



The Dignity Digest

Issue # 268

January 27, 2026

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.

Guide to news items in this week's Dignity Digest

Nursing Homes

[NewGen Health to Acquire Genesis Nursing Homes in \\$1 Billion Bankruptcy Deal](#) (Skilled Nursing News, January 21, 2026)

[Medicare Advantage nursing home denial practices shredded by appeals contractor research](#) (McKnights Long-Term Care News, January 21, 2026)

[UnitedHealth faces renewed probe into nursing home practices](#) (MSN, January 8, 2026)

Assisted Living

[Rules protecting seniors must now be enforced](#) (*Salem News, January 21, 2026)

Aging Topics

[Diet, exercise habits rarely change after retirement, study finds](#) (McKnights Long-Term Care News, January 23, 2026)

[Six daily habits to slow aging, from a Harvard brain expert](#) (*Boston Globe, January 21, 2026)

[Is frailty inevitable with age?](#) (Ohio State University Health & Discovery, June 30, 2025)

Healthcare

[Why more patients are paying doctors directly — and what it says about our health system](#) (*Boston Globe, January 19, 2026)

Federal Policy

[Fiscal Year 2026 appropriations bill](#)

[These 3 Policy Moves Are Likely To Change Health Care for Older People](#) (KFF Health News, January 23, 2026)

[The U.S. Care Affordability Crisis](#) (Dollars & Sense, January 21, 2026)

State Policy

[In Third State of the Commonwealth Address, Governor Healey Commits to Tackling Affordability, Standing up to President Trump](#)

(Office of Governor Maura Healey and Lt. Governor Kim Driscoll, January 22, 2026)

From Around the Country

[COVID-19—E.D.N.Y.: Nursing home resident executor's claims against New York State officials entirely dismissed, \(Jan 23, 2026\)](#)

(Vital Law, January 23, 2026)

[Nursing Home Owners Sued Over Alleged \\$124M Medicaid Misuse in Two Nursing Homes](#) (Skilled Nursing News, January 20, 2026)

	<p>Nursing home owner pardoned by Trump released from Arkansas prison (Arkansas Advocate, January 20, 2026)</p> <p>From Our Colleagues From DC: Medicare Advantage Rule Comments Due, Fight Nursing Home Staffing Rollbacks, HUD Fair Housing Update, and More (Justice in Aging, January 23, 2026)</p> <p>Public Sessions Meeting (Personal Care Attendant Quality Workforce Council, Tuesday, January 27, 2026, 1:30 p.m.) Workforce Supports Subcommittee Meeting (Commission on the Status of Persons with Disabilities, Thursday, January 29, 2026, 11:00 a.m. to 12:00 p.m.)</p>
<p>Quotes</p>	<p><i>“[I]t’s clear CMS has no interest in ensuring adequate staffing. They’re repealing a regulation that could have saved 13,000 lives a year.”</i> Sam Brooks, the director of public policy for the National Consumer Voice for Quality Long-Term Care, These 3 Policy Moves Are Likely To Change Health Care for Older People (KFF Health News, January 23, 2026)</p> <p><i>“There was a misinterpretation [by the U.S. Department of Labor] of home care work as being casual, nonprofessional, non-skilled,” the equivalent of teenage babysitting.</i> Kezia Scales, a vice president at PHI, a national research and advocacy organization, These 3 Policy Moves Are Likely To Change Health Care for Older People (KFF Health News, January 23, 2026)</p> <p><i>“WISeR, a prior approval program] injects some of the worst of Medicare Advantage into traditional Medicare.”</i> David Lipschutz, co-director of the Center for Medicare Advocacy, These 3 Policy Moves Are Likely To Change Health Care for Older People (KFF Health News, January 23, 2026)</p> <p><i>“We need to make sure that every Medicare beneficiary has fair access to the rehabilitation they need without barriers and bias. Decisions should never be driven by cost cutting at the expense of care.”</i> Angeline Brunetto, MD, appeals medical director for Acentra Health, a Quality Improvement Organization (QIO) serving 29 states, Medicare Advantage nursing home denial practices shredded by</p>

[appeals contractor research](#) (McKnight's Long-Term Care News, January 21, 2026)

“Our study suggests that nutrition as a potential modifiable factor in cognitive aging, with diets richer in fiber, carotenoids, unsaturated fats, and lean protein with lower amounts of refined grains may support better cognitive outcomes.”

