



The Dignity Digest

Issue # 272

February 24, 2026

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

	<p>*May require registration before accessing the article.</p>
<p>DignityMA Zoom Sessions</p>	<p>Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.</p>
<p>Reflection</p>	<p><i>“A society that does not value its older people denies its roots and endangers its future. Let us strive to build their ends as we provide for our children's beginnings.”</i></p> <p>Nelson Mandela, spoken during a luncheon address at the Nelson Mandela Children’s Fund in Johannesburg, South Africa, November 25, 1996</p>
<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>Nursing Homes SNF inspection cadence tied to mortality rates: What to know (Beckers Hospital Review, February 20, 2026) CMS Clarification Increases Risk of Nursing Homes Falling Below 90% QRP Threshold (Skilled Nursing News, February 20, 2026) Falling down on the metrics that matter (McKnights Long-Term Care News, February 19, 2026) Seniors should be walking. These regulations discourage it. (*Washington Post, February 17, 2026) Study highlights antimicrobial stewardship initiative in Massachusetts nursing homes (CIDRAP, February 16, 2026)</p> <p>Housing HUD Publishes Proposed Mixed-Status Rule (National Low Income Housing Coalition, February 20, 2026)</p> <p>Hospice Hospice spending, care quality scores by state (Beckers Hospital Review, February 18, 2026)</p> <p>Disability Topics The Danger ICE Poses to the Disability Community (NPQ, January 14, 2026)</p> <p>Chronic Conditions Why Michael J. Fox Sees Parkinson’s as a ‘Gift That Keeps on Taking’ (Time, February 20, 2026)</p> <p>End of Life As aid-in-dying laws come to more states, nursing homes face tough new decisions (McKnights Long-Term Care News, February 21, 2026)</p> <p>MassHealth</p>

	<p>AG's Office Secures Indictments Against Waltham-Based Non-Emergency Medical Transportation Provider And Former Owner Over Money Laundering And Medicaid Fraud Scheme (Office of Attorney General Andrea Campbell, February 11, 2026)</p> <p>From Around the Country</p> <p>Reporter's series on Michigan nursing homes spurs legislative action (Association of Healthcare Journalists, February 20, 2026)</p> <p>New 'care home' for seniors aims to bring alternative to home health care (WCAX3, February 19, 2026 (updated))</p>
<p>Quotes</p>	<p><i>Across thousands of facilities, countless seniors who walk in with assistance leave in wheelchairs. Patients who could previously stand up from a chair, move to a bed or walk short distances with help now require mechanical lifts and two staff members. The decline happens quietly, without alarm, in a system that measures almost everything but fails to make mobility measures consequential.</i></p> <p>Seniors should be walking. These regulations discourage it. (*Washington Post, February 17, 2026)</p> <p><i>"I'd like to see a world without Parkinson's, and I think that will happen. I think in 30, 40 years, this will be done. Optimism is a powerful thing."</i></p> <p>Michael J. Fox, Why Michael J. Fox Sees Parkinson's as a 'Gift That Keeps on Taking' (Time, February 20, 2026)</p> <p><i>In March 2025, it was 21-year-old Hector, who has developmental disabilities, left confused and unable to communicate in an immigrant detention facility in Tacoma, WA. Then that August, a 15-year-old boy with disabilities was handcuffed by ICE agents in what they now claim was a "mistake" while the child waited for his sister in a car with his mother outside a school.</i></p> <p>The Danger ICE Poses to the Disability Community (NPQ, January 14, 2026)</p> <p><i>[The] eight [quality] measures [tracked by the Centers for Medicare and Medicaid Services (CMS)] include: infections requiring hospitalization, staffing</i></p>

hours per resident day, staff turnover, discharge to community, percentage of residents experiencing one or more falls with major injury, discharge function score, number of hospitalizations per 1,000 long stay resident days, and potentially preventable readmissions.

[CMS Clarification Increases Risk of Nursing Homes Falling Below 90% QRP Threshold](#) (Skilled Nursing News, February 20, 2026)

[In Michigan,] Bridge’s investigation documented at least 5,915 cases of abuse, neglect, exploitation or quality of life and care violations among the 15,471 total citations for violations ranging from incomplete paperwork to poor care. In all, homes have been fined \$21.5 million over the past three years and been denied a total of 6,451 days of Medicaid reimbursements.

[Reporter’s series on Michigan nursing homes spurs legislative action](#) (Association of Healthcare Journalists, February 20, 2026)

“Our population in Addison County [Vermont] is aging, and we’re seeing more and more individuals with chronic conditions and disease processes that are impacting their quality of life, which is leading to the need for more care. . . Our goal is to provide a home for eight individuals who really are medically frail, are really unable to live at home alone, or require some increased assistance for their care.”

Deb Wesley, CEO of Addison County Home Health & Hospice, [New ‘care home’ for seniors aims to bring alternative to home health care](#) (WCAX3, February 19, 2026 (updated))

If finalized and implemented, [this proposal](#) would cause nearly 80,000 families to lose their housing assistance, including nearly 37,000 children.

[HUD Publishes Proposed Mixed-Status Rule](#) (National Low Income Housing Coalition, February 20, 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 former Massachusetts State Senator.

The Program That Saves Money by Saving Independence”

By Richard Moore

In every budget season, there comes a moment when numbers begin to eclipse people.

Spreadsheets fill with reductions trimmed to meet fiscal realities shaped by slowing revenues and uncertainty in federal support. This year is no different. The FY2027 budget in Massachusetts faces real constraints, and responsible advocates recognize that fact.

