



# The Dignity Digest

Issue # 270

February 10, 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](mailto:info@DignityAllianceMA.org).

Reflection

*"I have often thought what a melancholy world this would be without children, and what an inhuman world without the aged."*

English Poet Samuel Taylor Coleridge, 1811

Guide to news items in this week's *Dignity Digest*

### Nursing Homes

- [Skilled nursing's new Top 10: Nation's largest operators favor local concentration over massive reach](#) (McKnights Long-Term Care News, February 4, 2026)
- [Compliance spotlight turns to medical directors as responsibilities grow](#) (McKnights Long-Term Care News, February 4, 2026)
- [States push CMS for new staffing rule targeting for-profit nursing homes, related party payers](#) (McKnights Long-Term Care News, February 3, 2026)
- [What surveyor staffing and workload reveal about regulatory outcomes across states](#) (McKnights Long-Term Care News, January 30, 2026)
- [Skilled Nursing Outlook 2026: Nearly 40% of SNF Leaders Plan Acquisitions. With PE \[private equity\] Seen as Top Buyer](#) (Skilled Nursing News, January 30, 2026)
- [After Donations, Trump Administration Revoked Rule Requiring More Nursing Home Staff](#) (\*New York Times, January 27, 2026)

### Home Health

- [Medicaid Coverage of Home Health Care is Growing: But Will the Trend Last?](#) (Center for Retirement Research at Boston College, February 5, 2026)

### Assisted Living

- [OSHA fines Fall River assisted living operator after deadly Gabriel House fire](#) (WCVB, February 6, 2026)

### Housing

- [Governor Healey Announces More Than 1,200 ADUs Approved in First Year with More to Come](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, February 5, 2026)

### Ageing Topics

	<ul style="list-style-type: none"> <li>• <a href="#">Key Senior Living Trends to Watch in 2026</a> (i Advance Senior Care, January 26, 2026)</li> <li>• <a href="#">Falls raise risk of nursing facility placement among older adults, large study finds</a> (McKnights Long-Term Care News, January 27, 2026)</li> </ul> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>• <a href="#">AG Campbell Celebrates Court's Decision To Pause Trump Administration's Decision To End Haiti's Temporary Protected Status</a> (Office of Attorney General Andrea Campbell, February 3, 2025)</li> </ul> <p><b>Federal Policy</b></p> <ul style="list-style-type: none"> <li>• <a href="#">AG Campbell Secures Agreement With Trump Administration To Protect Millions In Education Funding Related To Diversity, Equity, Inclusion, And Accessibility Initiatives</a> (Office of Attorney General Andrea Campbell, February 6, 2026)</li> <li>• <a href="#">These 3 Policy Moves Are Likely To Change Health Care for Older People</a> (KFF Health News, January 23, 2026)</li> </ul> <p><b>From around the Country</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Falls management proposals would create liability issues, counter state assisted living requirements, groups say</a> (McKnights Senior Living, January 28, 2026)</li> </ul> <p><b>From Our Colleagues around the Country</b></p> <ul style="list-style-type: none"> <li>• <a href="#">CMA Newsletter</a> (Center for Medicare Advocacy, February 5, 2026)</li> </ul> <p><b>Public Sessions</b></p> <ul style="list-style-type: none"> <li>• <b>Interagency Council on Housing and Homelessness' Committee for Supportive Housing Production and Services</b>, Tuesday, February 10, 2026, 1:00 p.m., <a href="#">Meeting</a></li> <li>• <b>Massachusetts Developmental Disabilities Council's Public Policy Committee</b>, Tuesday, February 10, 2026, 3:00 p.m., <a href="#">Meeting</a></li> <li>• <b>Public Health Council</b>, Wednesday, February 11, 2026, 9:00 a.m. <a href="#">PHC meeting</a></li> <li>• <b>Primary Care Access, Delivery, and Payment Task Force</b>, Wednesday, February 11, 2026, 10:00 a.m., <a href="#">PC Task Force Meeting</a></li> </ul> <p><b>Webinars and Online Sessions</b></p>
<p>Quotes</p>	<p><i>“We urge CMS to enact a replacement regulation that mandates tailored quantitative minimum staffing requirements, which would prevent Medicare and Medicaid fraud, protect vulnerable long-term care residents, and improve access to care. Despite the evidence that sufficient staffing improves patient outcomes and understaffing risks severe patient harm, too many for-profit facility owners and operators across the country have violated</i></p>

*qualitatively expressed minimum staffing rules and deliberately operated chronically understaffed facilities to extract profits.”*

California Attorney General [Rob Bonta \(D, States push CMS for new staffing rule targeting for-profit nursing homes, related party payers\)](#) (McKnights Long-Term Care News, February 3, 2026)

*“We have long believed that transparency around the medical director role is very important and that’s why we have fought hard and introduced legislation to have the name and credentials of the medical director easily available for the public.”*

Alex Bardakh, [PALTmed](#) senior director of advocacy and strategic partnership, [Compliance spotlight turns to medical directors as responsibilities grow](#) (McKnights Long-Term Care News, February 4, 2026)

*“ADUs [accessory dwelling units] are one of the most practical ways to add homes and lower costs. They allow older adults to age near their loved ones and young adults to live independently while starting their careers.”*

[Governor Healey Announces More Than 1,200 ADUs Approved in First Year with More to Come](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, February 5, 2026)

*Our Haitian residents fill critical roles in our health care and elder care industries, enrich our culture, and strengthen our Commonwealth.*

[AG Campbell Celebrates Court's Decision To Pause Trump Administration's Decision To End Haiti's Temporary Protected Status](#) (Office of Attorney General Andrea Campbell, February 3, 2025)

[According to the Centers for Medicare & Medicaid Services](#), in 2023, 8.4 million Medicaid beneficiaries received assistance paying for care at home or in assisted living facilities – a substantial increase of 8 percent from 7.8 million in 2022. In comparison, 1.5 million beneficiaries received institutional care –

*mostly in nursing homes – a more modest 3-percent increase over 2022. However, the overall costs for institutional services grew by 17 percent compared to 13 percent for HCBS.*

[Medicaid Coverage of Home Health Care is Growing: But Will the Trend Last?](#) (Center for Retirement Research at Boston College, February 5, 2026)

*The nursing home industry may see more of a buyer’s market in 2026, with expectations for private equity to be a primary source of financing and the largest buyer of skilled nursing assets. But despite transaction optimism, staffing remains the dominant challenge this year with recruitment, retention, labor costs, and inflation topping operator concerns.*


[Skilled Nursing Outlook 2026: Nearly 40% of SNF Leaders Plan Acquisitions. With PE \[private equity\] Seen as Top Buyer](#) (Skilled Nursing News, January 30, 2026)