[Diet, exercise habits rarely change after retirement, study finds](#) (McKnight's Long-Term Care News, January 23, 2026)

“The defendants engaged in violation of laws, rules and the Medicaid contract and manipulated financial and compliance reporting, to evade government oversight of their illegal conduct. Family members and other beneficial owners were deliberately embedded throughout this structure as owners, officers, and principals of related entities, allowing defendants to maintain effective control, while obscuring true ownership and accountability.”

Comptroller for the state of New Jersey in a court filing, [Nursing Home Owners Sued Over Alleged \\$124M Medicaid Misuse in Two Nursing Homes](#) (Skilled Nursing News, January 20, 2026)

“I’m doing more work and having more fun and excited than ever in my life, Your world can be a young world or stable world completely based on the health of your brain. People don’t realize that.”

Rudolph E. Tanzi, Harvard neurology professor and co-director of the Henry and Allison McCance Center for Brain Health at Massachusetts General Hospital, [Six daily habits to slow aging, from a Harvard brain expert](#) (*Boston Globe, January 21, 2026)

The best solution is not eliminating or escaping the system we have now but fixing it. We should be thinking about how to improve access to primary care and timely specialty care. We should discuss how to make the insurance system simpler and shore up the health care workforce. Simultaneously, we need to

ensure people can afford both insurance and care. If our health care system isn't affordable or accessible, patients will continue seeking alternatives.

[Why more patients are paying doctors directly — and what it says about our health system](#) (*Boston Globe, January 19, 2026)

Many people assume [frailty] is a natural part of the aging process. But there's good news: Not only is frailty avoidable as we age, it's also something we can reverse if it starts settling in.

[Is frailty inevitable with age?](#) (Ohio State University Health & Discovery, June 30, 2025)

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.

When Delay Becomes Harm

How Prolonged Litigation Is Keeping Nursing Home Residents in Unsafe, Crowded Rooms

This report, titled "When Delay Becomes Harm," highlights a critical failure in protecting Massachusetts nursing home residents. Nearly four years after the Department of Public Health (DPH) issued a regulation limiting rooms to a maximum of two residents, thousands continue to live in overcrowded three- and four-bed rooms. The following summary outlines the legal strategies, public health risks, and urgent calls to action detailed in the report.

The Core Conflict: Litigation as Strategy

The report identifies the case of River Terrace Operator LLC, et al. v. Massachusetts Department of Public Health as the primary vehicle for delay.

- **Tactical Delay:** While the Superior Court affirmed DPH's authority to issue the rule, over 30 operators have used amended complaints and procedural disputes to keep the regulation in "limbo."
- **Economic Incentive:** For opposing operators, delay is profitable. It allows them to postpone costly renovations while continuing to bill for high-occupancy rooms.
- **Demonstrated Feasibility:** The report notes that the majority of Massachusetts nursing homes have already complied, proving that de-densification is operationally and financially possible.

Public Health & Human Consequences
The persistence of multi-bed rooms is not a neutral legal stalemate; it has direct, documented harms for residents:

- **Infection Control:** Higher transmission rates for infectious diseases (COVID-19, influenza, MRSA) and increased mortality.
- **Loss of Dignity:** Residents lack privacy during medical care, personal hygiene, and end-of-life moments.
- **Chronic Stress:** Overcrowding leads to sleep disruption and psychological stress for a vulnerable population.

