



The Dignity Digest

Issue # 271

February 17, 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.

Reflection

“The only thing that should be ‘fixed’ is the environment that prevents people with disabilities from participating fully.”

Disability rights activist Judith Heumann, [Being Heumann: An Unrepentant Memoir of a Disability Rights Activist](#) (2020)

Spotlight



Richard Caouette poses for a photo in his group home in Northborough last November. *Meghan Smith GBH News*

[A long journey home: Hundreds of disabled people have new homes thanks to court settlement](#)

WGBH News

By Megan Smith

February 12, 2026

Summary:

Following a landmark 2024 settlement of a federal lawsuit against Massachusetts, at least 350 disabled individuals have successfully transitioned from nursing homes to community-based housing, with the state aiming to assist 2,400 more over the next eight years. The 2022 lawsuit argued that thousands were being left to languish in institutional settings despite being capable of living more independently with proper support. The article highlights the success story of Richard Caouette, a man with multiple disabilities who moved into a supportive group home, underscoring the shift toward greater autonomy for older adults and those with disabilities. Advocates note that this transition is also a financial victory for taxpayers, as community-based services often cost a fraction of nursing facility care—saving the state thousands of dollars per person while providing them with a higher quality of life.

Audio version available by accessing the [“Listen” button](#) on the webpage containing the article

Previous reports:

- 2024: [‘Transformative’ agreement will help thousands of people leave Mass. nursing homes](#)

	<ul style="list-style-type: none"> • 2024: After state settlement, disabled people stuck in nursing homes hope to find homes of their own • 2023: A lawsuit could force the state to help thousands of people with disabilities find housing
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes</p> <ul style="list-style-type: none"> • Marcella Goheen continues nursing home advocacy with push for "Family Essential Program" (6News, February 13, 2026) • How Can I Fight a Nursing Home Eviction? (ElderLawAnswers, February 13, 2026) • Wyden, Senate Democrats Introduce Bill to Restore Quality Care in Nursing Homes After Trump Gutted Staffing Standards (U. S. Senate Committee on Finance, February 12, 2026) • Exclusive: Dem bill would revive nursing home staff minimums (Axios, February 12, 2026) • UPDATED: Congress moves to institute its own LTC staffing rule, force spending on workforce (McKnights Long-Term Care News, February 12, 2026) • Senate Democrats Revive Biden-Era Push for Federal Nursing Home Staffing Minimums as Advocates Call Policy 'Outdated' (Skilled Nursing News, February 12, 2026) <p>Assisted Living</p> <ul style="list-style-type: none"> • New industry campaign aims to 'shine a light' on positive impact of assisted living for policymakers, public (McKnights Senior Living, February 13, 2026) <p>Caregiving</p> <ul style="list-style-type: none"> • Anne Tumlinson, Daughterhood 10th Anniversary Letter Daughterhood, Undated blog post) <p>Incarcerated Persons</p> <ul style="list-style-type: none"> • 'This Place Is Love': A Prison Unit for the Dying — in Pictures (Prisoner Journalism Project, February 11, 2026) <p>Medicaid</p> <ul style="list-style-type: none"> • Medicaid at 60: Its Essential Role for Older Adults (Generations Journal, February 10, 2026) <p>Disability Topics</p> <ul style="list-style-type: none"> • American Association of People with Disabilities Response to House Passage of the SAVE America Act (American Association of People with Disabilities, February 13, 2026) • Justice Department Secures Agreement Reforming Alabama's System for Educating Students with Disabilities in Foster Care (U.S. Department of Justice, February 11, 2026) <p>State Policy</p> <ul style="list-style-type: none"> • These grandparents saved their grandkids. Now they need Mass. to help them. (*Boston Globe, February 4, 2026) <p>Private Equity</p> <ul style="list-style-type: none"> • Private equity and the money behind nursing homes (Association of Health Care Journalists, February 12, 2026) <p>From Around the Country</p>

	<ul style="list-style-type: none"> • Michigan's \$60 personal needs allowance hasn't changed in decades (Detroit Free Press, February 14, 2026 (updated)) • Remaining assisted-living residents at Culpepper Garden face looming deadline to move (ARLNow, February 13, 2026)
<p>Quotes</p>	<p><i>I worked in 2 nursing homes for most of my life. You wouldn't believe the amount of people who live on Medicaid and use every penny they get as what they refer to as their allowance. Most don't have family to visit and help with necessities, so they spend their 'allowance' to buy personal items. I can honestly say the 2 nursing homes I worked at most of the nursing staff constantly bought items for their elderly residents out of their own pocket. At Christmas time staff would make gift baskets for their elderly residence so they would have new clothes and personal items or a candy bar or a trip to the beauty shop which made so many happy to get their hair shampooed and set (women), haircut (men).</i></p> <p>Linda, a nursing home aide in Wisconsin, Michigan's \$60 personal needs allowance hasn't changed in decades (Detroit Free Press, February 14, 2026 (updated))</p> <p><i>Ensuring the strength and resilience of Medicaid is not only a matter of policy, but a moral imperative to support our older population. As the safety net for millions of older adults and their caregivers, Medicaid must be prioritized and protected to meet ongoing and future needs.</i></p> <p>Medicaid at 60: Its Essential Role for Older Adults (Generations Journal, February 10, 2026)</p> <p><i>"It's a no-brainer that Americans in nursing homes should have safe, high-quality care."</i></p> <p>U.S. Senator Elizabeth Warren, Wyden, Senate Democrats Introduce Bill to Restore Quality Care in Nursing Homes After Trump Gutted Staffing Standards (U. S. Senate Committee on Finance, February 12, 2026)</p>

What is worse for the clients and their families than not being on . . . a [waiting] list (and waiting years for a placement when you are already old)? There being no waiting list at all. Then hope dies too.

[America's Home-care Crisis: Will vulnerable elders be forced into nursing homes?](#) (Generations Now, February 10, 2026)

“Daughterhood makes motherhood look like a walk in the park.”

[Daughterhood 10th Anniversary Letter](#) (Daughterhood, Undated blog post)

“A lot of us who work here are in for murder. This is an opportunity for us to be decent human beings.”

Allan Krenitzky, pastoral care worker in the hospice unit at the California Medical Facility, [‘This Place Is Love’: A Prison Unit for the Dying — in Pictures](#) (Prisoner Journalism Project, February 11, 2026)

“[The Marsters settlement] is recognition that each of us has a right to live as freely as possible with reasonable accommodations.”

Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts, [A long journey home: Hundreds of disabled people have new homes thanks to court settlement](#) (WGBH News, February 12, 2026)

Private equity ownership is a growing concern because an increasing number of studies have found that the companies tend to suck profits out of the nursing homes, while depleting staffing levels and quality of care. Then the companies file for bankruptcy, and buy more nursing homes to essentially wash, rinse, and repeat that cycle.

