



The Dignity Digest

Issue # 273

March 3, 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>“We must choose to see the person, not the diagnosis.”</i> attributed to Temple Grandin, an American scientist, author, and autism advocate</p>
<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>Nursing Homes</p> <ul style="list-style-type: none"> • Nursing Home Abuse Center Responds to CMS Repeal of Federal Nursing Home Staffing Minimums (Business Insider, February 25, 2026) <p>Benjamin Healthcare Center</p> <ul style="list-style-type: none"> • Former CEO of Non-Profit Nursing Home Pleads Guilty to Misapplication of Property (U.S. Attorney's Office, District of Massachusetts, February 27, 2026) • Former Benjamin Healthcare administrator takes plea deal in federal criminal charges (The Baystate Banner, February 18, 2026) <p>Home and Community Based Services</p> <ul style="list-style-type: none"> • AG Campbell Secures Second Order Blocking Trump Administration From Cutting Off SNAP Funding Because of States' Refusal to Turn Over Personal Data of SNAP Applicants and Recipients (Office of the Attorney General Andrea Campbell, February 27, 2026) <p>Health Care Topics</p> <ul style="list-style-type: none"> • GLP-1 weight loss drugs help drive another year of historic losses at Blue Cross Blue Shield of Mass. (*Boston Globe, February 27, 2026) <p>Covid / Long Covid</p> <ul style="list-style-type: none"> • A doctor watches his 28-year-old daughter suffer from long COVID. He clings fiercely to hope. (Boston Globe (free access), February 20, 2026) <p>Disability Topics</p> <ul style="list-style-type: none"> • Families Defend Disability Services Amid Medicaid Cuts (KFF Health News, March 2, 2026) <p>Aging Topics</p> <ul style="list-style-type: none"> • Most older adults who live at home want to age in place, but they aren't entirely confident they'll get to (Pew Research Center, February 26, 2026) • Super-Agers' Brains Have a Special Ability, New Study Suggests (*New York Times, February 25, 2026)

	<ul style="list-style-type: none"> • Are Baby Boomers wealthier than previous generations of older adults? (Pew Research Center, February 11, 2026) • The oldest Baby Boomers turn 80 in 2026 (Pew Research Center, January 26, 2026) <p>Caregiving</p> <ul style="list-style-type: none"> • Family Caregiving in an Aging America (Pew Research Center, February 26, 2026) <p>End of Life</p> <ul style="list-style-type: none"> • Our Hospice System Subverts the Very Point of Hospice Care (*New York Times, March 2, 2026) <p>Medicaid</p> <ul style="list-style-type: none"> • Ahead Of Medicaid Work Rules, States To Spend Millions Upgrading Systems (KFF Health News, March 2, 2026) <p>Federal Policy</p> <ul style="list-style-type: none"> • Medicare Telehealth Flexibilities Extended Through 2027: Telehealth Gets a Two-Year Lifeline in Fiscal Year 2026 Spending Package (www.greenbaum.law, February 13, 2026)
<p>Quotes</p>	<p><i>[Baby Boomers (those born from 1946 through 1964)] accumulated more wealth (\$85 trillion by some accounts) than previous generations of older Americans. . . Baby Boomers’ wealth is not equally distributed. As is the case for other age groups, Boomers’ wealth is concentrated in a relatively small share of households. In 2022, all Boomer households combined owned \$77 trillion in wealth. The top 10% of Boomer households held 71% of that total wealth. Are Baby Boomers wealthier than previous generations of older adults? (Pew Research Center, February 11, 2026)</i></p> <p><i>What totally predictable crisis will start in just five years? The doubling of the need for elder care. And Massachusetts is not prepared for it. A dangerous demographic cliff lies just ahead: There’s been a lot of chatter about the vast demographic bulge that we call “baby boomers” passing 65; but the real news is that the oldest baby boomers will begin celebrating their 85th birthdays in 2031.</i></p> <p>CommonWealth Beacon February 28, 2026</p> <p>Massachusetts has an elder care crisis – and it’s about to get a lot worse (CommonWealth Beacon, February 28, 2026)</p>

[Tony Francis], the former CEO of the non-profit Edgar P. Benjamin Health Center (“EPBHC”), pleaded guilty in federal court in Boston to charges arising from his improper use of EPBHC funds.

[Former CEO of Non-Profit Nursing Home Pleads Guilty to Misapplication of Property](#) (U.S. Attorney’s Office, District of Massachusetts, February 27, 2026)

“The reality is that any of us at any point in time could become disabled. What kind of quality of care would we want?”

Amber Grant, mother of Matty, a nineteen year old who was born with brain damage and cerebral palsy before suffering a spinal cord injury when he was 10, [Families Defend Disability Services Amid Medicaid Cuts](#) (KFF Health News, March 2, 2026)

The state’s largest health insurer [Blue Cross Blue Shield of Massachusetts] on Friday reported it had an operating loss of \$380.5 million for 2025, second only to the year before. And [once again](#), a large portion of that tide of red ink was attributed to the popularity and high costs of GLP-1 weight loss drugs.