	<p>Summary of Recommended Actions The report concludes that prolonged inaction in the face of known risk constitutes neglect and calls for immediate intervention: Entities with Required Actions:</p> <ul style="list-style-type: none"> • The Court: Move to final judgment immediately; procedural delays no longer serve the public interest. • DPH: Reassert enforcement by narrowing exemptions and increasing transparency of non-compliant facilities. • Legislature: Pass statutory mechanisms to prevent industry litigation from paralyzing public health protections for years. • Operators: Be held accountable; resident safety must outweigh revenue preservation and financial convenience.
<p>Commentary Offered by DignityMA Participants</p>	<p><u>The Wound We Keep Ignoring</u> By Richard T. Moore</p> <p>This commentary was posted on the “Members’ Forum” of the American Geriatric Society on January 25, 2026.</p> <p>Summary: In "The Wound We Keep Ignoring," Richard Moore uses the clinical metaphor of a pressure ulcer (bedsore) to diagnose the systemic collapse of American long-term care, arguing that the same physical forces—pressure, friction, and shear—are destroying the safety net for older adults. Moore critiques the "pressure" of profit-driven business models and the industry’s reliance on unverified Medicaid underpayment claims, which he argues starve facilities of vital staffing resources. He describes "friction" as the grinding erosion of the workforce through burnout and "shear" as the hidden tearing of resident dignity beneath the surface of inadequate oversight. Ultimately, Moore calls upon the American Geriatrics Society (AGS) to leverage its clinical authority to demand a treatment plan that aligns financial incentives with resident outcomes, enforces rigorous staffing standards, and restores transparency to a system currently characterized by "preventable neglect."</p>
<p>Recruitment</p>	<p>See: <u>Listings on MASterList.com’s Job Board</u> for all current listings</p>
<p>Reports</p>	<p>Massachusetts Blue Cross Foundation Massachusetts Medicaid Policy Institute <u>MassHealth Matters to Massachusetts - Updated Infographic (2026)</u> January 22, 2026</p> <p>MassHealth provides health care services to around 2 million Massachusetts residents, brings in significant federal revenue, and serves as a driver of health system reform. In light of recent changes to federal Medicaid law that will soon impact program coverage and financing, it is critical that stakeholders understand the importance of MassHealth and its role in the state’s broader health insurance and delivery system landscape.</p>

	<p>This resource highlights key facts about MassHealth, including the many ways in which the program contributes to the Massachusetts economy and promotes health care coverage and access for residents in the state.</p>
<p>Reports</p>	<p>Society of Actuaries January 2026 <u>Long-Term Care, Caregiving, and Related Housing Issues: The Perspective of the Individual</u> The Society of Actuaries' (SOA) newly-released report summarizes the Institute's consumer research, essays, and reports on retirement related topics for over more than 20 years, including important findings from related outside research. Retirement experts, plan developers, researchers, service providers, and those who serve individuals, including employee benefit plan sponsors, advisors and financial services organizations will find important insights in the report.</p>
<p>Webinars and Online Sessions</p>	<ol style="list-style-type: none"> 1. National Alliance for Caregiving Tuesday, January 27, 2026, 1:00 p.m. <u>Caregiver Insights Across the States: Translating Data into Local Action</u> Family caregivers are a critical part of our communities, and understanding their needs is essential for building innovative caregiver programs and services. Newly released state-level caregiver profiles offer a rich view of new caregiving trends, challenges, and opportunities across the U.S. This webinar will highlight key insights from these state profiles and explore how an Area Agency on Aging (AAA) is using this information to guide program development and service delivery. Participants will also hear from a family caregiver, who will share their personal experience and discuss an innovative social support program that has supported them. Attendees will leave with actionable ideas for translating data into local strategies, enhancing caregiver support, and aligning their work with broader goals for caregiver-friendly communities. <u>Register</u> 2. The Hospital at Home Users Group, in partnership with the American Academy of Home Care Medicine Tuesday, January 27, 2026, 4:00 p.m. <u>Finding Patients Faster: Early Transfer Recruitment Strategies for Hospitals at Home</u> This webinar will explore common challenges to early transfer recruitment and discuss the strategies to employ to improve recruitment in HAH programs. <u>Register</u> 3. Massachusetts Developmental Disabilities Council Thursday, January 29, 2026, 4:00 p.m. <u>Self-Direction Experiences: Findings from MDDC's Statewide Survey</u> The Department of Developmental Services says the model enables clients and families to "create more individualized supports based on their vision and needs." <u>Register</u>

