



The Dignity Digest

Issue # 277

March 31, 2026

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

***May require registration before accessing the article.**

DignityMA Zoom Sessions

Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.

Reflection

"We are all like gardens; some of us bloom in traditional ways, and some of us require a slightly different path to find our sun. But there is no greater disability than the inability to see that every soul has a season to blossom."

Inspired by the thoughts of disability advocate [Robert M. Hense](#)

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

Nursing Homes

- [A Nursing Home Owner Got a Trump Pardon. The Families of His Patients Got Nothing.](#) (ProPublica, March 30, 2026)
- [Shift in antipsychotic prescribing in nursing homes raises questions about provider roles, data limits](#) (McKnights Long-Term Care News, March 29, 2026)
- [Dems blast staffing rule repeal, other gov't 'harms' putting seniors 'at risk'](#) (McKnights Long Term Care News, March 25, 2026)
- [Improving emergency preparedness in skilled nursing facilities](#) (recorded webinar) (Betsy Lehman Center for Patient Safety, February 12, 2025)

Housing

- [Revocation of the 30-Day Notification Requirement Prior To Termination of Lease for Nonpayment of Rent](#) (U.S. Department of Housing and Urban Development, February 26, 2026)

Health Care Topics

- [Trying to measure primary care's downward spiral](#) (Commonwealth Beacon (The Codcast), March 30, 2026)
- [New report supports effort to reinvigorate Patient and Family Advisory Councils in Massachusetts](#) (Betsy Lehman Center for Patient Safety, February 12, 2026)

Alzheimer's and Other Dementia

- [Emergency departments are not equipped to help patients with dementia](#) (STAT, March 25, 2026)
- [New Blood Tests Can Detect Early Signs of Alzheimer's: Should You Get One?](#) (*New York Times, March 25, 2026 (updated))

- [When everyday tasks become harder: Early clues to Alzheimer's disease](#) (**The Conversation**, March 24, 2026)

Workforce

- [Save lives of 5K US seniors by allowing more foreign-born healthcare workers: study](#) (**McKnights Long Term Care News**, March 30, 2026)

Disability Topics

- [Why Is Autism More Common in Males?](#) (**The Harvard Kenneth C. Griffin Graduate School of Arts and Sciences**, March 27, 2026)
- [Get Connected to Phone or Internet Service](#) (**Universal Service Administrative Company**)
- [Governments' website accessibility deadline is fast approaching](#) (**Route Fifty**, March 18, 2026)
- [Governor Healey Signs Executive Order to Support Adults with Profound Autism](#) (**Office of Governor Maura Healey and Kim Driscoll**, March 23, 2026)

Aging Topics

- [She set a world record in her 60s — and says she's stronger than ever at 76](#) (***Washington Post**, March 28, 2026)
- [A 'Zoomer-to-Boomer' Pay Phone Hotline Gets Two Generations Chatting](#) (***New York Times**, March 27, 2026)
- [People 65 and older can get better with age, study shows. This is the key.](#) (***Washington Post**, March 25, 2026)

Medicaid

- [Projected Reductions in Medicaid Expansion Enrollment Under OBBBA's Work Requirements and Six-Month Redeterminations](#) (**Urban Institute**, March 25, 2026)

Federal Policy

- [Doggett, Schakowsky Introduce Brand New "Safe Staffing Saves Lives Act"](#) (**U. S. Representative Lloyd Doggett**, March 26, 2026)
- [AG Campbell Files Lawsuit Against Trump Administration for Holding Hostage Billions in Critical USDA Funding](#) (**Office of Attorney General Andrea Campbell**, March 23, 2026)

From Our Colleagues around the Country

- [Consumer Voice Submits Comments to CMS on CRUSH Initiative to Address Suspicious Healthcare Practices](#) (**Consumer Voice**, March 27, 2026)
- [New Justice in Aging Resources](#) (**Justice in Aging**)

From around the Country

- [A waitlist for 24/7 care for Colorado adults with disabilities is 7 years long. State Medicaid cuts could double it.](#) (**Colorado Sun**, March 27, 2026)
- [Residents of CT nursing home where woman died have to leave. There are 17 waiting for a new home.](#) (**Hartford Courant**, March 26, 2026)
- [Long-term care ombuds shares update on Bickford nursing home closure](#) (**CT Mirror**, March 25, 2026)

	<ul style="list-style-type: none"> • Nursing Homes Fear Being Shortchanged in \$1.5B Health Care Funding Split Amid Budget Negotiations (Skilled Nursing News, March 25, 2026)
<p>Quotes</p>	<p><i>“I’ve had this sense, all the time, that the clock is ticking, and as you get older it seems to tick faster. It’s not that I’ve always thought aging is going to be graceful or peaceful or wise. I just know that every minute, no matter what age you are, is fleeting. I just want to grab on to all of it.”</i></p> <p>Diana Nyad, 76 year old long distance swimmer, She set a world record in her 60s — and says she’s stronger than ever at 76 (*Washington Post, March 28, 2026)</p> <p><i>“The stereotype of an older person is that they’re dependent, that they have cognitive impairment. [While that may sometimes be true,] “the vast majority of older people don’t have any cognitive impairment. The vast majority of older people do not have a need for assistance.”</i></p> <p>Mark Lachs, co-chief of the division of geriatrics and palliative medicine at Weill Cornell Medicine and New York-Presbyterian Hospital and professor of medicine at Cornell’s medical school, People 65 and older can get better with age, study shows. This is the key. (*Washington Post, March 25, 2026)</p> <p><i>“This legislation [summary] provides the accountability these executives, often backed by private equity, have dodged for too long. Vulnerable nursing home residents with complex needs, and the compassionate nursing staff caring for them, deserve comprehensive, enforceable staffing standards to ensure their safety, health, and dignity.”</i></p> <p>U.S. Representative Lloyd Doggett, Doggett, Schakowsky Introduce Brand New “Safe Staffing Saves Lives Act” (U. S. Representative Lloyd Doggett, March 26, 2026)</p> <p><i>“What’s going to happen when I die? It’s like OK, I died, so you are going to have to put him in an institution or a host home.”</i></p>

Cindy Stevens, whose son, Evan, has issues with short-term memory, executive processing delays and some physical disabilities, lived with his parents for 33 years, until the family moved him into his own apartment with the help of a housing voucher that took Stevens nine years to secure, [A waitlist for 24/7 care for Colorado adults with disabilities is 7 years long. State Medicaid cuts could double it.](#) (Colorado Sun, March 27, 2026)

“Patients get the best care when they have a true partnership with their care team. I know this from my time as a nurse – patients need to be able to speak up, and we need to listen.”

Kathleen Campanirio, Community Co-chair of the Southcoast Health Patient Family Advisory Council, [New report supports effort to reinvigorate Patient and Family Advisory Councils in Massachusetts](#) (Betsy Lehman Center for Patient Safety, February 12, 2026)

[Studies have found](#) that patients with dementia are at greater risk for problematic, preventable emergency care outcomes, including long hospital stays, readmission to the emergency department, and increased mortality.

[Emergency departments are not equipped to help patients with dementia](#) (STAT, March 25, 2026)

“Do not bring a patient with dementia to the emergency room unless she is turning blue.”