*[By one estimate](#), the staffing rule could have saved 13,000 lives of nursing home residents per year. . . Research has suggested that the [nursing home] industry relies on a warren of corporations to conceal profits — profits that could have been used to improve care.*

[After Donations, Trump Administration Revoked Rule Requiring More Nursing Home Staff](#) (\*New York Times, January 27, 2026)

*“It’s clear CMS has no interest in ensuring adequate [nursing home] staffing. They’re repealing a regulation that could have saved 13,000 lives a year”, citing [an analysis](#) by University of Pennsylvania researchers.*

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><i>“Communities that have delayed capital improvements or struggled with staffing may see short-term occupancy gains simply due to scarcity, but that success will be fragile. Families today are more informed, more vocal, and quicker to share their experiences. Reputation now travels faster than occupancy ever did.”</i></p> <p>Christie Stukenholtz, co-founder and CEO at Senior Care Finder, <a href="#">Key Senior Living Trends to Watch in 2026</a> (i Advance Senior Care, January 26, 2026)</p> <p><i>“These findings underscore the strong association between falls and nursing facility placement, particularly among older adults with poorer health and multimorbidity. Preventative strategies targeting modifiable fall risk factors, such as strength and balance training, chronic disease management, and home safety intervention, could reduce fall incidence and the need for placement in nursing facilities.”</i></p> <p><a href="#">Falls raise risk of nursing facility placement among older adults, large study finds</a> (McKnights Long-Term Care News, January 27, 2026)</p>
<p>Commentary Offered by DignityMA Participants</p>  <p>Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a</p>	<p><b>Why Nursing Homes Keep Failing in America—Even Though We Know Better</b>  <b>Posted on GSA Connect (Gerontological Society of America)</b>  February 5, 2026  By Richard T. Moore</p> <p>The United States prides itself on medical innovation, longevity, and a health care system capable of extraordinary technical achievement. Yet when it comes to nursing homes and long-term care, the nation continues to tolerate failures that are predictable, preventable, and long understood. This is not a failure of knowledge. It is a failure of governance and political will. Most nursing homes operating in America today were built more than half a century ago, designed around a hospital-based model that treats aging and disability as clinical problems to be managed rather than lives to be lived. Long corridors, shared rooms, centralized nursing stations, and rigid schedules remain the norm—not because they reflect what residents want or need, but because public policy and oversight continue to reward institutional care over resident-centered design.</p>

former Massachusetts State Senator.

Despite decades of research, demonstrations, and public testimony showing that older adults want privacy, autonomy, and home-like environments, the United States has built very few new, resident-centered long-term care settings. The central obstacle is not simply how much public funding is available, but how nursing home finances are structured, obscured, and prioritized.

Public dollars—primarily through Medicare and Medicaid—flow through corporate arrangements that make it extraordinarily difficult to determine how much is actually spent on direct care, how much is diverted to related companies, and how much is extracted as profit rather than reinvested in staffing, modernization, or quality of life.

These opaque financial systems frustrate accountability and weaken the connection between public investment and resident outcomes.

At the center of this system sits the **Centers for Medicare & Medicaid Services**, the nation’s single largest purchaser of nursing home care. CMS establishes conditions of participation, payment rules, and enforcement priorities for facilities that depend almost entirely on public reimbursement. Yet federal oversight has historically emphasized documentation compliance over ownership accountability, financial extraction, or the lived experience of residents. Minimum staffing requirements exist in federal law, but enforcement remains inconsistent, and penalties are often absorbed as a routine cost of doing business.

If nursing homes are frequently described as financially “fragile,” a reasonable question follows:

Why do investors continue to acquire them?

Because nursing homes are often evaluated less as care institutions and more as financial vehicles. Profits are commonly realized not through transparent operating margins, but through non-competitive related-party transactions, sale-and-leaseback arrangements that strip real estate from operating entities, and complex debt structures that insulate owners while burdening facilities with long-term obligations.

In some cases, inflated property valuations support federally backed secondary mortgages that generate immediate financial returns while saddling nursing homes with repayment obligations that do little—if anything—to improve resident living conditions. Resources that could be used to reduce multi-bed rooms, stabilize staffing, or create more home-like environments are instead diverted to servicing debt and lease payments. Federal financing programs administered through agencies such as the **U.S. Department of Housing and Urban Development** have, at times, reinforced these distortions without being meaningfully tied to care quality outcomes. These practices may comply with existing law.

But they fundamentally reshape priorities—placing financial extraction ahead of care.

When care quality deteriorates and financial pressures mount, another troubling pattern often emerges: the strategic use of bankruptcy. Bankruptcy law, intended to provide relief in genuine

financial distress, is sometimes used to restructure nursing homes while many of the same owners, landlords, lenders, and management entities remain in place. Creditors go unpaid. Residents and families face delayed or diminished legal remedies. Accountability for past decisions is effectively erased. The result is continuity of control without continuity of responsibility. Although nursing homes are among the most heavily publicly funded health care providers in the country, there is no routine federal review of whether bankruptcy filings should trigger reconsideration of continued participation in Medicare and Medicaid. Neither CMS nor the **U.S. Department of Justice**, which has authority under the False Claims Act when public funds are billed for substandard care, consistently treats these restructurings as potential indicators of systemic abuse rather than isolated financial events.

Staffing failures—perhaps the most visible and deadly symptom—flow directly from these incentives. Federal law requires sufficient staff to meet resident needs, yet chronic understaffing persists nationwide. Workforce shortages are real, but they do not explain why staffing remains inadequate even as financial engineering continues. Staffing is the largest controllable cost in nursing homes, and weak enforcement allows trade-offs that residents ultimately pay for with their health and dignity.

At the same time, nursing homes continue to be regulated as if they were hospitals measured through paperwork compliance rather than quality of daily life. Residents consistently report that this model does not reflect their priorities, yet federal and state regulatory systems reinforce institutional norms rather than demanding transformation.

Families searching for alternatives encounter yet another distortion. Much of the long-term care “advice” marketplace is dominated by for-profit intermediaries whose revenue depends on steering families toward particular providers or service types. Consolidation in the long-term care sector—often driven by private equity and multi-state chains—has reduced meaningful choice, a trend that has drawn surprisingly little sustained scrutiny from the **Federal Trade Commission**, despite its authority to examine anticompetitive practices and market concentration.

Perhaps the most overlooked barrier to reform lies in how reform itself is structured.

Across the country, well-meaning reform efforts are repeatedly rendered non-transformational by the design of commissions, task forces, and studies. Industry representation is routinely guaranteed. Residents, people with disabilities, and family caregivers rarely hold agenda-setting power. Consultants and academic researchers—operating in funding environments shaped by long-term care corporate interests—are often asked to define feasibility and draft recommendations.