[Private equity and the money behind nursing homes](#) (Association of Health Care Journalists, February 12, 2026)

“When people are on Medicaid, an unmarried person would generally turn over all of their income except \$60 per month to the nursing home. People just can't take care of all the things they need to take care of.”

Alison Hirschel, director of the [Michigan Elder Justice Initiative](#), [Michigan's \\$60 personal needs allowance hasn't changed in decades](#) (Detroit Free Press, February 14, 2026 (updated))

“Voting is a fundamental right, not a privilege. The [SAVE America Act](#) moves our country away from its foundational principles and will make it more difficult for disabled people, rural, low-income, and voters of color to participate.”

Alexia Kemerling, AAPD’s Director of Accessible Democracy, [American Association of People with Disabilities Response to House Passage of the SAVE America Act](#) (American Association of People with Disabilities, February 13, 2026)

[G]randparents [raising grandchildren] are poorer, have more food insecurity, and are more likely to be disabled than the general population, state and federal reports show. Meanwhile, the children in these families are more likely to experience mental and behavioral health challenges, including depression, anxiety, and PTSD.

[These grandparents saved their grandkids. Now they need Mass. to help them.](#) (*Boston Globe, February 4, 2026)

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

The Four Horsemen of the Long-Term Care Apocalypse
By Richard T. Moore

Long-term care in America is not collapsing in flames. It is tightening, quietly and steadily, like a system under invisible pressure. A wing closes here. A waiting list grows there. A daughter reduces her hours at work. A nursing assistant leaves for a warehouse job that pays two dollars more an hour. Nothing looks catastrophic in isolation. But taken together, the pattern is unmistakable.

If we were inclined toward metaphor, we might say that four horsemen are riding across the landscape of American long-term care: Corporatization. Institutionalization. Population. Immigration.

They did not arrive suddenly. They have been gathering for years. And yet they are not beyond governance.

The first horseman rides under the banner of corporatization. Over the past two decades, nursing homes and long-term care providers have increasingly been reorganized as financial assets. Ownership

former Massachusetts State Senator.

structures have grown layered and opaque. Real estate is separated from operations. Management contracts circulate between related entities. Debt is leveraged. Margins are disciplined. Returns are optimized.

None of this is inherently unlawful, and private capital has long had a place in American health care. But long-term care is not a conventional market. Its primary payer is government. Its “consumers” are often frail, cognitively impaired, or discharged from hospitals with little time to choose. Prices are largely set administratively. In such an environment, when financial engineering becomes the organizing principle, the consequences tend to fall on the most elastic line in the budget: labor.

Staffing thins. Turnover accelerates. Wages stagnate. The work becomes harder and less stable, even as residents grow more medically complex.

Reining in this horseman does not require demonizing private ownership. It requires insisting that public dollars intended for care actually produce care. Congress could require full transparency of beneficial ownership and related-party transactions for every provider participating in Medicare or Medicaid. Payments could be conditioned on clear standards for direct care spending, much as insurance markets require medical loss ratios. Enforcement mechanisms could ensure that when financial extraction leads directly to patient harm, accountability extends beyond the facility doors. When public reimbursement is the lifeblood of an industry, public oversight is not hostility—it is stewardship.

The second horseman is older than the first. Institutionalization is not primarily a financial problem; it is an architectural and philosophical inheritance. The modern nursing home evolved from hospital design and poorhouse history: long corridors, shared rooms, centralized nursing stations, schedules built around staff efficiency. These structures reflected an earlier era—one in which life expectancy was shorter and long-term residence was often assumed to be final residence.

But today’s older adults do not imagine their later years in shared rooms with strangers selected by vacancy. They want autonomy, familiarity, rhythm, and community. They want to remain at home for as long as possible. Yet federal financing rules have long nudged the system in the opposite direction. Nursing facility care is a mandatory Medicaid benefit; home- and community-based services often depend on waivers and waiting lists.

The result is structural bias.

Correcting that bias would not require abolishing nursing homes. Some individuals will always need round-the-clock skilled support. But Congress could rebalance the system by making home- and community-based services a guaranteed Medicaid benefit nationwide. Enhanced federal matching funds could permanently reward states that invest in community care and workforce wages. Minimum staffing standards for facilities—once promulgated by regulation—could be codified in statute to protect residents from administrative reversal. Federal capital financing could support smaller, home-like redesigns of existing institutions. The goal is not to eliminate congregate care; it is to ensure that institutional life is no longer the default expression of aging.

The third horseman is indifferent to ideology. Population rides on arithmetic. The United States is aging. The baby boom generation has entered older adulthood. The number of Americans over eighty-five—the group most likely to require assistance with daily living—will expand significantly in the coming decades. Longevity is a triumph of medicine and public health. But longevity also increases the prevalence of chronic disease, cognitive impairment, and functional limitations.

At the same time, the family landscape has changed. Families are smaller. Adult children often live far from parents. Women, historically the backbone of unpaid caregiving, are deeply integrated into the workforce. Informal caregiving remains extraordinary in scale, but it is stretched.

Demography is not destiny—but it is nonnegotiable.

A society that ages must decide how it will finance dependence. Federal policymakers could begin by acknowledging that long-term care risk resembles catastrophic risk. A federal backstop or social insurance model could spread that risk more broadly and prevent families from exhausting savings before qualifying for Medicaid. Caregivers could receive stronger tax credits, Social Security earnings credits, and guaranteed respite supports. Workforce investment—particularly in geriatric training—could reflect the predictable expansion of need. Ignoring demographic reality does not reduce cost; it simply defers it until it becomes crisis.

The fourth horseman rides through workforce corridors. Long-term care is labor-intensive by nature. Bathing, feeding, transferring, comforting—these cannot be automated away. Human presence is the service.

Immigrants have long filled a substantial portion of direct care roles. In many communities, without immigrant workers, home care agencies and facilities would already have shuttered. Yet

immigration policy often unfolds in abstraction from its downstream consequences. Visa categories are poorly aligned with caregiving needs. Legal pathways are limited. Enforcement actions can destabilize entire sectors.

Aligning immigration policy with care infrastructure would require candor. Congress could establish a targeted visa category for certified direct care workers, with portability protections to prevent exploitation. Pathways to legal status could recognize the contributions of those already providing essential care. Credential recognition for internationally trained nurses and aides could be streamlined. Immigration reform is not merely a border conversation. It is a workforce conversation, and long-term care depends upon it.

When these horsemen converge, strain becomes visible. An aging population increases demand. Corporatized structures compress margins. Institutional inertia resists personalization. Immigration constraints tighten labor supply. Families compensate where systems falter.

The crisis rarely announces itself dramatically. It appears instead in the quiet exhaustion of caregivers and the steady erosion of trust.

Yet none of these forces is beyond governance. Each is shaped by federal policy: Medicaid payment rules, tax law, enforcement authority, workforce funding, immigration statutes. The reins exist. Whether they are pulled is a matter of political will.

The United States will age. That is certain.

Whether it ages within a system aligned around dignity—or one drifting toward fragility—is not predetermined.