A neurologist acknowledging the difficulties seeking emergency care poses for patients with dementia, [Emergency departments are not equipped to help patients with dementia](#) (STAT, March 25, 2026)

“We have had an ongoing concern in that building regarding staffing. Honestly, it’s a concern in many buildings when they’re accepting individuals, some will say that they’re staffing at the minimum, but it’s just that – it’s a minimum.”

Mairead Painter, Connecticut’s long-term care ombudsman, [Long-term care ombuds shares update on Bickford nursing home closure](#) (CT Mirror, March 25, 2026)

“Only 19% of nursing facilities met all the new [staffing] standards at the time they were issued,

making the standards a vital step toward reform. Yet, in 2025, President Trump and his allies in Congress set about dismantling the new standards, which were projected to save roughly 13,000 lives annually.”

From a [2024 study](#) commissioned by Democratic Sen. Elizabeth Warren (D-MA), [Dems blast staffing rule repeal, other gov't 'harms' putting seniors 'at risk'](#) (McKnights Long Term Care News, March 25, 2026)

SNAP remains Massachusetts' largest anti-hunger program. As of January 2026, an average of 975,000 Massachusetts residents, including families, children and older adults, relied on SNAP each month.

[AG Campbell Files Lawsuit Against Trump Administration for Holding Hostage Billions in Critical USDA Funding](#) (Office of Attorney General Andrea Campbell, March 23, 2026)

Severe loneliness is linked to increased rates of heart disease, anxiety and depression, experts say, as well as [health risks](#) comparable with smoking, excessive drinking and lack of exercise.

“Positive social interactions can influence our biology in the opposite direction, lowering cortisol while increasing feel-good neurotransmitters like dopamine, cannabinoids and oxytocin.”

Calla Kessler, a social strategist with [Matter Neuroscience](#), [A 'Zoomer-to-Boomer' Pay Phone Hotline Gets Two Generations Chatting](#) (*New York Times, March 27, 2026)

“[Professor Talukdar's] work reveals an unexpected interconnectedness between diverse genetic causes of autism, but [it] also suggests new ways of directing therapies toward these X chromosome genes that might help affected autistic children.”

Harvard Medical School Professor Christopher Wolf, [Why Is Autism More Common in Males?](#) (The Harvard Kenneth C. Griffin Graduate School of Arts and Sciences, March 27, 2026)

Under H.R. 1 work requirements and six-month redeterminations. . . [Medicaid] enrollment is

expected to decrease in every state that has fully or partially expanded Medicaid by 18% to 33% with high mitigation efforts and by 37% to 68% with low mitigation efforts.

[Projected Reductions in Medicaid Expansion Enrollment Under OBBBA's Work Requirements and Six-Month Redeterminations](#) (Urban Institute, March 25, 2026)

Recent studies tracking older adults without dementia have found that those who experience persistent difficulties in activities of daily living (like preparing meals, shopping or driving) face a [higher risk of developing Alzheimer's disease](#) in the years ahead.

[When everyday tasks become harder: Early clues to Alzheimer's disease](#) (The Conversation, March 24, 2026)

In 2024, a study conducted by Drs. Ashvin Gandhi and Andrew Olenski estimated that 75% of nursing homes reported related-party transactions, and that the average nursing home used this practice to hide \$380,000 in profit each year. . .

To illustrate how related party companies potentially hide profits and make nursing homes look less profitable, Consumer Voice documented one home in New Jersey that reported a loss of \$60,400 over three years, while at the same time, that home paid to its owners \$8.1 million through related party transactions, potentially disguising millions in profits.

[Consumer Voice Submits Comments to CMS on CRUSH Initiative to Address Suspicious Healthcare Practices](#) (Consumer Voice, March 27, 2026)

In just over a month's time, governments with populations of 50,000 people or more must have their websites be accessible and comply with a section of federal disability law. . . It's still unclear how the federal government will enforce the rule for larger

jurisdictions under the Americans with Disabilities Act, while small jurisdictions have another year to comply.

[Governments' website accessibility deadline is fast approaching](#)
(Route Fifty, March 18, 2026)

A 25% increase in the arrival of immigrants in the United States would result in 5,000 fewer senior deaths nationwide, largely by improving community healthcare and reducing nursing home use.

[Save lives of 5K US seniors by allowing more foreign-born healthcare workers: study](#) (McKnights Long Term Care News, March 30, 2026)

Trump has granted clemency to several figures in major health care fraud cases. In 2020, he commuted the 20-year federal prison sentence of Philip Esformes, a Florida nursing home magnate convicted in a scheme that prosecutors said involved about \$1.3 billion in fraudulent Medicare and Medicaid claims. . .

That same year, Trump commuted the sentence of Judith Negrón, convicted in a \$200 million Medicare fraud case. Trump's clemency grant said the "ends of justice" did not require her to serve another two decades in prison. . .

Trump has also nominated nursing home owner Benjamin Landa as ambassador to Hungary. The nomination has remained in place even as a facility Landa co-owns faces a federal audit alleging there were more than \$31 million in Medicare overpayments.

[A Nursing Home Owner Got a Trump Pardon. The Families of His Patients Got Nothing.](#) (ProPublica, March 30, 2026)

[Researchers] found that annual antipsychotic prescription claims decreased from 10.8 million to 7.8

	<p><i>million for psychiatrists and from 7.4 million to 5.7 million for primary care physicians during the study period. Over the same span, claims prescribed by advanced practice registered nurses or physician assistants more than tripled, increasing from 3.1 million to 9.5 million.</i></p> <p><u>Shift in antipsychotic prescribing in nursing homes raises questions about provider roles, data limits</u> (McKnights Long-Term Care News, March 29, 2026)</p> <p><i>“All the evidence points to the fact that primary care is the only specialty of the healthcare system that results in longer lives and more equity,” [Barbara Rabson , [President and CEO of Massachusetts Health Quality Partners,] said.</i></p> <p><i>Yet, just 6 cents of every dollar in health care spending in the state went to primary care in 2023, she noted. Fewer than 20 percent of all medical school graduates in Massachusetts end up practicing in primary care, she said, even though primary care makes up about 50 percent of all ambulatory visits in this country.</i></p> <p><u>Trying to measure primary care’s downward spiral</u> (CommonWealth Beacon (The Codcast), March 30, 2026)</p>
Spotlight	<p><u>Are Nursing Homes Lying About Their Patients To Increase Profits? You Decide</u></p> <p>Forbes</p> <p>By Peter Ubel March 27, 2026</p> <p>The <i>Forbes</i> article by Peter Ubel, titled "Are Nursing Homes Lying About Their Patients To Increase Profits? You Decide," explores a contentious trend in the skilled nursing facility (SNF) industry following major shifts in federal reimbursement policies. With Medicare spending over \$50 billion annually on post-hospitalization care, the article examines whether the current "Patient-Driven Payment Model" (PDPM) has inadvertently encouraged facilities to prioritize financial optimization over clinical accuracy.</p> <p>The Transition in Reimbursement Policy</p>

For years, Medicare administrators were concerned that the "volume-based" payment system—which compensated nursing homes for every individual therapy session or service provided—incentivized facilities to provide unnecessary treatments to drive up bills. In response, the Centers for Medicare & Medicaid Services (CMS) transitioned to the PDPM, a lump-sum payment model. Under this system, facilities receive a set amount of money per patient based on their specific diagnoses and comorbidities rather than the volume of services rendered. The goal was to reward facilities for treating sicker patients and to eliminate the incentive for "therapy-padding."