The result is reform filtered through consensus rather than guided by evidence or lived experience. Structural changes—ownership accountability, limits on financial extraction, enforceable staffing

standards, or a shift away from large institutional models—are frequently labeled “out of scope,” even when supported by a majority of participants.

Yet we already know what works.

We know that adequate staffing saves lives.

We know that small, home-like settings improve outcomes.

We know that opaque financial structures undermine accountability.

We know that enforcement—not voluntary compliance—drives improvement.

### **What America Should Do Now**

If the United States is serious about reforming long-term care, several actions should be squarely on the table:

#### **1. Full Financial Transparency**

- Require consolidated financial reporting that includes all related-party entities, real estate holdings, and management firms.
- Make these reports publicly accessible in plain language as a condition of participation in Medicare and Medicaid.

#### **2. Limits on Related-Party Transactions**

- Require regulatory review in advance and approval of related-party contracts.
- Cap allowable charges or require competitive benchmarking tied to demonstrable care outcomes.

#### **3. Sale-Leaseback and Debt Oversight**

- Require review of sale-leaseback transactions involving licensed nursing homes.
- Prohibit the use of public reimbursement to service debt that does not directly improve resident care or living conditions.

#### **4. Bankruptcy Accountability**

- Mandate notification and regulatory review when a licensed nursing home enters bankruptcy.
- Condition continued licensure and federal program participation on meaningful changes in ownership, governance, or financial practices—not mere reorganization with the same actors.

#### **5. Staffing as a Condition of Payment**

- Tie reimbursement increases to verifiable staffing levels and worker retention.
- Impose penalties for chronic understaffing that cannot be absorbed as a routine cost of doing business.

#### **6. Reform the Reform Process**

- Require that commissions and task forces include residents, people with disabilities, and family caregivers with real decision-making authority.
- Allow majority-supported recommendations to advance even when industry consensus is lacking.

#### **7. Shift the Model**

- Align federal capital policy, licensure standards, and reimbursement to accelerate smaller, home-

like settings with private rooms—rather than continued investment in obsolete institutional buildings.

Longevity should be one of America’s great success stories. How we treat people who need long-term care is the measure of whether our values extend beyond rhetoric. Right now, we are failing that test—not because we lack evidence, but because we continue to tolerate systems that obscure responsibility, reward financial engineering, and allow the same actors to reappear after failure with little consequence.

**Sidebar: How Nursing Home Finances Can Hide the Real Story Sale-Leaseback Arrangements**

A nursing home sells its building to a related or affiliated real estate company and then leases it back. Investors receive cash up front and steady rent payments, while the nursing home takes on long-term lease obligations, often leaving less money for staffing or improvements.

**Related-Party Transactions**

Owners create separate companies to provide management, staffing, real estate, or supplies—often at non-competitive rates. Money moves out of the nursing home as “expenses,” even when overall profits increase elsewhere in the corporate structure.

**Debt Without Improvement**

Facilities may take on mortgages or loans based on inflated valuations. Proceeds can generate investor returns without improving resident living conditions, while repayment obligations strain operating budgets.

**Bankruptcy as a Reset Button**

When financial pressures mount, bankruptcy can be used to shed debt and legal claims while many of the same owners, landlords, and managers remain in control—leaving residents and families with little recourse.

**Why It Matters**

These practices make it difficult to determine whether public funding is supporting care—or underwriting financial strategies that place residents last.

**Massachusetts Must Move Faster to Honor Aging and Disability Rights - and Recognize That Community Supports Are Not "Unsafe"**  
**Posted on GSA Connect (Gerontological Society of America)**

February 4, 2026

By Richard T. Moore

*Marsters is not an isolated case; it reflects a national challenge*

In a landmark victory for disability and aging rights, a federal court in Boston approved a settlement in June 2024 in *Marsters v. Healey* - a class action asserting that Massachusetts has unlawfully kept Medicaid-eligible adults with disabilities unnecessarily confined to nursing facilities when viable community options could appropriately meet their needs.. The agreement requires the Commonwealth to help at least 2,400 nursing home residents transition back to the

community over an eight-year period and to expand housing, supportive services, case management, and information resources to make that possible.

For advocates and families, this was a cause for celebration. And there has been a focused effort by state officials to implement the agreement, and considerable progress in achieving the requirements and metrics of the first year. But some elements of the agreement present real challenges, institutional barriers, and potential delays that threaten to undermine one of the most significant advances in long-term care policy in decades.

#### Marsters Is About Rights, Dignity, and the Law

At its heart, *Marsters v. Healey* rests on a simple legal and moral premise: the unjustified segregation of people with disabilities in institutions violates the Americans with Disabilities Act (ADA) and landmark Olmstead precedent. Like some states, Massachusetts has a robust menu of home- and community-based services (HCBS) under Medicaid. Yet many people who are perfectly capable of living with supports in integrated settings have remained in nursing homes because these alternatives weren't developed, accessible, or funded at scale.

The settlement - backed by more than \$1 billion in public funding over the next eight years - promises not only new rental vouchers and dedicated housing options but also real transition assistance, culturally competent support, and enhanced care coordination for people with mental illness still in facilities.

This is not charity. It is compliance with federal civil rights law.

So What Are the Barriers to Achieving the Promise of *Marsters*?

Despite the legal mandate, several obstacles remain:

#### 1. "Safety" Rationales:

Some state officials and agency staff argue that certain residents "cannot safely" live in the community. But this is inconsistent with evidence and lived experience. Nursing homes - as painfully highlighted during the pandemic - are not inherently safe havens; they are institutional settings where chronic understaffing, high turnover, and minimal direct care leave many residents isolated, inactive, and at elevated risk of decline and harm. The narrative that nursing homes are safer by default ignores the very real risks of institutional life and the documented benefits - emotional, social, and often physical - of community living with appropriate supports.

#### 2. Capacity Constraints:

Part of the hesitation stems from a shortage of HCBS community residences, supportive housing, rental subsidies, and supportive service infrastructure. But this is a policy problem, not a reason to delay rights-based implementation. States that invest in HCBS waiver programs, supportive housing, personal care services, home health aides, and case management see better integration outcomes - and often at lower cost than prolonged nursing home care.

#### 3. Institutional Bias:

Institutional care has dominated Medicaid's long-term services and

supports for decades. That dominance has been reinforced by longtime industry influence and a policy status quo that preferentially funds nursing facility reimbursement - even as most older adults themselves say they want to age at home. (This is not unique to Massachusetts.) Advocates argue that industry lobbying has helped perpetuate this imbalance by shaping political priorities and budget decisions, making community care expansions seem optional rather than urgent.

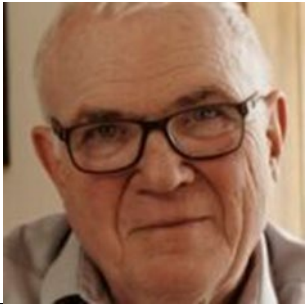
But Is "Safety" Really the Issue?