That is why supporters of the Personal Care Attendant (PCA) Program have already accepted more than \$30 million in reductions. Shared sacrifice is part of governance.

But a proposed \$100 million cut crosses a line from prudence into peril. It risks becoming the classic case of being penny-wise and pound foolish.

The PCA Program is not simply another line item. It is one of the most cost-effective and humane programs the Commonwealth operates. It allows older adults and people with disabilities to remain in their homes, direct their own care, and participate in their communities. It provides employment to caregivers — often family members — who rely on that income in a period of rising living costs. And it prevents far more expensive institutional placements.

When a PCA helps someone bathe safely, prepare a meal, or get dressed for the day, the state avoids something much costlier: a fall leading to hospitalization, a crisis leading to institutionalization, or a nursing home admission that can cost two to three times more per month than community-based support.

The fiscal math is straightforward. Nursing home care is among the most expensive services in the MassHealth system. Community-based personal care, by contrast, delivers support at a fraction of the cost while preserving autonomy and dignity. Cutting deeply into the PCA Program does not eliminate need; it shifts that need into more expensive settings.

The Commonwealth will still pay — only more.

Beyond dollars, there is a human equation.

For many participants, the PCA Program is the difference between waking up in their own bedroom and waking up in a shared institutional room. It is the difference between choosing what to eat and eating what is served. It is the difference between directing one's care and being subject to a schedule designed for operational efficiency.

Sharp reductions risk pushing vulnerable residents toward precisely the institutional settings that policymakers across the political spectrum have long sought to rebalance away from.

There is also an economic dimension that deserves attention. PCAs are workers. They are part of the caregiving workforce Massachusetts urgently needs as its population ages. Cutting the program deprives caregivers of income at a time when inflation has strained household budgets. It risks shrinking a workforce that is already fragile.

In the face of fiscal pressure, the easiest action is often a broad reduction — a meat-cleaver approach that hits quickly and visibly. But programs like PCA are not easily reassembled once dismantled. Care networks fray. Workers leave the field. Participants lose continuity of care. Families face crisis.

Advocates are not denying the Commonwealth's fiscal challenge. They are asking for something more deliberate.

A scalpel, not a meat-cleaver.

They are willing to discuss efficiencies, program refinements, and targeted reforms. But humane solutions take time. Thoughtful policy requires collaboration between budget writers, administrators, participants, and caregivers. Rushed cuts risk unintended consequences that ultimately increase costs and human suffering.

Massachusetts has long been a leader in home- and community-based care. The PCA Program embodies a bipartisan consensus that people should remain at home whenever possible, not because it is cheaper — though it often is — but because it is more consistent with independence and dignity.

A \$100 million reduction would undermine that progress.

At its core, this debate is about how we respond to fiscal stress. Do we protect programs that save money in the long run and preserve human dignity? Or do we pursue immediate savings that generate greater downstream costs?

Budgets are instruments of policy, but they are also statements of values.

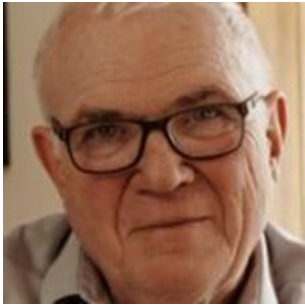
The Commonwealth can acknowledge fiscal constraints while still preserving the core integrity of the PCA Program. It can seek efficiencies without destabilizing care. It can insist on accountability without dismantling infrastructure that took decades to build.

The choice before lawmakers is not between fiscal responsibility and compassion. It is between short-term arithmetic and long-term wisdom.

In shaping the FY2027 budget, the Legislature should use a scalpel — careful, precise, and thoughtful — to refine the PCA Program where necessary.

What it must not do is swing a meat-cleaver at one of the most effective and compassionate programs Massachusetts has ever built.

Commentary
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Participants



James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance

The Pandemic We Chose to Forget Standing with the Living and the Dead

By James Lomastro
February 24, 2026

When the height of the COVID crisis passed, a collective exhale spread across the country. Restaurants reopened. Masks disappeared. Politicians declared recovery. We spoke of resilience. What we did not speak of, at least not loudly enough, was what we left behind.

[In Massachusetts alone, 25,586 people died of COVID-19. Many of them died in long-term care facilities](#), separated from family after visits were halted in March 2020. Funerals were restricted. Goodbyes were virtual. Belongings were bagged and left outside locked doors.

At Dignity Alliance Massachusetts, we could not simply move on. [Dignity created a virtual memorial](#). Families submitted stories. We read names aloud. We insisted on this because these were not statistics — they were veterans, musicians, parents, neighbors. Commemoration was not sentimentality. It was civic resistance. It

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.

was a refusal to let institutional failure dissolve into numbers. We learned then what advocates have always known: memory is a form of accountability.

Today, that lesson demands a new application.

A recent [Boston Globe story profiled a 28-year-old woman](#) whose world has contracted to a single room. Once athletic and ambitious, she is now largely homebound — navigating crushing fatigue and neurological impairment years after her initial infection. She is not alone. Researchers funded through the [NIH RECOVER Initiative](#) have identified multiple post-COVID recovery trajectories, including a persistently severe group with symptoms overlapping myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). The National Academies and CDC recognize significant clinical overlap between long COVID and ME/CFS, a condition that has been historically under-recognized and underfunded

The pattern is achingly familiar.