4. Group Medical Visits (GMVs) for Older Adults
 Thursday, February 5, 2026, 4:30 to 05:30 p.m.
[SIG Spring Meeting](#)
[Register](#)
5. **The Petrie-Flom Center**
 Tuesday, February 10, 2026, 12:20 to 1:20 pm.
[The Inter-American Court of Human Rights’ “Right to Care”](#)
 At this [HPOD](#) event, co-organized with the [Petrie-Flom Center for Health Law, Biotechnology, and Bioethics at Harvard Law School](#) and the [David Rockefeller Center for Latin American Studies](#), panelists will bring to bear their decades of research, advocacy, and organizing experience in support of marginalized groups’ access to critical services and supports to explore the opportunities and limits of the Court’s conceptualization of the “right to care” across the diverse contexts where they work.
- Welcoming Remarks**
- [Professor Michael Ashley Stein](#), Executive Director, HPOD
- Moderator**
- [Alicia Yamin](#), Director, Global Health and Rights Project, PFC
- Panelists**
- [Mariana Brocca](#), Affiliated Researcher, PFC (Argentina)
 - [Nicole Jorwic](#), Chief Program Officer, Caring Across Generations (United States)
 - [Nicole Meneses](#), Legal Advisor, Program on Action for Equality and Social Inclusion (PAIS), Universidad de los Andes (Colombia)
 - [Alberto Vásquez-Encalada](#), Co-Director, Mad Thinking (Peru)
- [Online registration](#)
6. **The Long-Term Care Discussion Group**
 Thursday, February 12, 2026, 10:00 a.m.
[Retirement Security: Long Term Care as an Individual Matter](#)
 In this session, Anna Rappaport will discuss the Society of Actuaries’ (SOA) newly-released report that summarizes the Institute’s consumer research, essays, and reports on these topics over more than 20 years, including important findings from related outside research. Retirement experts, plan developers, researchers, service providers, and those who serve individuals, including employee benefit plan sponsors, advisors and financial services organizations will find important insights in the report.
- About the Speaker:**
Anna Rappaport, FSA, MAAA is an internationally recognized expert on aging, retirement, and work issues. She is the author of the report we are discussing today and she, personally, is a phased retiree. Anna is past President of the Society of Actuaries and chairs its Committee on Post-Retirement Needs and Risks. Anna completed 60 years as a Fellow of the Society of Actuaries in 2023. Anna has written for several publications and serves on the Board of the Women’s Institute for a Secure Retirement (WISER). She previously served on the NASI Board and the Advisory Board of the Pension Research Council and on several government advisory groups.

	<p>Meeting materials will also be posted once available on the Long Term Care Discussion Group website: http://www.ltcdiscussiongroup.org on the PRESENTATION MATERIALS page.</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>7. Skilled Nursing News January 21, 2026 <u>NewGen Health to Acquire Genesis Nursing Homes in \$1 Billion Bankruptcy Deal</u> By Zahida Siddiqi A bankruptcy court has finalized a \$1 billion deal for California-based NewGen Health to acquire Genesis HealthCare’s 175 nursing homes across 18 states, following the rejection of a controversial insider-led bid. The acquisition, conducted under the name 101 West State Street Holdings, LLC, surfaced after a judge demanded a more transparent auction process to address creditor concerns that a previous proposal favored Genesis insiders and private equity interests. Genesis, which filed for Chapter 11 in July 2025 burdened by \$2 billion in debt and hundreds of malpractice lawsuits, expects the transition to be completed by spring 2026; notably, the approved sale allows malpractice claimants and junior creditors to recover up to 30% of their claims—nearly double the amount offered in the failed insider deal—while maintaining their right to pursue legal claims against former company leadership.</p> <p>8. McKnights Long-Term Care News January 21, 2026 <u>Medicare Advantage nursing home denial practices shredded by appeals contractor research</u> By Kimberly Marselas Research from the Medicaid contractor Acentra Health reveals that Medicare Advantage (MA) plans disproportionately deny nursing home coverage compared to traditional Medicare, often prioritizing administrative timelines and cost-cutting algorithms over clinical readiness. Despite representing only half of the market, MA beneficiaries account for a staggering 93% of coverage appeals, with Acentra’s physician reviewers overturning nearly half of those denials as premature. The data highlights troubling "flatline" trends in length of stay—averaging just 26 days under MA versus up to 44 days in traditional Medicare—and a pattern of "revolving door" denials, where some patients receive over a dozen notices of non-coverage during a single stay. Most concerning, MA plans frequently attempt to terminate coverage before patients meet critical mobility goals, such as independent bed-to-chair transfers, significantly increasing the risk of falls and long-term disability. In response, medical experts are calling for MA insurers to align discharge notices with evidence-based clinical recovery rather than predetermined calendar dates to ensure equitable access to rehabilitation services.</p>

