



# The Dignity Digest

Issue # 267

January 20, 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](mailto:info@DignityAllianceMA.org).

Guide to news items in this week's Dignity Digest

## Nursing Homes

- [Virtue signaling is no substitute for actual virtue](#) (McKnights Long-Term Care News, January 18, 2026)
- [3 Policy Moves Likely to Change Health Care for Older People](#) (New York Times (free access), January 17, 2026)
- [Health Impacts of Nursing Home Staffing](#) (JAMA Health Forum, January 16, 2026)
- [Why skilled nursing preparedness breaks down under real-world stress](#) (McKnights Long-Term Care News, January 16, 2026)
- [Diminished US nursing homes capacity may limit access to long-term care, slow hospital release](#) (CIDRAP, January 15, 2026)
- [Successfully doctoring a fractured a long-term care system](#) (McKnights Long-Term Care News, January 14, 2026)
- [Nursing Home Operating Capacity Drops 5% Nationwide as Over a Quarter of Counties Lose 15% or More](#) (Skilled Nursing News, January 12, 2026)
- [US nursing home capacity declines twice as steep as estimated: JAMA study](#) (McKnights Long-Term Care News, January 12, 2026)
- [UnitedHealth Faces Renewed Scrutiny into Its Nursing Home Practices. What Does That Mean for UNH Stock?](#) (Yahoo Finance, January 12, 2026)
- [Government approves \\$60 billion of enhanced Medicaid funding for hospitals, other providers](#) (\*STAT+, January 12, 2026)
- [How Nursing Home Bankruptcies Make Patients Sicker](#) (Harvard Business School, January 9, 2026)

## Assisted Living

- [Gabriel House fire shows need for oversight of assisted living](#) (\*Boston Globe, January 15, 2026)

## Behavioral Health

- [Governor Healey Condemns President Trump's Cancellation of Millions in Mental Health and Substance Use Disorder Grants](#) (Office of Maura Healey and Lt. Governor Kim Driscoll, January 14, 2026)

## Disability Topics

- [The Dignity of Risk: Empowering Support for People with Disabilities](#) (Health Affairs, January 11, 2026)
- [ABLE Accounts](#) (Margolis Bloom & D'Agostino)

	<p><b>Private Equity</b>  <a href="#">Private Equity And American Lives</a> (Health Affairs Forefront, January 16, 2026)</p> <p><b>Corporate Healthcare</b>  <a href="#">Healthcare Provider Bankruptcies</a> (*Harvard Business School, April 2025)</p> <p><b>From Around the Country</b>  <a href="#">Ohio Government Seeks to Shut Down Catholic-Run Nursing Home Amid 'Widespread Care Failures'</a> (National Catholic Register, January 15, 2026)  <a href="#">AG looks to relocate residents at Ohio nursing home after discovery of health, safety failures</a> (WHIO TV7, January 13, 2026)</p>
<p>Quotes</p>	<p><i>“It’s clear C.M.S. [Centers for Medicare and Medicaid Services] has no interest in ensuring adequate staffing. They’re repealing a regulation that could have saved 13,000 lives a year.”</i>          Sam Brooks, director of public policy for the National Consumer Voice for Quality Long-Term Care citing <a href="#">an analysis</a> by University of Pennsylvania researchers, <a href="#">3 Policy Moves Likely to Change Health Care for Older People</a> (New York Times (free access), January 17, 2026)</p> <p><i>“[ The sisters of the Congregation of the Divine Spirit’s] ministry at the House of Loreto was a profound witness to the Gospel. It is painful to see their legacy overshadowed by the serious concerns that have emerged under the new ownership [by Hari Group LLC].”</i>          Youngstown, OH Bishop David Bonnar, <a href="#">Private Equity And American Lives</a> (Health Affairs Forefront, January 16, 2026)</p> <p><i>Patients can get stuck in the hospital for several months or indefinitely. If you’ve ever spent time in a hospital, you know they’re not designed for long-term care. It’s not a comfortable place to live.”</i>          Brian McGarry, PhD, assistant professor of Geriatrics &amp; Aging at the University of Rochester Medical Center, <a href="#">Diminished US nursing homes capacity may limit access to long-term care, slow hospital release</a> (CIDRAP, January 15, 2026)</p> <p><i>“I can’t believe Donald Trump is cutting funding for mental health and addiction services. I don’t know a</i></p>

*family in America that hasn't been touched by one or both of these issues."*

[Governor Healey Condemns President Trump's Cancellation of Millions in Mental Health and Substance Use Disorder Grants](#)

(Office of Maura Healey and Lt. Governor Kim Driscoll, January 14, 2026)

*Skilled nursing facilities do not experience emergencies as isolated technical failures. They experience them as cascading events, where power, climate control, clinical systems, and human decision-making converge under intense pressure. In these moments, preparedness is defined less by what equipment a facility has and more by how well its systems are prioritized and how staff respond when assumptions break down.*

[Why skilled nursing preparedness breaks down under real-world stress](#) (McKnights Long-Term Care News, January 16, 2026)

*[W]e found that a Medicaid policy that incentivized high staffing levels was associated with modest improvement in some dimensions of patient health. However, even modest effects are extremely meaningful at scale.*

[Health Impacts of Nursing Home Staffing](#) (JAMA Health Forum, January 16, 2026)

*At the height of the pandemic, capacity had fallen by 14.7% nationally; it had rebounded to just 5.1% below 2019 levels by the fourth quarter of 2024. On the rural front, 14% of counties had declines in operating capacity of 25% or more. Worse, counties with the largest declines also had a higher share of their population aged 75 and older.*

[US nursing home capacity declines twice as steep as estimated: JAMA study](#) (McKnights Long-Term Care News, January 12, 2026)

*The federal government approved \$60 billion worth of extra Medicaid funds for hospitals, doctors, nursing homes, and other medical providers in the closing months of 2025 — money that will gradually get cut under Republicans’ tax law. The new approvals lock in Medicaid payment rates that are on par with the lofty prices paid by commercial insurers until 2028.*

[Government approves \\$60 billion of enhanced Medicaid funding for hospitals, other providers](#) (\*STAT+, January 12, 2026)

*“[The nursing home] is a setting where the consumer is so vulnerable. Nothing against the workers themselves, but rather, it takes some time to build a connection with a patient. That’s important, and when you see a facility relying heavily on contract labor, it’s kind of a red flag that something’s wrong.”*

Harvard Business School Assistant Professor Samuel Antill, [How Nursing Home Bankruptcies Make Patients Sicker](#) (Harvard Business School, January 9, 2026)

*Healthcare firms are filing for Chapter 11 bankruptcy at record rates. We find that bankruptcies increase healthcare staff turnover, worsen care, and harm patients.*