The "Sicker" Patient Phenomenon

The article highlights a startling statistical shift observed since the implementation of this model: the reported complexity of nursing home residents has skyrocketed. Facilities are now documenting significantly higher rates of serious medical conditions, such as depression, swallowing disorders, and complex nutritional needs, compared to the years prior to the policy change. While this could theoretically suggest that hospitals are discharging "sicker" patients into nursing homes, the author notes that the timing of this trend aligns precisely with the new financial incentive to record more diagnoses.


Clinical Reality vs. Financial Gaming

The core controversy discussed is whether these diagnoses represent "upcoding"—a practice where facilities exaggerate or carefully select diagnoses to maximize their daily reimbursement rate. The article raises several critical points:

- **Documentation vs. Treatment:** While the reported number of illnesses has risen, there has not been a corresponding increase in specialized staff or resources to manage these conditions.
- **Cognitive and Behavioral Shifts:** Clinicians may be under pressure to find and document even minor issues (such as a slight cough being coded as a major swallowing disorder) to move a patient into a higher-paying category.
- **Audit Lag:** Federal oversight and audits often lag years behind these reporting shifts, allowing facilities to benefit from high reimbursement rates in the interim.

Implications for the Healthcare System

Ubel concludes by questioning the integrity of the data currently being used to fund the long-term care industry. If the "sickness" of the American nursing home population is being inflated for profit, it not only drains the Medicare trust fund but also obscures the true quality of care being provided. The article suggests that while the shift away from volume-based

	<p>care was well-intentioned, the new model has created a "diagnosis-based" gold rush, leaving it to policymakers and the public to decide if the industry is responding to actual patient needs or simply gaming a flawed system.</p>
<p>Commentary Offered by DignityMA Participants</p>  <p>Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a former Massachusetts State Senator.</p>	<p><i>Accessibility in Name Only: A Quiet Failure in Plain Sight</i> By Richard T. Moore March 30, 2026</p> <p>Massachusetts prides itself on being a leader—especially when it comes to civil rights and fairness. When it comes to making government websites accessible, the state appears to be doing the right thing. It has adopted modern standards and aligned itself with the Americans with Disabilities Act, using widely accepted accessibility guidelines for its digital services. On paper, everything looks good.</p> <p>But for many people, the experience tells a different story. Older adults, people with disabilities, and caregivers often run into basic problems when trying to use government websites. A page that won't work with a screen reader. A form that can't be filled out without a mouse. A document that looks fine—but can't actually be read by assistive technology. These aren't rare issues. They happen every day, across many parts of the system.</p> <p>The problem isn't that Massachusetts doesn't know what to do. It does. The state has policies, guidelines, and even oversight structures in place. Accessibility is clearly recognized as important.</p> <p>What's missing is follow-through. In practice, accessibility varies widely depending on where you live. Some cities and agencies have made real progress. Others are still using outdated systems that create real barriers. If you happen to live in a community with fewer resources, your access to government services may be limited—not by law, but by design.</p> <p>That creates a quiet but serious divide. The ADA doesn't say accessibility is optional. It's a civil right. But too often, Massachusetts treats it as a goal to work toward, rather than a standard that must be met. Expectations are set, but not consistently enforced. Responsibility is shared, but not always clearly owned.</p> <p>This pattern shows up in other areas too. The state is good at setting strong policies. It is less consistent when it comes to making sure those policies are actually carried out. And the consequences are real.</p> <p>A senior who can't renew benefits online without help. A person with a disability who can't complete an application. A caregiver who has to step in simply because the system</p>

doesn't work as it should. These are not isolated incidents. They are signs of a system that still isn't built for everyone. Fixing this won't require new ideas. The standards already exist. What's needed is a stronger commitment to making sure they are met—everywhere, not just in some places. That means setting clear deadlines, checking whether systems actually work, and being honest about where they don't. It also means giving communities the support they need to improve, while still holding them accountable for results. Massachusetts knows what accessibility looks like. The real question is whether it is willing to make it a reality for everyone. Until then, accessibility will remain what it too often is today: something the state promises, but not something every resident can count on.

Catching Minnows While the Sharks Swim Free

By Richard T. Moore

March 30, 2026

The recent announcement by U.S. Attorney Leah B. Foley of a new federal effort to crack down on benefit fraud in Massachusetts deserves recognition. Protecting public resources and maintaining confidence in programs like MassHealth and SNAP is essential. Fraud—wherever it occurs—undermines public trust and diverts funds from those who truly need assistance. But if we are serious about confronting fraud in Massachusetts, we must also be honest about where the greatest risks—and the greatest costs—actually lie.

The current initiative focuses largely on individual wrongdoing: stolen identities, improper benefit claims, and small-scale schemes. These are real problems, and they should be addressed. Yet compared to the scale of public spending in health care and long-term care, they are the equivalent of casting a line for minnows while sharks circle just offshore. Or, to put it more plainly, we are fly-casting where a harpoon is required.

Consider the long-term care sector, where billions of taxpayer dollars flow each year through Medicaid and other public programs. Here, the risks are not primarily about individuals gaming the system, but about complex, institutional practices that often escape scrutiny. Nursing homes that fail to meet legally required staffing levels may still receive full reimbursement, even when residents do not receive the care

they are entitled to under the law. Facilities frequently engage in related-party transactions—paying rent, management fees, or pharmacy costs to companies owned by the same corporate entities—at rates that can far exceed market norms. These arrangements can siphon public dollars into private profit while masking the true financial condition of facilities.

There are also persistent concerns about the overuse of antipsychotic medications in nursing homes, a practice that raises serious ethical and clinical questions, particularly when used for staff convenience rather than patient need. Federal watchdogs, including the U.S. Department of Health and Human Services Office of Inspector General, have repeatedly identified gaps in oversight and enforcement in long-term care settings.

In addition, complex financing arrangements involving federally backed loans—sometimes through the U.S. Department of Housing and Urban Development—have raised concerns about inflated property values and the diversion of funds away from resident care and facility improvements. And increasingly, we must confront the growing role of private equity firms and real estate investment trusts in the ownership of nursing homes. These entities often acquire facilities through leveraged transactions, separating the real estate from operations and imposing high rent and management fees. The result can be a steady extraction of resources from the facility—resources that might otherwise be used to support staffing, training, and resident care. Numerous studies and investigative reports have linked these ownership structures to lower staffing levels and poorer outcomes for residents. These are not isolated incidents. They are systemic vulnerabilities that can cost taxpayers far more than individual fraud cases—and, more importantly, they directly affect the quality of care for some of our most vulnerable residents.