The safety argument has become a catch-all for rejecting many people from community programs. Yet living in the community - with access to personal care, home health, transportation, peer support, and social engagement - is not only feasible for many residents but *preferable*, both in terms of quality of life and outcomes. Institutional settings can be highly isolating; studies and self-reports link unnecessary segregation with worsened emotional and physical health, precisely the harms Olmstead sought to redress. What's more, when states create robust HCBS infrastructure - including housing supports, assistive technology, and responsive emergency services - community living is demonstrably safe for the vast majority of people who desire it. The safety concern is real only to the extent that policy has underinvested in supports that would make community life workable at scale.

The Broader Lesson for Long-Term Care

*Marsters* is not an isolated case; it reflects a national challenge. Despite the Olmstead ruling being nearly a quarter-century old, hundreds of thousands of people remain on HCBS waiting lists nationwide, signaling systemic underinvestment in community options. Massachusetts has the opportunity to lead - not merely by meeting a court order - but by demonstrating how a rights-based, person-centered system should function. That means accelerating transitions, expanding HCBS waivers, increasing affordable housing, strengthening HCBS workforce development, and ensuring clear accountability for measurable results.

Commentary  
Offered by  
DignityMA  
Participants



[Mutual aid is everyday resistance](#)


**WBUR Cognoscenti**

By James Lomastro


February 6, 2026

Summary:

In this commentary on WBUR's Cognoscenti, James Lomastro argues that the Trump administration's aggressive immigration enforcement through ICE is fundamentally undermining the nation's long-term care infrastructure. By examining recent enforcement actions in Minnesota as a case study, Lomastro illustrates how mass deportations and a climate of fear are decimating a workforce that is overwhelmingly composed of immigrants, who provide essential care for the elderly and people with disabilities. He posits that "immigration policy is long-term care policy," asserting that current federal actions

<p>James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia.</p>	<p>not only cause humanitarian crises for families but also jeopardize the safety and stability of the entire healthcare sector. Ultimately, the piece calls for a shift in perspective that recognizes immigrant workers as indispensable to the care economy and warns that the staffing crisis in nursing homes will only worsen if the vulnerability of these workers remains unaddressed.</p>
<p>Commentary Offered by DignityMA Participants</p>  <p>Paul J. Lanzikos is a co-founder and the Coordinator of Dignity Alliance Massachusetts. He is a former Secretary of the Massachusetts Executive Office of Aging. He has over 50 years of experience with aging policy and services.</p>	<p><b><u><a href="#">We're failing the most vulnerable when we scrimp on guardianship</a></u></b> * <b>Boston Globe</b> By Paul Lanzikos February 1, 2026</p> <p>Re "<u><a href="#">'Stuck' patients strain hospitals: Guardians to make decisions in short supply</a></u>" by Kay Lazar (Page A1, Jan. 28): Massachusetts is one of only 14 states without a state-organized public guardianship service. While many states provide the services through a state agency, some contract with one or more nonprofit organizations. In a few states, the services are provided through a well-managed and supported volunteer program.</p> <p>Service as a guardian is not a casual undertaking. It is a court-sanctioned obligation that can last for many years. The expectation that many unrelated individuals would readily assume the responsibility for strangers is not realistic. The resources and oversight of qualified organizations are needed to recruit, train, support, and supervise guardians whether they are paid staff or volunteers. To do otherwise is poor public policy and a failure of society to meet the needs of the most vulnerable.</p>
<p>Recruitment</p>	<p><b>See: <u><a href="#">Listings on MASterList.com's Job Board</a></u> for all current listings</b></p>
<p>Public Hearing</p>	<p><b>Department of Public Health</b> Friday, February 13, 2026, 1:00 p.m. <u><a href="#">Public Hearing</a></u></p> <p>Proposed regulations to improve oversight and standards at long-term care facilities. Requires DPH to review facilities' outbreak response plans, develop staff training, inspect facilities every 12 months and conduct suitability reviews on any management company and long-term care facility looking to enter into an agreement.</p> <p><b><i>Standards for Long-Term Care Facilities</i></b> <u><a href="#">Proposed Amended Regulation – 105 CMR 150.000</a></u></p>

	<p align="center"><b>Licensure procedures and suitability requirements for long-term care facilities</b></p> <p align="center"><a href="#"><u>Proposed Amended Regulation – 105 CMR 153.000</u></a></p> <p align="center"><a href="#"><u>More Info and Access</u></a></p>
<p>Webinars and Online Sessions</p>	<ol style="list-style-type: none"> <li> <p><b>1. Milbank Memorial Fund</b>  Thursday, February 12, 2026, 2:00 p.m.  <a href="#"><u>Primary Care: The Missing Link in America's Fight Against Chronic Disease</u></a>  This webinar will feature discussion on the findings and policy implications of a new Health of US Primary Care report on the role of primary care in the prevention and management of chronic disease. The report, from the Robert Graham Center, is co-sponsored by The Physicians Foundation and the Milbank Memorial Fund.  Speakers:</p> <ul style="list-style-type: none"> <li>• Vishal S. Arora, Senior Advisor, Centers for Medicare and Medicaid Services</li> <li>• Jennifer Bacani McKenney, Owner, Fredonia Family Care, Kansas</li> <li>• Seiji Hayashi, Chief Medical Officer, HealthCare First Community Health Plan Maryland</li> <li>• Yalda Jabbarpour, lead author and Vice President and Director, Robert Graham Center</li> <li>• Jacob Quinton, Chief Medical Officer, Original Medicare, Centers for Medicare and Medicaid Services</li> <li>• Shira Schoenberg, <i>The Boston Globe</i> (moderator)</li> </ul> <p><a href="#"><u>Register</u></a></p> </li> <li> <p><b>2. Long Term Care Community Coalition</b>  Tuesday, February 17, 2026, 1:00 p.m.  <a href="#"><u>Where Does All the Money Go? Exploring How New Jersey Nursing Homes Use Public Money</u></a>  In this webinar, Sam Brooks will present findings from Consumer Voice's new report, <a href="#"><u>Where Does All the Money Go?</u></a>, which examines how nursing homes in New Jersey spend billions in taxpayer funding. The discussion will highlight the impact of related-party transactions, financial transparency gaps, and what these spending practices mean for staffing levels and resident care. Join us for an important conversation about accountability and policy solutions to ensure public dollars support quality care for residents.  <a href="#"><u>Register for LTCCC's February 17 Webinar</u></a></p> </li> <li> <p><b>3. National Alliance for Caregiving</b>  Thursday, February 26, 2026, 2:00 p.m.  <a href="#"><u>The New Landscape: HR1 and What's at Stake for Family Caregivers</u></a>  With the passage of H.R. 1, the definition of "community engagement" has fundamentally shifted, creating a new and urgent challenge for the millions of family caregivers who rely on Medicaid. While the law technically includes an exemption for caregivers, the burden of proof and the technical hurdles of verification threaten to disenroll those who are already providing essential, unpaid care.  This webinar, hosted by the National Alliance for Caregiving, dives into the technical and political realities of H.R. 1 through a caregiving lens. We will examine the "pain points" of implementation—from the lack of</p> </li> </ol>