[Healthcare Provider Bankruptcies](#) (\*Harvard Business School, April 2025)

*At its essence, the “dignity of risk” framework promotes self-determination and the right to take reasonable risks as essential for a person’s autonomy and self-esteem.*

[The Dignity of Risk: Empowering Support for People with Disabilities](#) (Health Affairs, January 11, 2026)

*Assisted living is an important option, and with an aging population in Massachusetts, the need for safe places for seniors to live is only going to grow. But*

	<p><i>facilities need to be honest about what they cost and what they provide, and must offer a safe living environment for all residents. Enacting the commission’s recommendations would be an important step toward making sure those expectations are met.</i></p> <p><a href="#"><u>Gabriel House fire shows need for oversight of assisted living</u></a> (*<b>Boston Globe</b>, January 15, 2026)</p> <p><i>Here’s the bottom line: Virtue signaling is no substitute for being virtuous. Trust isn’t claimed; it’s earned. That means accountability, transparency and calling out bad behavior, even when it’s uncomfortable.</i></p> <p><a href="#"><u>Virtue signaling is no substitute for actual virtue</u></a> (McKnights Long-Term Care News, January 18, 2026)</p>
<p>Spotlight</p>	<p><b><i>Policy Brief: Why Massachusetts Must Study Long Term Care Cost Drivers to Reduce Acute Care Spending</i></b></p> <p>By Richard T. Moore January 19, 2026</p> <p><b>Executive Summary</b></p> <p>Massachusetts cannot meaningfully reduce acute care costs without confronting the <b>systemic failures in long-term care</b> that drive avoidable hospitalizations, emergency department congestion, delayed discharges, and preventable complications. Chronic understaffing, inadequate clinical oversight, opaque ownership structures, and insufficient investment in public health and aging services create a cascade of downstream costs that fall squarely on the acute care system.</p> <p>A comprehensive cost-containment strategy must integrate <b>long-term care quality, public health capacity, and aging-services infrastructure</b> as core components of acute care reform.</p> <p><b>Background</b></p>

Massachusetts faces rising acute care expenditures, workforce shortages, and hospital capacity strain. Yet policymakers often overlook the **interdependence between long-term care and acute care**. Older adults—who account for the majority of hospitalizations—move fluidly between these sectors. Failures in one inevitably burden the other.

## **Key Cost-Drivers in Long-Term Care That Inflate Acute Care Spending**

### **1. Chronic Understaffing and Insufficient RN Coverage**

- **High turnover and inadequate staffing** lead to preventable falls, pressure ulcers, dehydration, medication errors, and infections.
- **Lack of Registered Nurses on nights and weekends** increases the likelihood that minor issues escalate into hospital-level emergencies.
- These preventable events drive **avoidable hospitalizations and ED visits** that strain acute care capacity.

### **2. Guardianship Gaps and Delayed Discharges**

- **Insufficient numbers of qualified guardians** leave older adults unable to consent to post-acute placements or services.
- Hospitals become **de facto long-term care providers**, with patients occupying high-cost beds long after their medical needs have stabilized.
- These delays increase costs and reduce bed availability for higher-acuity patients.

### **3. Excessive Related-Party Transactions and Profit Extraction**

- **Real estate, management, and consulting fees** siphon resources away from direct care.
- **Private equity and complex ownership structures** prioritize returns over staffing and quality.
- Poor care quality leads to **higher hospitalization rates** and greater reliance on emergency services.

#### **4. Insufficient Public Health and Prevention Infrastructure**

- **Declining vaccination rates** and weakened prevention programs increase the incidence and severity of infectious disease outbreaks.
- These failures disproportionately affect long-term care residents, leading to **surges in acute care utilization**.

#### **5. Workforce Gaps in Geriatrics**

- **Shortages of geriatricians and geriatric-trained nurses** contribute to missed diagnoses, inappropriate prescribing, and unmanaged chronic conditions.
- Poorly managed chronic illness inevitably results in **higher acute care spending**.

### **Social and Fiscal Consequences of Inadequate Investment**

#### **1. Federal Underinvestment in Aging Services**

- **Stagnant NIH funding for geriatric research** slows innovation in dementia care, fall prevention, and chronic disease management.
- **Failure to reauthorize the Older Americans Act** weakens community-based supports that keep older adults out of hospitals.
- **Lack of progress on the Elder Justice Act** leaves residents vulnerable to neglect and exploitation—conditions that often manifest as medical crises.

#### **2. Federal Limitations on the Personal Needs Allowance**

- The **inadequate Personal Needs Allowance** undermines residents' autonomy and contributes to social isolation, depression, and poor health outcomes.
- These social determinants translate into **higher medical utilization**.

#### **3. Community and Family Impact**

- **Caregiver burnout** increases when long-term care systems fail, leading to more emergency calls and hospital visits.
- **Loss of trust in the care system** erodes public confidence and complicates policy reform.

## **Why Massachusetts Must Study These Cost-Drivers Now**

A study focused solely on acute care spending will miss the structural drivers that originate upstream. A comprehensive analysis must examine:

- **Hospitalization patterns linked to nursing home quality**
- **Ownership structures and related-party financial flows**
- **Guardianship delays and discharge bottlenecks**
- **Public health failures that disproportionately affect older adults**
- **Workforce shortages across the continuum of care**

Without this systems-level approach, Massachusetts risks repeating the cycle of **short-term cost cutting that produces long-term cost escalation**.

## **Policy Recommendations**

### **1. Commission a Comprehensive Cross-Sector Cost Study**

- Examine **long-term care quality metrics, hospitalization rates, and ownership structures**.
- Include public health, guardianship, and community-based services in the analysis.

### **2. Strengthen Long-Term Care Staffing and Oversight**

- Require **minimum RN coverage on all shifts**.
- Increase transparency around **related-party transactions**.

### **3. Expand Guardianship Capacity**

- Invest in **public guardianship programs** to reduce discharge delays.