To be clear, this is not an argument against pursuing benefit fraud. It is an argument for expanding the lens. A truly effective anti-fraud strategy must be proportionate to the scale and sophistication of the problem. It must follow the money, even when doing so leads into complex corporate structures and politically sensitive territory. Massachusetts has the expertise and the institutional capacity to do this work. Federal prosecutors, state agencies, and inspectors general have the tools to investigate not only individual misconduct but also

	<p>systemic abuses. What is needed is a commitment to apply those tools where they can have the greatest impact.</p> <p>If we focus only on the smallest and most visible forms of fraud, we risk missing the larger picture—and allowing far more significant abuses to continue unchecked. We should applaud the creation of a coordinated fraud enforcement effort. But we should also ask that it evolve into something more comprehensive, more ambitious, and more aligned with the realities of how public dollars are actually spent. Because in the end, protecting taxpayers and protecting vulnerable residents are not separate goals. They are one and the same—and they demand that we look beyond the minnows to the sharks.</p>
<p>FY 2027 State Budget</p>	<p>Joint Committee on Ways and Means <u>Public Hearing</u> Tuesday, March 31, 2026, 12:00 to 5:00 p.m. Check website for virtual access: https://malegislature.gov/Events/Hearings/Detail/5594 Written testimony may be submitted to the committee by emailing housecommittee.ways&means@mahouse.gov or SenateCommittee.Ways&Means@masenate.gov</p>
<p>Recruitment</p>	<p>See: Listings on MASterList.com's Job Board for all current listings</p>
<p>DignityMA Study Session</p>	<p>DignityMA Study Session:</p> <p>Using AI as an Advocacy Tool A Tutorial in the Use of Artificial Intelligence Applications by Advocates</p> <p>When: Wednesday, April 1, 2026 , 1:00 p.m. Presenter: James Lomastro, PhD, Chair , DignityMA Facilities Workgroup and Coordinating Committee Member <u>Registration for the AI Study Session required</u> What AI does for advocates:</p> <ul style="list-style-type: none"> • Finds information • Analyzes patterns • Translates complexity • Produces outputs <p>This session will review basic concepts and techniques appropriate for any skill level.</p> <p><u>Registration for the AI Study Session</u> required: https://tinyurl.com/DignityMAStudyApr</p>

May Is Older Americans Month



CHAMPION YOUR HEALTH: MAY 2026

**Administration on Community Living
Older Americans Month 2026 Theme: *Champion Your Health***

Every May, ACL leads the nation's observance of Older Americans Month, a time to recognize older adults' contributions and reaffirm our commitment to supporting their health and independence.

The 2026 theme, Champion Your Health, underscores prevention, wellness, and personal responsibility as cornerstones of healthy aging. It encourages taking an active role in managing and advocating for your health, accessing preventive care, and making informed decisions. This year, we are focused on evidence-based approaches, self-management, caregiver roles, and community partnerships that empower individuals to lead healthy lives.

The 2026 logos, sample article, and activity ideas are available now. Stay tuned for this year's poster, social media graphics, and more. Use the hashtag #OlderAmericansMonth on social media to share your plans and see what others are doing!

[ACL.gov/OAM](https://acl.gov/OAM)



Consumer Voice

[Call for Session Proposal](#)

There's just one week left to submit a session proposal for the 2026 Consumer Voice Conference!

Two easy steps to submit a proposal:

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.

Proposals are due by April 5, 2026. Late or incomplete proposals will not be considered.

This year's conference will be held at Hyatt Regency St. Louis at the Arch in St. Louis, Missouri, September 28-October 1, 2026.

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.

We are looking for proposals that...

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:

- 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.

[Submit proposal](#)

In Person and / or Online Events



BCIL and disability activists, PCAs with 1199SEIU, and Mass Senior Action members at the governor's office.

Rallying for PCA Services!

On March 19, approximately 200 people rallied at the State House, concerned about potential cuts to the state's Personal Care Attendant (PCA) program. The Governor's proposed budget targets PCA services for a \$68 million funding reduction, which if enacted, could significantly impact people's independence and health.

Those at the State House rallied at the Governor's office and then visited the offices of the chairpersons of the House and Senate Ways and Means Committees, **Representative Aaron Michlewitz** of Boston and **Senator Michael Rodrigues** of Westport. They have been longtime supporters of PCA services.

While there was tremendous energy at the State House, more advocacy is essential!

You can use this link, prepared by 1199SEIU, the union for PCAs, to send a message to your legislators; [We need to invest in homecare, not make cuts!](#)

Also, 1199SEIU is holding Homecare Community Forums with legislators. If you attend, you can add to the chorus of why PCA services are so vital and also show your support for the PCAs who underpin the program:



Jiayi Wu of BCIL at the rally.



Aaron Rowley and Susan Backstrom of BCIL at the rally

- **Lawrence**, April 6, 5:00, Public Library, 51 Lawrence St., Lawrence
- **Boston**, April 7, 5:00, Grove Hall Public Library, 41 Geneva Ave., Dorchester
- **New Bedford**, April 9, 5:00, Labor Council, 560 Pleasant St., New Bedford
- **Springfield**, April 9, 5:30, PVP Church, 45 Maple Str., Springfield
- **Brockton**—date and time to be determined

[Contact BCIL](#)

Webinars and Online Sessions

1. [Aging Behind the Walls: A Conversation on Incarcerated Older Adults](#)

UMass Boston Gerontology

Wednesday, April 1, 2026, 7:00 p.m.

For the April session, Jenn Wayne, a current UMass Management of Aging Services student, will lead a thoughtful and important discussion on aging among incarcerated individuals, a topic that challenges to think deeply about justice, dignity, care, and the unique needs of older adults in correctional settings.

As the population ages across all systems, correctional facilities are increasingly grappling with complex health, social, and ethical questions related to older adults. This conversation will explore what aging looks like behind the walls, what supports are needed, and how leaders in aging services can approach this issue through a lens of compassion, equity, and person-centered care

2. [Connecting Corners: Curb Ramps, Blended Transitions, Accessibility and PROWAG Basics](#)

U.S. Access Board

Thursday, April 2, 2026, 2:30 to 4:00 p.m.

Curb ramps and blended transitions are critical connections in pedestrian access routes, allowing people to move between sidewalks and crosswalks. They must be designed and constructed so that they are usable by all pedestrians. [This webinar](#) will present the Laws, Standards, and Guidelines, regarding pedestrian accessibility. It will review requirements in the Public Right-of-Way Accessibility guidelines (PROWAG) for accessible curb ramps and blended transitions.

3. [Navigating the Social Security Administration: Options for Advocates](#)
Justice in Aging

Apr 14, 2026, 2:00 p.m.

Over the past 15 months, the Social Security Administration (SSA) has experienced a turbulent period marked by far-reaching organizational changes: the deepest staffing reductions in its history, office restructuring, inconsistent and shifting policies on accessing walk-in service at field offices, and increased reliance on automated and online systems. These changes have had a significant impact on the ability of advocates who serve claimants and beneficiaries to interact with the agency. This webinar will outline the current state of customer service at SSA and equip advocates with practical strategies for getting things done within the agency. Join us for a conversation among panelists that will provide useful information for advocates who are currently representing claimants and beneficiaries at SSA. Attendees will:

- Learn about the recent report “In the last year, it’s gotten a lot worse”: A Qualitative Investigation of Barriers to Disability Benefits in 2025: <https://dredf.org/ssa-barriers-2025/>
- Understand the current state of customer service at SSA, and hear about upcoming developments
- Gain practical strategies for navigating SSA

4. **Caregiver Navigation Innovations and Strategies**
National Caregiver Support Collaborative (NCSC)

Thursday, April 30, 2026, 2:00 to 3:00 p.m.