	<p>automated verification for caregiving hours, to the administrative strain on state agencies. Featuring experts from across the caregiving ecosystem, we will provide a comprehensive look at how states are navigating these new mandates.</p> <p><a href="#">REGISTER FOR THE WEBINAR</a></p>																																																												
<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>	<div style="text-align: center;">  <h2 style="margin: 0;">Top 10 US nursing home chains</h2> <p style="font-size: small; margin: 0;">Updated chain ownership information compiled by the Centers for Medicare &amp; Medicaid Services allows consumers to see a chain's holdings and its performance across a range of staffing and quality measures. The data also reveals which companies are the biggest players in today's skilled nursing market, including this Top 10 ranked by the number of facilities owned.*</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Chain</th> <th style="text-align: right; font-weight: normal;">No. of facilities</th> <th style="text-align: right; font-weight: normal;">States</th> <th style="text-align: right; font-weight: normal;">% For-profit</th> <th style="text-align: right; font-weight: normal;">Star rating</th> </tr> </thead> <tbody> <tr><td>1. Ensign Group</td><td style="text-align: right;">316</td><td style="text-align: right;">17</td><td style="text-align: right;">90.8</td><td style="text-align: right;">3.2</td></tr> <tr><td>2. PACS Group</td><td style="text-align: right;">248</td><td style="text-align: right;">14</td><td style="text-align: right;">99.6</td><td style="text-align: right;">2.8</td></tr> <tr><td>3. Genesis HealthCare</td><td style="text-align: right;">202</td><td style="text-align: right;">19</td><td style="text-align: right;">100</td><td style="text-align: right;">2.3</td></tr> <tr><td>4. Life Care Centers of America</td><td style="text-align: right;">194</td><td style="text-align: right;">26</td><td style="text-align: right;">95.4</td><td style="text-align: right;">3.5</td></tr> <tr><td>5. Creative Solutions in Healthcare</td><td style="text-align: right;">146</td><td style="text-align: right;">1</td><td style="text-align: right;">84.9</td><td style="text-align: right;">2.7</td></tr> <tr><td>6. Saber Healthcare Group</td><td style="text-align: right;">126</td><td style="text-align: right;">6</td><td style="text-align: right;">99.2</td><td style="text-align: right;">3.0</td></tr> <tr><td>7. Trilogy Health Services</td><td style="text-align: right;">126</td><td style="text-align: right;">5</td><td style="text-align: right;">82.5</td><td style="text-align: right;">4.0</td></tr> <tr><td>8. Communicare Health</td><td style="text-align: right;">122</td><td style="text-align: right;">6</td><td style="text-align: right;">94.3</td><td style="text-align: right;">2.8</td></tr> <tr><td>9. Hyman/Zanziper/Portopiccolo</td><td style="text-align: right;">105</td><td style="text-align: right;">10</td><td style="text-align: right;">100</td><td style="text-align: right;">2.2</td></tr> <tr><td>10. PruittHealth</td><td style="text-align: right;">95</td><td style="text-align: right;">4</td><td style="text-align: right;">100</td><td style="text-align: right;">2.7</td></tr> <tr><td>US Totals/Averages</td><td style="text-align: right;">14,735</td><td style="text-align: right;">53</td><td style="text-align: right;">73.6</td><td style="text-align: right;">3.0</td></tr> </tbody> </table> <p style="font-size: x-small; margin: 0;">*CMS Nursing Home Chain Performance Measures for November 2025, the latest data available. Several providers on the list have reported acquisitions or sales since that time. Chart produced by McKnight's Long-Term Care News.</p> </div>	Chain	No. of facilities	States	% For-profit	Star rating	1. Ensign Group	316	17	90.8	3.2	2. PACS Group	248	14	99.6	2.8	3. Genesis HealthCare	202	19	100	2.3	4. Life Care Centers of America	194	26	95.4	3.5	5. Creative Solutions in Healthcare	146	1	84.9	2.7	6. Saber Healthcare Group	126	6	99.2	3.0	7. Trilogy Health Services	126	5	82.5	4.0	8. Communicare Health	122	6	94.3	2.8	9. Hyman/Zanziper/Portopiccolo	105	10	100	2.2	10. PruittHealth	95	4	100	2.7	US Totals/Averages	14,735	53	73.6	3.0
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<p>Nursing Homes</p>	<p><b>4. McKnights Long-Term Care News</b>  February 4, 2026  <a href="#">Skilled nursing's new Top 10: Nation's largest operators favor local concentration over massive reach</a>  By Kimberly Marselas</p> <p>The McKnight's annual report on the nation's largest nursing home operators highlights an era of rapid consolidation and a significant reshuffling among the industry's top players. In the most recent rankings, publicly traded companies such as The Ensign Group and PACS Group have emerged as dominant forces, significantly expanding their portfolios through aggressive acquisitions of smaller, distressed regional chains. This growth contrasts with the continued downsizing of traditional giants like Genesis HealthCare, which has divested assets to focus on core markets. The report emphasizes that these "mega-operators" and their real estate investment trust (REIT) partners, such as Welltower and CareTrust, are increasingly prioritizing high-acuity clinical capabilities and value-based care models to navigate a landscape defined by strict regulatory oversight and persistent staffing</p>																																																												

shortages. Ultimately, the data reflects a "flight to quality," where the largest organizations are leveraging their scale to stabilize operations and secure better reimbursement rates in an increasingly competitive environment.

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

February 4, 2026

[Compliance spotlight turns to medical directors as responsibilities grow](#)

By Kimberly Marselas

The role of nursing home medical directors is undergoing a significant transformation as federal regulators shift their focus toward direct clinical accountability and facility governance. According to new guidance from the Centers for Medicare & Medicaid Services (CMS), medical directors are increasingly viewed as the primary clinical leaders responsible for the entire facility rather than just secondary consultants. This heightened scrutiny includes new survey protocols where medical directors may be interviewed directly by regulators regarding Quality Assurance and Performance Improvement (QAPI) efforts and high-risk clinical areas, such as the management of unnecessary medications and the documentation supporting antipsychotic prescriptions. As the industry enters a "heavy compliance era," facilities must ensure their medical directors are deeply integrated into daily operations and policy oversight to meet evolving standards for resident safety and care quality.