	<p><b>4. Rebuild Public Health and Prevention Infrastructure</b></p> <ul style="list-style-type: none"> <li>• Prioritize <b>vaccination programs</b> and infection-control capacity.</li> </ul> <p><b>5. Invest in the Geriatric Workforce</b></p> <ul style="list-style-type: none"> <li>• Expand <b>training pipelines</b> for geriatricians, nurses, and social workers.</li> </ul> <p><b>6. Advocate for Federal Action</b></p> <ul style="list-style-type: none"> <li>• Support <b>NIH geriatric research funding</b>.</li> <li>• Push for reauthorization of the <b>Older Americans Act</b> and <b>Elder Justice Act</b>.</li> <li>• Modernize the <b>Personal Needs Allowance</b>.</li> </ul> <p><b>Conclusion</b></p> <p>Massachusetts cannot solve its acute care cost crisis without addressing the <b>root causes embedded in long-term care, public health, and aging services</b>. A systems-level study is not optional—it is essential. The state’s fiscal sustainability, hospital capacity, and the dignity of older adults depend on it.</p>
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Commentary  
Offered by  
DignityMA  
Participants



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

<p><b>Inspired by the Spirit of “I Have a Dream”</b></p> <p>This week, Americans pause to remember the soaring words and still-unfinished promises voiced by the Rev. Dr. Martin Luther King, Jr. His “I Have a Dream” speech remains one of our nation’s most powerful calls to justice — a reminder that equality, dignity, and freedom are not simply ideals, but obligations we have yet to fully meet.</p> <p>While nothing should diminish the profound significance of Dr. King’s dream for racial justice, his message also invites us to look honestly at other dreams in our society that remain unfulfilled. Today, older adults, people with disabilities, and the caregivers who support them carry dreams of their own — dreams of independence, safety, respect, and the simple freedom to live a life of meaning and connection.</p> <p>Their dreams, too, speak to the soul of our nation. Their dreams, too, challenge us to build a society where every person — regardless of</p>
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age, ability, or need for care — is valued, included, and treated with dignity. And their dreams, too, remain unfinished.

### ***“I Have a Dream” — A Speech for Dignity, Independence, and Care***

**I have a dream** that one day, age, disability, or the need for care will not be treated as a burden, but as a shared human experience that deserves respect, compassion, and investment.

**I have a dream** that people like me — whether we are older adults, people living with disabilities, or caregivers — will be seen not as problems to be managed, but as people with wisdom, value, and purpose.

**I have a dream** that every person who needs care will have the freedom to shape their own life. To choose when to wake up, what to eat, who to see, and how to spend their day. That our preferences will not be “optional,” but honored as rights.

**I have a dream** that caregivers — whether family members or professionals — will be supported, respected, and paid fairly. That no one will have to choose between caring for a loved one and paying their bills. That caregiving will be recognized as essential work, not invisible labor.

**I have a dream** that people with disabilities will have full access to the world: transportation, housing, technology, employment, and community life. That accessibility will not be an afterthought, but a foundation.

**I have a dream** that older adults will not be isolated or forgotten. That we will be part of our communities, connected to friends, family, and purpose. That loneliness will be treated as the public health crisis it is.

**I have a dream** that long-term care — wherever it happens — will be safe, transparent, and accountable. That staffing will be strong, training will be real, and every person will receive the time and attention they deserve.

**I have a dream** that families will never fear retaliation for speaking up. That honesty will be welcomed, not punished.

	<p>That every care setting will be a place where truth is valued more than convenience.</p> <p><b>I have a dream</b> that society will finally understand that dignity is not a luxury. It is a right! And that right does not fade with age, disability, or illness.</p> <p><b>I have a dream</b> that one day, we will build a world where needing help does not mean losing hope — where care is not a crisis, but a community commitment.</p> <p><b>This is my dream. And I believe it is within our reach.</b></p>
Recruitment	<p>See: <a href="#">Listings on MASterList.com's Job Board</a> for all current listings</p>
<p>Poetry by DignityMA Participants</p>	<p><b>Where Did All the Staffers Go?</b>  By Richard T. Moore  <i>(Sung by a Chorus of Nursing Home Residents)</i></p> <p><b>Verse 1</b></p> <p>Where did all the staffers go?  We used to see their friendly flow.  Now call lights blink like a Broadway show,  But nobody's coming — Such a shame, you know..</p> <p><b>Where did all the staffers go?</b></p> <p><b>Verse 2</b></p> <p>Breakfast came cold, lunch came late,  Dinner's a rumor we sit and await.  They say "be patient,"  but we'd like to know—</p> <p><b>Where did all the staffers go?</b></p> <p><b>Chorus</b></p> <p><b>Where did all the staffers go? Who's left to help?</b>  <b>We'd like to know.</b></p> <p><b>One aide for twenty — that math is low.</b>  <b>Where, oh where'd the staffers go?</b></p>

**Verse 3**

My bed's a boat,  
 I'm stuck in the tide.  
 I'd get up myself,  
 but can't even slide.  
 Staff running so fast,  
 No time to say "Hi."  
 And, still we wonder —

**Where did all the staffers go?**

**Verse 4**

We hear the managers say, "We care!"  
 From offices far from our dining chair.  
 They cut the staff, then act surprised  
 When care declines before their eyes.  
 But we're the ones who feel the blow— So still we ask:

**Where did all the staffers go?**

**Final Chorus**

**Where did all the staffers go?**

**We miss their kindness, we hope they know.**

**Pay 'em fair, treat 'em right — see staffing grow.**

**Till then we're asking, slow and low...**


**Where, oh where, did those staffers go?**

**Reports**

**Time**  
 January 26, 2026  
[The Future of Living](https://time.com/collections/future-of-living/)  
<https://time.com/collections/future-of-living/>

A new series exploring how and why people are living longer—and what this means for the future.

- [How to Die Young at a Very Old Age](#)
- [How Tracking Your Health Metrics Can Help You Live Longer](#)
- [Bryan Johnson Has Spent Millions Trying Not to Die. His Best Longevity Tip Is Free](#)
- [Can a Full-Body MRI Help You Live Longer?](#)

	<ul style="list-style-type: none"> <li>• <a href="#">Unlocking the Secrets to Living to 1008 Ways to Stay Healthy As You Age</a></li> <li>• <a href="#">4 Science-Backed Habits That Could Help You Live Longer</a></li> <li>• <a href="#">The Best Years of Your Life Are Probably Still Ahead</a></li> <li>• <a href="#">4 Ways to Get Happier As You Age</a></li> <li>• <a href="#">Want to Live Longer? First Find Out How Old You Really Are</a></li> <li>• <a href="#">The Push to Turn Longevity Research Into Real Drugs</a></li> <li>• <a href="#">8 Ways to Stay Healthy As You Age?</a></li> </ul> <p><b>Time</b> January 2026 <a href="#">The Age of Longevity</a> <a href="https://time.com/collections/the-age-of-longevity/">https://time.com/collections/the-age-of-longevity/</a></p> <p>Science-backed insight into the latest longevity research—and what your golden years could look like</p> <ul style="list-style-type: none"> <li>• <a href="#">The New Old Age</a></li> <li>• <a href="#">Ovaries Could Unlock Secrets of Longevity</a></li> <li>• <a href="#">9 Resolutions That Can Help You Age Better This Year</a></li> <li>• <a href="#">How to Think Yourself Young</a></li> <li>• <a href="#">What the World's Longest-Lived Animals Can Teach Us About Aging</a></li> <li>• <a href="#">The Race to Measure Aging—And Why It Matters</a></li> </ul>
<p><b>Reports</b></p>	<p><b>JAMA Internal Medicine</b> January 12, 2026 <a href="#">Changes in US Skilled Nursing Facility Capacity Following the COVID-19 Pandemic</a> By Brian E. McGarry, PT, PhD; Andrew D. Wilcock, PhD; Ashvin D. Gandhi, PhD; et al</p> <p><b>Key Points:</b> <b>Question</b> Has US skilled nursing facility (SNF) capacity changed following the COVID-19 pandemic? <b>Findings</b> In this cross-sectional study of US skilled nursing facilities, although the number of licensed skilled nursing beds in the US has declined since 2019, estimated operating capacity based on maximum census counts declined 5% by 2024, with many counties experiencing declines of 15% or more. Areas with larger declines in SNF capacity had more frequent reports of facility staffing shortages and larger increases in hospital length of stay. <b>Meaning</b> Results of this study suggest that SNF capacity in the US has declined since the start of the pandemic, likely related to staffing shortages, and these declines may reduce older adults' access to SNF care and disrupt hospital discharges.</p>
<p><b>Webinars and Online Sessions</b></p>	<p><b>1. The Arc of Massachusetts</b> Monday, January 26, 2026, 12:00 p.m. <a href="#">Strategic Storytelling for Disability Advocacy: Part One</a> Are you looking to use your lived experience to push for change in the disability community? Join us for “Strategic Storytelling for Disability Advocacy,” a practical and interactive webinar series for parents and professionals.</p>