This webinar will highlight key insights from USAging, an NCSC grantee, and aging network providers on caregiver navigation across area agencies on aging, state units on aging, tribal partners, and community-based organizations. Attendees will learn about:

- The caregiver navigation continuum to support the development of replicable models and foster a shared understanding across the aging network
- Findings from USAging’s environmental scan on caregiver navigation models used by aging network organizations nationwide
- Caregiver navigation models from aging network organizations from across the country, which promote holistic support for caregivers, both in their caregiving role and in maintaining their own well-being

Featured speakers

- **Darya Rahbar**, Program Manager of Caregiver Navigation Services, USAging
- **Zachary Trammel**, Program Manager of Caregiver Navigation Services, USAging
- **Sheila Weaver**, Program Manager, Idaho Caregiver Alliance Family Caregiver Navigator Project
- **Kristie Wiltgen**, Chief Operating Officer, Northeast Iowa Area Agency on Aging (NEI3A)

5. **AI Technology in Health Care: Emerging Risks**
American Society for Health Care Risk Management

Wednesday, May 6, 2026, 1:00 p.m.

This webinar will guide risk professionals in understanding the rapidly evolving legal, ethical, and liability challenges posed by AI-enabled health technologies, including ambient scribing and AI agents used in clinical settings.

	<p>6. <u>40 Years of Medicare Advocacy: Lessons Learned and the Way Forward</u> Center for Medicare Advocacy Recorded April 1, 2026 marks CMA’s 40th Anniversary. Join CMA’s Founder and former Executive Director Judy Stein and other staff for this discussion of lessons learned and work still to be done to improve access to care for Medicare beneficiaries.</p> <p>7. <u>Protect Medicaid: State Revenue Strategies for Aging and Disability Advocates</u> Justice in Aging Recorded.</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>8. ProPublica March 30, 2026 <u>A Nursing Home Owner Got a Trump Pardon. The Families of His Patients Got Nothing.</u> By Jeremy Kohler Reporting Highlights</p> <ul style="list-style-type: none"> • Another Trump Pardon: Nursing home operator Joseph Schwartz was convicted of a \$39 million fraud, but President Donald Trump pardoned him just three months into a three-year prison term. • A Troubling Pattern: Schwartz is one of several nursing home operators convicted of crimes who were granted clemency by Trump. • Devastated Families: The families of some patients in Schwartz’s nursing homes have been awarded millions of dollars from lawsuits. But they haven’t been able to collect from him. <p>9. McKnight’s Long-Term Care News March 29, 2026 <u>Shift in antipsychotic prescribing in nursing homes raises questions about provider roles, data limits</u> By Jessica R. Towhey The <i>McKnight’s Long-Term Care News</i> article from March 2026 discusses a significant policy shift by the Centers for Medicare & Medicaid Services (CMS) regarding the use of antipsychotic medications in nursing homes. The study, “Shifts in Antipsychotic Prescribing by Clinician Type for Medicare Part D Beneficiaries, 2013-2023,” was <u>published</u> Wednesday in <i>JAMA Open Network</i> by researchers affiliated with The University of Texas Health Science Center. CMS is undertaking a comprehensive review of its prescribing oversight with the goal of more accurately distinguishing between “inappropriate” use—often used as a form of chemical restraint—and “clinically indicated” care for residents with legitimate neuropsychiatric symptoms. This move follows years of criticism from advocacy groups and medical professionals who argue that existing quality measures</p>

	<p>have inadvertently restricted access to necessary treatments for conditions beyond schizophrenia and Huntington's disease, sometimes leading to a "balloon effect" where providers shifted to other psychotropics, such as anticonvulsants, to avoid penalties. By refining these standards and documentation requirements, CMS aims to foster a more patient-centered approach that prioritizes individualized clinical needs while continuing to discourage the overuse of powerful sedative medications.</p> <p>10. McKnights Long-Term Care News March 25, 2026 <u>Dems blast staffing rule repeal, other gov't 'harms' putting seniors 'at risk'</u> Following the Trump administration's finalized repeal of the federal nursing home staffing mandate in early 2026, Democratic lawmakers led by Senate Finance Committee Ranking Member Ron Wyden (D-OR) have "blasted" the move, characterizing it as a dangerous rollback that prioritizes corporate profits over resident safety. The repeal, which became effective in February 2026, rescinded the Biden-era requirements for a minimum of 3.48 hours of nursing care per resident day and 24/7 on-site registered nurse coverage. In response to the rescission, Democrats introduced the "Nurses Belong in Nursing Homes Act" and the "Safe Staffing Saves Lives Act" to codify these staffing standards into federal law, arguing that the rollback ignores decades of research linking higher staffing to improved clinical outcomes and could lead to thousands of preventable deaths annually. While the nursing home industry has largely celebrated the repeal as a necessary relief from "one-size-fits-all" regulations amid a chronic labor shortage, Democratic critics maintain that the administration's actions leave vulnerable seniors at increased risk of neglect and abuse.</p> <p>11. Betsy Lehman Center for Patient Safety February 12, 2025 <u>Improving emergency preparedness in skilled nursing facilities</u> (recorded webinar) The Betsy Lehman Center co-sponsored a webinar to support Massachusetts skilled nursing facilities as they strengthen emergency preparedness, with a special focus on sheltering in place and evacuation. Experts in emergency management discuss effective readiness plans, and local managers talk about what they learned from recent first-hand experiences with emergencies in their facilities. The session was hosted in partnership with the Massachusetts Senior Care Association, Department of Public Health, and Executive Office of Aging & Independence.</p>
Housing	<p>12. U.S. Department of Housing and Urban Development February 26, 2026 <u>Revocation of the 30-Day Notification Requirement Prior To Termination of Lease for Nonpayment of Rent</u> The Department of Housing and Urban Development (HUD), which had published <u>an interim final rule (IFR) revoking certain eviction protections</u></p>