During the nursing home crisis, families struggled to be heard. Transparency came slowly. Defensive explanations preceded meaningful reform. When the federal public health emergency officially ended in May 2023, attention shifted even as COVID continued to cause illness and death. Long COVID patients now describe the same experience: dismissal, disbelief, advice to "just exercise" when exertion itself can trigger collapse. The first injury of institutional failure is rarely the harm itself. It is the refusal to fully acknowledge it. The pandemic produced two categories of loss: those who died, and those who survived but did not recover. We work to memorialize the forgotten dead because they can no longer speak. The living casualties face a different form of erasure including careers interrupted, independence compromised, futures suspended while a society eager to celebrate normalcy moves past them.

Remembering the dead and living is not a medical issue. It is a test of civic responsibility.

Systems are built for crisis response. They are far less adept at sustaining moral attention once urgency fades. Reports get written. Lessons get "learned." The political calendar advances. But structural repair requires more than emergency declarations. It requires memory that persists beyond headlines — and beyond the news cycle. The father in the Globe story drives his daughter's car once a month to keep the engine from seizing, holding onto hope that she will drive it again herself. It is an act of stubborn refusal to accept contraction as permanent. Dignity works to build a living memorial

	<p>Commemoration works the same way. It is necessary to keeps the moral engine running.</p> <p>More than 25,000 Massachusetts residents died. Millions nationwide live with long-term consequences. Recovery is not complete simply because most of us regained mobility. Will we invest in coherent long COVID research infrastructure before more federal funding disappears? Will workplaces and schools build genuine accommodation for the chronically ill? Will we treat infection-associated illness as the serious public health priority it is? Or will we consign these patients to fragmented care and private endurance, asking them to bear alone what we collectively failed to prevent?</p> <p>A Commonwealth is measured not by how it performs in a crisis, but by how it cares for the vulnerable after the spotlight moves on.</p> <p>A Commonwealth need to both honors its dead and stand with its chronically ill.</p> <p>Memory is not backward-looking. It is the foundation of justice going forward.</p>
<p>Commentary Offered by DignityMA Participants</p>	<p>When Grandparents Become the Safety Net By James Lomastro February 24, 2026</p> <p>There’s an old saying: <i>If I’d known how fulfilling grandchildren were, I’d have skipped having children.</i> It’s meant to capture the sweetness of grandparenting — the joy without the grind. But thousands of grandparents in Massachusetts don’t get that luxury. They are not weekend babysitters. They are full-time parents again — navigating school systems, trauma therapy, special education plans, orthodontics, rent, and groceries — often on fixed incomes and in the years, they were told would be their “retirement.” Karen Gardner, 67, is raising two grandchildren in Western Massachusetts. When her 17-year-old Jeep finally died, she lost more than transportation. She lost access to the daily logistics that hold a fragile family together. “I am trapped,” she said.</p> <p>Judy Walter, 76, raising her 11-year-old granddaughter in Northfield, is blunt about what she needs. “I don’t want anyone to praise me,” she said. “But I do want money.” That line should land as more than frustration. It exposes a policy gap rooted in something deeper: a quiet, structural ageism embedded in how we design social programs.</p> <p>When children enter foster care, Massachusetts provides stipends, allowances, and case management. But when grandparents step in through guardianship petitions or informal family arrangements, as</p>

more than 90 percent of kinship caregivers do, support drops sharply. The labor is identical. The compensation is not. This disparity does not come from explicit prejudice. No statute says older adults deserve less. The bias is subtler.

It lives in a life-course assumption: that late adulthood is a stage of diminished responsibility. [Our systems](#) are built around a predictable arc of work, retirement, and winding down. Public benefits for older adults are largely designed to support lower consumption and reduced caregiving demands. When grandparents re-enter high-intensity parenting, the architecture doesn't adjust. Instead, the state implicitly treats its intervention as a private family obligation rather than a compensated public service.

[That is what structural ageism](#) looks like. It is not an insult. It is an expectation. The expectation that grandparents will step forward because "that's what family does."

The expectation that they will absorb costs quietly. The expectation that their years, savings, and retirement plans are flexible buffers for social crises. Meanwhile, the Commonwealth benefits from their labor. Each grandparent who prevents a foster placement reduces caseloads, administrative costs, and institutional disruption for children. Children raised by relatives often experience greater stability than those placed with strangers. These grandparents are not peripheral actors; they are functioning components of the child welfare system.

Yet they remain administratively invisible because they are not formally licensed. Ageism in policy often does not appear as discrimination. It appears as moralization. Older caregivers are praised as selfless. They are celebrated as heroes. But praise substitutes for parity. Admiration replaces funding. Walter names the deeper vulnerability plainly: "They're going to be young when we die. They will lose us." That fear is not an argument against kinship care. It is an argument for stabilizing it, [financially](#) and structurally, while caregivers are alive and capable.

And capable they are. These grandparents are not fragile figures overwhelmed by age. They are experienced adults managing trauma, schools, medical systems, and adolescence —often with more patience and institutional knowledge than younger caregivers. Their age is not the liability. The policy design is. If the state were to pay a foster parent to perform this work, it should not rely on an age-coded assumption of family duty to avoid paying a grandparent.