In Part One, we'll work on building a solid foundation for your story. We'll dig into story mapping, where you'll learn how to lay out the shape and structure of your story in a way that helps you move from experience to action. We'll cover ethical storytelling, which means being honest without crossing lines around privacy and consent. We'll also talk about cultural humility and how power, privilege, and where you're coming from matter in advocacy stories

[Register for this webinar series here.](#)

**2. The Arc of Massachusetts**

Wednesday, January 28, 2026, 12:00 p.m.

[DDS 101: An Overview with Transition Focus](#)

Start the new year learning more about the Massachusetts Department of Developmental Services (DDS), the lead agency supporting people with intellectual and development disabilities and autism.

Led by Rebecca Anderson, DDS Family Support Director for the Northeast Region, the presentation will include an overview of DDS with special focus on the transition to adult services. Join us and learn best practices for working with DDS to strengthen your loved one's experience at all life stages, but especially during the often-challenging transition to adult services. Individuals and their families benefit when they understand the system and how to develop strong connections with their DDS Area Office and Family Support Center.

[Register for this webinar here.](#)

**3. The Arc of Massachusetts**

Monday, February 2, 2026, 12:00 p.m.

[Why the State Budget Matters and How You Can Help: The Governor's Proposal and Next Steps](#)

The state budget isn't just a list of numbers; it's a reflection of our Commonwealth's priorities and it funds the services that support the IDD and autism communities. This year, the stakes are higher than ever, as the budget is where we will see the impacts of federal cuts and changes most acutely. Join The Arc of Massachusetts for a two-part webinar series to go behind the scenes of the budget process and learn how to make your voice heard. Part 1: Demystifying the State Budget | Thursday, January 15 at noon: Understand the budget and the process. We'll walk through the timeline, key line items, and show you where advocate intervention makes the biggest difference. Part 2: The Governor's Proposal & Next Steps | Monday, February 2 at noon: Shortly after the Governor releases her budget, we'll break down what it means for you. We will share our top priorities and give you a clear roadmap for advocacy in the months ahead.

[Register for this webinar series here.](#)

**4. The Arc of Massachusetts**

Tuesday, February 3, 2026, 7:00 p.m.

[Three Evenings of Friendship: Video Screening Series - Friendship Has No Age Limits](#)

Friendships matter, bringing joy and comfort during good times and bad! These short, friendship stories each tell the story of a pair of friends—one with and one without a disability. They highlight the simple beauty and

possibility of friendship. Join Pathways to Friendship to watch these uplifting videos and virtually meet the friends after each screening.

[For session details and to register.](#)

## 5. Justice in Aging

Thursday, February 5, 2026, 2:00 p.m.

[Implementing New Medicaid Work Requirements: Strategies to Mitigate Harm in Your State](#)

Last year, Congress passed H.R. 1, introducing significant cuts and changes to Medicaid, including new Medicaid work requirements. Under the law, many Medicaid enrollees ages 19 to 64 will need to document at least 80 hours each month of work, volunteering, education, or job training to maintain coverage. Although certain people are exempt, including caregivers and people with disabilities or serious health conditions, understanding, and applying these exemptions is challenging.

The webinar, [Implementing New Medicaid Work Requirements: Strategies to Minimize Harm in Your State](#), will include a

**breakdown of the law's key provisions and clarify who the requirements apply to.**

Presenters will discuss how exemptions and other protections should be implemented to prevent coverage loss and administrative burden, particularly among older adults and caregivers. Advocates will gain strategies and tools to use in the implementation and policy-setting stage to help ensure states comply with the law and adopt as many optional protections as possible.

**Registrants are invited to submit questions in advance with their registration.** In addition to answering questions, presenters will discuss:

- An overview of Medicaid work requirement rules under H.R. 1
- Who is excluded and exempt from the work requirements
- Updates on any recent guidance from federal officials
- Strategies and recommendations for implementation to minimize harm to older adults and caregivers

**Who Should Participate:** This webinar is primarily for advocates at the local and state level who are engaged with their state's Medicaid agency and other policymakers on H.R. 1 implementation.

### Presenters:

- Natalie Kean, Director, Federal Health Advocacy, Justice in Aging
- Gelila Selassie, Director, Justice in Aging

### Background Information for Attendees:

We recommend attendees review the following materials in advance of the webinar:

- Justice in Aging Webinar: [Medicaid Cuts in H.R. 1 – Updates for Aging Advocates](#)
- Justice in Aging toolkit: [Mitigating the Harms of Medicaid Work Requirements for Older Adults: Tools for State Advocates](#)
- Justice in Aging and Georgetown Center for Children and Families: [How Medicaid Supports Older Adults](#)

[Register Now](#)