	<p>in HUD-assisted housing, will now treat this IFR as a proposed rule instead.</p> <p>As a result, any changes are paused and will not go into effect until the agency reviews comments on the proposed rule and issues a new final rule. HUD announced this decision after litigation challenging the IFR and HUD's attempt to bypass standard rulemaking procedures. HUD's proposed rule aims to rescind a 2024 HUD final rule that requires Public Housing Authorities (PHAs) and owners to provide 30 days' notice before terminating a lease for nonpayment of rent. Importantly, this rule also created a right to cure nonpayment within 30 days regardless of more restrictive state laws.</p> <p>Justice in Aging advocated for HUD's 30-Day Notice Rule, which helps prevent evictions and homelessness for older adults and other tenants.</p> <p>Advocates can submit comments opposing HUD's proposed rule until April 27, 2026.</p>
Health Care Topics	<p>13. Commonwealth Beacon (The Codcast) March 30, 2026 Trying to measure primary care's downward spiral Interview with Barbra Rabson, President and CEO of Massachusetts Health Quality Partners In this episode of <i>The Codcast</i>, Barbra Rabson, the outgoing President and CEO of Massachusetts Health Quality Partners (MHQP), discusses the deepening crisis in primary care, which she describes as "underfunded and undervalued for years." Despite primary care being the only medical specialty proven to increase life expectancy and health equity, Rabson notes that only six cents of every healthcare dollar in Massachusetts was spent on it in 2023, and fewer than 20 percent of the state's medical graduates are entering the field. The conversation highlights a "downward spiral" exacerbated by the pandemic, characterized by an aging workforce, significant pay discrepancies compared to other specialists, and a loss of physician autonomy as large health systems absorb smaller practices. Rabson, who also serves on Governor Maura Healey's primary care task force, emphasizes that without a major shift in investment and research—noting that only 0.3 percent of federal research funding currently goes to primary care—the system will continue to function as a "sick care" model rather than one focused on proactive health.</p> <p>14. Betsy Lehman Center for Patient Safety February 12, 2026 New report supports effort to reinvigorate Patient and Family Advisory Councils in Massachusetts The Betsy Lehman Center for Patient Safety has released its inaugural annual report assessing the effectiveness and impact of Patient and Family Advisory Councils (PFACs) in Massachusetts hospitals. A state law passed in 2008 requires all acute care and rehabilitation hospitals to establish a PFAC. Analyzing data from 51 facilities, the 2025 report sets a baseline for future improvements and showcases recent successes in enhancing patient safety, quality of care, and facility operations through direct community engagement. This transition of oversight to the Betsy Lehman Center includes a redesigned reporting process and expanded</p>

	<p>support services—such as educational forums and coaching—aimed at deepening the partnership between care teams and the individuals they serve. Ultimately, the report reinforces the critical role PFACs play in the state's broader health care safety roadmap by ensuring that patient and family voices are integrated into the design and delivery of medical services.</p>
<p>Alzheimer's and Other Dementia</p>	<p>15. STAT March 25, 2026 Emergency departments are not equipped to help patients with dementia By Gabriela Khazanov <i>ERs can worsen symptoms. Some small changes could help</i> This article from STAT News highlights the critical gap in how emergency departments (EDs) manage patients with dementia, arguing that these fast-paced and high-sensory environments are fundamentally ill-equipped for those with cognitive impairments. The report details how the standard ED experience—characterized by loud noises, bright lights, and long wait times—often triggers "emergency department delirium" or severe agitation, which can lead to the unnecessary use of physical or chemical restraints. To address these systemic failures, the article advocates for a "dementia-friendly" overhaul of emergency care, emphasizing the importance of specialized staff training, environmental modifications like quiet zones, and the early identification of cognitive issues to prevent avoidable hospitalizations and improve long-term outcomes for both patients and their caregivers. The ED Dementia Care Training program funded by the Dementia Australia Research Foundation provides more detailed guidance.</p> <p>16. *New York Times March 25, 2026 (updated) New Blood Tests Can Detect Early Signs of Alzheimer's: Should You Get One? By Dana G. Smith The <i>New York Times</i> article published on March 19, 2026, titled "Could a Blood Test Predict if You'll Get Alzheimer's?" explores a significant breakthrough in neurodegenerative research led by Dr. Suzanne Schindler and her team at Washington University School of Medicine. The article details a newly developed "clock" model that utilizes a simple blood test measuring the protein p-tau217 to estimate when an individual is likely to develop Alzheimer's symptoms, even years before memory loss occurs. By tracking this biomarker, which mirrors the silent accumulation of amyloid and tau in the brain, researchers can now predict the onset of symptoms within a margin of three to four years. The study found that age plays a crucial role in these predictions; for instance, someone with elevated protein levels at age 60 might not show symptoms for 20 years, whereas someone at age 80 might decline in just 11 years. While these tests are currently recommended only for diagnosing patients already experiencing cognitive impairment, the article emphasizes their potential to revolutionize clinical trials by identifying ideal candidates for preventive therapies and eventually</p>

	<p>providing patients with a personalized timeline for brain health management.</p> <p>17. The Conversation March 24, 2026 <u>When everyday tasks become harder: Early clues to Alzheimer's disease</u> By Maryam Ghahremani and Zahinoor Ismail The <i>Conversation</i> article, "When everyday tasks become harder: Early clues to Alzheimer's disease," published in March 2026 by researchers from the University of Calgary, highlights how subtle but persistent difficulties with complex daily activities—such as managing finances, preparing meals, or navigating transportation—serve as critical early warning signs of Alzheimer's. While traditional diagnosis often focuses on memory loss, this research emphasizes that "functional impairment" in these instrumental activities of daily living (IADLs) can manifest years before significant cognitive decline and is strongly correlated with the underlying brain pathology of the disease, including amyloid and tau accumulation. By recognizing these steady changes in function, families and clinicians can identify individuals at higher risk for dementia sooner, providing a vital window for early intervention and personalized care planning before the disease progresses to more advanced stages.</p>
Workforce	<p>18. McKnights Long Term Care News March 30, 2026 <u>Save lives of 5K US seniors by allowing more foreign-born healthcare workers: study</u> By Kimberly Marselas The McKnight's Home Care article, summarizing a February 2026 National Bureau of Economic Research (NBER) study, highlights the critical role of immigration in reducing mortality among older Americans. Researchers from Harvard Medical School, MIT, and the University of Rochester found that a 25% increase in the annual flow of immigrants—roughly 325,000 people—could prevent approximately 5,000 elderly deaths nationwide each year. This life-saving effect is driven by the expansion of the healthcare workforce; for every 1,000 immigrants admitted, an estimated 142 join the healthcare sector as physicians, nurses, and long-term care aides without displacing native-born workers. The study emphasizes that this influx of labor addresses severe staffing shortages and enables more seniors to "age in place" by making home-based care more accessible, which is associated with better health outcomes compared to institutionalization in nursing homes. Ultimately, the findings frame immigration policy not just as an economic issue, but as a vital public health tool for managing the needs of the nation's rapidly aging population.</p>
Aging Topics	<p>19. *Washington Post March 28, 2026 <u>She set a world record in her 60s — and says she's stronger than ever at 76</u> By Maggie Penman The <i>Washington Post</i> article from March 28, 2026, features an interview with 76-year-old marathon swimmer Diana Nyad, exploring her enduring</p>

vitality and her perspectives on the aging process. Reflecting on her historic 110-mile swim from Cuba to Florida at age 64, Nyad explains that she felt more capable and "eyes-wide-open" in her 60s than in her 20s, attributing her success to a broadened perspective and a deep sense of gratitude rather than just physical strength. Now in her mid-70s, Nyad remains highly active through rigorous gym workouts and tennis, emphasizing that a sense of urgency and social engagement are vital to maintaining a youthful mind. The piece connects Nyad's personal philosophy with recent scientific research suggesting that a positive attitude toward aging can significantly improve physical and cognitive health, ultimately framing later life as a period of potential growth and continued excellence rather than inevitable decline.

20. *New York Times

March 27, 2026

[A 'Zoomer-to-Boomer' Pay Phone Hotline Gets Two Generations Chatting](#)

By Adeel Hassan

Gemini said

The *New York Times* article "A 'Zoomer-to-Boomer' Pay Phone Hotline Gets Two Generations Chatting" highlights a social experiment by Matter Neuroscience aimed at bridging the generational divide and addressing the growing crisis of loneliness. The project features two refurbished, bright yellow payphones—one installed on the Boston University campus and the other at a senior housing community in Reno, Nevada—that facilitate spontaneous phone calls between Gen Z students and Baby Boomer retirees. By connecting these two demographics, which studies identify as the loneliest in the United States, the initiative encourages participants to swap stories and challenge age-related stereotypes. Ultimately, the experiment seeks to foster meaningful human connection and improve mental well-being through simple, unscripted conversations that remind both generations of their shared humanity.