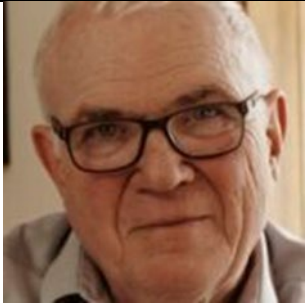
The Four Horsemen are warnings. They are signals that structure matters. And structure, unlike demography, is something we still have the power to change.

Commentary
Offered by
DignityMA
Participants

When Grandparents Become the Safety Net
Responding to [These grandparents saved their grandkids. Now they need Mass. to help them.](#) (***Boston Globe**, February 4, 2026)

There's an old saying: If I'd known how fulfilling grandchildren were, I'd have skipped having children. It's meant as a joke — a celebration of the lighter, joyful side of grandparenting. But thousands of grandparents in Massachusetts do not get that luxury.

For nearly 10,000 grandparents in the Commonwealth raising grandchildren on their own, this is not occasional babysitting or holiday indulgence. It is full-time parenting — school meetings, therapy appointments, braces, rent, groceries, college planning.



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.

Many stepped in because of addiction, mental illness, or death. They did not volunteer for retirement disruption. They answered a crisis. Here is the structural problem: when foster parents raise children, the state provides stipends, case management, and services. When grandparents assume legal guardianship outside the foster system — as more than 90 percent do — support drops sharply.

The labor is identical. The compensation is not. This gap reflects an unspoken assumption: that grandparents are acting out of family duty, not performing a public function. But they are preventing foster placements, stabilizing traumatized children, and reducing state caseloads. In fiscal terms, they are part of the child welfare infrastructure. Instead, many older caregivers absorb these costs on fixed incomes, often while managing their own health challenges.

This is not about sentiment or praise. It is about policy design. If the state would have paid a foster parent to do this work, it should not treat a grandparent differently simply because the child stayed within the family. Grandparents are not asking to be heroes. They are asking for parity. Massachusetts should recognize that when grandparents become parents again, they are not a private solution to a public problem. They are the safety net.

Commentary
Offered by
DignityMA
Participants



Margaret Morganroth Gullette is an internationally known cultural critic, an essayist, anti-ageist activist, and prize-winning writer of nonfiction. Her latest book, *American Eldercide: How It Happened, How to Prevent It* (2024) was nominated for a Pulitzer Prize and a National Book Award for Nonfiction. It won a MASS Cultural Council 2025 grant in Literature.

[America's Home-care Crisis: Will vulnerable elders be forced into nursing homes?](#)

Generations Now

By Margaret Gullette

February 10, 2026

In her commentary, "America's Home-care Crisis," Margaret Morganroth Gullette examines the increasing threats to home- and community-based services (HCBS) as federal and state fiscal pressures lead to service caps and eligibility reductions. The author emphasizes that while aging in place is overwhelmingly preferred by older adults for the autonomy and dignity it provides, many states are treating these essential supports as optional Medicaid benefits subject to immediate cost-containment measures. With thousands of individuals already on waiting lists for assistance, the piece warns that restricting home care access will inevitably force vulnerable populations into understaffed or unsafe nursing facilities—a shift that is often more expensive for the state and less humane for the individual. Ultimately, the article advocates for a systemic prioritization of community-based care as a fundamental obligation to a rapidly aging population.

She is a member of DignityMA's Coordinating Committee

Life Well Lived



Marie Hennesey
March 25, 1953 – February 7, 2026

Marie Hennesey

March 25, 1953 – February 7, 2026

Marie was a bright light in the lives of many, leaving a lasting impact through her dedication and work for The Epilepsy Association of Greater Boston (now known as The Epilepsy Foundation of New England) of which she was a founding member, where she made an impact on so many people that have epilepsy along with their families and MA Advocate Standing Strong. Her commitment to advocating for those with disabilities was evident throughout her career, where she tirelessly worked to make a difference in the lives of others.

Among her proudest accomplishments, Marie served as the President of both the Perkins School for the Blind Alumni Association and the Ski for Life Adaptive Program, showcasing her leadership and commitment to fostering community and support for those with disabilities.

Despite living with blindness, Marie's spirit and determination shone brightly. Her personality was characterized by optimism and resilience, inspiring those around her. She found joy in the outdoors, had a zest for travel, cherished the beauty of the ocean and beach, and enjoyed listening to music while savoring a comforting cup of tea. Marie is also preceded in passing by her seven Guide Dogs, with the most recent one being her beloved "Ragu."

Remembrance by Jonathan Gardner, Operation House Call Co-Teacher Ambassador

I remember in her testimony [at the hearing on supported decision making]. She shared how she was once told she should not go to college. But she spoke up for herself, found people who believed in her, and went on to earn both her bachelor's and master's degrees. Her story shows what can happen when people are supported instead of held back. People can build lives they are proud of.

Marie also talked about how many people with disabilities are still told what to do, when to do it, and how to live their lives. She believed this was not right. She believed that people should be able to make everyday choices about their own lives, be listened to by doctors and service providers, and be respected as the final decision-makers, with support when they need it. To Marie, Supported Decision-Making was about dignity, having a voice, and having the right to live your own life.

	<p><i>It feels like we lost a true leader in our SDM group. Marie's voice mattered, and her leadership helped shape where we are today. This loss makes me even more committed to keep advocating for SDM in a way that I hope honors her voice and her vision. As we move forward, I hope we carry Marie's vision with us in this work.</i></p>
<p>Life Well Lived</p>  <p>Mary Ellen McKenna June 2, 1952 - February 5, 2026</p>	<p>Mary Ellen McKenna June 2, 1952 - February 5, 2026</p> <p>Mary Mckenna dedicated her professional life to advocating for older adults and improving systems of care. She served as Massachusetts' State Long-Term Care Ombudsman for many years, during which she oversaw 20 local ombudsman programs and more than 220 volunteers across the Commonwealth. She successfully advocated for the expansion of ombudsman services into assisted living residences, securing state funding for additional staff and strengthening protections for residents statewide. She also oversaw the transition of the Long-Term Care Ombudsman Program from the Executive Office of Aging and Independence to the Executive Office of Health and Human Services. Her leadership was marked by integrity, collaboration, and an unwavering commitment to justice for vulnerable populations.</p> <p>Upon her retirement in 2020, Mary received a commendation from Governor Charlie Baker, recognizing her 33 years of service to the Commonwealth of Massachusetts and its older adults.</p>
<p>Recruitment</p>	<p>See: Listings on MASterList.com's Job Board for all current listings</p>
<p>Dignity Day at the State House</p>	<p>Dignity Day at the State House Thursday, March 5, 2026, 12:30 to 2:30 p.m. Room 428 State House (in person) and via Zoom Register for Zoom link https://us02web.zoom.us/meeting/register/rGP6mWCXQZyXAEfLYNOJbA After registering, you will receive a confirmation email containing information about joining the meeting. Networking: 12:30 to 1:00 p.m. Program: 1:00 to 2:30 p.m.</p> <p>Topics:</p> <ul style="list-style-type: none"> • Implementing C. 197 of the Acts of 2024, reforming long-term care • Implementing E.O. No. 642 for an "age-friendly" government • Implementing Marsters v. Healey helping return home from nursing home placements • Advancing River Terrace Operator LLC v. Mass DPH • House 2 Impact : Budgeting for Older Adults, People with Disabilities, and Caregivers • Advancing DignityMA endorsed legislation <p>Questions / more information: dickmoore1943@gmail.com</p>

Public Hearing

Executive Office of Aging and Independence

Thursday, February 26, 2026, 10:00 a.m. to 1:00 p.m.