<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p>Nursing Homes</p>	<p><b>6. McKnights Long-Term Care News</b>  January 18, 2026  <a href="#"><i>Virtue signaling is no substitute for actual virtue</i></a>  By John O'Connor  In "Virtue signaling is no substitute for actual virtue," <i>McKnight's</i> Executive Editor James Berkland critiques the tendency of long-term care organizations to prioritize public relations and symbolic gestures over the substantive, often difficult work required to truly improve resident care and staff well-being. The editorial argues that while awards, "hero" banners, and marketing campaigns may create a temporary image of excellence, they are ultimately hollow if they are not backed by "actual virtue"—which includes competitive wages, adequate staffing ratios, and a genuine commitment to operational transparency. By highlighting the gap between corporate messaging and the daily reality of frontline workers, Berkland challenges industry leaders to move beyond performative praise and instead invest in the foundational improvements necessary to sustain a high-quality, ethical care environment.</p> <p><b>7. New York Times (free access)</b>  January 17, 2026  <a href="#"><i>3 Policy Moves Likely to Change Health Care for Older People</i></a>  By Paula Span  <i>Two regulatory rollbacks, along with a new A.I. experiment in Medicare, raise some worrisome questions.</i>  The article explores the deepening crisis in long-term care as the federal government begins enforcing new minimum staffing mandates for nursing homes while simultaneously facing a severe national shortage of health aides. It highlights how Medicare, which has traditionally limited coverage to short-term skilled care, is under increasing pressure to expand and enforce benefits for "medically necessary" home health aide services to help the elderly age in place and reduce the burden on institutional facilities. The report specifically critiques Medicare Advantage plans for frequently denying these services despite federal guidelines and profiles innovative workforce solutions—such as worker-owned cooperatives and state-run registries—designed to improve wages and autonomy for the predominantly low-paid health aide workforce. Ultimately, the piece underscores that without a significant shift in how Medicare finances these essential workers, the long-term care system remains "spinning out of control," leaving both residents and the middle class with fewer safe or affordable options for care.</p> <p><b>8. JAMA Health Forum</b>  January 16, 2026  <a href="#"><i>Health Impacts of Nursing Home Staffing</i></a>  By Andrew Olenski, PhD; Karen Shen, PhD; Krista Ruffini, PhD; et al  Adequate staffing is critical to the effective operation of health care facilities. This is particularly true in nursing homes, where the Centers</p>

for Medicare & Medicaid Services considers staffing to have “the greatest impact on the quality of care nursing homes deliver.” Yet, most nursing homes staff below the levels that clinicians, researchers, and advocates consider adequate. Various state and federal proposals have aimed to raise staffing through payment reforms and staffing regulations, including the Centers for Medicare & Medicaid Services’ recent attempt to set more stringent staffing standards.

**9. McKnights Long-Term Care News**

January 16, 2026

[Why skilled nursing preparedness breaks down under real-world stress](#)

By Matthew Lewis

In "Why Skilled Nursing Preparedness Breaks Down under Real-World Stress," marketplace experts argue that emergency readiness in nursing facilities often fails because it prioritizes "paper compliance"—thick binders of protocols designed to satisfy auditors—over functional, operational resilience. These plans frequently collapse during actual crises due to the volatility of staffing, where call-outs or the use of agency workers unfamiliar with facility-specific protocols disrupt the intended chain of command. Furthermore, a reliance on standard communication infrastructures that may fail and a lack of frequent, unannounced "stress-testing" lead to decision-making paralysis among leadership.

**10. CIDRAP**

January 15, 2026

[Diminished US nursing homes capacity may limit access to long-term care, slow hospital release](#)

By Mary Van Beusekom, MS

A study led by University of Rochester researchers reveals that U.S. nursing home operating capacity declined by 5% between 2019 and 2024, with a quarter of facilities experiencing significant reductions of over 15%. This contraction, which outpaced the 2.5% drop in licensed beds, is primarily attributed to persistent staffing shortages, particularly in rural counties. The resulting bottleneck has led to longer hospital stays and increased travel distances for patients, as the inability to promptly transition residents into long-term care facilities limits hospital bed availability and forces seniors into extended, high-risk stays in emergency departments. Ultimately, this diminished capacity impairs overall access to care and increases the risk of adverse medical outcomes and mortality for older adults who cannot receive the specialized rehabilitation necessary for their recovery.

**11. McKnights Long-Term Care News**

January 14, 2026

[Successfully doctoring a fractured a long-term care system](#)

By James M. Berklan

In "Successfully doctoring a fractured long-term care system," *McKnight's* Executive Editor James Berklan emphasizes the critical need for robust medical leadership and increased physician engagement to repair the structural vulnerabilities currently plaguing the nursing home sector. The article argues that the industry's recovery from chronic staffing shortages and aggressive regulatory oversight

depends on "doctoring" the system through a more integrated approach, where medical directors move beyond mere clinical consultation to take an active role in facility governance and policy advocacy. By fostering a closer partnership between administrative leadership and clinical experts, Berklan suggests that facilities can better navigate the complexities of modern long-term care, ensuring that resident safety and quality of life remain the central focus amid a fractured and often underfunded healthcare landscape.

### **12. Skilled Nursing News**

January 12, 2026

[\*Nursing Home Operating Capacity Drops 5% Nationwide as Over a Quarter of Counties Lose 15% or More\*](#)

According to a JAMA Internal Medicine study reported by Skilled Nursing News, actual nursing home operating capacity in the U.S. fell by 5% between 2019 and 2024, a decline twice as severe as the 2.5% drop in licensed beds. This contraction is primarily driven by chronic staffing shortages, particularly among nurses and aides, which have left facilities unable to utilize their full count of authorized beds. The study reveals significant geographical disparities, with over a quarter of U.S. counties—predominantly rural areas with older populations—suffering operating capacity losses of 15% or more. These declines have created severe bottlenecks in the healthcare system, leading to extended hospital stays and forcing patients to travel greater distances for placement, raising urgent concerns about whether current long-term care infrastructure can meet the needs of an aging population.

### **13. McKnights Long-Term Care News**

January 12, 2026

[\*US nursing home capacity declines twice as steep as estimated: JAMA study\*](#)

By Kimberly Marselas

A study published in *JAMA Internal Medicine* and reported by *McKnight's* reveals that the decline in actual U.S. nursing home operating capacity between 2019 and 2024 was **5.0%**, which is twice as steep as the **2.5%** decline suggested by licensed bed counts. Led by researchers at the University of Rochester, the study concludes that chronic staffing shortages are the primary driver of this contraction, causing a mismatch between the number of beds a facility is authorized to have and the number it can actually staff and operate. This "operating capacity" gap has created significant systemic bottlenecks, leading to longer hospital lengths of stay, increased travel distances for patients, and a heightened risk of adverse outcomes for seniors who cannot be timely transitioned into rehabilitative care. The findings suggest that official estimates relying solely on licensed capacity significantly understate the severity of the long-term care access crisis, particularly in rural areas.