*[GLP-1 weight loss drugs help drive another year of historic losses at Blue Cross Blue Shield of Mass.](#) (***Boston Globe**, February 27, 2026)*

The vast majority of U.S. adults 65 and older (93%) say they currently live in their own home or apartment. Within this group, 9% say someone provides care for them in their home,

[Most older adults who live at home want to age in place, but they aren’t entirely confident they’ll get to](#) (Pew Research Center, February 26, 2026)

“Using hunger as a political weapon is unacceptable, and I will continue fighting to ensure that the federal government complies with federal laws so that families can feed their children without having their

privacy violated or fearing that accessing benefits will lead to ICE at their doorstep.”

Attorney General Andrea Campbell, [AG Campbell Secures Second Order Blocking Trump Administration From Cutting Off SNAP Funding Because of States' Refusal to Turn Over Personal Data of SNAP Applicants and Recipients](#) (Office of the Attorney General Andrea Campbell, February 27, 2026)

“The challenge is that families often need clearer information, as staffing adequacy can look very different depending on the facility’s resources, management, and local labor market.”

Elena Martin, a long-term care policy analyst who studies resident safety and workforce conditions, [Nursing Home Abuse Center Responds to CMS Repeal of Federal Nursing Home Staffing Minimums](#) (Business Insider, February 25, 2026)

10% of all U.S. adults say they are a caregiver for a parent age 65 or older. Another 3% are caregivers for a spouse or partner age 65 or older. A very small share (less than 1%) say they care for an aging parent and an aging spouse or partner. The shares of Americans who see themselves as caregivers rise to 24% among those with a parent age 65 or older and 25% among those with an aging spouse or partner.

[Family Caregiving in an Aging America](#) (Pew Research Center, February 26, 2026)

The United States saw a total of 76 million births during the boom, with the annual number surpassing 4 million in 1954 and remaining above that level until 1965. The annual number of births would not surpass 4 million again until 1989. . .

So, how many Boomers are there today? As of July 1, 2024 – the most recent available data – there were an estimated 67 million Boomers, accounting for only 20% of the nation’s population.

[The oldest Baby Boomers turn 80 in 2026](#) (Pew Research Center, January 26, 2026)

Long COVID is a complex illness, with some [200 possible symptoms](#) and effects on virtually every organ system, ranging from palpitations to difficulty breathing to digestive distress. . . Women are more likely than men to develop long COVID, with those between 40 and 54 at highest risk, according to [recent research](#). This may be because of differences in women's immune systems and hormones.

[A doctor watches his 28-year-old daughter suffer from long COVID. He clings fiercely to hope.](#) (Boston Globe (free access), February 20, 2026)

The main problem [with receiving hospice care at home] was funding. In 2024, the average per-patient Medicare payment to hospice agencies was about \$200 a day, with an annual cap of \$33,500. That outlay would barely pay for a part-time aide, yet it is also needed to cover medications, medical equipment and nurse visits. . . Ironically, we could have put my father in an acute-care hospital bed costing \$3,000 a day without any pushback from Medicare.

[Our Hospice System Subverts the Very Point of Hospice Care](#) (*New York Times, March 2, 2026)

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 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

	<p><i>already depends on, not as invisible volunteers in the final chapter of life.</i></p> <p><u>When grandparents become the safety net</u> (Daily Hampshire Gazette, February 25, 2026)</p> <p><i>What if, instead of “age-friendly,” we spoke of “age-responsive” governance? “Age-responsive” suggests that public systems adjust intentionally to demographic facts.</i></p> <p><i>From “Age-Friendly” to “Age-Responsive”: Rethinking the Language of Aging Policy</i>, (from articles appearing in the American Geriatric Society Member Forum and the Gerontological Society GSA Connect Open Forum, February 2026)</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 <u>Register for Zoom link</u> <u>https://us02web.zoom.us/meeting/register/rGP6mWCXQZyXAEfLYNOJbA</u> 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 <u>C. 197 of the Acts of 2024</u>, reforming long-term care • Implementing <u>E.O. No. 642</u> for an “age-friendly” government • Implementing <u>Marsters v. Healey</u> helping return home from nursing home placements • Advancing <u>River Terrace Operator LLC v. Mass DPH</u> • <u>House 2</u> Impact : Budgeting for Older Adults, People with Disabilities, and Caregivers • <u>Advancing DignityMA endorsed legislation</u> <p>Questions / more information: <u>dickmoore1943@gmail.com</u></p>
<p>Commentary Offered by DignityMA Participants</p>	<p><i>From “Age-Friendly” to “Age-Responsive”: Rethinking the Language of Aging Policy</i> By Richard T. Moore February 2026 This article has appeared in the American Geriatric Society Member Forum and the Gerontological Society GSA Connect Open Forum.</p>



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

For more than a decade, policymakers, planners, and advocates have embraced the term “age-friendly” to describe communities and systems that work well for older adults. The concept gained global traction through the World Health Organization’s Age-Friendly Cities initiative and was widely advanced in the United States by organizations such as AARP. The intent was constructive: to move beyond deficit-based notions of aging and instead build environments that support participation, safety, and health across the lifespan.