21. *Washington Post

March 25, 2026

[People 65 and older can get better with age, study shows. This is the key.](#)

By Maggie Penman

The *Washington Post* article published on March 25, 2026, titled "People 65 and older can get better with age, study shows. This is the key," highlights a transformative shift in understanding the aging process. Based on research by Dr. Becca Levy and her colleagues, the piece argues that aging is not an inevitable "one-way street toward decline," but rather a phase where many individuals actually experience improvement in physical and cognitive health. The central "key" to this success is maintaining a positive mindset toward getting older, which creates a beneficial "snowball effect": individuals with optimistic views on aging are more likely to exercise, socialize, and engage in preventative health behaviors, leading to greater longevity and lower disease risk. To foster this mindset, the article suggests increasing intergenerational connections and utilizing the "ABC method"—

	<p>becoming Aware of ageist messaging, Blaming ageism rather than the biological process of aging for certain challenges, and Challenging negative stereotypes—to recognize that later life can be a period of continued growth and privilege.</p>
<p>Disability Topics</p>	<p>22. The Harvard Kenneth C. Griffin Graduate School of Arts and Sciences March 27, 2026 Why Is Autism More Common in Males? By Sydney Sauer <i>Professor Talukdar investigates how X chromosome genes reduce female risk—and potentially protect against other developmental disorders</i> The Harvard Griffin GSAS article explores the research of Maya Talukdar into the "female protective effect" (FPE), which seeks to explain why autism is diagnosed four times more frequently in males than in females. Talukdar's study identifies a specific gene on the X chromosome called ZFX that appears to provide a biological buffer for females; because females have higher baseline expression of this gene, they can better absorb the impact of genetic mutations that would otherwise lead to autism. This research suggests that females require a higher "genetic hit" to manifest symptoms, effectively protecting them from risks that more easily affect males. Furthermore, the findings indicate that this protective mechanism may extend beyond neurodevelopment to other male-biased conditions, such as congenital heart disease and certain gastrointestinal disorders, potentially opening new avenues for sex-based clinical interventions and therapies.</p> <p>23. Office of Governor Maura Healey and Kim Driscoll March 23, 2026 Governor Healey Signs Executive Order to Support Adults with Profound Autism On March 23, 2026, Governor Maura Healey signed an Executive Order establishing a statewide strategy and an advisory council to enhance support for adults over age 22 with profound autism. This initiative specifically targets individuals who require 24-hour assistance due to significant intellectual disabilities and limited language skills, aiming to improve coordination among state agencies like the Department of Developmental Services and the Department of Mental Health. Led by the Executive Office of Health and Human Services, the council—which includes state officials, clinicians, and family advocates—is tasked with developing recommendations for specialized housing, healthcare access, and workforce development. By focusing on data-driven outcomes and innovative service models, the order seeks to ensure a more stable and effective support system for this highly vulnerable population and their families.</p> <p>24. Route Fifty March 18, 2026 Governments' website accessibility deadline is fast approaching By Chris Teale The <i>Route Fifty</i> article highlights an approaching April 24, 2026, deadline for state and local governments with populations of 50,000 or</p>

	<p>more to ensure their websites and mobile apps are fully accessible under Title II of the Americans with Disabilities Act. This federal mandate requires compliance with Web Content Accessibility Guidelines (WCAG) 2.1, which include rigorous standards for keyboard-only navigation, alternative text for images, and captions for all multimedia content. While the Department of Justice’s specific enforcement strategy remains unconfirmed, experts anticipate an initial focus on high-impact public entities such as schools, transit agencies, and election offices. Smaller jurisdictions have until 2027 to meet these requirements, but the looming deadline for larger cities and states underscores a critical, nationwide push toward digital inclusivity despite the significant technical and financial hurdles involved in retrofitting existing infrastructure.</p> <p>25. Universal Service Administrative Company Get Connected to Phone or Internet Service As more services move online, the Social Security Administration recognizes that accessing these services can sometimes be challenging for some older adults. The Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) Lifeline program may be helpful. This federal initiative is designed to make phone and internet services more affordable for low-income households, ensuring that more individuals have the connectivity needed to access important resources and services online. Eligible consumers can receive a monthly discount of up to \$9.25, making it even easier to stay connected and access essential services. Individuals receiving Supplemental Security Income, Supplemental Nutrition Assistance Program, Medicaid, and other Federal Assistance programs, as well as households with income of 135 percent or less than the Federal Poverty Guidelines are eligible. Visit Home - Universal Service Administrative Company to check eligibility and submit an application. Once enrolled, please consider creating a personal my Social Security account, ensuring safe, secure, and convenient access to your Social Security records and online services. This information provided by the Social Security Administration</p>
<p>Alzheimer’s and Other Dementia</p>	<p>26. *New York Times March 25, 2026 (updated) New Blood Tests Can Detect Early Signs of Alzheimer’s: Should You Get One? By Dana G. Smith The <i>New York Times</i> article published on March 19, 2026, titled "Could a Blood Test Predict if You’ll Get Alzheimer’s?" explores a significant breakthrough in neurodegenerative research led by Dr. Suzanne Schindler and her team at Washington University School of Medicine. The article details a newly developed "clock" model that utilizes a simple blood test measuring the protein p-tau217 to estimate when an individual is likely to develop Alzheimer’s symptoms, even years before memory loss occurs. By tracking this biomarker, which mirrors the silent accumulation of amyloid and tau in the brain, researchers can now</p>

	<p>predict the onset of symptoms within a margin of three to four years. The study found that age plays a crucial role in these predictions; for instance, someone with elevated protein levels at age 60 might not show symptoms for 20 years, whereas someone at age 80 might decline in just 11 years. While these tests are currently recommended only for diagnosing patients already experiencing cognitive impairment, the article emphasizes their potential to revolutionize clinical trials by identifying ideal candidates for preventive therapies and eventually providing patients with a personalized timeline for brain health management.</p>
<p>Medicaid</p>	<p>27. Urban Institute March 25, 2026 Projected Reductions in Medicaid Expansion Enrollment Under OBBBA's Work Requirements and Six-Month Redeterminations Researchers at the Urban Institute released new national and state estimates of projected reductions in Medicaid Expansion enrollment under H.R. 1 work requirements and six-month redeterminations. They project that between 4.9 and 10.1 million fewer people will be enrolled in Medicaid Expansion coverage in an average month in 2028, depending on what actions states take to minimize the burdens of these policies and make it easier for people to keep their coverage. Enrollment is expected to decrease in every state that has fully or partially expanded Medicaid by 18% to 33% with high mitigation efforts and by 37% to 68% with low mitigation efforts. Between 19% and 37% of Expansion enrollees who are working are expected to have their coverage terminated, including some who are meeting the work requirement but would face challenges documenting their compliance or exemption. Older adults ages 50 to 64, people with a health condition affecting their ability to work, and family caregivers are among those at higher risk. For advocacy tips to protect Medicaid coverage for older adults, people with disabilities, and family caregivers, check out Justice in Aging's webinar, Implementing New Medicaid Work Requirements: Strategies to Mitigate Harm in Your State and our Medicaid Work Requirements toolkit.</p>
<p>Federal Policy</p>	<p>28. U. S. Representative Lloyd Doggett March 26, 2026 Doggett, Schakowsky Introduce Brand New "Safe Staffing Saves Lives Act" The "Safe Staffing Saves Lives Act," introduced on March 26, 2026, by Representatives Lloyd Doggett and Jan Schakowsky, seeks to establish the first statutory, mandatory minimum nurse staffing standards for nursing homes to ensure resident safety and dignity. The proposed legislation requires facilities to provide at least 4.1 hours of direct care per resident per day and ensures that a registered nurse is on duty 24 hours a day, seven days a week. Developed in response to the repeal of previous administrative staffing rules, the bill aims to address chronic understaffing—a primary driver of poor health outcomes such as infections and falls—by holding nursing home executives and private equity owners accountable through strong enforceable penalties.</p>