Parity is not charity. It is recognition that caregiving labor retains its economic value even when the caregiver is older. Massachusetts has led the nation in many areas of child welfare reform. Recognizing and correcting the structural ageism embedded in

	<p>kinship support would be another step forward. Grandparents are not asking for applause. They are asking that when they become parents again, the Commonwealth treat them as part of the system it already depends on, not as invisible volunteers in the final chapter of life.</p>
Recruitment	<p>See: Listings on MASterList.com's Job Board for all current listings</p>
Take Action	<p>Protect the Social Work Profession</p> <p>Social workers are needed now more than ever. But a proposed rule by the U.S. Department of Education (ED) to redefine social work as a “non-professional” degree will make it more difficult for students to access federal student loan programs. This will put social work education out of reach for many students. Over time this will negatively impact the social work pipeline and exacerbate our already strained mental health workforce.</p> <p>The good news is, you still have a say. Before March 2nd, you can leave a public comment on the ED site and encourage them to include social work as a professional degree.</p> <p>Tell the Department of Education that #SocialWorksAProfession.</p> <p>Leave a Comment</p>
Dignity Day at the State House	<p>Dignity Day at the State House</p> <p>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	<p>Executive Office of Aging and Independence</p> <p>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</p>

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:

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>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>Call for Proposals</p>	<p>The Consumer Voice <u>Call for Session Proposals for the 2026 Consumer Voice Conference</u></p> <p>The 2026 Consumer Voice Conference is being held at Hyatt Regency St. Louis at the Arch in St. Louis, Missouri, September 28-October 1, 2026.</p> <p>Consumer Voice's Annual Conference educates and empowers long-term care consumers and consumer advocates. The conference covers long-term care issues, including current trends, best practices, advocacy opportunities, and new research. Attendees have the opportunity to learn, network, and exchange ideas with advocates from all over the country.</p> <p>They are looking for proposals that...</p> <p>Create an engaging, informative conference agenda that provides resources, tools, opportunities for discussion, and strategies our attendees can incorporate in their life and/or advocacy. Proposals should include:</p> <ul style="list-style-type: none"> • Concrete advocacy strategies, • Examples of advocacy and/or educational programs for individuals or systems advocacy, • Issues related to nursing homes, assisted living, and/or home and community-based services, • Opportunities for discussion, questions, and/or sharing of advocacy successes and challenges related to the topic, and • Information attendees can use in their daily life or work to improve the quality of long-term care. <p>Two easy steps to submit a proposal:</p> <ol style="list-style-type: none"> 1. Review the Call for Proposals and Presenter Requirements. 2. Submit your proposal via SurveyMonkey. NOTE: You will not be able to save incomplete submissions in SurveyMonkey, so you may want to review and print or save the PDF version of the proposal questions so you can plan your responses prior to starting the submission. <p>Proposals are due by April 5, 2026. Late or incomplete proposals will not be considered</p>

Reports	National Council on Aging <u>NCOA 2026 Impact Report</u>
Transitions	<ol style="list-style-type: none"> <p>1. Office of Governor Maura Healey and Lt. Governor Kim Driscoll February 19, 2026 <u>Governor Healey Appoints Juana Matias as Secretary of Housing and Livable Communities</u> <i>After three years of historic leadership, Ed Augustus steps down on February 27</i> Governor Maura Healey has appointed <u>Juana Matias</u> as the new Secretary of the Executive Office of Housing and Livable Communities (HLC), succeeding <u>Ed Augustus</u>, who is stepping down on February 27, 2026, to become CEO of UniBank. Matias, a former Massachusetts State Representative and Regional Administrator for the U.S. Department of Housing and Urban Development (HUD), will officially assume the role on April 1, 2026, following an interim period led by Deputy Secretary Jennifer Maddox. Tasked with advancing the administration's aggressive housing agenda, Matias aims to build on the foundation laid by Augustus—which included the historic \$5.2 billion Affordable Homes Act—by focusing on increasing housing production, preserving affordability, and strengthening systems to help families find stability across the Commonwealth.</p> <p>2. Massachusetts Department of Transitional Assistance February 19, 2026 <u>Michael Cole Appointed Commissioner of the Massachusetts Department of Transitional Assistance</u> Secretary of Health and Human Services Kiame Mahaniah has appointed Michael Cole as the Commissioner of the Massachusetts Department of Transitional Assistance (DTA), a role he has held in an acting capacity since September 2025 following the retirement of Jeff McCue. A veteran of the agency since 2014, Cole has served in various leadership positions, including Chief Operating Officer and Deputy Commissioner for Policy and Programs, and is credited with steering the department through recent federal SNAP program suspensions and significant policy shifts. In his permanent role, Cole is tasked with leading the state's primary defense against food insecurity and ensuring the delivery of essential benefits to one in six Massachusetts residents amidst a landscape of evolving federal regulations and fiscal challenges.</p> <p>3. *State House News February 19, 2026 <u>Senior DTA official named commissioner of public aid agency</u> By Sam Drysdale On February 19, 2026, Michael Cole was officially appointed as the Commissioner of the Massachusetts Department of Transitional Assistance (DTA) by Secretary of Health and Human Services Kiame Mahaniah. Cole, who has been serving as the agency's Acting Commissioner since September 2025 following the retirement of Jeff McCue, brings over a decade of experience within the department, including previous roles as Chief Operating Officer and Deputy Commissioner for Policy and Programs. His permanent appointment</p>

	<p>comes at a critical juncture as the agency navigates significant federal policy changes and works to stabilize essential benefit programs, such as SNAP, following recent federal disruptions. State officials have lauded Cole's deep institutional knowledge and operational expertise as vital assets for leading the DTA's efforts to combat food insecurity and provide economic support to vulnerable residents across the Commonwealth.</p>
<p>DignityMA Study Session</p>	<p><u>Introduction to the Nursing Home Staffing Resource Center Long Term Care Community Connection (LTCCC)</u> <u>Wednesday, March 11, 2026, 1:00 to 2:00 p.m.</u></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 Staffing, and identify opportunities for effective oversight and policymaking. • <u>Guide for Attorneys</u> — Practical playbook for case development: using Reported and Expected Staffing data, mapping federal requirements, spotting red-flag patterns, and leveraging targeted discovery checklists.