But language evolves. And so must movements.

Increasingly, some older adults express discomfort with the word “friendly.” It can sound patronizing — as if older people are guests to whom society is being hospitable, rather than full citizens entitled to equal consideration. “Friendly” suggests benevolence. It does not necessarily imply obligation.

At a time when demographic change is reshaping our economy, healthcare systems, housing markets, and workforce, we may need language that conveys structural responsibility rather than goodwill. By 2030, older adults will outnumber children in the United States. That is not a niche population requiring friendliness; it is a core demographic reality requiring policy adaptation.

What if, instead of “age-friendly,” we spoke of “age-responsive” governance?

“Age-responsive” suggests that public systems adjust intentionally to demographic facts. It implies measurement, accountability, and performance. It moves the conversation from aspiration to implementation. An age-responsive transportation system, for example, would not simply aspire to be welcoming; it would ensure sidewalks, lighting, transit schedules, and safety standards are designed with mobility variability in mind. An age-responsive healthcare system would address workforce shortages, staffing standards, and long-term care financing in concrete, enforceable ways.

Alternatively, “age-equitable” policy centers fairness across generations. It aligns with the language of health equity and civil rights, recognizing that aging intersects with disability, race, income, and geography. Equity language underscores that access to safe housing, quality care, and community participation is not a favor — it is a matter of justice.

There is also a values-based option: “dignity-centered” aging policy. Dignity is universal. It resonates with older adults because it reflects lived experience — privacy, autonomy, safety, and respect. It shifts the focus from age as a category to humanity as a constant.

None of this requires abandoning the progress made under the “age-friendly” banner. That framework has mobilized communities and generated important planning tools. But as the field matures, its language may need to mature as well.

Movements often begin with inviting language. They endure with accountable language.

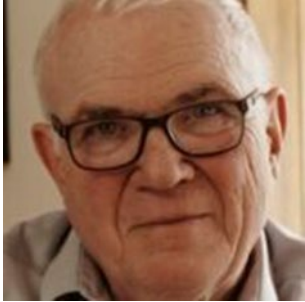
If we are serious about preparing our communities for longevity, ensuring adequate staffing in long-term care, strengthening home and community-based services, modernizing housing, and protecting economic security — then our terminology should reflect obligation, not charity.

Perhaps the next chapter is not about being age friendly. It is about being age-responsive, age-equitable, and dignity-centered.

Older adults are not asking for friendliness.

They are asking for systems that work.

Commentary
Offered by
DignityMA
Participants



[When grandparents become the safety net](#)

Daily Hampshire Gazette

February 25, 2026

By James Lomastro

In this "My Turn" column for the *Daily Hampshire Gazette*, James Lomastro argues that the Massachusetts child welfare system relies on "structural ageism" by failing to provide financial parity for grandparents who serve as primary kinship caregivers. While formal foster parents receive state stipends and case management, grandparents in guardianship or informal arrangements—who account for the vast majority of such caregivers—often manage high-intensity parenting on fixed incomes with significantly less public support. Lomastro contends that the state implicitly treats this labor as a private family obligation rather than a public service, despite the immense stability and cost-savings kinship care provides the Commonwealth. Ultimately, the piece calls for a redesign of

<p>James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia.</p>	<p>state policy to offer financial parity, recognizing that the economic and social value of caregiving labor remains constant regardless of the caregiver's age.</p>
<p>Commentary Offered by DignityMA Participants</p>	<p><u>COVID isn't over for those who never recovered</u> Boston Globe February 24, 2026 By James Lomastro</p> <p>When the COVID-19 public health emergency ended in May 2023, society exhaled and moved on. Most of us could. Millions could not.</p> <p>In Massachusetts, over 24,300 people have died of COVID-19 — many of them in nursing facilities, separated from family, their goodbyes conducted through glass or on screens. At Dignity Alliance Massachusetts, we built a virtual memorial to reiterate that these were human beings, not data points. We learned that memory is a form of accountability.</p> <p>The Globe's recent profile of a 28-year-old woman now largely homebound with long COVID ("In the cruel, lingering grip of long COVID," Page A1, Feb. 22), reminds us that we face the same test again. Her story is not exceptional — it is representative of millions who survived COVID but did not recover, now navigating crushing fatigue, neurological impairment, and a medical system that too often meets them with skepticism rather than support.</p> <p>As research funding becomes uncertain and attention drifts, long COVID patients risk the same erasure that nursing home families fought against during the pandemic's worst months: the quiet institutional message that their suffering is inconvenient, their timeline too long, their needs too complex. A commonwealth is measured by how it treats the vulnerable after the spotlight moves on. We owe survivors of long COVID moral seriousness, sustained investment in research, genuine workplace accommodation, and the simple dignity of being believed. We owe the same moral seriousness to those who died.</p> <p>The father in the Globe article drives his daughter's car monthly to keep it ready for when she recovers. That is stubborn hope. Public policy should match it.</p>