[Public Hearing for Proposed Amendments to 651 CMR 12.00: Certification procedures and standards for assisted living residences](#)

Overview

Pursuant to M.G.L. c. 30A, § 2, M.G.L. c. 19A, § 6, and M.G.L. c. 19D, a public hearing will be held on Thursday, February 26, 2026, at 10:00 A.M., relative to the adoption of proposed amendments to: [651 CMR 12.00: Certification Procedures and Standards for Assisted Living Residences](#). (Click Regulation Title for Link to Regulation)

The Executive Office of Aging & Independence (AGE) proposes amendments to the assisted living regulations pursuant to the statutory requirements at Chapter 197 of the Acts of 2024, secs. 2 through 11, inclusive, including the addition of Basic Health Services certification requirements, which would permit ALRs to seek and obtain separate certification to directly provide Basic Health Services. Basic Health Services include all of the following: (i) injections; (ii) the application or replacement of simple non-sterile dressings; (iii) the management of oxygen on a regular and continuing basis; (iv) specimen collection and the completion of a home diagnostic test, including, but not limited to COVID-19, influenza, warfarin, prothrombin or international normalized ratio testing and glucose testing; provided that such home diagnostic test or monitoring is approved by the United State Food and Drug Administration for home use; and (v) application of ointments or drops. Other proposed amendments ensure the health, safety, and welfare of Residents, including to enhance fire and other safety requirements, update staff training related to emergency equipment and medications, as well as ensure related policies of the use of such equipment and medications are maintained by the Residence. The amendments also update general setting requirements, such as requiring a communal activity area. The proposed amendments update the ALR application process, including updating requirements to ensure the identification of owners or others with interest. Additionally, the amendments align with the new statutory authority for AGE to issue fines for a Residence's failure to comply with regulatory provisions. Further, the amendments clarify staffing requirements as well as AGE's authority relating to compliance reviews and findings of noncompliance.

This hearing will be conducted remotely. To join the hearing online or by phone, see below.

[Link to join the Zoom meeting](#)

Meeting ID: 926 1947 5104

Passcode: 375797

To register to testify at the hearing, please email AGElegal@mass.gov.

Written testimony and public comments from interested parties may be submitted. All written submissions must be submitted to:

	<p>AGElegal@mass.gov. Written testimony may also be submitted to the following address: Executive Office of Aging & Independence One Ashburton Place, 10th Floor Boston, MA 02108 Attention: P. Sullivan</p> <p>Please submit electronic testimony via email as an attached Word or PDF file with the name of the regulation in the subject line. All submissions must include the sender's full name, mailing address, and organization or affiliation, if any. All written testimony, whether submitted via the Postal Service or electronically, must be received by 5:00 p.m. on Friday, March 6, 2026.</p> <p>To review the current draft of the proposed amended regulations, visit www.mass.gov/orgs/executive-office-of-aging-independence-age or request a copy in writing from the address noted above.</p>
<p>DignityMA Study Session</p>	<p><u>Introduction to the Nursing Home Staffing Resource Center Long Term Care Community Connection (LTCCC)</u> Wednesday, March 11, 2026, 1:00 to 2:00 p.m.</p> <p>Presented by Richard Mollot, Executive Director, LTCCC</p> <p>The Nursing Home Staffing Resource Center created and managed by the Long-Term Care Community Coalition's "NursingHome411" platform) serves as a central hub for data, advocacy tools, and regulatory updates focused on ensuring nursing facilities maintain sufficient care levels.</p> <p>Why it matters: Staffing drives safety, dignity, and outcomes. Though nursing homes are required – and paid – to provide sufficient staffing, too many flout this requirement to maximize profits. Since 2017, LTCCC has provided the public with staffing information for every nursing home (in compliance with federal reporting requirements). Starting in 2025, LTCCC's quarterly reports translate federal data into Expected Staffing: evidence-based calculations of the time needed to meet residents' clinical needs. Users can now easily compare each home's Actual vs. Expected Staffing and identify gaps, which may indicate substandard care, neglect, or fraud. The new guides provide step-by-step instructions for accessing and using these data to support improvement and accountability.</p> <p>What's new:</p> <ul style="list-style-type: none"> • <u>Nursing Home Staffing Resource Center</u> — One stop access point for staffing data, related fact sheets and research, and guides. • <u>Guide for Residents & Families</u> — Plain-language steps to find your facility, assess Actual vs. Expected staffing, spot weekend dips, and raise concerns effectively. • <u>Guide for Long-Term Care Ombudsmen</u> — How to use Expected Staffing with complaints, resident-centered problem solving, and policy advocacy. • <u>Guide for State & Federal Legislators</u> — A concise, data-driven resource to help lawmakers understand staffing requirements, evaluate facility performance using Expected

	<p>Staffing, and identify opportunities for effective oversight and policymaking.</p> <ul style="list-style-type: none"> • Guide for Attorneys — Practical playbook for case development: using Reported and Expected Staffing data, mapping federal requirements, spotting red-flag patterns, and leveraging targeted discovery checklists. • Study: Nursing Home Guide to Adjusting Nurse Staffing for Resident Case-Mix — Peer-reviewed study published in the <i>Journal of the American Geriatric Society</i> which provides the methodology for calculating Expected Staffing and a guide for nursing homes, suitable for use in their mandatory facility assessments. <p>Who should use this: Residents and families, resident and family councils, LTC Ombudsman Programs, attorneys, journalists, and policymakers covering long-term care.</p> <p>Registration required March 11 DignityMA Study Session registration</p>
<p>13th Annual Health Care Decisions</p> <p>Spring Celebration March to June 2026</p>	<p>Every year the Honoring Choices Partners & Friends celebrate National Healthcare Decisions Day, April 16, with the Health Care Decisions Spring Celebration from March to June. The collective goal is to ensure that:</p> <ul style="list-style-type: none"> • all adults 18 years and older have equal access to free planning tools to make a personal care plan; and, • all care professionals are equally prepared to confidently engage adults in planning conversations. <p>There are three ways to participate:</p> <ul style="list-style-type: none"> • Make your own plan with a Health Care Proxy & Personal Directive • Gather your consumer and community group to make a plan • Educate professionals to confidently engage in conversations <p>For more information: https://www.honoringchoicesmass.com/nhdd-month/</p>
<p>Webinars and Online Sessions</p>	<ol style="list-style-type: none"> 1. National Center for Equitable Care for Elders Thursday, February 19, 2026, 2:00 to 3:00 p.m. Improving End-of-Life Care for Community-Dwelling Older Adults Webinar This NCECE webinar will explore factors that influence the end-of-life experience for older adults, including economic stability, neighborhood & built environment, and social support. Participants will consider promising practices for improving community-based palliative care and leveraging local resources to support the non-medical needs of older adults living with a serious illness. End of Life Care webinar registration 2. Harvard T. H. Chan School of Public Health Tuesday, February 24, 2026, 1:00 to 1:45 p.m. Pressure points: Balancing clinical and financial priorities in health care As financial pressures intensify across health care, leaders face difficult choices that test their ability to protect clinical excellence while sustaining their organizations. Join leading experts for a candid conversation about navigating the tensions between clinical and financial priorities—and the skills, strategies, and innovations needed to lead effectively through these competing demands.