	<p>9. MSN January 8, 2026 UnitedHealth faces renewed probe into nursing home practices UnitedHealth Group is facing an intensified federal probe into its nursing home discharge practices, with lawmakers, including U.S. Senators Ron Wyden and Elizabeth Warren, and regulators investigating allegations that the company continues to use secretive AI algorithms to prematurely terminate care for Medicare Advantage beneficiaries. The renewed scrutiny, spearheaded by the Senate Permanent Subcommittee on Investigations, focuses on whether UnitedHealth's naviHealth subsidiary has circumvented recent CMS regulations designed to ensure that clinical judgment, rather than automated "care paths," determines the length of stay for elderly patients. This probe follows reports that the insurer's denial rates remained high despite multiple lawsuits and federal warnings, prompting calls for more aggressive enforcement of rules requiring Medicare Advantage plans to provide coverage equal to traditional Medicare.</p>
<p>Assisted Living</p>	<p>10. *Salem News January 21, 2026 Rules protecting seniors must now be enforced Editorial This editorial from The Salem News, published on January 21, 2026, commends Governor Maura Healey for unveiling new safety regulations for Massachusetts assisted-living facilities while warning that these rules will fail without strict enforcement and proper legislative funding. Spurred by the 2025 Gabriel House fire that killed 10 people, the new measures require annual local safety inspections, mandatory emergency drills, and the public posting of compliance and ownership data on a state website. While the paper views these reforms as a vital step to combat the tripling of abuse and neglect reports seen over the last five years, it emphasizes that the "real work" lies in the Legislature's willingness to provide the staffing and resources necessary to hold facilities accountable and move Massachusetts in line with national safety standards.</p>
<p>Healthcare</p>	<p>11. *Boston Globe January 19, 2026 Why more patients are paying doctors directly — and what it says about our health system By Shira Schoenberg <i>Patients and doctors are bypassing insurance for faster, simpler care — a trend highlighting a desire for relief from bureaucracy and widening inequities in the health care system.</i> In her <i>Boston Globe</i> opinion piece from January 19, 2026, Shira Schoenberg explores the growing trend of patients and physicians bypassing traditional insurance to adopt direct-pay or "concierge" healthcare models. Driven by a mutual desire to escape the administrative burdens and delays associated with insurance bureaucracy—such as the often-criticized prior authorization process—this shift offers faster, more personalized, and simpler care for those who can afford it. However, Schoenberg warns that while this movement</p>

	<p>provides a much-needed escape valve for frustrated providers and patients, it simultaneously exposes a fractured national health system and threatens to exacerbate existing inequities by creating a two-tiered system where timely medical access is increasingly reserved for the wealthy.</p>
<p>Aging Topics</p>	<p>12. McKnights Long-Term Care News January 23, 2026 Diet, exercise habits rarely change after retirement, study finds By Foster Stubbs A study featured in McKnight’s Long-Term Care News indicates that the transition to retirement rarely serves as a catalyst for significant improvements in diet or exercise habits, contrary to the common expectation that increased free time leads to a healthier lifestyle. The research found that most individuals tend to maintain the behavioral patterns they established during their working years, with many retirees failing to increase their physical activity or enhance their nutritional intake once they leave the workforce. These findings suggest that lifestyle habits are deeply ingrained and that retirement alone is insufficient to drive health improvements, underscoring the importance of targeted interventions to encourage active and healthy aging.</p> <p>13. *Boston Globe January 21, 2026 Six daily habits to slow aging, from a Harvard brain expert By Ariana Eunjung Cha In a featured article from the <i>Boston Globe</i>, Harvard neuroscientist Dr. Rudolph Tanzi shares his evidence-based "SHIELD" framework for preserving cognitive function and slowing brain aging. The acronym represents six key lifestyle pillars: prioritizing seven or more hours of Sleep to flush out amyloid toxins; Handling stress through mindfulness to reduce neuroinflammation; Interacting with others to maintain social health; Exercising regularly to trigger neurogenesis; Learning new skills to build "synaptic reserve"; and maintaining a plant-forward Diet that supports a healthy gut microbiome. Tanzi emphasizes that these daily habits, such as deep sleep and Mediterranean-style eating, can significantly reduce the risk of Alzheimer’s by cleaning the brain and strengthening neural networks decades before symptoms typically appear.</p> <p>14. Ohio State University Health & Discovery June 30, 2025 Is frailty inevitable with age? By Christopher Nguyen, PhD, ABPP In this article, geriatric neuropsychologist Dr. Christopher Nguyen clarifies that frailty—a condition marked by declining strength, energy, and the inability to recover from stressors—is not an inevitable consequence of aging, but rather a modifiable state that can often be slowed or reversed. Common indicators such as fatigue, muscle weakness, and unintended weight loss are frequently driven by a combination of muscle loss, chronic disease, poor nutrition, and social isolation, which can take a significant physical and mental toll. However, by catching signs early and adopting proactive lifestyle habits—such as</p>