Recruitment	See: Listings on MASterList.com's Job Board for all current listings
DignityMA Study Session	<p>Introduction to the Nursing Home Staffing Resource Center Long Term Care Community Connection (LTCCC) 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"> • Nursing Home Staffing Resource Center — One stop access point for staffing data, related fact sheets and research, and guides. • Guide for Residents & Families — Plain-language steps to find your facility, assess Actual vs. Expected staffing, spot weekend dips, and raise concerns effectively. • Guide for Long-Term Care Ombudsmen — How to use Expected Staffing with complaints, resident-centered problem solving, and policy advocacy. • Guide for State & Federal Legislators — 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. • 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>DignityMA in the News</p>	<p>CommonWealth Beacon February 28, 2026 Massachusetts has an elder care crisis – and it’s about to get a lot worse By Harry S. Margolis Gemini said Massachusetts is currently grappling with a severe elder care crisis that is projected to intensify as the state’s population ages, with nearly one in five residents expected to be 65 or older by 2030. The system is under immense pressure due to a combination of chronic workforce shortages, the financial instability of nursing homes, and stagnant state reimbursement rates that fail to cover the actual cost of care. These challenges have led to numerous facility closures and long waitlists for home-based services, forcing many seniors into inappropriate care settings or leaving families to shoulder the burden alone. Addressing this "silver tsunami" will require urgent state action, including significant investments in the healthcare workforce and a comprehensive redesign of how long-term care is funded and delivered across the Commonwealth. One organization in the state recognizes this. Dignity Alliance Massachusetts, a coalition of disability and senior advocacy organizations formed after the high number of pandemic deaths in nursing homes, has called for the state to start a planning process that includes every institution with a stake in making this work – and with a grasp of what is working and what is not. Former state senator Richard Moore, who is part of Dignity Alliance’s leadership team, told me that they want to push the state to action, to figure out the needs of seniors and people with disabilities, the size of the challenge, and the depth of the problem — and then to come up with a plan to address it. He emphasized that we’re heading into a widening crisis without a plan – and that we need one now.</p>
<p>Call for Papers</p>	<p>National Association of Social Workers – Massachusetts Chapter <i>Older Adults and People with Disabilities Conference: Call for Papers now open</i> Conference date: June 11, 2026 More details to come 5.5 CEUs will be offered The Committee for Older Adults and People with Disabilities is pleased to announce a Call for Papers. The Committee offers an opportunity to a social worker to write a paper, get guidance from the Committee on suggested edits, and then one or two papers are chosen to be presented at the Committee's yearly conference on June 11th. This segment of the</p>

	<p>conference is named in honor of Toby Savitt who established this part of the conference many years ago.</p> <p>The purpose of the paper is to showcase a social worker's ability to express their thinking on a topic of their choosing related to older adults, people with disabilities, whether living in facilities or in the community. This is not an academic type of paper with footnotes. This paper should be no more than seven pages, double-spaced, with a font no smaller than "10." Please put your name, email, phone number, and street address on the cover page of your submission. The paper has to be an original paper, not published or presented elsewhere. It should be written by a social worker based in Massachusetts or Rhode Island, evidence original thinking, and be reflective and not academic in nature.</p> <p>If you want to speak to a Committee member about your idea for a paper, or you have questions, please contact Brianna Silva at the NASW-MA Chapter, email bsilva.naswma@socialworkers.org and Brianna will forward your contact information to the Committee. The deadline for receipt of the final paper is Thursday, April 23, 2026. Please send your paper to chapter.naswma@socialworkers.org no later than 5:00 p.m.</p>
<p>Newsletter Subscription Opportunity</p>	<p>Massachusetts Guardianship Policy Institute <u>Beyond Guardianship</u></p> <p>The Massachusetts Guardianship Policy Institute has initiated a monthly publication — where policy, advocacy, and research meet. Each month, they will offer ideas, news, person-centered stories, and updates from across the guardianship landscape. The goal is to inform, connect, and advance a more ethical and effective model for guardianship.</p> <p><u>Subscribe</u></p>
<p>In Person and / or Online Events</p>	<p>Massachusetts Commission for the Blind Tuesday, March 3, 2026, 12:00 p.m. <u>Statutory Advisory Board meets</u> <u>More Info and Access</u></p> <p>Massachusetts Commission for the Blind Wednesday, March 4, 2026, 1:00 p.m. <u>Rehabilitation Council meets</u> <u>More Info and Access</u></p>
<p>Webinars and Online Sessions</p>	<p>1. Department of Gerontology University of Massachusetts Boston Wednesday, March 4, 2026, 7:00 p.m. UMass Boston Gerontology will host the <u>first Conversations on Aging (formerly Virtual Office Hours) on Wednesday, March 4th, at 7 pm via zoom</u>. This is an open session held every month, open to students, faculty, alumni of the UMass Gerontology programs, and partners, colleagues, and friends working in, or interested in, aging services, research, and practice.</p> <p>This month the special guest is Emily Devlin from <u>SocialRx</u>. She will cover innovative, real-world solutions to one of the most pressing issues in aging, health, and community care: social isolation and loneliness.</p>