Designed for professionals navigating today's evolving health care landscape, Pressure Points explores the industry's most urgent challenges—from workforce shifts and financial pressures to leadership, technology, and innovation. Join leading experts for timely conversations on what's shaping the business of health care now—and what lies ahead.

Speakers

- Jeanne-Marie Guise, Director, Center for Learning Health Care Delivery, Beth Israel Deaconess Medical Center; Co-founder of the US Cochrane Network
- Gregg Meyer, President of the Community Division and Executive Vice President of Value Based Care, Mass General Brigham; Professor in the Department of Health Policy and Management, Harvard T.H. Chan School of Public Health
- Erika Werner, Chief Physician Executive, Tufts Medicine; President, Tufts Medical Center Physician Organization; Professor of Obstetrics and Gynecology, Tufts University School of Medicine

Moderator

- Rifat Atun, Vice Dean for Non-Degree Education and Innovation, and Professor of Global Health Systems, Harvard T.H. Chan School of Public Health

[Event Details](#)

3. National Center for Equitable Care for Elders

Thursday, February 26, 2026, 1:00 to 2:30 p.m.

[Addressing Age and Homelessness in Disaster Planning Webinar](#)

This NCECE and NHCHC webinar will examine gaps in disaster preparedness affecting homeless older adults. Participants will consider strategies for improving communication with homeless older adults during disasters and strengthening community partnerships that provide essential services and resources.

[Homelessness in Disaster Planning Webinar Registration](#)

4. National Center for Equitable Care for Elders

Wednesday, March 11, 2026, 1:00 to 2:00 p.m.

[Intimate Partner Violence and Elder Abuse in Later Life](#)

Summary: This webinar, hosted by Health Partners on IPV + Exploitation and NCECE, will focus on the prevalence and health impact of intimate partner violence (IPV) in later life and elder abuse. The session will offer strategies to facilitate patient conversations, assessments and response for IPV, and how to improve access to supportive community services.

Related Reading: [Intimate Partner Violence and Elder Abuse in Later Life](#) (December 2025): This educational brief explains the importance of developing effective IPV protocols that are specifically tailored to older patients served in health centers.

[Intimate Partner Violence and Elder Abuse in Later Life Webinar Registration](#)

5. National Center for Equitable Care for Elders

March – April 2026 (4 sessions)

[Treating More than the Disease: Whole Person Approaches to Managing Chronic Conditions National Learning Series](#)

The [Community Health Management Task Force](#), a collaboration of 13 National Training and Technical Assistance Partners, is excited to announce a 4-part National Learning Series. This series of four webinars will highlight promising practices that improve the prevention, treatment, and management of chronic conditions among health center patients through case studies on health literacy, co-occurring morbidities, patient experience, and food as medicine.

Session 1 (Wednesday, March 18 at 8 am HT / 11 am PT / 2 pm ET): Clear Communication, Better Outcomes: Universal Health Literacy Strategies for Chronic Condition Management (NTTAPS: NCECE, CSH, FJ)

Summary: Effective management of chronic conditions depends on a patient's ability to understand their health needs, navigate the healthcare system, and make informed decisions about their care. This session will offer strategies for enhancing health literacy universally to ensure all patients have the knowledge and confidence to engage meaningfully in their care.

Session 2 (Wednesday, March 25 at 8 am HT / 11 am PT / 2 pm ET): Nourishment as Wellness: The Importance of Food in Chronic Condition Management

Summary: This session explores the powerful connection between food and chronic disease management, highlighting how intentional food choices can support and improve your health. Discover practical strategies for utilizing food as a therapeutic approach to manage symptoms, mitigate complications, and promote overall well-being.

Session 3 (Wednesday, April 1 at 8 am HT / 11 am PT / 2 pm ET): Comorbidities: A Journey through Care

Summary: Patients with co-occurring morbidities present complex care needs. Told through one patient's journey, this session will explore considerations, complications, and non-medical impacts on health before, during, and after the clinical encounter.

Session 4 (Wednesday, April 8 at 8 am HT / 11 am PT / 2 pm ET): Leveraging Technology to Enhance the Patient Experience

Summary: This session will explore how technology is reshaping provider-patient communication in chronic disease management and redefining the patient experience. A panel of experts will showcase their favorite digital tools and real-world engagement strategies.

[Register for four Chronic Conditions Sessions](#)

6. National Center for Equitable Care for Elders

March - May 2026 (4 sessions)

[Health Center Emergency Preparedness and Response Forum Series](#)

Summary: As new emergency events impact health centers, staff need to build their competence, skills, and knowledge on emergency preparedness, response, and recovery. This Forum will identify, share, and promote promising practices while highlighting and addressing challenges related to the ongoing response and recovery from emergencies, with topics such as extreme weather, community partnerships, workforce development, and patient support.

Dates and Topics:

November 12, 2025: Extreme Weather ([view the recording](#))

	<p>January 14, 2026: Community Partnerships (view the recording) March 11, 2026: Workforce Readiness May 13, 2026: Patient Supports Register for all four sessions here For any access or accommodation requests, please contact Matt Beierschmitt at mbeierschmitt@phmc.org.</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. 6News February 13, 2026 Marcella Goheen continues nursing home advocacy with push for "Family Essential Program" Marcella Goheen, the founder of the advocacy group Essential Care Visitor, continues to be a leading voice in New York's nursing home reform movement, championing the permanent integration of family members into the long-term care ecosystem. Spurred by her own struggle to care for her husband during pandemic-era lockdowns, Goheen's advocacy was instrumental in passing New York's "Essential Care Visitor" legislation, which recognized family caregivers as vital to a resident's health and well-being. Today, she remains active on state subcommittees for the Master Plan on Aging, pushing for further legislative protections and industry transparency to ensure that facilities are never again allowed to isolate residents from their primary emotional and physical support systems.</p> <p>8. ElderLawAnswers February 13, 2026 How Can I Fight a Nursing Home Eviction? ElderLawAnswers provides a concise guide for residents and families facing nursing home evictions, detailing the specific legal protections available under federal and state law. The article explains that facilities can only discharge residents for limited reasons—such as a facility's inability to meet the resident's needs, non-payment, or the facility's closure—and must provide a formal 30-day written notice that includes the reason for the move and instructions for appeal. By highlighting the critical role of the Long-Term Care Ombudsman and the right to an administrative hearing, the guide empowers families to challenge improper discharges and ensure that a safe, appropriate transfer plan is in place before any relocation occurs.</p> <p>9. U. S. Senate Committee on Finance February 12, 2026 Wyden, Senate Democrats Introduce Bill to Restore Quality Care in Nursing Homes After Trump Gutted Staffing Standards On February 12, 2026, Senate Finance Committee Ranking Member Ron Wyden and a group of Senate Democrats introduced the "Nurses Belong in Nursing Homes Act," a legislative effort to restore and codify federal staffing standards for long-term care facilities. The bill seeks to</p>

