SNAP program provided \$2.6 billion in funding to over 1.1 million recipients. • Recent Disruptions: November benefit distributions were delayed due to a 43-day federal government shutdown triggered by Congressional disputes over Affordable Care Act tax credits.
<p>Office of Attorney General Andrea Campbell</p>	<p>9. Office of Attorney General Andrea Campbell December 18, 2025 AG's Office Secures Indictments Against Two Norfolk County Residents for Elder Neglect, Larceny, and Medicaid Fraud Defendants Repeatedly Denied Elderly Victim Much Needed Access to Medical Treatment and Care While Continuing to Fraudulently Bill MassHealth for Services Not Rendered On December 18, 2025, the Massachusetts Attorney General's Office announced the indictment of two Milton residents, Sage Philippe (55) and Anne Marie Philippe (48), on charges related to elder neglect, larceny, and Medicaid fraud.</p>

	<p>The key details of the case are as follows:</p> <p>Allegations of Neglect</p> <ul style="list-style-type: none"> • The Victim: The charges stem from the care of Marie Philippe, Sage's elderly mother. • Medical Neglect: The AGO alleges that the couple, who were responsible for Marie's well-being, repeatedly denied her access to necessary medical treatment and professional care. • Blocking Care: The investigation found that the defendants routinely prevented visiting nurses from entering their home. When nurses were occasionally allowed inside, they were reportedly prohibited from touching or properly examining Marie. This neglect resulted in "serious bodily injury" to the victim prior to her death. <p>Medicaid Fraud and Larceny</p> <ul style="list-style-type: none"> • Falsified Services: While denying Marie actual care, the couple is accused of fraudulently billing MassHealth for services that were never rendered. • The Scheme: Sage Philippe served as the surrogate for Marie's Personal Care Attendant (PCA) program, while Anne Marie's mother was the designated PCA. Sage allegedly signed off on falsified timesheets for services that the PCA later admitted were never performed. • Financial Impact: Between October 2023 and May 2025, the AGO estimates the couple fraudulently billed MassHealth for more than \$96,000. <p>Official Response</p> <ul style="list-style-type: none"> • Commitment to Protection: Attorney General Andrea Joy Campbell emphasized that the case is part of the office's ongoing commitment to safeguarding the integrity of the PCA program and protecting vulnerable seniors from abuse and financial exploitation. • Legal Status: The defendants were indicted by a Norfolk County Grand Jury and are scheduled for arraignment at a later date. They are presumed innocent until proven guilty. <p>This case follows a series of recent crackdowns by the AGO's Medicaid Fraud Division aimed at systemic abuse within home health and personal care programs across the Commonwealth.</p>
<p>From Around the Country</p>	<p>10. HeraldNet December 22, 2025 <u>Comment: State funding cuts would devastate long-term care</u> By Amanda Lanser This article from The Everett Herald, written by Amanda Lanser (administrator of Mountain View Rehabilitation), argues that proposed state and federal funding cuts to Medicaid would have catastrophic effects on skilled nursing facilities and the vulnerable seniors they serve in Washington. The key points include: Critical Role of Long-Term Care</p> <ul style="list-style-type: none"> • Closing the Gap: Skilled nursing facilities provide essential care for patients who are too sick to go home but do not require a hospital bed. They serve as a vital release valve for overcrowded hospitals.

- Growing Demand: Washington's senior population is expected to nearly double by 2050. The author notes that facilities like hers are already essential and will only become more so.

The Financial Crisis

- Outdated Reimbursement: Many residents rely on Medicaid, but the government reimbursement rates are based on data that are several years old and fail to account for recent high inflation.
- Rising Costs: Everything from medical supplies and food to staff wages has increased in price. Because Medicaid is "by design" often insufficient to cover these costs, many facilities are struggling to balance their budgets.
- Risk of Closures: Several facilities in Washington have already closed, and more are on the brink. When a facility closes, the local community—especially in rural areas—loses access to interim health care, forcing patients into more expensive hospital stays or unsafe situations.

The Staffing Challenge

- Recruitment and Retention: Providing high-quality care requires "amazing staff," but the author argues that the industry is "running a losing race" because Medicaid funding does not provide enough to pay competitive wages.

Call to Action

- Legislative Request: The author calls on the Washington state Legislature to, at a minimum, maintain current Medicaid funding levels.
- National Context: The piece also warns of the "Big Ugly Law" and other federal-level proposals that could slash Medicaid and Medicare, which would further destabilize the state's healthcare network and potentially lead to thousands of residents losing insurance.

The central message is that in an era of an aging population and rising costs, cutting funding for long-term care is "not an option" and would ultimately lead to a more expensive and less effective healthcare system for everyone.

11. *Pittsburgh Post Gazette

December 21, 2025

[*My son can't be left alone, but I have no one to stay with him*](#)

By Heidi Knudsen

In this op-ed from the *Pittsburgh Post-Gazette*, Heidi Knudsen provides a deeply personal account of the home health care crisis in Pennsylvania, specifically regarding children with complex medical needs and disabilities.