The next Conversation on Aging is on April 1 using the same link the first Wednesday of each month.

Log in here: <https://umassboston.zoom.us/j/96818511612>

2. Harvard University Graduate School of Design

Thursday, March 5, 2026, 6:30 to 8:00 p.m.

[Kenzie Bok, "The Past, Present, and Future of Public Housing"](#)

In the 25th Annual [John T. Dunlop Lecture](#), presented by the [Harvard Joint Center for Housing Studies](#), [Kenzie Bok](#), CEO of the Boston Housing Authority and former Boston City Councilor, will bring together her experiences as a pioneering public housing administrator and intellectual historian to explore the past, present, and future of public housing in the United States. She will discuss how justice, fairness, and the role of government have shaped public housing, and how these ideas must evolve to meet today's interconnected challenges of affordability, climate change, and inequality.

Following the lecture, [Chris Herbert](#), Managing Director of the Joint Center for Housing Studies, will moderate a conversation with Bok and [Bernardo Zacka](#), an associate professor of political science at MIT, whose interests include the moral dilemmas that public service workers encounter when enacting public policy and how the architecture of welfare offices can shape interactions with citizens.

[Register Now](#)

3. Center for Guardianship Excellence

Tuesday, March 10, 2026, 12:00 to 1:00 p.m.

[The Guardian's Work: Survey Results](#)

Preview of results from data collected through surveys and interviews of guardians. The Center's Research Team has collected data on guardian's tasks, successes, and challenges. Learn what guardians do and how this information will be used to educate states, courts and the public. This presentation on data findings is filled with insights.

The course is offered free of charge. Registration is required. 1 CEU from Center for Guardianship Certification will be awarded.

Register:

https://training.guardianshipcenter.org/catalog/info/id:719,cms_featured_course:1

4. Justice in Aging

Tuesday, March 10, 2026, 2:00 to 3:15 p.m.

Protect Medicaid: State Revenue Strategies for Aging & Disability Advocates

In July 2025, President Trump signed the Budget Reconciliation Act of 2025 (H.R. 1), which includes over \$1 trillion in cuts to federal funding for Medicaid and SNAP. Those unprecedented cuts are creating major holes in state budgets nationwide that put Medicaid home-based care, dental care, nutrition programs and other vital services for older adults and people with disabilities at risk.

States have to balance their budgets, so Medicaid, SNAP, and other public programs are all under significant risk. But cutting is not the only option; states can and should pursue sound revenue solutions instead. It is critical that aging and disability advocates and providers engage in

budget and revenue discussions with their state policymakers now to protect the benefits older adults and disabled people depend on. This webinar, [Protect Medicaid: State Revenue Strategies for Aging and Disability Advocates](#), will include a discussion about what the H.R. 1 funding cuts mean for the programs older adults and people with disabilities rely on to meet their basic needs, and provide strategies for how advocates can engage with their states to protect them. Presenters will provide a high-level overview of state budget processes and revenue options and will share practical steps that aging and disability advocates and providers can take.

This webinar will be most useful for state-based advocates and providers working with older adults and people with disabilities, as well as budget and revenue advocates who want to learn more about issues impacting aging and disability services.

After attending this training, attendees will be able to:

- Understand H.R. 1's cuts to Medicaid and SNAP funding and the impact on older adults and people with disabilities
- Identify steps in state budget processes and types of revenue strategies
- Apply practical, actionable steps advocates and providers can take to engage in revenue discussions to prevent benefit cuts

Presenters:

- Natalie Kean, Director of Federal Health Advocacy, Justice in Aging
- Wesley Tharpe, Senior Advisor for State Tax Policy, Center on Budget and Policy Priorities
- Kelly Allen, Executive Director, West Virginia Center on Budget and Policy
- Yasmin Peled, Director of California Government Affairs, Justice in Aging

[Register Now](#)

5. Long Term Care Community Coalition

Tuesday, March 17, 2026, 1:00 p.m.