counteract recent regulatory rollbacks by mandating a 24/7 on-site nursing presence and establishing a baseline requirement of 3.5 hours of nursing care per resident each day. Beyond these immediate requirements, the act proposes permanent funding for rigorous facility inspections, the reinvestment of civil penalties into workforce recruitment and retention, and stricter accountability measures to ensure taxpayer dollars are prioritized for frontline care to improve resident safety and dignity.

A one-pager of the bill is [here](#).

A section-by-section summary of the bill is [here](#).

The text of the bill is [here](#).

10. Axios

February 12, 2026

[*Exclusive: Dem bill would revive nursing home staff minimums*](#)

By Maya Goldman

The Axios article from February 12, 2026, reports that Senate Democrats have introduced legislation to revive and codify federal minimum staffing requirements for nursing homes. This move follows the recent rescission of similar Biden-era standards by the current administration and a federal court ruling that vacated the previous mandate.

Key Highlights of the Legislation:

- **Reinstating Minimums:** Led by Senate Finance Committee Ranking Member Ron Wyden (D-Ore.), the "Nurses Belong in Nursing Homes Act" seeks to require a registered nurse (RN) on-site 24/7 and a minimum of 3.5 hours of care per resident per day.
- **Funding and Enforcement:** The bill proposes permanent funding for nursing home inspections and surveys. It also suggests reinvesting civil monetary penalties (CMPs) collected from non-compliant facilities into programs for recruiting and retaining frontline healthcare workers.
- **Transparency:** The legislation aims to increase accountability for how nursing home operators spend taxpayer dollars, specifically ensuring funds are directed toward direct care staffing.

Context and Conflict:

- **The Regulatory Rollback:** The Biden administration's 2024 staffing rule was officially repealed by the Department of Health and Human Services (HHS) in late 2025, with the repeal taking full effect on February 2, 2026. This legislative push is a direct effort by Democrats to make those protections law rather than just agency policy.
- **Proponent Arguments:** Supporters argue that these standards are essential to preventing neglect (such as bedsores and missed medications) and could save an estimated 13,000 lives annually. They contend that the previous repeal benefited wealthy executives at the expense of resident safety.
- **Industry Opposition:** Trade groups like LeadingAge and the American Health Care Association (AHCA) have called the bill "outdated" and "unrealistic." They argue that a rigid national mandate is unworkable due to persistent workforce shortages and

	<p>insufficient Medicaid reimbursement rates, warning that it could force many facilities to close.</p> <p>While the bill has strong support among Senate Democrats, it faces significant opposition from congressional Republicans and the executive branch, making its passage unlikely in the current political environment.</p> <p>11. McKnights Long-Term Care News February 12, 2026 <u>UPDATED: Congress moves to institute its own LTC staffing rule, force spending on workforce</u> By Kimberly Marselas</p> <p>On February 12, 2026, a group of Democratic senators led by Ron Wyden (D-OR) introduced the "Nurses Belong in Nursing Homes Act," a legislative effort to codify federal staffing mandates following the recent repeal of similar 2024 CMS regulations. The bill seeks to amend Medicare and Medicaid statutes to require a 24/7 registered nurse presence and a minimum of 3.48 nursing hours per resident day, a strategy designed to protect the standards from the legal challenges that previously thwarted agency-level rules. Beyond setting a staffing floor, the legislation proposes \$800 million in annual enforcement funding and mandates that states reinvest at least half of their Civil Money Penalty funds into workforce recruitment and training. While consumer advocates support the move to ensure resident safety, industry leaders have voiced strong opposition, arguing that the bill fails to address underlying labor shortages and is unlikely to advance in the current Republican-controlled Congress.</p> <p>12. Skilled Nursing News February 12, 2026 <u>Senate Democrats Revive Biden-Era Push for Federal Nursing Home Staffing Minimums as Advocates Call Policy ‘Outdated’</u> By Zahida Siddiqi</p> <p>On February 12, 2026, a group of seven Democratic senators led by Ron Wyden (D-OR) introduced the "Nurses Belong in Nursing Homes Act," a legislative effort to reinstate and codify federal staffing standards similar to those repealed earlier this month. The bill mandates a 24/7 registered nurse presence and a minimum of 3.5 direct care hours per resident day, which supporters argue could save 13,000 lives annually by preventing neglect and improving clinical outcomes. While the legislation includes provisions for permanent inspection funding and the reinvestment of civil penalties into workforce recruitment, industry groups like LeadingAge and the American Health Care Association have criticized the move as "outdated," arguing it fails to address the severe national nursing shortage and could impose unsustainable costs on facilities. Despite the partisan divide, the sponsors contend that these mandates are essential for resident dignity and are widely supported by voters concerned with long-term care quality.</p>
Assisted Living	<p>13. McKnights Senior Living February 13, 2026 <u>New industry campaign aims to ‘shine a light’ on positive impact of assisted living for policymakers, public</u> By Kimberly Bonvissuto</p>