	<ul style="list-style-type: none"> • 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. Who should use this: Residents and families, resident and family councils, LTC Ombudsman Programs, attorneys, journalists, and policymakers covering long-term care. Registration required March 11 DignityMA Study Session registration
<p>In Person and / or Online Events</p>	<p>4. Massachusetts Veterans Home at Chelsea Tuesday, February 24, 2026, 1:00 p.m. Board Meeting Agenda includes a report from Superintendent Christine Baldini, department reports, and a report from CFO John Couillard. 100 Summit Avenue, Long-Term Care Building, First Floor, Chelsea Online access</p> <p>5. The Arc of Massachusetts Tuesday, February 24, 2026, 2:00 p.m. Room 428 State House, Boston <i>Budget Briefing</i> Arc of Massachusetts hosts a briefing on the fiscal 2027 budget and its impact on individuals with intellectual and developmental disabilities, including autism. Speakers include Joint Committee on Children, Families and Persons with Disabilities Chairs Sen. Kennedy and Rep. Livingstone, as well as self-advocates and family members.</p> <p>6. Association of Developmental Disabilities Providers Wednesday, February 25, 2026, 10:30 a.m. Great Hall, State House, Boston <i>Legislative budget forum</i> Focus on the state of the human services workforce and the potential impact of federal Medicaid cuts on individuals with intellectual and developmental disabilities, including autism and brain injuries. Attendees will hear from providers, advocates and families about the importance of their experiences with residential care and day services, and Sen. John Velis will be honored as ADDP’s 2025 “Senator of the Year.”</p> <p>7. Disability Policy Consortium Wednesday, February 25, 2026, 1:30 p.m. Room 428 State House, Boston Also access online. <i>Annual legislative briefing</i> The hybrid event will feature speakers who plan to share lived experience and updates on bills including wheelchair repair reform, health care anti-discrimination and affordable, accessible housing, according to DPC. This year marks the consortium's 30th anniversary. CART and ASL interpreters will be provided at the event. Register</p>

	<p>8. Workforce Supports Subcommittee of the permanent Commission on the Status of Persons with Disabilities Thursday, February 26, 2026, 11:00 a.m. Virtual meeting Discussion of strategies to address the human services workforce crisis, including a presentation from Undersecretary of Labor Josh Cutler on recruitment and apprenticeship pathways. Livestream Accessibility requests: imene.bouzianesaidi@mass.gov</p> <p>9. Autism Commission Thursday, February 26, 2026, 1:00 p.m. Meeting For access, contact Carol.M.Gracia@mass.gov. More Info</p> <p>10. Commission for the Blind Thursday, February 26, 2026, 3:00 p.m. Virtual town hall, "Independence for Everyday Living." The event will provide tools, learning opportunities and resources. Register)</p>
<p>Webinars and Online Sessions</p>	<p>11. Disability Rights Education & Defense Fund Wednesday, February 25, 2026, 1:30 p.m. Texas v. Kennedy (2026): The renewed attack on Section 504 and Olmstead Nine states – Alaska, Florida, Indiana, Kansas, Louisiana, Missouri, Montana, South Dakota, and Texas – have renewed their attack on Section 504 and our right to live in the community. In Texas v. Kennedy (2026), the states say that the updated Section 504 rules are unlawful and unconstitutional. They want to weaken the "integration mandate," which is the rule that people with disabilities have a right to live in the community with supports and not be forced into nursing homes and hospitals. Join this webinar to learn how to fight this dangerous plan to take away our human rights. Presenters:</p> <ul style="list-style-type: none"> • Claudia Center (she/her), Legal Director, Disability Rights Education & Defense Fund • Maria Town (she/her), President and CEO, American Association of People with Disabilities • Jennifer Mathis (she/her), Deputy Director, Bazelon Center for Mental Health Law • Theo W. Braddy (he/him), Executive Director, National Council on Independent Living <p>upcoming webinar</p> <p>12. Massachusetts Women Veterans Network Wednesday, February 25, 2026, 6:00 to 7:00 p.m. Veteran Women Wellness Wednesdays - Whole Health & the Heart: Caring for Women Danielle Parrilla, DC Chiropractic Physician, Integrative Pain Management Acting Chief of Whole Health, VA Bedford HCS In the talk "Whole Health & the Heart: Caring for Women Veterans Across the Lifespan - Why Lifestyle, Connection, and Meaning Matter,"</p>

participants will explore three main ideas. First, they will understand the impact of lifestyle factors such as diet, physical activity, and stress management on cardiovascular health, specifically for women veterans. Second, they will recognize the importance of social connections and community support in positively affecting cardiovascular health and overall well-being. Lastly, they will delve into the role of personal meaning and purpose in health outcomes, learning how fostering a sense of purpose can lead to improved heart health and overall well-being for women veterans throughout their lifespan.

[More Info and Register](#)

13. **Globe Events**

Wednesday, February 25, 2026, 6:00 to 7:00 p.m.

[GlobeDocs Presents: Our Friend Jon](#)

About the Film

Our Friend Jon follows a group of young filmmakers, each with a disability, as they come together to complete a horror film script left behind by their friend Jon Hernandez, who died in 2013 due to complications related to sickle cell anemia. The film serves as a heartfelt tribute to Jon's life and creative vision.

Join audio producer Jazmín Aguilera and film producer, Edward Payson in a virtual discussion on February 25th at 6:00 p.m. ET.