### **14. Yahoo Finance**

January 12, 2026

[\*UnitedHealth Faces Renewed Scrutiny into Its Nursing Home Practices. What Does That Mean for UNH Stock?\*](#)

By Ebube Jones

UnitedHealth Group is facing intensified pressure from federal lawmakers including Senators Elizabeth Warren and Ron Wyden and advocacy groups over its subsidiary naviHealth's persistent use of the "nICE" AI algorithm to automate care denials for Medicare Advantage beneficiaries in nursing homes. This renewed scrutiny centers on allegations that the company's automated systems continue to predict discharge dates and override the clinical recommendations of on-site physicians, often leading to the premature termination of rehabilitative services for seniors. The controversy has sparked calls for more rigorous oversight by the Centers for Medicare & Medicaid Services (CMS) and new legislative proposals aimed at ensuring that AI-driven tools cannot be used to bypass medical necessity standards or circumvent the personalized care plans of medically fragile patients in long-term care settings.

**15. \*STAT+**

January 12, 2026

[Government approves \\$60 billion of enhanced Medicaid funding for hospitals, other providers](#)

In late 2025, the federal government approved approximately **\$60 billion** in supplemental Medicaid funds through more than 100 state-directed payment (SDP) applications, effectively locking in high reimbursement rates—comparable to commercial insurance prices—for hospitals and medical providers through 2027. While these "grandfathered" approvals provide a short-term windfall for major healthcare systems and investor-owned chains like HCA Healthcare and Tenet, they are set to dissipate under the **One Big Beautiful Bill Act (OBBBA)**. Signed by President Trump in July 2025, the law initiates a gradual phase-out starting January 1, 2028, cutting these payments by 10 percentage points annually until they align with Medicare-indexed caps: 100% of Medicare rates for expansion states and a more generous 110% for non-expansion states such as Texas and Florida.

**16. Harvard Business School**

January 9, 2026

[How Nursing Home Bankruptcies Make Patients Sicker](#)

Featuring Samuel B. Antill. By Sean Silverthorne

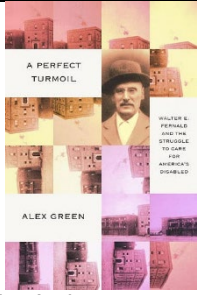
Research by Harvard Business School Assistant Professor Samuel Antill reveals that nursing home bankruptcies significantly degrade resident care, leading to a 4 percent increase in hospitalizations and a 7.9 percent rise in the length of hospital stays. The study identifies high staff turnover as the primary driver of these poor outcomes, as experienced nurses frequently flee for more secure employment and are replaced by contract labor lacking intimate patient knowledge. Beyond hospitalizations, residents in bankrupt facilities face a 77 percent increase in the use of physical restraints and a 14 percent rise in bedsores—both critical indicators of neglect and potential abuse. To mitigate these risks, the researchers advocate for increased regulatory oversight, the creation of a receivership process similar to bank interventions, and strict caps on the amount of debt healthcare providers can carry to prevent financial instability from translating into human harm.

<p>Assisted Living</p>	<p><b>17. *Boston Globe</b>  January 15, 2026  <a href="#"><u>Gabriel House fire shows need for oversight of assisted living</u></a>  Editorial Board  <i>A state commission has recommended stepped-up oversight of the facilities where thousands of senior citizens live.</i>  This Boston Globe editorial reflects on the implications of the tragic Gabriel House fire, using the event to advocate for the creation of a specialized assisted living commission. It likely argues that the incident highlighted critical deficiencies in the current oversight and safety regulations governing assisted living facilities in Massachusetts. The piece emphasizes the need for a dedicated body to investigate such occurrences, establish more rigorous safety standards, and ensure greater accountability within the industry. By calling for systemic reform, the author suggests that a formal commission is necessary to protect the well-being of vulnerable residents and to modernize the state's approach to long-term care facility management.</p>
<p>Behavioral Health</p>	<p><b>18. Office of Maura Healey and Lt. Governor Kim Driscoll</b>  January 14, 2026  <a href="#"><u>Governor Healey Condemns President Trump's Cancellation of Millions in Mental Health and Substance Use Disorder Grants</u></a>  In a press release dated January 14, 2026, Massachusetts Governor Maura Healey condemned President Trump's abrupt cancellation of tens of millions of dollars in federal grants for mental health care, suicide prevention, and substance use disorder treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) terminated these funds—including over \$5 million specifically for state agencies like the Department of Public Health and Department of Mental Health—citing a new strategic goal to end "harm reduction practices". Governor Healey characterized the move as "callous and cruel," emphasizing that these programs were vital to the state's success in reducing opioid-related overdose deaths by over 36% in 2024 and supported vulnerable populations, including youth experiencing early psychosis and seniors at risk of prescription drug misuse. State officials and healthcare leaders warned that the loss of this funding would create "major chaos" and could have devastating long-term impacts on recovery and overdose prevention across the Commonwealth.</p>
<p>Disability Topics</p>	<p><b>19. Health Affairs</b>  January 11, 2026  <a href="#"><u>The Dignity of Risk: Empowering Support for People with Disabilities</u></a>  By Emily Isaacs, Senior Clinical Manager, Maximus  In "The Dignity of Risk: Empowering Support for People with Disabilities," author Emily Isaacs argues that the "dignity of risk" framework—the right to take reasonable personal risks—is essential for the autonomy, self-esteem, and quality of life of individuals with disabilities. The article critiques traditional care models that prioritize the total elimination of risk, noting that such overprotective approaches often create unnecessary barriers to community living and lead to</p>

	<p>prolonged institutionalization. To address this, Isaacs recommends that state Long-Term Services and Supports (LTSS) programs adopt person-centered assessment frameworks that identify priority risks and mitigation strategies rather than requiring residents to achieve "perfection" or total sobriety before transitioning to home-based settings. By embracing a tolerable level of risk, policymakers can better support individual goals and promote more realistic, successful community integration for medically or behaviorally complex populations.</p> <p><b>20. Margolis Bloom &amp; D'Agostino</b>  <a href="#">ABLE Accounts</a>  ABLE accounts (Achieving a Better Life Experience) are tax-advantaged savings accounts for individuals with disabilities and their families. Established by the ABLE Act of 2014, these accounts (also known as 529A accounts) allow eligible individuals to save for disability-related expenses without losing eligibility for means-tested government benefits like Supplemental Security Income (SSI) and Medicaid.  <a href="#">Three ABLE Account Enhancements Webinar Recording – What You Need to Know About ABLE Accounts</a>  <a href="#">ABLE Accounts Preserve Food Stamp Eligibility</a>  <a href="#">ABLE Accounts are Open for Business!</a>  <a href="#">ABLE Accounts are, In Fact, Quite Enabling</a>  <a href="#">When to Use an ABLE Account</a></p>
<p>Private Equity</p>	<p><b>21. Health Affairs Forefront</b>  January 16, 2026  <a href="#">Private Equity And American Lives</a>  By Yashaswini Singh  The rapid expansion of private equity (PE) ownership in the U.S. healthcare system has led to significant declines in the quality of care and increased costs for patients. The article highlights how PE firms prioritize short-term financial returns through aggressive strategies such as "asset stripping," excessive debt loading, and reducing staff levels, which directly correlates with higher mortality rates in nursing homes and increased prices for physician services. The authors emphasize that the current regulatory landscape is ill-equipped to handle the opaque and complex corporate structures of PE, calling for urgent federal and state interventions—including enhanced transparency requirements, stricter antitrust enforcement, and the closing of tax loopholes—to protect vulnerable patients from being treated as financial assets rather than human beings.</p>
<p>Corporate Healthcare</p>	<p><b>22. *Harvard Business School</b>  April 2025  <a href="#">Healthcare Provider Bankruptcies</a>  By Samuel Antill, Ashvin Gandhi, Jessica Bai and Adrienne Sabety  <b>Abstract</b>  Healthcare firms are filing for Chapter 11 bankruptcy at record rates. We find that bankruptcies increase healthcare staff turnover, worsen care, and harm patients. Using a difference-in-differences design, we estimate that a bankruptcy filing immediately increases staff turnover and worsens the firm's performance on unannounced inspections. Next,</p>