	<p>The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) have launched a new national campaign, "Shine a Light on Assisted Living," designed to educate policymakers and the public about the unique benefits and positive outcomes of assisted living. By sharing stories from residents, families, and staff, the initiative aims to humanize the industry and illustrate how assisted living fosters independence and enhances the quality of life for seniors. The campaign seeks to ensure that legislative and regulatory decisions are informed by a clear understanding of the profession's value, particularly in providing personalized care that distinguishes it from other long-term care settings.</p>
<p>Caregiving</p>	<p>14. Daughterhood Undated blog post Daughterhood 10th Anniversary Letter By Anne Tumlinson This blog post by Anne Tumlinson celebrates the 10th anniversary of Daughterhood, an organization dedicated to supporting family caregivers. The letter reflects on the journey from a simple realization to a nationwide community. Key Highlights:</p> <ul style="list-style-type: none"> • The Origin Story: The term "Daughterhood" was coined a decade ago when Tumlinson realized that caring for aging parents is a life experience as profound and singular as motherhood, yet it lacked its own identity and support system. • Growth and Evolution: What started as a blog evolved into Daughterhood Circles (volunteer-led support groups) and Daughterhood the Podcast. During the pandemic, the Circles moved online, removing geographic barriers and allowing caregivers from everywhere to connect. • Three Constant Truths: Despite ten years of change, Tumlinson notes three things that remain true for caregivers: <ol style="list-style-type: none"> 1. They are the unrecognized backbone of the healthcare system. 2. They carry immense emotional pain and trauma. 3. There is still no "one-stop shop" for the comprehensive help they need.
<p>Disability Topics</p>	<p>15. American Association of People with Disabilities February 13, 2026 American Association of People with Disabilities Response to House Passage of the SAVE America Act The American Association of People with Disabilities (AAPD) issued a formal statement strongly condemning the House passage of the Safeguard American Voter Eligibility (SAVE) Act (H.R. 8281), characterizing the legislation as a significant threat to voting accessibility. AAPD argues that the bill's requirement for documentary proof of U.S. citizenship to register for federal elections creates unnecessary and discriminatory hurdles that disproportionately impact the disability community. The organization highlights that many people with disabilities face systemic barriers to obtaining specific forms of identification, such as birth certificates or passports, due to financial</p>

	<p>constraints or lack of accessible transportation. By advocating against the measure, AAPD emphasizes that the act undermines the National Voter Registration Act and risks disenfranchising millions of eligible voters, urging instead for policies that protect and expand the fundamental right to vote for all citizens.</p> <p>16. U.S. Department of Justice February 11, 2026 <u>Justice Department Secures Agreement Reforming Alabama’s System for Educating Students with Disabilities in Foster Care</u> In a landmark agreement reached on February 11, 2026, the U.S. Department of Justice secured a settlement with the State of Alabama to reform its educational system for children in foster care with disabilities. Addressing allegations of discrimination in violation of Title II of the Americans with Disabilities Act (ADA), this first-of-its-kind agreement ensures that foster youth placed in psychiatric residential treatment facilities (PRTFs) are educated in the most integrated settings appropriate to their needs and provided with educational opportunities equal to those of their peers. The initiative aligns with the administration's commitment to ensuring that a child's circumstances do not limit their access to a successful future, ultimately equipping young Alabamians with the essential tools and support necessary to thrive as they transition into adulthood.</p>
State Policy	<p>17. *Boston Globe February 4, 2026 <u>These grandparents saved their grandkids. Now they need Mass. to help them.</u> By Jason Laughlin The Boston Globe’s February 4, 2026, article, "These grandparents saved their grandkids. Now they need Mass. to help them.," shines a spotlight on the thousands of Massachusetts grandparents who have stepped in to raise their grandchildren, often as a result of the opioid crisis or other family traumas. The piece highlights a critical systemic inequity: while these kinship caregivers provide a vital safety net that keeps children out of the formal foster care system, they frequently receive far less financial assistance, legal aid, and social support than licensed foster parents. There are nearly <u>10,000</u> people in Massachusetts raising grandchildren on their own. <u>Roughly 20,000</u> more are heads of households for families that include their grandchildren. The article advocates for urgent legislative action in Massachusetts to bridge this gap, ensuring that these "grandfamilies" have access to the resources—such as equitable stipends and streamlined guardianship processes—necessary to provide stable, permanent homes for the state’s most vulnerable children. These grandparents are <u>poorer</u>, have more <u>food insecurity</u>, and are more likely to be <u>disabled</u> than the general population, <u>state</u> and <u>federal</u> reports show. Meanwhile, the children in these families are more likely to experience mental and behavioral health challenges, including depression, anxiety, and PTSD, a <u>2022 report</u> from the UMass Chan Medical School found. There is a growing movement nationally for parity between foster families and families with kin as primary caretakers. In</p>

	<p>2024, Michigan became the first state in the country to give both types of families equal benefits.</p>
Incarcerated Persons	<p>18. Prisoner Journalism Project February 11, 2026 ‘This Place Is Love’: A Prison Unit for the Dying — in Pictures By Carla Canning and Eddie Herena <i>California Medical Facility’s hospice program aims to ensure no one dies alone.</i></p> <p>This article from the Prison Journalism Project provides a poignant look inside the state-licensed hospice unit at the California Medical Facility in Vacaville, where the primary focus is providing comfort and dignity to terminally ill incarcerated men. Established in 1996, the unit has shifted from caring for AIDS patients to primarily serving those with terminal cancer, offering an environment that feels more like a hospital ward than a prison, complete with gardens, fish tanks, and nature-themed décor. The program is uniquely supported by incarcerated "pastoral care workers" who assist medical staff and sit vigils so that no patient dies alone, finding a profound sense of purpose and redemption in their roles. Through personal stories and evocative photography, the piece highlights how this specialized unit fosters a rare atmosphere of compassion and humanity within the prison system.</p>
Medicaid	<p>19. Generations Journal February 10, 2026 Medicaid at 60: Its Essential Role for Older Adults By Amber Christ <i>Shining a light on Medicaid’s challenges, disparities in access, and recommended policy changes to strengthen the program.</i></p> <p>As Medicaid marks its 60th anniversary, this article underscores its indispensable role as a financial safety net and the primary funder of long-term care for millions of older Americans. While Medicare serves as primary insurance for seniors, Medicaid fills critical gaps by covering premiums, out-of-pocket costs, and essential home- and community-based services (HCBS) that allow individuals to age in place rather than in institutional settings. The program is particularly vital for marginalized groups— including women and older adults of color—and provides necessary healthcare coverage for both paid direct-care workers and unpaid family caregivers. Despite its success in shifting the focus toward community living, the article notes that Medicaid faces ongoing challenges such as access disparities and funding threats, necessitating policy reforms to ensure the program can meet the needs of an increasingly diverse and aging population.</p>
Private Equity	<p>20. Association of Health Care Journalists February 12, 2026 Private equity and the money behind nursing homes By Liz Seegert</p> <p>This article from the Association of Health Care Journalists (AHCJ) features an interview with Boston Globe investigative reporter Kay Lazar regarding the influence of private equity in the nursing home industry, specifically focusing on the bankruptcy of Genesis HealthCare.</p> <p>Key Developments in the Genesis HealthCare Case</p> <ul style="list-style-type: none"> • Bankruptcy Maneuvers: Genesis HealthCare filed for bankruptcy in July 2025. The company attempted a deal to "buy itself back"