[More information and instructions to join](#)

14. **American Society on Aging**

Wednesday, April 8, 2026, 1:00 p.m.

[Bridging Aging and Disability: Strategies for Aging Well](#)

This session explores how adults with intellectual-developmental disabilities (IDD), and physical disabilities (PD) can age well. We'll examine age-related health needs, social and environmental factors, and practical strategies to support this population. Learn how to reduce health disparities, promote wellness, and implement effective services and interventions. Discover innovative policies and practices that connect the fields of aging and disability—creating a stronger framework for healthy aging.

Participants in this webinar will be able to:

- Identify demographic trends affecting adults aging with IDD and PD.
- Explain age-related changes in health and socio-environmental aspects for adults aging with IDD and PD
- Apply innovative models for supporting adults aging with IDD and PD, and their families.
- Describe ways to bridge aging and disabilities.

Tamar Heller, PhD, is a distinguished professor in Disability and Human Development (DHD) and director of the Institute on Disability and Human Development at the University of Illinois Chicago. She is a Co-Principal Investigator of the Rehabilitation Research and Training Center (RRTC) on Family Support to Bridge Aging and Disabilities, and previously directed the RRTC on Developmental Disabilities and Health and the RRTC on Family Support.

Also available on demand Apr. 10–June 7, 2026.

Includes one complimentary Continuing Education (CE) credit.

[Register Now](#)

<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>15. Beckers Hospital Review February 20, 2026 <i>SNF inspection cadence tied to mortality rates: What to know</i> By Elizabeth Gregerson Predictable nursing home inspection schedules are associated with higher patient mortality, according to a paper published Dec. 15 in Social Science Research Network. Researchers from the University of California Los Angeles, the University of Chicago and Bethlehem, Pa.-based Lehigh University studied nursing home administrative data to identify potential correlations between staffing levels, care quality and health outcomes, and inspection schedules. Here are three notes on the analysis:</p> <ol style="list-style-type: none"> 1. Nursing homes were found to reduce staffing levels after an inspection occurs, when the chance of inspection is lowest. Staffing levels ramped up as time passed and the chance of inspection grew. 2. Patient mortality rates rose when inspection risk and staffing levels were lower. Researchers said that due to the predictability of inspection schedules, mortality rates and staffing levels would improve as the next potential inspection grew closer. 3. Making inspection timing more unpredictable would improve nursing home patient mortality rates by about 12%, while creating less administrative burden and cost than simply increasing inspection frequency, according to the study. <p>Read the full paper here.</p> <p>16. Skilled Nursing News February 20, 2026 <i>CMS Clarification Increases Risk of Nursing Homes Falling Below 90% QRP Threshold</i> By Amy Stulick The Centers for Medicare and Medicaid Services (CMS) has issued a clarification regarding the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) that significantly raises the stakes for facility compliance. Specifically, PPS 5-day and End-of-Stay assessments, which were previously submitted together, will now be counted as two distinct assessments; consequently, missing or incomplete data in either section could cause a facility to fall below the 90% data completion threshold and trigger a 2% annual payment penalty. This change coincides with a broader shift toward performance-based payments in the SNF Value-Based Purchasing (VBP) program, which is expanding from a single hospital readmission measure to a total of eight measures—including staffing, falls, and discharge scores—by 2027. Experts warn that because much of the data currently being collected will determine fiscal year 2028 payments, nursing homes must navigate</p>

increased MDS validation audits and OIG scrutiny of billing documentation to avoid financial losses.

17. McKnights Long-Term Care News

February 19, 2026

[Falling down on the metrics that matter](#)

By Kimberly Marselas

Gemini said

This editorial from McKnight's Long-Term Care News argues that the skilled nursing industry is failing to prioritize the most critical safety metric: resident falls. Despite the availability of sophisticated data and tracking tools, the author contends that fall rates remain unacceptably high and are often treated as an inevitable part of aging rather than a preventable clinical failure. The piece calls for a shift in facility culture and resource allocation, suggesting that providers must move beyond mere compliance and instead implement rigorous, proactive interventions—such as enhanced staffing levels and environmental modifications—to address the physical and financial toll that falls take on the long-term care system.

18. *Washington Post

February 17, 2026

[Seniors should be walking. These regulations discourage it.](#)

This editorial in The Washington Post advocates for a fundamental shift in Medicare policy to prioritize mobility and functional independence as a means of keeping seniors in their homes and out of nursing facilities. The author argues that the current system is reactive, often only providing significant support after a catastrophic health event occurs, rather than investing in the preventive care, home modifications, and assistive technologies that allow for safe aging in place. By restructuring reimbursement models to value physical autonomy, the piece contends that the federal government could not only improve the quality of life for millions of older adults but also realize substantial long-term savings by reducing the reliance on high-cost institutional care.