	<p>using a patient-distance-to-facility instrument, we document that bankruptcies harm patients through increases in hospitalizations, physical restraints, and bedsores. Finally, we employ a randomized survey experiment of nursing home staff to confirm that bankruptcy filings increase voluntary departures and that replacement workers harm patients.</p>
<p>Federal Policy</p>	<p><b>23. *Washington Post</b>  January 15, 2026  <a href="#">How RFK Jr. plans to bankrupt vaccine manufacturers</a>  By Ezekiel J. Emanuel and Paul Friedrichs  <i>Health Secretary Robert F. Kennedy Jr. wants to flood the vaccine injury compensation program to hurt vaccine access in the U.S.</i>  The <i>Washington Post</i> opinion piece from January 15, 2026, analyzes the significant threat Robert F. Kennedy Jr. poses to public health policy through his potential influence over the <b>National Vaccine Injury Compensation Program (VICP)</b>. The article warns that Kennedy, likely acting with authority within the Trump administration, intends to overhaul the "vaccine court" by adding autism to the <b>Table of Injuries</b>, a move that would legally validate his long-debunked claims of a vaccine-autism link and override decades of settled scientific and judicial consensus. By forcing the government to compensate families for autism as a vaccine injury, the piece argues that Kennedy would not only trigger a fiscal crisis for the program but also fundamentally erode public trust in the safety of the childhood immunization schedule, potentially reversing decades of progress in eradicating preventable diseases.</p>
<p>From Around the Country</p>	<p><b>24. National Catholic Register</b>  January 15, 2026  <a href="#">Ohio Government Seeks to Shut Down Catholic-Run Nursing Home Amid 'Widespread Care Failures'</a>  By Daniel Payne  <i>The attorney general's office said it is trying to get the facility shut down and 'relocate residents to safer facilities.'</i>  Ohio Attorney General Dave Yost is seeking a court order to shut down the House of Loreto, a Catholic-run nursing home in Canton, following reports of "widespread care failures" and "shockingly poor care" that have placed residents in immediate danger. State inspectors documented a rapid deterioration at the facility—including improper medication administration, a lack of nursing leadership, and repeated resident falls—since its acquisition by Hari Group LLC in early 2025. While the Diocese of Youngstown expressed deep sadness over the facility's decline, the state is moving to relocate all residents to safer environments, citing a total lack of confidence in the current leadership's ability to "right the ship."</p> <p><b>25. WHIO TV7</b>  January 13, 2026  <a href="#">AG looks to relocate residents at Ohio nursing home after discovery of health, safety failures</a>  By WHIO Staff</p>

	<p>The Ohio Department of Health issued a report on Jan. 2, 2026, indicating that 12 of the 29 residents at House of Loreto in Canton are at serious risk, with six residents having already suffered harm.</p>
<p>From Our Colleagues</p>	<p><b>26. Long Term Care Community Coalition</b>  January 15, 2026  <a href="#">Senior Care Policy Brief: Boom Times for Investors</a></p>
<p><b>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</b></p>	<p><b>The Campaign to Increase the Personal Needs Allowance (PNA)</b></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: <a href="https://dignityalliancema.org/take-action/#/25">https://dignityalliancema.org/take-action/#/25</a>. 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 <a href="https://tinyurl.com/ForgetMeNotPNA">https://tinyurl.com/ForgetMeNotPNA</a> or you can email your story to Dignity Alliance MA (<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p><b>Books by DignityMA Participants</b></p>	<p><b><a href="#">A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled</a></b>  By Alex Green</p> <p>From the moment he became superintendent of the nation’s oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views today. How did the man who designed the first special education</p>



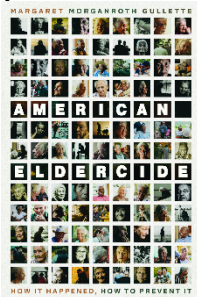
About the Author:

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

class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, *A Perfect Turmoil* is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time. In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures.

[Buy the book here](#)

**Books by DignityMA Participants**



About the Author:

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

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

By [Margaret Morganroth Gullette](#)

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

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

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

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

[Buy the book here.](#)

**Bringing People Home: The Marsters Settlement**

Webpages:

[https://www.centerforpublicrep.org/court\\_case/marsters-et-al-v-healey-et-al/](https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/)

<https://marsters.centerforpublicrep.org/>

<p><b>Support Dignity Alliance Massachusetts</b></p> <p><b><a href="#">Please Donate!</a></b></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><b>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, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>, which has thousands of visits each month.</b></p> <p><b>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.</b></p> <p><a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a></p> <p>Thank you for your consideration!</p>	
<p><b>Dignity Alliance Massachusetts Legislative Endorsements</b></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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:dickmoore1943@gmail.com">dickmoore1943@gmail.com</a>.</p>	
<p><b>Websites</b></p>		
<p><b>Blogs</b></p>		
<p><b>Podcasts</b></p>		
<p><b>YouTube Channels</b></p>		
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a>. 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 <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a>.</p>	
<p>Websites of Dignity Alliance Massachusetts Members</p>	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a></p>	
<p>Contact information for reporting complaints and concerns</p>	<p><b>Nursing home</b></p>	<p><a href="#">Department of Public Health</a></p> <ol style="list-style-type: none"> <li>1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a></li> <li>2. Fax completed form to (617) 753-8165</li> </ol> <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p><a href="#">Ombudsman Program</a></p>