	<p>strength training, nutritional adjustments, and maintaining meaningful social connections—individuals can significantly improve their resilience and preserve their independence. Ultimately, the piece emphasizes that while genetics may play a role, daily habits and timely medical interventions are the most powerful factors in determining how well one ages.</p>
<p>Federal Policy</p>	<p>15. Fiscal Year 2026 appropriations bill</p> <p>The "Minibus" (Health/Aging Provisions): The specific text covering the Departments of Labor, Health and Human Services (HHS), and Education—which contains the Older Americans Act funding—can be found in this House Appropriations Committee PDF.</p> <p>The recent bipartisan movement on the Fiscal Year 2026 appropriations bills represents a significant effort to stabilize and, in some cases, expand support for older adults. As of late January 2026, the House has passed a "minibus" spending package, and the Senate is working to finalize the deal before the January 30 funding deadline.</p> <p>Here is a breakdown of how the current bipartisan legislation is designed to help older Americans:</p> <ol style="list-style-type: none"> 1. Healthcare Access and Innovation <p>The package focuses on preserving flexibility and funding research for age-related conditions:</p> <ul style="list-style-type: none"> • Telehealth Extension: The bill extends pandemic-era Medicare telehealth waivers through 2027, allowing seniors to continue receiving virtual care from their homes. • Hospital-at-Home Program: It provides a five-year extension for the "Acute Hospital Care at Home" initiative, allowing eligible patients to receive hospital-level care in a residential setting. • Alzheimer's Research: The National Institutes of Health (NIH) received a funding boost, including a specific \$100 million increase for Alzheimer's disease and related dementias research. • Rural Health Support: The bill extends key Medicare payment protections for rural hospitals, which often serve a high percentage of older adults. <ol style="list-style-type: none"> 2. Community Services and Nutrition <p>Congress rejected several proposed deep cuts to the Older Americans Act (OAA), opting instead for "level" or slightly increased funding:</p> <ul style="list-style-type: none"> • Caregiver Support: A modest increase (approx. \$2 million) was proposed for the National Family Caregiver Support Program to aid those caring for aging relatives. • Senior Employment: The Senior Community Service Employment Program (SCSEP), which helps low-income, unemployed seniors find work, was protected after being slated for elimination in earlier budget drafts. • Nutrition Services: Funding for programs like Meals on Wheels (Home-Delivered and Congregate Nutrition) is maintained to ensure meal delivery services are not interrupted. <ol style="list-style-type: none"> 3. Financial and Energy Assistance <ul style="list-style-type: none"> • LIHEAP Protection: The Low-Income Home Energy Assistance Program—vital for seniors on fixed incomes to manage heating and