19. CIDRAP

February 16, 2026

[Study highlights antimicrobial stewardship initiative in Massachusetts nursing homes](#)

By Chris Dall, MA

A statewide antimicrobial stewardship program in Massachusetts, launched in 2018 through a collaboration between the Department of Public Health and Tufts Medical Center, has demonstrated the feasibility of operationalizing standardized antibiotic tracking within long-term care (LTC) facilities. Despite the fact that up to 75% of nursing home antibiotic prescriptions are often unnecessary, this voluntary benchmarking initiative—which engaged over 200 facilities through 2024—successfully shifted prescribing patterns toward safer, guideline-concordant practices, specifically resulting in a 36% decline in fluoroquinolone use. The researchers concluded in *Clinical Infectious Diseases* that the program's success stems from a multi-component strategy of benchmarking, academic-public health collaboration, and sustained educational outreach, proving that facility-level improvements

	are achievable when data transparency is paired with structured institutional support.
Housing	<p>20. National Low Income Housing Coalition February 20, 2026 HUD Publishes Proposed Mixed-Status Rule On February 20, HUD published a proposed rule that would separate families with mixed immigration statuses (“mixed-status families”) and require burdensome immigration verification for everyone, including U.S. citizens, living in HUD-assisted housing, regardless of age. If finalized and implemented, this proposal would cause nearly 80,000 families to lose their housing assistance, including nearly 37,000 children. The proposed rule includes a 60-day public comment period. NLIHC, together with the National Housing Law Project, and Protecting Immigrant Families Coalition are launching the Keep Families Together campaign to oppose HUD’s proposal. The Notice of Proposed Rulemaking (NPRM), entitled “Housing and Community Development Act of 1980: Verification of Eligible Status,” seeks to repeat the Trump Administration’s 2019 attempt to break up or evict mixed-status families in HUD-assisted housing. Unlike the 2019 effort, however, the current proposal creates citizenship verification requirements for all households living in HUD-assisted housing, including over 4.3 million households with a U.S. citizen. Additional data from the Center on Budget and Policy Priorities on the number of households impacted by the rule, including demographic breakdown, can be found here. NLIHC will continue to analyze the proposal and share opportunities for engagement shortly. Read the proposed rule here.</p>
Hospice	<p>21. Beckers Hospital Review February 18, 2026 Hospice spending, care quality scores by state By Elizabeth Gregerson According to the data from CMS published by Becker's Hospital Review, Massachusetts has the following ratings for the period between January 1, 2023, and December 31, 2024:</p> <ul style="list-style-type: none"> • Hospice Care Index Overall Score: 9.2 • Per-Beneficiary Spending: \$17,496 <p>To put these figures in context with the rest of the country:</p> <ul style="list-style-type: none"> • Quality Scores: Massachusetts' score of 9.2 falls within the mid-to-high range nationally. For comparison, the highest scores were 9.8 (achieved by Rhode Island and West Virginia), while the lowest was 8.1 (Nevada). • Spending: The per-beneficiary spending in Massachusetts (\$17,496) is on the higher end of the spectrum. Nationally, spending ranged from a low of \$8,963 in Kentucky to a high of \$26,927 in California.
Disability Topics	<p>22. NPQ January 14, 2026 The Danger ICE Poses to the Disability Community By Alison Stine</p>

	<p>This article details the escalating risks and systemic mistreatment faced by disabled individuals at the hands of U.S. Immigration and Customs Enforcement (ICE), particularly as enforcement intensifies under the second Trump administration. Grounded in a framework of "foundational ableism," the piece highlights how ICE agents frequently employ excessive force during arrests and systematically deny basic accommodations—such as sign language interpreters, prosthetic care, and essential medication—to those in custody. Through harrowing accounts of detainees like Vidal Palomar and Rodney Taylor, the author argues that the immigration system lacks the transparency and common sense necessary to protect vulnerable populations, leading to a "brutal" environment where disability is often met with violence rather than the legally required medical care and legal protections.</p>
<p>End of Life</p>	<p>23. McKnights Long-Term Care News February 21, 2026 <u>As aid-in-dying laws come to more states, nursing homes face tough new decisions</u> By Kimberly Marselas McKnight's Long-Term Care News reports on the expanding legislative landscape and clinical complexities of medical aid in dying (MAID), with recent coverage highlighting Illinois becoming the 13th U.S. jurisdiction to legalize the practice in late 2025. The articles examine the significant implications for long-term care providers, including the debate over expanding eligibility to individuals with dementia and the critical need for safeguards to protect vulnerable populations from coercion. Furthermore, industry experts discuss the intersection of patient autonomy and hospice care, noting how cultural discourse and legislative shifts are prompting facilities to re-evaluate their policies and the ethical role of clinicians in facilitating end-of-life choices.</p>
<p>Chronic Conditions</p>	<p>24. Time February 20, 2026 <u>Why Michael J. Fox Sees Parkinson's as a 'Gift That Keeps on Taking'</u> By Alice Park Since being diagnosed with Parkinson's disease at age 29, Michael J. Fox has transformed his personal health challenge into a global mission by co-founding the Michael J. Fox Foundation, which has become the world's largest nonprofit funder of Parkinson's research with over \$2 billion in grants to date. The article highlights how Fox's "trademark charm" and relentless advocacy have shifted the landscape of the disease from an "old person's" condition shrouded in shame to a high-priority scientific frontier, leading to breakthroughs like a validated spinal fluid test for early diagnosis. Despite the physical toll of what he calls a "gift that keeps on taking," Fox remains a "noodge" for progress, aggressively pushing for a cure by convening scientists and policy makers to ensure that Parkinson's patients no longer fight in isolation but with the support of a sophisticated, well-funded research engine.</p>
<p>MassHealth</p>	<p>25. Office of Attorney General Andrea Campbell February 11, 2026</p>