[Failures in Advance Care Planning: Content Analysis of CPR-Related Immediate Jeopardy Citations in Nursing Homes](#)

In this webinar, research nurse scientist Mary Ellen Dellefield will present research examining how nursing homes honor residents' advance directives related to CPR. Using CMS deficiency data, the study identified 93 immediate jeopardy citations across four Midwestern states between 2019 and 2022, highlighting serious failures in emergency response.

Learn about the regulatory implications, risks to resident safety, and recommendations to strengthen CPR practices and better uphold resident rights.

[Register for LTCCC's March 17 Webinar](#)

6. Center for Medicare Advocacy

Wednesday, March 25, 2026, 2:00 to 3:00 p.m.

[Free Webinar | 40 Years of Medicare Advocacy: Lessons Learned and the Way Forward](#)

The Center for Medicare Advocacy will celebrate its 40th anniversary on April 1, 2026. Join us the week before on March 25th at 2pm ET to talk

	<p>with CMA's Founder and former Executive Director Judy Stein and other staff as we look back on lessons learned and work still to be done to improve access to care for Medicare beneficiaries.</p> <p>Presented by Center for Medicare Advocacy Founder Judith Stein, CMA Co-directors David Lipschutz & Scott Perkins; CMA Senior Attorney Mary Ashkar; and CMA Litigation Director Josh Norris.</p> <p>Busy on March 25? Register anyway and we'll send you a link to the recorded event and materials.</p> <p>Register now!</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. Business Insider February 25, 2026 Nursing Home Abuse Center Responds to CMS Repeal of Federal Nursing Home Staffing Minimums Gemini said The Centers for Medicare & Medicaid Services (CMS) has issued an interim final rule repealing the federal minimum staffing standards for nursing homes, a policy change that was originally slated to establish nationwide benchmarks for resident care. This repeal, which takes effect in February 2026, eliminates requirements for 24/7 registered nurse coverage and specific daily nursing hours per resident, reverting instead to a previous standard that generally mandates a licensed nurse be on-site for at least eight consecutive hours per day. In response, the Nursing Home Abuse Center and other advocacy groups have expressed concern that the removal of these federal floors could lead to inconsistent care quality and increased risks of neglect, such as bedsores and medication errors, particularly in facilities already facing workforce challenges. While proponents of the repeal cite the need for flexibility amidst persistent labor shortages, safety advocates emphasize that families must remain vigilant in monitoring facility ratings and staffing adequacy as a primary indicator of resident well-being.</p>
<p>Benjamin Healthcare Center</p>	<p>8. U.S. Attorney's Office, District of Massachusetts February 27, 2026 Former CEO of Non-Profit Nursing Home Pleads Guilty to Misapplication of Property Tony Francis, the former CEO of the non-profit Edgar P. Benjamin Health Center (EPBHC) in Roxbury, has pleaded guilty in federal court to two counts of intentionally misapplying funds from a program receiving federal support. Between 2020 and 2024, Francis misappropriated over \$190,000 to cover personal real estate investments, mortgage payments, and credit card debt, even as the facility faced severe financial distress and was eventually placed into receivership. While Francis reportedly returned a majority of the funds, he now faces a potential sentence of up to 10 years in prison and significant fines, with his sentencing scheduled for May 20, 2026.</p>

	<p>9. The Baystate Banner February 18, 2026 <u>Former Benjamin Healthcare administrator takes plea deal in federal criminal charges</u> By Avery Bleichfeld Tony Francis, the former CEO of the Edgar P. Benjamin Healthcare Center in Roxbury, has pleaded guilty to federal charges involving the intentional misapplication of more than \$190,000 in facility funds.</p>
<p>Home and Community Based Services</p>	<p>10. Office of the Attorney General Andrea Campbell February 27, 2026 <u>AG Campbell Secures Second Order Blocking Trump Administration From Cutting Off SNAP Funding Because of States' Refusal to Turn Over Personal Data of SNAP Applicants and Recipients</u> Massachusetts Attorney General Andrea Joy Campbell has secured a second preliminary injunction preventing the federal administration from withholding approximately \$35 million in annual SNAP administrative funding. The legal dispute arose after the state refused federal demands to turn over the personal and identifiable data of food assistance applicants and recipients, citing privacy protections and a lack of legal authority for such a mandate. In granting the order, the court found that the state is likely to succeed on the merits of its case and that losing this funding would cause irreparable harm to the more than one million residents who rely on the program for food security. This ruling ensures that the state can continue administering benefits without disruption while the litigation over data privacy and federal overreach proceeds.</p>
<p>Health Care Topics</p>	<p>11. *Boston Globe February 27, 2026 <u>GLP-1 weight loss drugs help drive another year of historic losses at Blue Cross Blue Shield of Mass.</u> By Jessica Bartlett Blue Cross Blue Shield of Massachusetts reported a net loss of \$222.8 million for 2025, marking its second consecutive year of significant financial deficits driven by "unprecedented" surges in medical and pharmacy costs. Despite generating \$10.3 billion in revenue, the insurer saw approximately 90% of every premium dollar spent directly on member claims, with high-cost specialty drugs like GLP-1s for weight loss serving as a primary contributor to the shortfall. In response to these unsustainable trends, the company has implemented aggressive stabilization measures, including an 18% workforce reduction through voluntary separations and a new policy to cease coverage for weight-loss medications. These results highlight a deepening financial crisis within the state's healthcare landscape, likely leading to higher premiums and more restrictive coverage terms for Massachusetts employers and families in 2026.</p>
<p>Covid / Long Covid</p>	<p>12. Boston Globe (free access) February 20, 2026 <u>A doctor watches his 28-year-old daughter suffer from long COVID. He clings fiercely to hope.</u> By Felice J. Freyer</p>