The key points of her argument include:

The "Phantom Benefit" of Home Care

- **The Gap in Care:** Knudsen's son is eligible for 40 hours of home health care per week through Pennsylvania's Medicaid system. However, she notes that while they are approved for this benefit on paper, they are lucky to have even a few hours actually filled due to a severe shortage of Direct Care Workers (DCWs).

- **Family Burden:** Because the state-funded care is unavailable, the burden falls entirely on family members. Knudsen describes the "exhausting and isolating" reality of being a 24/7 caregiver, which prevents parents from working traditional jobs and impacts the entire family's mental and financial health.

Economic and Systemic Failures

- **Uncompetitive Wages:** The primary cause of the shortage is the low reimbursement rate set by the state. Home health aides often earn significantly less than entry-level workers in retail or fast food, despite the high level of skill and emotional labor required for medical care.
- **Institutional Bias:** Knudsen argues that the current system is "upside down" because it favors expensive institutional care over home-based care. The state pays far more to keep a person in a nursing home or facility than it would cost to provide high-quality care in their own home.

The Human Toll

- **Safety Risks:** For children with severe disabilities, the lack of professional help is not just an inconvenience—it is dangerous. Knudsen highlights the constant fear of medical emergencies occurring when a parent is exhausted or alone.
- **Loss of Dignity:** The author emphasizes that both the patients and the workers are being undervalued, leading to a "cycle of poverty" for caregivers and a loss of independence for those receiving care.

Call for Reform

- **Legislative Action:** Knudsen calls on Pennsylvania lawmakers to significantly increase the Medicaid reimbursement rates for home and community-based services (HCBS).
- **Prioritizing Families:** She argues that investing in the home health workforce is an investment in Pennsylvania's economy and its most vulnerable citizens, allowing families to remain intact and productive while ensuring their children receive the care they were promised.

12. *The Keene Sentinel

December 20, 2025

[A look into one woman's Medicaid fight for her friend](#)

By Elijah de Castro

This article from *The Keene Sentinel* serves as a case study for the broader Medicaid backlog crisis in New Hampshire, focusing on the harrowing experience of a 71-year-old Keene resident, Linda Gallagher.

The key points of the story include:

The Human Impact of Delays

- **The Situation:** Linda Gallagher, who suffers from advanced chronic obstructive pulmonary disease (COPD) and other health issues, applied for Medicaid to cover home-based care and medications.
- **The Crisis:** Because her application was stuck in a months-long backlog, she was unable to afford her life-saving medications (including expensive inhalers) or the home health services she required.

- **Life-Threatening Consequences:** Without her medication and proper care, Gallagher’s health deteriorated to the point where she was repeatedly hospitalized. She described feeling "tossed aside" and stated that the wait was effectively a "death sentence."

Systemic Failures

- **Communication Breakdown:** Gallagher and her advocates reported that it was nearly impossible to get updates from the Department of Health and Human Services (DHHS). Phone calls went unanswered, and paperwork was reportedly lost or requested multiple times.
- **The "Unwinding" Effect:** The article highlights that Gallagher is just one of thousands caught in the "unwinding" of the COVID-19-era continuous enrollment policy. The state is overwhelmed by the volume of eligibility redeterminations, leading to a processing bottleneck.

The Role of Advocacy

- **Legal Intervention:** The article notes that many seniors only see movement on their cases after seeking help from New Hampshire Legal Assistance (NHLA) or other advocacy groups.
- **Resolution:** It was only after intensive advocacy and media inquiry that Gallagher’s application was finally expedited and approved, highlighting that the system currently requires outside pressure to function for those in dire need.

Broader Implications

- **A Warning to Others:** Gallagher’s story is presented as a cautionary tale of how administrative delays are not just "red tape" but have direct, physical consequences for vulnerable seniors who lack a financial safety net.
- **Call for Reform:** The piece emphasizes the urgent need for the state to address staffing shortages and technological hurdles within DHHS to prevent similar life-threatening situations for other residents.

13. Skilled Nursing News

December 19, 2025

[Nursing Home Transparency Bill Draws Interest but Remains Stalled in State Senate](#)

By Amy Stulick

Summary of New Jersey Senate Bill 1948

Overview Legislative efforts have intensified in New Jersey to pass Senate Bill 1948, which aims to mandate greater financial transparency for nursing homes. This includes the disclosure of owners and related management entities.

Arguments for the Bill

- **Accountability:** Investigative reports highlighted widespread use of related-party businesses and allegations of operators diverting public funds for profit.
- **Public Funding:** State officials note that nursing homes received over \$4 billion in public funding in 2023, necessitating stricter oversight.