	<p><u>AG's Office Secures Indictments Against Waltham-Based Non-Emergency Medical Transportation Provider And Former Owner Over Money Laundering And Medicaid Fraud Scheme</u> <i>Defendant Alleged To Have Fraudulently Billed MassHealth \$770,000 For More Than 16,000 Non-Emergency Transportation Rides That Were Never Provided</i></p> <p>The Massachusetts Attorney General's Office has indicted Bakali Mukasa and his former company, Waltham-based JBM Health and Educational Services Inc. (JBM), for a complex Medicaid fraud and money laundering scheme that allegedly defrauded MassHealth of more than \$770,000. Between 2019 and 2020, Mukasa and JBM reportedly billed for over 16,000 non-emergency medical transportation rides that were never provided, including nearly 100 trips for deceased individuals and others for members who had received "take-home" methadone doses that did not require travel. Mukasa is further accused of laundering the illicit proceeds through various bank, real estate, and investment accounts before transferring over \$1 million to Uganda, where he currently resides. This enforcement action, which involved cooperation from MassHealth and the Montachusett Regional Transit Authority, underscores the state's ongoing efforts to combat fraudulent billing practices within the healthcare transportation sector.</p>
<p>From Around the Country</p>	<p>26. Association of Healthcare Journalists February 20, 2026 <u>Reporter's series on Michigan nursing homes spurs legislative action</u> By Liz Seegert</p> <p>This article details how Bridge Michigan reporter Robin Erb's investigative series on nursing home conditions led to state leaders pledging legislative action, including increased penalties and oversight for troubled facilities. By cross-referencing public inspection reports with death certificates and other vital records, Erb documented thousands of cases of abuse and neglect, highlighting a systemic lack of accountability and transparency within the industry. The series underscored the "everyday misery" of residents—such as unanswered call lights and filthy living conditions—and has sparked a renewed focus on how the state can better protect its aging population, even as government officials have been criticized for a lack of transparency in their response to these findings.</p> <p>27. WCAX3 February 19, 2026 (updated) <u>New 'care home' for seniors aims to bring alternative to home health care</u> By Laura Ullman</p> <p>The opening of a new specialized care home in Vermont offers a community-based alternative to traditional home health care, focusing on a residential model for seniors who require more support than independent living but wish to avoid institutional settings. This facility aims to address the growing gap in elder care by providing 24-hour staffing, personalized assistance with daily activities, and a smaller, more intimate environment designed to foster social connection. By emphasizing a "home-first" philosophy, the project seeks to alleviate the</p>

	<p>strain on existing healthcare infrastructure while providing a scalable solution for aging populations who prioritize autonomy and a domestic atmosphere in their long-term care.</p>
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p>The Campaign to Increase the Personal Needs Allowance (PNA)</p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>	<p><u>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled</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>American Eldercide: How It Happened, How to Prevent It</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>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>

Websites	<p><u>Disability Rights Education and Defense Fund (DREDF)</u> <u>https://dredf.org/</u> Disability Rights Education and Defense Fund (DREDF), founded in 1979, is a leading national civil rights law and policy center directed by individuals with disabilities and parents who have children with disabilities.</p> <p>Mission To advance the civil and human rights of people with disabilities through legal advocacy, training, education, and public policy and legislative development.</p> <p>Vision A just world where all people, with and without disabilities, live full, joyful, pleasurable lives free of discrimination and oppression.</p> <p>Barin Injury Association of Massachusetts <u>https://biama.org/</u> The Brain Injury Association of Massachusetts (BIA-MA) is a nonprofit 501(c)(3) organization that was incorporated in 1982 and is an affiliate of the Brain Injury Association of America. BIA-MA has become a national leader in assuring that persons with brain injury and their families have increased access to services.</p>	
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <u>https://dignityalliancema.org/resources/</u> . 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 <u>https://dignityalliancema.org/funding-opportunities/</u> .	
Websites of Dignity Alliance Massachusetts Members	See: <u>https://dignityalliancema.org/about/organizations/</u>	
Contact information for reporting complaints and concerns	Nursing home	<u>Department of Public Health</u> 1. Print and complete the <u>Consumer/Resident/Patient Complaint Form</u> 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 <u>Ombudsman Program</u>
MassHealth Eligibility Information	<p><u>MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care</u></p> <p>Table of Contents (Last updated: December 16, 2024) <u>Massachusetts Medicaid Long-Term Care Definition</u> <u>Income & Asset Limits for Eligibility</u> <u>Income Definition & Exceptions</u> <u>Asset Definition & Exceptions</u> <u>Home Exemption Rules</u> <u>Medical / Functional Need Requirements</u></p>	

	<p>Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid</p>																
Money Follows the Person	<p>MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version</p>																
Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>																
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>																
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. 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>																
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect Data updated October 15, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> </tbody> </table>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D
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	<p>E 1,872 630 Tag E</p> <p>F 446 226 Tag F</p> <p>G 420 278 Tag G</p> <p>H 54 30 Tag H</p> <p>I 2 1 Tag I</p> <p>J 64 31 Tag J</p> <p>K 30 9 Tag K</p> <p>L 7 2 Tag L</p> <p style="text-align: center;">Updated October 15, 2025</p>																																									
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 																																									
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																									
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p>	<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>bhenning@bostoncil.org</td> </tr> <tr> <td>Paul Lanzikos</td> <td>paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Farrow</td> <td>lfarrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Jim Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>Dickmoore1943@gmail.com</td> </tr> <tr> <td>Legal Issues</td> <td>Stephen Schwartz</td> <td>sschwartz@cpr-ma.org</td> </tr> <tr> <td>Interest Group</td> <td>Group lead</td> <td>Email</td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning	bhenning@bostoncil.org	Paul Lanzikos	paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Farrow	lfarrow@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	baskinfrank19@gmail.com
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Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group leaders for more information.		Chris Hoeh	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	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/		
REV UP Massachusetts	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none"> • Dick Moore • Steve Schwartz • Sarah Vox Swenson Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			