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

February 3, 2026

[States push CMS for new staffing rule targeting for-profit nursing homes, related party payers](#)

By Kimberly Marselas

Following the repeal of the federal nursing home staffing mandate, a coalition of 18 state attorneys general is urging the Centers for Medicare & Medicaid Services (CMS) to implement a replacement rule specifically targeting for-profit nursing homes. The proposed regulation would focus on facilities with high-risk financial and ownership structures, such as those involving private equity or opaque "related-party" payment arrangements, which the states argue are often used to facilitate fraud and "self-dealing" at the expense of resident care. The coalition suggests a requirement of 3.48 nurse staffing hours per patient day for these specific entities while exempting non-profit, government-owned, and tribal facilities. By tailoring the mandate to address profit-extraction schemes and improve transparency, the states aim to safeguard Medicare and Medicaid funds and protect vulnerable residents without imposing the broader, one-size-fits-all requirements that led to the previous mandate's repeal.

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

January 30, 2026

[What surveyor staffing and workload reveal about regulatory outcomes across states](#)

By Steven Littlehale

This article examines how state-level variations in surveyor staffing and workloads create significant inconsistencies in nursing home oversight,

despite the existence of standardized federal regulations. The author highlights that during the COVID-19 public health emergency, these disparities became undeniable as states experienced differing rates of survey delays and backlogs. Data indicates that a state's specific oversight capacity—rather than just facility performance—is a major determinant of regulatory outcomes, suggesting that the "standardized" survey process functions very differently across state lines. Consequently, the article suggests that resource constraints within state regulatory agencies directly impact the enforcement of safety and quality standards in long-term care facilities.

**8. Skilled Nursing News**

January 30, 2026

[Skilled Nursing Outlook 2026: Nearly 40% of SNF Leaders Plan Acquisitions, With PE \[private equity\] Seen as Top Buyer](#)

By Amy Stulick

The 2026 outlook for the skilled nursing industry indicates a robust "buyer's market," with nearly 40% of sector leaders planning to acquire new assets this year. Private equity is expected to be the most dominant force in this landscape, both as a primary source of financing and as the most active buyer of skilled nursing assets. Despite this transactional optimism, operators remain deeply concerned about chronic staffing issues, specifically regarding recruitment, retention, and rising labor costs. Most industry stakeholders do not anticipate significant improvements in the staffing climate until late 2026 or beyond, citing inflation and the political environment as additional headwinds. In response to these challenges, investment priorities for 2026 are shifting toward specialized services and technological integration. Nearly 37% of leaders plan to invest in specialty care like ventilators and dialysis, while others are focusing on ancillary businesses such as home health and pharmacy services. Furthermore, there is an overwhelming consensus—exceeding 93%—that technology will be essential for developing patient-centered care plans. Artificial intelligence, in particular, is viewed as a critical tool for supporting staff decision-making and improving care coordination, which remains a significant area of concern during patient transitions between hospitals and nursing homes.

**9. \*New York Times**

January 27, 2026

[After Donations, Trump Administration Revoked Rule Requiring More Nursing Home Staff](#)

By Kenneth P. Vogel and Christina Jewett

The New York Times investigation details how the Trump administration revoked a 2024 federal rule that established mandatory minimum staffing levels for nursing homes, a move that followed substantial campaign contributions from the for-profit nursing home industry. The original rule, finalized by the Centers for Medicare & Medicaid Services (CMS) to ensure resident safety and reduce neglect, was a cornerstone of efforts to reform long-term care; however, the administration effectively neutralized it by implementing a 10-year moratorium through legislative maneuvers. While industry lobbyists argued the mandates

	<p>were financially unsustainable and worsened labor shortages, advocacy groups and critics contend that the revocation prioritizes corporate interests over the welfare of more than 1.2 million vulnerable residents. This policy reversal marks a significant shift in federal oversight, returning much of the staffing discretion to facility operators and sparking intense debate over the influence of political donations on public health regulations.</p>
Home Health	<p><b>10. Center for Retirement Research at Boston College</b>  February 5, 2026  <a href="#"><u>Medicaid Coverage of Home Health Care is Growing: But Will the Trend Last?</u></a>  By Harry Margolis  The trend toward Medicaid-funded home-and-community-based services (HCBS) has grown significantly, with 2023 data showing that 8.4 million beneficiaries received care at home or in assisted living—a nearly two-thirds share of all long-term care spending. While this shift reflects a preference for aging in place and the lower costs associated with home care compared to nursing homes, significant state-level variations persist because HCBS coverage is discretionary rather than mandatory. Policy experts now warn that this progress may be at risk due to potential federal Medicaid budget cuts, such as those proposed in recent legislation. Since home health and assisted living services are optional under federal rules, states facing revenue shortfalls might target these programs for reduction, potentially reversing decades of expansion in accessible long-term care.</p>
Assisted Living	<p><b>11. WCVB</b>  February 6, 2026  <a href="#"><u>OSHA fines Fall River assisted living operator after deadly Gabriel House fire</u></a>  By Kevin Rothstein  The Occupational Safety and Health Administration (OSHA) has issued approximately \$187,000 in fines against Gabriel Care Inc., the operator of the Gabriel House assisted living facility in Fall River, following a July 2025 fire that resulted in ten deaths. The federal agency identified 13 workplace safety violations, 11 of which were classified as serious, including failures to maintain unobstructed exit routes and lack of proper fire prevention and evacuation training for employees. Investigators noted specific hazards such as blocked exit ramps and a failure to review emergency drills with staff prior to the tragedy. While the facility's owner is currently contesting the penalties, the findings have intensified scrutiny of the operator's regulatory history and prompted statewide calls for stricter fire safety standards in assisted living residences.</p>
Housing	<p><b>12. Office of Governor Maura Healey and Lt. Governor Kim Driscoll</b>  February 5, 2026  <a href="#"><u>Governor Healey Announces More Than 1,200 ADUs Approved in First Year with More to Come</u></a>  One year after the passage of the Affordable Homes Act, Governor Maura Healey announced that Massachusetts has approved or permitted 1,224 accessory dwelling units (ADUs) across 217 communities, signaling early success for the policy that allows these</p>