<p>MassHealth Eligibility Information</p>	<p><a href="#">MassHealth / Massachusetts Medicaid Income &amp; Asset Limits for Nursing Homes &amp; Long-Term Care</a></p> <p><b>Table of Contents</b> (Last updated: December 16, 2024)</p> <p><a href="#">Massachusetts Medicaid Long-Term Care Definition</a></p> <p><a href="#">Income &amp; Asset Limits for Eligibility</a></p> <p><a href="#">Income Definition &amp; Exceptions</a></p> <p><a href="#">Asset Definition &amp; Exceptions</a></p> <p><a href="#">Home Exemption Rules</a></p> <p><a href="#">Medical / Functional Need Requirements</a></p> <p><a href="#">Qualifying When Over the Limits</a></p> <p><a href="#">Specific Massachusetts Medicaid Programs</a></p> <p><a href="#">How to Apply for Massachusetts Medicaid</a></p>
<p>Money Follows the Person</p>	<p><b>MassHealth</b></p> <p><a href="#">Money Follows the Person</a></p> <p>The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.</p> <p><b>Statistics as of March 31, 2025:</b></p> <p>344 people transitioned out of nursing facilities in 2024</p> <p>49 transitions in January and February 2025</p> <p>910 currently in transition planning</p> <p><a href="#">Open PDF file, 1.34 MB, MFP Demonstration Brochure</a></p> <p><a href="#">MFP Demonstration Brochure - Accessible Version</a></p> <p><a href="#">MFP Demonstration Fact Sheet</a></p> <p><a href="#">MFP Demonstration Fact Sheet - Accessible Version</a></p>
<p>Nursing Home Closures</p>	<p>List of Nursing Home Closures in Massachusetts Since July 2021:</p> <p><a href="https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/">https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</a></p>
<p>Determination of Need Projects</p>	<p>List of Determination of Need Applications regarding nursing homes since 2020:</p> <p><a href="https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/">https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</a></p> <p>Recent approval:</p> <p><a href="#">Town of Nantucket – Long Term Care Substantial Capital Expenditure</a></p> <p>Approved May 5, 2025</p>
<p>List of Special Focus Facilities</p>	<p><b>Centers for Medicare and Medicaid Services</b></p> <p><i>List of Special Focus Facilities and Candidates</i></p> <p><a href="https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf">https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</a></p> <p><b>Updated March 26, 2025</b></p> <p>CMS has published a new list of <a href="#">Special Focus Facilities</a> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p><b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

- 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://somersetridgehcare.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://cca.com/locations/ma/merrimack-valley/>

	<p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225546/">https://projects.propublica.org/nursing-homes/homes/h-225546/</a></p> <ul style="list-style-type: none"> <li>• Medway Country Manor Skilled Nursing &amp; Rehabilitation, Medway (1)  <a href="https://www.medwaymanor.com/">https://www.medwaymanor.com/</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225412">https://projects.propublica.org/nursing-homes/homes/h-225412</a></p> <ul style="list-style-type: none"> <li>• Pine Knoll Nursing Center, Lexington, (3)  <a href="https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab">https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225049/">https://projects.propublica.org/nursing-homes/homes/h-225049/</a></p> <ul style="list-style-type: none"> <li>• RegalCare at Glen Ridge (20)  <a href="https://www.genesishcc.com/glenridge">https://www.genesishcc.com/glenridge</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225523">https://projects.propublica.org/nursing-homes/homes/h-225523</a></p> <ul style="list-style-type: none"> <li>• West Newton Healthcare, West Newton (9)  <a href="https://www.nextstephc.com/westnewton">https://www.nextstephc.com/westnewton</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225324/">https://projects.propublica.org/nursing-homes/homes/h-225324/</a></p> <p><b>No longer operating</b></p> <ul style="list-style-type: none"> <li>• South Dennis Healthcare, South Dennis  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>																																																
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b>  <b>Nursing Home Inspect</b>  <b>Data updated October 15, 2025</b></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).</p> <p>Massachusetts listing:  <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b>  <i>(What do the severity ratings mean?)</i></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><a href="#">Tag B</a></td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td><a href="#">Tag C</a></td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td><a href="#">Tag D</a></td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td><a href="#">Tag E</a></td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td><a href="#">Tag F</a></td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td><a href="#">Tag G</a></td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td><a href="#">Tag H</a></td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td><a href="#">Tag I</a></td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td><a href="#">Tag J</a></td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td><a href="#">Tag K</a></td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td><a href="#">Tag L</a></td> </tr> </tbody> </table> <p><b>Updated October 15, 2025</b></p>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	<a href="#">Tag B</a>	C	77	63	<a href="#">Tag C</a>	D	5,993	1,193	<a href="#">Tag D</a>	E	1,872	630	<a href="#">Tag E</a>	F	446	226	<a href="#">Tag F</a>	G	420	278	<a href="#">Tag G</a>	H	54	30	<a href="#">Tag H</a>	I	2	1	<a href="#">Tag I</a>	J	64	31	<a href="#">Tag J</a>	K	30	9	<a href="#">Tag K</a>	L	7	2	<a href="#">Tag L</a>
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<p><i>Nursing Home Compare</i></p>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b>  <i>Nursing Home Compare Website</i></p> <p>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"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <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.  <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																																													
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<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></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><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a></td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td><a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a></td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a></td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td><a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a></td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Jim Lomastro</td> <td><a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a></td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td><a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a></td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td><a href="mailto:Dickmoore1943@gmail.com">Dickmoore1943@gmail.com</a></td> </tr> <tr> <td>Legal Issues</td> <td>Stephen Schwartz</td> <td><a href="mailto:sschwartz@cpr-ma.org">sschwartz@cpr-ma.org</a></td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a></td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td><a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a></td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a></td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td><a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a></td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td><a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a></td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>	Assisted Living	John Ford	<a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a>	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>	Communications	Lachlan Forrow	<a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>	Facilities (Nursing homes and rest homes)	Jim Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>	Legislative	Richard Moore	<a href="mailto:Dickmoore1943@gmail.com">Dickmoore1943@gmail.com</a>	Legal Issues	Stephen Schwartz	<a href="mailto:sschwartz@cpr-ma.org">sschwartz@cpr-ma.org</a>	Interest Group	Group lead	Email	Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
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Please contact group leaders for more information.			
<b>Bringing People Home: Implementing the Marsters class action settlement</b>	Website: <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a> Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 <a href="mailto:bringingpeoplehome@cpr-ma.org">bringingpeoplehome@cpr-ma.org</a> Newsletter registration: <a href="https://marsters.centerforpublicrep.org/7b3c2-contact/">https://marsters.centerforpublicrep.org/7b3c2-contact/</a>		
<b>REV UP Massachusetts</b>	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: <a href="https://revupma.org/wp/">https://revupma.org/wp/</a> To join REV UP Massachusetts – go to the <a href="#">SIGN UP page</a> .		
<b>The Dignity Digest</b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> 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"> <li>• Wynn Gerhard</li> <li>• Jim Lomastro</li> <li>• Dick Moore</li> </ul> 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 <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</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. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			