	<p><i>Researchers now recognize eight different trajectories after COVID infection; some are severely ill months later.</i></p> <p>Gemini said</p> <p>The <i>Boston Globe</i> article profiles a young woman’s arduous journey navigating the complexities of Long COVID, highlighting the profound impact the chronic condition has had on her once-active life and professional career. After months of struggling with debilitating symptoms like extreme fatigue and cognitive impairment, she eventually secured care at a specialized multidisciplinary clinic in Boston, where clinicians are experimenting with emerging treatments to manage post-viral syndromes. Her experience serves as a lens into the broader medical challenges of diagnosing and treating Long COVID, particularly among young adults who often face skepticism or lack of access to coordinated care. Ultimately, the piece underscores the persistent need for clinical research and the development of robust support systems for the growing number of individuals living with the long-term, disabling effects of the virus.</p>
<p>Aging Topics</p>	<p>13. Pew Research Center February 26, 2026 <u>Most older adults who live at home want to age in place, but they aren’t entirely confident they’ll get to</u> By Kim Parker and Luona Lin A recent Pew Research Center survey reveals that while 93% of U.S. adults ages 65 and older currently live in their own homes, most harbor significant uncertainties about their future living arrangements. While 60% of respondents expressed a strong preference to age in place with the assistance of a caregiver if they can no longer live independently, only 37% of this group feel highly confident that this outcome is likely to occur. Financial constraints appear to be a primary driver of this confidence gap, as only 21% of older adults report having long-term care insurance to help cover the high costs of in-home care or alternative settings like assisted living. These concerns are further underscored by a clear income divide; for instance, upper-income individuals are more than twice as likely as lower-income adults to favor moving into an assisted living facility. Ultimately, the findings highlight a stark disconnect between the desire for residential autonomy in later life and the perceived practical and financial feasibility of achieving it. Here are the <u>survey questions</u>, the <u>detailed responses</u> and the <u>survey methodology</u>.</p> <p>14. *New York Times February 25, 2026 <u>Super-Agers’ Brains Have a Special Ability, New Study Suggests</u> By Dana G. Smith Research into "super-agers"—individuals in their 80s and 90s whose memory and cognitive skills match those of people decades younger—suggests that their brains possess unique biological resilience. <u>A study</u> highlighted by the New York Times found that these individuals often have significantly larger, healthier neurons in the entorhinal cortex, a brain region essential for memory and one of the first areas affected by Alzheimer’s disease. These robust neurons appear to be more resistant</p>

	<p>to the accumulation of tau tangles, a hallmark of cognitive decline, providing a physical foundation for exceptional mental clarity in late life. This shift in focus from studying disease to understanding the biological factors that preserve brain health offers new insights into how some people maintain peak cognitive function well into their tenth decade.</p> <p>15. Pew Research Center February 11, 2026 <u>Are Baby Boomers wealthier than previous generations of older adults?</u> By Richard Fry Baby Boomers have emerged as the wealthiest generation of older adults in U.S. history, possessing a median household net worth significantly higher than that of the Silent Generation at the same stage of life. This financial peak is primarily driven by long-term appreciation in the housing market, a career-long transition to market-based retirement accounts like 401(k)s, and a trend of working later into life. However, this prosperity is marked by deep internal inequality, with wealth heavily concentrated among those with higher education levels and white households, while others remain financially vulnerable. Additionally, many individuals within this demographic face a "liquidity trap," where their wealth is largely tied up in home equity, potentially complicating their ability to fund the rising costs of medical and long-term care as they age.</p> <p>16. Pew Research Center January 26, 2026 <u>The oldest Baby Boomers turn 80 in 2026</u> By Richard Fry Gemini said In 2026, the United States reaches a significant demographic milestone as the oldest members of the Baby Boomer generation, born in 1946, begin turning 80. This transition marks the start of a decade-long surge in the "oldest-old" population, which is projected to more than double by 2050, necessitating major shifts in national policy regarding healthcare, Social Security, and housing. While these octogenarians are more racially diverse and more likely to have a college education than previous generations at this age, they also face unique challenges, including a higher likelihood of living alone and a growing need for accessible long-term support services. The report underscores that the aging of this massive cohort will place unprecedented pressure on the nation's caregiving infrastructure and federal safety nets, requiring a reimagined approach to community design and elderly support.</p>
Disability Topics	<p>17. KFF Health News March 2, 2026 <u>Families Defend Disability Services Amid Medicaid Cuts</u> By Bram Sable-Smith An Idaho Medicaid assessment overhaul has resulted in significant reductions to in-home care hours for thousands of residents with disabilities, triggering a legal challenge over the state's transparency and methodology. The conflict centers on a new, algorithmic assessment tool that critics argue unfairly slashes support for those with complex needs, often without providing a clear justification or an</p>