- **Quality of Care:** Support grew following reports of low spending on resident food/care, safety hazards, and violations of resident rights.
- **Federal Alignment:** The bill mirrors federal policies requiring the disclosure of ownership and managerial entities.

Arguments Against the Bill

- **Existing Transparency:** Industry leaders, such as the Health Care Association of New Jersey, argue the sector is already highly transparent.
- **Funding Issues:** Critics contend that inadequate Medicaid reimbursement rates—rather than a lack of transparency—are the primary cause of staffing shortages and reduced care quality.

Current Status Despite backing from Senator Joseph Vitale and various advocacy groups, the bill remains stalled in committee as the legislative session nears its end.

14. *The Keene Sentinel

December 18, 2025

[Medicaid backlog puts NH seniors in crisis](#)

By Elijah de Castro

This article from *The Keene Sentinel* details a growing crisis for seniors and people with disabilities in New Hampshire due to significant delays in processing Medicaid applications for long-term care.

Here is a summary of the key points:

The Core Issue

- **The Backlog:** Federal law requires Medicaid applications to be processed within 45 days. However, New Hampshire is currently facing a massive backlog, with many applicants waiting four to six months or longer for a decision.
- **Cause of Delays:** The crisis is attributed to a combination of staffing shortages at the Department of Health and Human Services (DHHS) and the "unwinding" process that followed the end of the COVID-19 public health emergency, which required the state to re-evaluate the eligibility of all Medicaid recipients.

The Impact on Seniors and Families

- **Financial Ruin:** Families are being forced to spend down their life savings or sell homes to cover the cost of nursing home care (which can exceed \$10,000–\$15,000 a month) while waiting for approval.
- **Care Access:** Some nursing homes are becoming hesitant to admit "Medicaid-pending" residents because they cannot afford to provide months of care without reimbursement. This leaves seniors stuck in hospitals or unsafe home environments.
- **Emotional Stress:** Families describe the process as a "bureaucratic nightmare," struggling with lost paperwork, lack of communication from caseworkers, and the constant threat of being discharged from facilities due to non-payment.

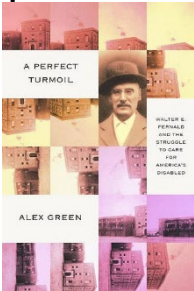
The Impact on Facilities

- **Financial Instability:** Long-term care facilities are carrying millions of dollars in unpaid debt because of these delays. For smaller or non-profit nursing homes, this lack of cash flow threatens their ability to remain operational.

	<ul style="list-style-type: none"> • Staffing Strain: Facilities are spending excessive administrative hours chasing application statuses instead of focusing on resident care. <p>Proposed Solutions and Response</p> <ul style="list-style-type: none"> • State Action: DHHS officials acknowledge the problem and state they are working to hire more technicians and streamline the "redetermination" process. • Legislative Pressure: Advocates and some lawmakers are pushing for more transparency and faster processing times, noting that the delays are not just a clerical issue but a violation of federal mandates that puts the state's most vulnerable citizens at risk.
<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 legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least</p>

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.

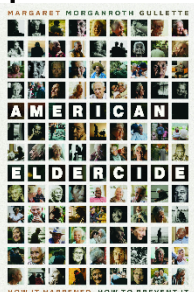
[A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled](#)

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



About the Author:
Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*,

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

By [Margaret Morganroth Gullette](#)

A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.
 Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up. Until now. In *American Eldercide*, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide. Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our

<p><i>Atlantic, Nation, and the Boston Globe.</i> She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>	<p>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.</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 Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>
<p>Websites</p>	
<p>Blogs</p>	
<p>Podcasts</p>	
<p>YouTube Channels</p>	
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>

Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/	
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025	

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<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?

- Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.
- Post the list on your program’s/organization’s website (along with the explanation noted above).
- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated)

Newly added to the listing

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

Massachusetts facilities which have graduated from the program

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
<https://tinyurl.com/MarlboroughHills>
Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225063>

- Somerset Ridge Center, Somerset

<https://somersestridgerehab.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225747>

- Tremont Healthcare Center, Wareham

<https://thetremontrehabcare.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225488/>

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

- AdviniaCare Newburyport (13)

<https://www.adviniacare.com/adviniacare-country-center/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225332>

- Brandon Woods of New Bedford (1)

<https://brandonwoodsnewbedford.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225264/>

- Cape Cod Post Acute, Brewster (9)

<https://capecodrehabhc.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225667/>

- Charwell House Health and Rehabilitation, Norwood (37)

<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/>

No longer operating

	<ul style="list-style-type: none"> • South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram 																																																
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated October 15, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025. Massachusetts listing: 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> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated October 15, 2025</p>	Deficiency Tag	# Deficiencies	# Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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<p><i>Nursing Home Compare</i></p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. 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	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>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>	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 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	Website: https://marsters.centerforpublicrep.org/		

Marsters class action settlement	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"> • Jim Lomastro • Dick Moore • Sarah Vox Swenson 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>	