	<p>through a newly formed affiliate, a move intended to shed more than a billion dollars in legal claims from families and vendors.</p> <ul style="list-style-type: none"> • Court Intervention: In January 2026, a Texas judge took the unusual step of denying the sale, citing a lack of transparency and oversight in the proposed insider deal. <p>Concerns Regarding Private Equity Ownership</p> <p>The article highlights several systemic issues associated with private equity (PE) firms in long-term care:</p> <ul style="list-style-type: none"> • "Related Party" Transactions: PE-owned nursing homes often contract with affiliated companies—owned by the same parent firm—for services like staffing, management, and food. These companies may charge above-market rates, effectively siphoning money away from patient care and into the pockets of owners while shielding them from legal liability. • Impact on Care Quality: Research indicates that PE-owned facilities frequently suffer from lower staffing levels and poorer health outcomes. Bankruptcy filings, in particular, are linked to immediate increases in staff turnover and a 4% rise in resident hospitalizations. • Lack of Transparency: Many nursing home owners fail to accurately report their ownership structures to federal agencies, making it difficult for regulators and the public to track where funding is allocated. <p>Investigative Strategies for Tracking Ownership</p> <p>The piece provides advice for those looking to "follow the money" in the industry:</p> <ul style="list-style-type: none"> • Nursing Home Cost Reports: These mandatory filings (at both state and federal levels) can reveal how much money is being paid to "related parties." • Legal Resources: Elder law attorneys and forensic accountants are often the best sources for unearthing hidden financial structures, as they frequently investigate these entities during litigation. • Advocacy Groups: Organizations like the Long Term Care Community Coalition (LTCCC) provide state-level data and investigative reports that can help clarify complex ownership webs.
<p>From Around the Country</p>	<p>21. Detroit Free Press February 14, 2026 (updated) Michigan's \$60 personal needs allowance hasn't changed in decades By Kristi Tanner</p> <p>The Detroit Free Press article highlights a significant provision in Governor Gretchen Whitmer's final \$88.1 billion state budget proposal, which seeks to increase the monthly "Personal Needs Allowance" (PNA) for Michigan's Medicaid-eligible nursing home residents. Currently capped at \$60 per month, the PNA is the only income residents are permitted to keep for personal expenses not covered by their facility, such as haircuts, snacks, and clothing—a figure that has remained stagnant for years despite rising inflation. This proposed increase is part of a broader push to enhance senior services and stabilize the state's healthcare infrastructure, aiming to provide greater financial dignity and independence to thousands of residents who have historically struggled</p>

	<p>to afford basic personal items or small gifts for their families. The personal needs allowance was set by the federal government in 1972 at \$25 and increased to \$30 in by the Omnibus Budget Reconciliation Act of 1987. States can choose to supplement the amount. Michigan’s \$60 personal needs allowance has not increased since at least 1994. Adjusted for inflation, that’s about \$133 in 2025 dollars. See Facebook comments.</p> <p>22. ARLNow February 13, 2026 Remaining assisted-living residents at Culpepper Garden face looming deadline to move By Scott McCaffrey Culpepper Garden in Arlington, Virginia, is approaching a final deadline to relocate the remaining residents from its assisted living wing following the non-profit’s decision to shut down that specific level of care. The closure of the subsidized program, which has served low-income seniors for decades, is attributed to significant financial losses and escalating operational costs that the facility could no longer sustain. While many residents have already found new placements, the final group faces the difficult challenge of securing affordable, high-acuity care in an increasingly expensive market, underscoring the regional struggle to maintain long-term care options for vulnerable, low-income populations.</p>
<p><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other 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</p>

	<p>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><u><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</i></u> By Alex Green <u>Buy the book here</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><u><i>American Eldercide: How It Happened, How to Prevent It</i></u> By Margaret Morganroth Gullette <u>Buy the book here.</u></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>Marsters data for the calendar year 2025:</p> <ul style="list-style-type: none"> • 499 people who have returned and are active in the community • Efforts to validate status of 63 others who are in the community • Target for 2025 and 2026 is 600 transitions • 1,369 currently enrolled • 100 AHVP vouchers issued for transitions: 71 used, 10 in process. <p>The Alternative Housing Voucher Program (AHVP) is a state-funded rental assistance program in Massachusetts specifically designed for non-elderly (under age 60) people with disabilities who have low incomes.</p>
<p>Support Dignity Alliance Massachusetts</p> <p><u>Please Donate!</u></p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p>

	<p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>	
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>	
<p>Websites</p>	<p>Essential Care Visitor https://essentialcarevisitor.com/</p> <p>An Advocacy Campaign for Essential Care Visitors and families who are the caregivers for their loved ones in nursing homes. They are a volunteer-based entity that provides caregiver advocate support, community, education and care collaboration for all residents and their family consumers living in long term care facilities in New York State and nationwide.</p> <p>Daughterhood https://daughterhood.org/</p> <p>Their mission is to foster community that empowers individuals to navigate the practical and emotional complexity of caregiving.</p>	
<p>Blogs</p>		
<p>Podcasts</p>		
<p>YouTube Channels</p>		
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>	
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>	
<p>Websites of Dignity Alliance Massachusetts Members</p>	<p>See: https://dignityalliancema.org/about/organizations/</p>	
<p>Contact information for reporting complaints and concerns</p>	<p>Nursing home</p>	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or Mail to 67 Forest Street, Marlborough, MA 01752</p>

	Ombudsman Program
MassHealth Eligibility Information	<p>MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care</p> <p>Table of Contents (Last updated: December 16, 2024)</p> <p>Massachusetts Medicaid Long-Term Care Definition</p> <p>Income & Asset Limits for Eligibility</p> <p>Income Definition & Exceptions</p> <p>Asset Definition & Exceptions</p> <p>Home Exemption Rules</p> <p>Medical / Functional Need Requirements</p> <p>Qualifying When Over the Limits</p> <p>Specific Massachusetts Medicaid Programs</p> <p>How to Apply for Massachusetts Medicaid</p>
Money Follows the Person	<p>MassHealth</p> <p>Money Follows the Person</p> <p>The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.</p> <p>Statistics as of March 31, 2025:</p> <p>344 people transitioned out of nursing facilities in 2024</p> <p>49 transitions in January and February 2025</p> <p>910 currently in transition planning</p> <p>Open PDF file, 1.34 MB, MFP Demonstration Brochure</p> <p>MFP Demonstration Brochure - Accessible Version</p> <p>MFP Demonstration Fact Sheet</p> <p>MFP Demonstration Fact Sheet - Accessible Version</p>
Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021:</p> <p>https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020:</p> <p>https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</p> <p>Recent approval:</p> <p>Town of Nantucket – Long Term Care Substantial Capital Expenditure</p> <p>Approved May 5, 2025</p>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services</p> <p><i>List of Special Focus Facilities and Candidates</i></p> <p>https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</p> <p>Updated March 26, 2025</p> <p>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>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p>
<i>Nursing Home Inspect</i>	<p>ProPublica</p> <p><i>Nursing Home Inspect</i></p> <p>Data updated October 15, 2025</p>

	<p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated October 15, 2025</p>	Deficiency Tag	# Deficiencies	# Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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Nursing Home Compare	<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. 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 																																																
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<p>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>	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 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"> • Wynn Gerhard • Margaret Gullette • Jim Lomastro • 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>. If you have submissions for inclusion in <i>The Dignity Digest</i> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</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: https://dignityalliancema.org/dignity-digest/</p>			

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.