	<p>accessible appeals process. While state officials defend the changes as a necessary measure for fiscal sustainability and standardization, impacted families and advocates warn that the loss of services threatens the independence and safety of vulnerable individuals. This situation highlights a growing national trend of states utilizing automated systems to manage rising healthcare costs, often at the expense of individualized care.</p>
End of Life	<p>18. *New York Times March 2, 2026 Our Hospice System Subverts the Very Point of Hospice Care By Dr. Sandeep Jauhar This New York Times opinion piece explores the critical challenges facing the American hospice system, focusing on how the industry's rapid expansion into the for-profit sector has fundamentally altered the nature of end-of-life care. The article highlights a troubling trend where financial incentives often eclipse patient needs, resulting in inadequate staffing, missed visits, and a lack of support for families during their most vulnerable moments. By examining the shift away from hospice's original non-profit, volunteer-led roots, the author argues that the current Medicare reimbursement structure encourages high enrollment but often fails to ensure the actual quality of care provided. Ultimately, the piece calls for urgent regulatory reforms to protect the dignity of the dying and to ensure that hospice remains a compassionate service rather than a purely commercial enterprise.</p>
Caregiving	<p>19. Pew Research Center February 26, 2026 Family Caregiving in an Aging America By Kim Parker <i>Lower-income adults with an aging parent, spouse or partner are more likely to be caregivers than those in higher income tiers</i> A 2026 Pew Research Center report highlights the growing reliance on family caregivers in the United States as an aging population significantly increases the demand for long-term support. The study finds that a substantial portion of American adults are now providing unpaid care to elderly relatives, often while simultaneously managing their own careers and other household responsibilities. This "caregiving gap" is creating profound emotional and financial strain, with many caregivers reporting reduced work hours, increased personal stress, and a lack of adequate institutional support. As the number of individuals requiring assistance is projected to rise sharply over the coming decade, the findings underscore an urgent need for policy interventions and expanded community-based resources to sustain the informal caregiving infrastructure that remains the backbone of the nation's elder care system.</p>
Medicaid	<p>20. KFF Health News March 2, 2026 Ahead Of Medicaid Work Rules, States To Spend Millions Upgrading Systems To receive Medicaid health coverage, some adults will soon have to show they are working, volunteering or taking classes. But to gather that</p>

	<p>proof, many states first will have to spend millions of dollars improving their computer systems. Across the nation, states face an immense task and high costs to prepare for the Jan. 1 kickoff of new Medicaid eligibility mandates affecting millions of lower-income adults in the government-funded health care program.</p>
<p>Federal Policy</p>	<p>21. www.greenbaum.law February 13, 2026 Medicare Telehealth Flexibilities Extended Through 2027: Telehealth Gets a Two-Year Lifeline in Fiscal Year 2026 Spending Package By John Kaveney and Sukrti Thonse The Consolidated Appropriations Act of 2024 has extended several critical Medicare telehealth flexibilities through December 31, 2024, with many provisions now effectively reaching into 2025 to prevent a "telehealth cliff" for beneficiaries. These extensions allow patients to continue receiving services from any geographic location, including their own homes, and maintain the expanded list of eligible providers, such as physical and occupational therapists. Furthermore, the legislation continues to waive the requirement for an initial in-person visit for mental health services and permits the use of audio-only communication for certain appointments. These measures provide much-needed stability for healthcare delivery systems while Congress considers more permanent legislative solutions for telehealth integration in the post-pandemic era.</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) 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</p>

	<p>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><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 Elderside: How It Happened, How to Prevent It</i></u> By <u>Margaret Morganroth Gullette</u> <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>	
Dignity Alliance Massachusetts Legislative Endorsements	<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		
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	<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>	
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>	
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>	
Contact information for reporting complaints and concerns	Nursing home	<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</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
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 align="center">Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid</p>																
Money Follows the Person	<p>MassHealth 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: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning</p> <p>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/</p> <p>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</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>																
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect 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).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>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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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>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> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </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		
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<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>			