	<p>"by-right" additions in single-family zoning districts. To build on this momentum, the administration is launching several new initiatives to reduce barriers for homeowners, including an ADU Design Challenge to provide free, high-quality floor plans, and a \$10 million incentive program through the Massachusetts Housing Partnership to offer technical and financial assistance. These efforts aim to address the state's housing shortage and lower costs by making it easier for residents to create small, flexible living spaces that support multigenerational living and allow older adults to age in place. An updated interactive map tracking ADU applications and approvals can be found at <a href="https://www.mass.gov/ADUtracker">Mass.gov/ADUtracker</a>.</p>
<p>Aging Topics</p>	<p><b>13. i Advance Senior Care</b>  January 26, 2026  <a href="#">Key Senior Living Trends to Watch in 2026</a>  By Paige Cerulli  The senior living industry in 2026 is defined by a significant supply-demand imbalance, as an aging Baby Boomer population creates an inflection point for care that outpaces historical inventory growth. Industry experts highlight that technology has transitioned from pilot programs to essential infrastructure, with artificial intelligence becoming deeply integrated into clinical care, marketing, and resident engagement to drive measurable results. Workforce shortages remain a primary challenge, forcing communities to prioritize staff investment and workplace culture while navigating a more competitive market where adult children act as data-driven, vocal decision-makers. Success in this evolving landscape requires a shift toward integrated wellness models—blurring the lines between housing and healthcare—and the adoption of sophisticated data platforms to meet the rising expectations for transparency and high-quality outcomes.</p> <p><b>14. McKnights Long-Term Care News</b>  January 27, 2026  <a href="#">Falls raise risk of nursing facility placement among older adults, large study finds</a>  By Foster Stubbs  A recent large-scale study analyzing data from over 31,000 community-dwelling older adults has found that experiencing a fall significantly increases the likelihood of being admitted to a nursing facility within the following year. Published in early 2026, the research highlights that individuals who fall face a 51% higher risk of long-term nursing home placement and a 24% higher risk of placement in any nursing facility, even after adjusting for factors like health status and existing functional limitations. The risk is particularly acute for older adults managing multiple chronic conditions, as falls often trigger a decline in independence and physical stability that makes institutional care more likely. These findings emphasize that proactive fall prevention—ranging from strength and balance training to home safety interventions—is a critical component of allowing seniors to age in place and reducing the overall demand for long-term care beds.</p> <p>Editor's note:</p>

	<p>Massachusetts offers several initiatives and resources designed to help older adults maintain their independence and reduce the risk of fall-related injuries.</p> <ul style="list-style-type: none"> <li>• <b><a href="#">Massachusetts Commission on Falls Prevention</a></b>: This state body, operating under the Department of Public Health (DPH), works to identify evidence-based community programs and develop statewide strategies for fall prevention. They provide a <b>Falls Prevention Helpline</b> at <b>(800) 227-7233</b>.</li> <li>• <b><a href="#">MassOptions</a></b>: A service provided by the Executive Office of Aging and Independence (AGE) that helps residents and caregivers connect with local services, including home modification programs and balance classes.</li> </ul>
Workforce	<p><b>15. Office of Attorney General Andrea Campbell</b> February 3, 2025 <a href="#">AG Campbell Celebrates Court's Decision To Pause Trump Administration's Decision To End Haiti's Temporary Protected Status</a> Massachusetts Attorney General Andrea Joy Campbell recently celebrated a federal court's decision to stay the Trump Administration's termination of Haiti's Temporary Protected Status (TPS), which was scheduled to expire on February 3, 2026. This ruling provides critical relief to the tens of thousands of Haitian residents in Massachusetts who serve in essential roles across the healthcare and elder care sectors. AG Campbell, who has actively supported legal challenges against the administration's immigration policies through amicus briefs, emphasized that the decision is a victory for fairness and dignity. She reaffirmed her commitment to protecting immigrant communities in the Commonwealth against what she characterized as unlawful and cruel targeting by the federal government.</p>
Federal Policy	<p><b>16. Office of Attorney General Andrea Campbell</b> February 6, 2026 <a href="#">AG Campbell Secures Agreement With Trump Administration To Protect Millions In Education Funding Related To Diversity, Equity, Inclusion, And Accessibility Initiatives</a> Massachusetts Attorney General Andrea Joy Campbell, leading a coalition of 19 attorneys general, has secured an agreement with the Trump Administration to protect nearly \$575.2 million in federal education funding for the Commonwealth. The agreement prevents the U.S. Department of Education from withholding funds from state and local agencies that maintain lawful diversity, equity, inclusion, and accessibility (DEIA) initiatives, following a legal challenge against the administration's attempts to redefine Title VI compliance. This settlement ensures continued financial support for critical programs, including over \$302 million for students with disabilities under the Individuals with Disabilities Education Act (IDEA), as well as resources for low-income families, teacher training, and English language learners. AG Campbell emphasized that the ruling holds the administration accountable for overstepping its authority and protects the resources necessary for students to feel safe and supported in their educational environments.</p> <p><b>17. KFF Health News</b></p>

	<p>January 23, 2026  <a href="#"><u>These 3 Policy Moves Are Likely To Change Health Care for Older People</u></a>  By Paula Span  The Centers for Medicare &amp; Medicaid Services (CMS) has introduced a six-year pilot program called WISeR (Wasteful and Inappropriate Service Reduction) that brings artificial intelligence-driven prior authorization to traditional Medicare in six states. Aimed at reducing waste, fraud, and abuse by targeting 17 specific medical services, the program uses technology vendors to review treatment requests, with denials requiring subsequent review by human clinicians. While proponents argue the initiative will improve efficiency and save taxpayer money, critics and patient advocates express concern that injecting prior authorization into traditional Medicare creates unnecessary hurdles for care, particularly since the private vendors involved receive a share of the averted expenditures, potentially incentivizing denials. This shift coincides with other major policy rollbacks, including the repeal of federal minimum staffing standards for nursing homes and the exclusion of home care workers from federal minimum wage and overtime protections.</p>
<p>From Around the Country</p>	<p><b>18. McKnights Senior Living</b>  January 28, 2026  <a href="#"><u>Falls management proposals would create liability issues, counter state assisted living requirements, groups say</u></a>  By Kimberly Bonvissuto  A large-scale study utilizing data from the 2016–2021 Medicare Current Beneficiary Survey has found a significant correlation between unintentional falls and subsequent placement in nursing facilities among community-dwelling older adults. Analyzing a cohort of over 31,000 individuals, researchers determined that experiencing a fall increases the risk of nursing home admission in the following year by approximately 51%, with heightened risks also noted for skilled nursing and general nursing facility placements. The study highlights that older adults with multi-morbidity or poor health status are particularly vulnerable, suggesting that targeted preventative measures—such as balance training, home safety modifications, and chronic disease management—are critical tools for reducing fall incidence and helping seniors maintain their independence in the community.</p>
<p>From Our Colleagues around the Country</p>	<p><b>19. Center for Medicare Advocacy</b>  <a href="#"><u>CMA Newsletter</u></a>  February 5, 2026</p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Medicare Telehealth Coverage Extended Through 2027</u></a></li> <li>• <a href="#"><u>New Jersey Once Again Demonstrates How Nursing Home Enforcement Should Be Done</u></a></li> <li>• <a href="#"><u>CMS Revises Nursing Home Special Focus Facility Program, Eliminating Focus on Staffing</u></a></li> <li>• <a href="#"><u>New Recorded Webinar - Watch Now! 2025 Medicare Open Enrollment Deep Dive</u></a></li> </ul>