	<p>cooling costs—received roughly \$4.05 billion, rebuffing efforts to defund the program.</p> <ul style="list-style-type: none"> • Seniors Tax Deduction: While often debated in separate tax legislation, the broader "One Big Beautiful Bill" (OB BB) framework includes a new \$6,000 standard deduction for individuals age 65 and older (subject to income thresholds), intended to provide direct tax relief. <p>4. Housing and Wellness</p> <ul style="list-style-type: none"> • Aging in Place: The bill allocates \$30 million specifically for the HUD Aging in Place Home Modification program, which helps seniors install ramps, grab bars, and other safety features to remain in their homes. • Falls Prevention: Continued funding for CDC and ACL falls prevention programs aims to reduce one of the leading causes of injury and hospitalization for those over 65. <p>16. KFF Health News January 23, 2026 <u>These 3 Policy Moves Are Likely To Change Health Care for Older People</u> By Paula Span This KFF Health News report details three significant deregulatory policy shifts under the Trump administration that are fundamentally altering healthcare for older Americans: the total repeal of <u>federal minimum staffing mandates</u> for nursing homes, the <u>rescission of minimum wage and overtime protections</u> for home care workers, and the introduction of "WISeR," an <u>AI-driven prior authorization pilot program</u> in traditional Medicare. Advocates warn that eliminating staffing standards could lead to thousands of preventable deaths and that removing labor protections for the home care workforce—who are primarily women and minorities—will exacerbate care shortages. Simultaneously, the introduction of AI referees in traditional Medicare has alarmed experts who argue that granting private tech vendors a financial stake in "averted expenditures" creates a dangerous incentive to deny necessary medical care to seniors.</p> <p>17. Dollars & Sense January 21, 2026 <u>The U.S. Care Affordability Crisis</u> By Nancy Folbre In "The U.S. Care Affordability Crisis," economist Nancy Folbre argues that the cost of childcare, eldercare, and home-based medical services is surging far beyond the national inflation rate, creating a dire financial burden for American households. Folbre attributes this disproportionate price hike to the labor-intensive nature of care work combined with two major policy shifts: significant federal budget cuts that have reduced Medicaid and childcare subsidies, and aggressive immigration enforcement that has decimated the workforce on which these sectors rely. As of late 2025, the cost of home care for the elderly and disabled rose by 11.6% annually, a trend Folbre warns is exacerbated by the loss of immigrant labor and a failure of public policy to accurately account for care expenses in poverty and eligibility measurements.</p>
State Policy	<p>18. Office of Governor Maura Healey and Lt. Governor Kim Driscoll January 22, 2026 <u>In Third State of the Commonwealth Address, Governor Healey Commits to Tackling Affordability, Standing up to President Trump</u></p>

	<p>In her third State of the Commonwealth address on January 22, 2026, Massachusetts Governor Maura Healey outlined a comprehensive agenda focused on lowering living costs for residents while positioning the state as a "stable and secure" alternative to the federal administration under President Trump. To provide immediate relief, Healey announced a two-month reduction in residential electric bills by 25% and gas bills by 10% for February and March 2026, alongside a \$25 million expansion in homebuyer assistance and a 0.55% reduction in mortgage rates for first-time buyers using MassHousing. Her legislative and regulatory priorities included banning medical debt from credit reports, requiring simpler subscription cancellations, and introducing strict social media protections for minors under 18. Additionally, the Governor set ambitious 10-year goals to register 100,000 apprentices and enroll 100,000 students in Early College programs, emphasizing Massachusetts' commitment to innovation and civil rights in the face of federal policy shifts.</p>
<p>From Around the Country</p>	<p>19. Vital Law January 23, 2026 COVID-19—E.D.N.Y.: Nursing home resident executor's claims against New York State officials entirely dismissed, (Jan 23, 2026) By Justin Marcus Smith, J.D. The United States District Court for the Eastern District of New York (E.D.N.Y.) has entirely dismissed a lawsuit brought by the executor of a nursing home resident's estate against New York State officials regarding their handling of the COVID-19 pandemic. The ruling typically aligns with a broader judicial trend in which courts have upheld immunity protections for state officials and healthcare providers under federal and state statutes, such as the Public Readiness and Emergency Preparedness (PREP) Act and New York's (now repealed) Emergency or Disaster Treatment Protection Act (EDTPA). By dismissing the claims, the court underscored the high legal threshold required to overcome these immunities, often finding that plaintiffs failed to sufficiently allege "willful misconduct" or "gross negligence" as defined by law, or that the federal court lacked jurisdiction over certain state-level claims due to sovereign immunity principles.</p> <p>20. Skilled Nursing News January 20, 2026 Nursing Home Owners Sued Over Alleged \$124M Medicaid Misuse in Two Nursing Homes By Amy Stulick The New Jersey Office of the State Comptroller has filed a lawsuit against nursing home owners Daryl Hagler and Kenneth Rozenberg, alleging a multi-year scheme that misused nearly \$124 million in Medicaid funds at the Deptford and Hammonton Centers for Rehabilitation and Healthcare. The complaint details a sophisticated system of self-dealing where the owners reportedly obscured true ownership through shell companies, inflated rent payments to themselves, and pocketed millions intended for resident care while intentionally understaffing the facilities. This financial manipulation allegedly led to catastrophic care failures between 2019 and 2024,</p>

	<p>including over 3,400 emergency calls, documented neglect, and tragic resident outcomes, prompting the state to seek full restitution, civil penalties, and damages as part of a broader crackdown on nursing home fraud.</p> <p>21. Arkansas Advocate January 20, 2026 Nursing home owner pardoned by Trump released from Arkansas prison By Andrew DeMillo Joseph Schwartz, a former nursing home magnate pardoned by President Donald Trump in November 2025, was released from an Arkansas prison on January 20, 2026, following a parole grant by the state’s Post-Prison Transfer Board. Although the presidential pardon cleared Schwartz of federal tax fraud charges, Arkansas Attorney General Tim Griffin successfully petitioned to have him serve the remainder of his state sentence for Medicaid fraud and tax evasion. Schwartz’s release places him under conditional supervision rather than commuting his term, and he remains responsible for approximately \$1.4 million in outstanding state restitution despite already paying \$400,000. During his brief incarceration, Schwartz, who is also a rabbi, reportedly provided spiritual counseling to fellow inmates before transitioning to community correction.</p>
<p>From Our Colleagues</p>	<p>22. Justice in Aging January 23, 2026 From DC: Medicare Advantage Rule Comments Due, Fight Nursing Home Staffing Rollbacks, HUD Fair Housing Update, and More <i>Here’s what we’re watching in Washington:</i></p> <ul style="list-style-type: none"> • Comments Due Monday on 2027 Medicare Advantage and Part D Proposed Rule • Oppose Repeal of Nursing Facility Minimum Staffing Standards • HUD Releases Proposed Rule on the Fair Housing Act’s Disparate Impact Standard • New Justice in Aging Resources • Justice in Aging Webinars • Justice in Aging Webinar Recordings
<p>Legislative Action Day</p>	<p>23. Massachusetts Coalition for the Homeless Thursday, March 5, 2026 Legislative Action Day State House, Boston For details see: https://www.mahomeless.org/legislative-action-day Registration: https://tinyurl.com/lad2026rsvp</p>
<p>Public Sessions</p>	<p>24. Personal Care Attendant Quality Workforce Council Tuesday, January 27, 2026, 1:30 p.m. Meeting The direct care workforce is facing strain as federal protections for Haitian workers are expected to expire next month. More Info and Zoom</p> <p>25. Commission on the Status of Persons with Disabilities Thursday, January 29, 2026, 11:00 a.m. to 12:00 p.m. Workforce Supports Subcommittee Meeting</p>

	<p>This is a meeting of the Workforce Supports Subcommittee of the permanent Commission on the Status of Persons with Disabilities. This subcommittee will collect data and analyze initiatives that address the workforce crisis for people who provide services to individuals with disabilities.</p> <p>Agenda</p> <ol style="list-style-type: none"> 1. Welcome, Roll Call 2. Association of Developmental Disabilities Providers 2025 Workforce Metrics Survey Presentation by President / CEO Stephanie Costa and Vice President Mandy Nichols 3. Election of Subcommittee Chair/Co-Chair 4. Adjournment
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p>The Campaign to Increase the Personal Needs Allowance (PNA)</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 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>Books by DignityMA Participants</p>	<p>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled By Alex Green</p>

	<p>Buy the book here</p> <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.</p> <p>American Eldercide: How It Happened, How to Prevent It By Margaret Morganroth Gullette Buy the book here.</p> <p>Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>
<p>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>Society of Actuaries Consumer Hub</p>

	https://www.soa.org/programs/aging-retirement-hub/ The Society of Actuaries (SOA) shares helpful information about planning for retirement. You can find guides, videos, and more here on the Aging & Retirement Consumer Hub. If you want to learn even more, the SOA has additional resources .	
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/	

<p>Determination of Need Projects</p>	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>																																																
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p>																																																
<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>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated October 15, 2025</p>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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<p>Nursing Home Compare</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</p>																																																

	<p>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	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <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 Marsters class action settlement	<p>Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027</p>		

	<p>413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/</p>
REV UP Massachusetts	<p>REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page.</p>
The Dignity Digest	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i>:</p> <ul style="list-style-type: none"> • Julia Garvey • Wynn Gerhard • Dick Moore <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i></p>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. 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: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	