<p>Public Sessions</p>	<p><b>20. Interagency Council on Housing and Homelessness' Committee for Supportive Housing Production and Services</b>  Tuesday, February 10, 2026, 1:00 p.m.  <a href="#">Meeting</a>  Agenda includes agency updates and a presentation on the Affordable Homes Act Commission Report.  <a href="#">Agenda and Access Info</a></p> <p><b>21. Massachusetts Developmental Disabilities Council's Public Policy Committee</b>  Tuesday, February 10, 2026, 3:00 p.m.  <a href="#">Meeting</a>  Attendees will learn about state and federal policy changes that affect people with intellectual and developmental disabilities.  <a href="#">Register</a></p> <p><b>22. Public Health Council</b>  Wednesday, February 11, 2026, 9:00 a.m.  <a href="#">PHC meeting</a>  Public Health Commissioner Dr. Robbie Goldstein gives an update. The council will vote on a determination of need request from Mass General Brigham Ambulatory Surgery - Cambridge, LLC to establish a freestanding ambulatory surgery center. The project would be a joint venture between Mass General Brigham and Regent Surgical Health, and is meant to tackle a backlog of patients needing an endoscopy screening. Agenda also includes a review of preliminary regulations dealing with blood screening of newborns for treatable diseases and disorders.  <a href="#">Agenda and Access</a></p> <p><b>23. Primary Care Access, Delivery, and Payment Task Force</b>  Wednesday, February 11, 2026, 10:00 a.m.  <a href="#">PC Task Force Meeting</a>  Co-chaired by the Massachusetts Health Policy Commission and Executive Office of Health and Human Services, holds a Workforce Workgroup meeting. Members will discuss supporting team-based care models in primary care and the integration of behavioral health into primary care.  <a href="#">Livestream</a></p>
<p><b><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></b></p>	<p><b><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></b>  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.  Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on</p>

	<p>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><u><a href="#">A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</a></u></b>  By Alex Green  <u><a href="#">Buy the book here</a></u></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><b><u><a href="#">American Eldercide: How It Happened, How to Prevent It</a></u></b>  By <u><a href="#">Margaret Morganroth Gullette</a></u>  <u><a href="#">Buy the book here.</a></u></p> <p><b>Margaret Morganroth Gullette</b> 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><b>Bringing People Home: The Marsters Settlement</b></p>	<p>Webpages:  <a href="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/</a>  <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a></p> <p>Marsters data for the calendar year 2025:</p> <ul style="list-style-type: none"> <li>• 499 people who have returned and are active in the community</li> <li>• Efforts to validate status of 63 others who are in the community</li> <li>• Target for 2025 and 2026 is 600 transitions</li> <li>• 1,369 currently enrolled</li> <li>• 100 AHVP vouchers issued for transitions: 71 used, 10 in process.</li> </ul> <p>The Alternative Housing Voucher Program (AHVP) is a state-funded</p>

	rental assistance program in Massachusetts specifically designed for non-elderly (under age 60) people with disabilities who have low incomes.
<b>Support Dignity Alliance Massachusetts</b>  <b>Please <u><a href="#">Donate!</a></u></b>	<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>
<b>Dignity Alliance Massachusetts Legislative Endorsements</b>	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> 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> .
<b>Websites</b>	
<b>Blogs</b>	
<b>Podcasts</b>	
<b>YouTube Channels</b>	
Previously recommended websites	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> .
Previously posted funding opportunities	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> .
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>
Contact information for reporting complaints and concerns	<b>Nursing home</b> <a href="#">Department of Public Health</a> 1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a> 2. Fax completed form to (617) 753-8165

		Or Mail to 67 Forest Street, Marlborough, MA 01752 <a href="#">Ombudsman Program</a>
MassHealth Eligibility Information	<a href="#">MassHealth / Massachusetts Medicaid Income &amp; Asset Limits for Nursing Homes &amp; Long-Term Care</a> <b>Table of Contents</b> (Last updated: December 16, 2024) <a href="#">Massachusetts Medicaid Long-Term Care Definition</a> <a href="#">Income &amp; Asset Limits for Eligibility</a> <a href="#">Income Definition &amp; Exceptions</a> <a href="#">Asset Definition &amp; Exceptions</a> <a href="#">Home Exemption Rules</a> <a href="#">Medical / Functional Need Requirements</a> <a href="#">Qualifying When Over the Limits</a> <a href="#">Specific Massachusetts Medicaid Programs</a> <a href="#">How to Apply for Massachusetts Medicaid</a>	
Money Follows the Person	<b>MassHealth</b> <a href="#">Money Follows the Person</a> 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. <b>Statistics as of March 31, 2025:</b> 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning <a href="#">Open PDF file, 1.34 MB, MFP Demonstration Brochure</a> <a href="#">MFP Demonstration Brochure - Accessible Version</a> <a href="#">MFP Demonstration Fact Sheet</a> <a href="#">MFP Demonstration Fact Sheet - Accessible Version</a>	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: <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>	
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: <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> Recent approval: <a href="#">Town of Nantucket – Long Term Care Substantial Capital Expenditure</a> Approved May 5, 2025	
List of Special Focus Facilities	<b>Centers for Medicare and Medicaid Services</b> <i>List of Special Focus Facilities and Candidates</i> <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> <b>Updated March 26, 2025</b> 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. 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.	
<i>Nursing Home Inspect</i>	<b>ProPublica</b> <b><i>Nursing Home Inspect</i></b> <b>Data updated October 15, 2025</b>	

	<p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025).  Massachusetts listing:  <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a>  <b>Deficiencies By Severity in Massachusetts</b>  <a href="#">(What do the severity ratings mean?)</a></p> <table border="0"> <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 style="text-align: center;"><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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Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b>  <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.  <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																																																
Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b>  <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 <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>																																																
DignityMA Call Action	<ul style="list-style-type: none"> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>																																																
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>  Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>  Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>																																																
Participation opportunities with	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td rowspan="2">General Membership</td> <td>Bill Henning</td> <td><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a></td> </tr> <tr> <td>Paul Lanzikos</td> <td><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> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>	Paul Lanzikos	<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>																																					
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<p><b>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> <p>Please contact group leaders for more information.</p>	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>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	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>
<b>Bringing People Home: Implementing the Marsters class action settlement</b>	<p>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></p>		
<b>REV UP Massachusetts</b>	<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: <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>.</p>		
<b>The Dignity Digest</b>	<p>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</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"> <li>• Wynn Gerhardt</li> <li>• Jim Lomastro</li> <li>• Dick Moore</li> </ul> <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.  If you have submissions for inclusion in <i>The Dignity Digest</i> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</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>Previous issues of <i>The Tuesday Digest</i> and <i>The Dignity Digest</i> are available at: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></p> <p>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</p>			