	<p>Supported by a broad coalition of labor unions and advocacy groups including the AFL-CIO and SEIU, the act emphasizes that adequate staffing levels are essential for providing high-quality, person-centered care and protecting vulnerable populations from corporate corner-cutting.</p> <p>29. Office of Attorney General Andrea Campbell March 23, 2026 AG Campbell Files Lawsuit Against Trump Administration for Holding Hostage Billions in Critical USDA Funding Massachusetts Attorney General Andrea Joy Campbell, co-leading a coalition of 21 attorneys general, has filed a lawsuit against the Trump administration to challenge "unconstitutional and unlawful" conditions placed on billions of dollars in U.S. Department of Agriculture (USDA) funding. The lawsuit alleges that the administration is attempting to coerce states into adopting its specific policies on immigration, diversity, equity and inclusion (DEI), and gender identity by making them prerequisites for essential nutrition and agricultural grants. According to the complaint, these mandates—which impact critical programs like the Supplemental Nutrition Assistance Program (SNAP), WIC, and the National School Lunch Program—violate the Spending Clause of the Constitution and the Administrative Procedure Act because they are arbitrary, unrelated to the programs' core purposes, and lack clear congressional authorization. The coalition is seeking a court order to block the USDA from enforcing these conditions, arguing that withholding such vital resources would jeopardize food security for millions of vulnerable children, families, and seniors across the country</p>
<p>From Our Colleagues from around the Country</p>	<p>30. Consumer Voice March 27, 2026 Consumer Voice Submits Comments to CMS on CRUSH Initiative to Address Suspicious Healthcare Practices On March 23, 2026, Consumer Voice submitted formal comments to the Centers for Medicare & Medicaid Services (CMS) regarding the "Comprehensive Regulations To Uncover Suspicious Healthcare" (CRUSH) initiative, advocating for heightened financial transparency and accountability within the nursing home industry. The organization expressed grave concern over the nearly \$70 billion in annual public funding that often fails to translate into adequate resident care, pointing specifically to "related-party transactions" as a primary method used by owners to obscure profits and divert funds away from staffing and services. Consumer Voice urged CMS to implement rigorous oversight reforms, including the auditing of cost reports, increased financial disclosures, and the denial of certification for operators with documented histories of poor care. By addressing these systemic loopholes, the group aims to ensure that taxpayer dollars are prioritized for the health and dignity of vulnerable long-term care residents rather than being siphoned off through complex corporate structures. Read Consumer Voice's Comments.</p> <p>31. Justice in Aging <i>New Justice in Aging Resources</i></p>

	<ul style="list-style-type: none"> • Fact Sheet: How H.R. 1 Impacts People Dually Eligible for Medicare and Medicaid (3/24) • Article: Federal Housing Protections for People with Disabilities (Justice in Aging, The Kelsey, and Disability Rights Education & Defense Fund) (Updated 3/23) • FAQ: Payment Options for Individuals Who Owe Past-Due Medicare Premiums (3/23) • Fact Sheet: The Medicare Low-Income Subsidy Can Save Enrollees Thousands of Dollars (3/23) • Fact Sheet: How to Access Free Part D Plans for Low Income Subsidy Enrollees (3/23)
<p>From around the Country</p>	<p>32. Colorado Sun March 27, 2026 A waitlist for 24/7 care for Colorado adults with disabilities is 7 years long. State Medicaid cuts could double it. By Jennifer Brown <i>After years of trying to clear the waitlist for the adult developmental disabilities waiver, this year's budget crisis could double it</i> The <i>Colorado Sun</i> article published on March 27, 2026, reports that Colorado's already extensive seven-year waitlist for the adult developmental disabilities Medicaid waiver could double to 14 years due to significant state budget cuts. Faced with a \$1.5 billion shortfall, the state's Joint Budget Committee approved a policy shift where only one new person will be enrolled for every two who exit the program, a move intended to save millions as Medicaid spending now consumes one-third of the state's total budget. Beyond slowing new enrollments, the plan ends the automatic transition of children with disabilities into 24/7 adult care programs upon their 18th birthday, requiring them to join the waitlist instead. These reductions have sparked intense concern among families and advocates, who argue that the cuts target the most vulnerable residents and leave aging parents without a clear path for the long-term care of their adult children.</p> <p>33. Hartford Courant March 26, 2026 Residents of CT nursing home where woman died have to leave. There are 17 waiting for a new home. By Livi Stanford Following the state-ordered closure of the Bickford Health Care Center in Windsor Locks, all 48 residents are being transitioned to new facilities after a 93-year-old woman, Margaret Healey, wandered out of the building undetected and died from exposure in early February 2026. An investigation by the Connecticut Department of Public Health uncovered more than a dozen violations at the center, highlighting chronic staffing shortages and a failure to address safety deficiencies identified in previous surveys. The Department of Social Services has appointed a temporary manager to oversee the mandatory transfers, with a target</p>

	<p>completion date of April 10, while the state's long-term care ombudsman works to mitigate the "traumatic" nature of the sudden transition for the close-knit community of residents and their families. As the facility prepares to shut its doors, local authorities continue to investigate the circumstances surrounding the fatal incident, and state officials have committed to providing uninterrupted funding to ensure resident care is maintained throughout the relocation process.</p> <p>34. Skilled Nursing News March 25, 2026 <u>Nursing Homes Fear Being Shortchanged in \$1.5B Health Care Funding Split Amid Budget Negotiations</u> By Amy Stulick</p> <p>In the midst of New York state budget negotiations, nursing home operators are expressing concern over the potential allocation of a proposed \$1.5 billion healthcare funding increase, fearing the sector will be shortchanged in favor of hospitals. While Governor Kathy Hochul's proposal does not explicitly delineate how the funds will be split, advocacy groups like the New York State Health Facilities Association are pushing for at least \$750 million to begin reversing what they describe as a 15-year cycle of disinvestment and chronic Medicaid underfunding. With roughly 70% of the state's nursing homes reporting financial losses and several recent closures, stakeholders warn that failing to provide adequate support will further destabilize the long-term care system, leading to reduced resident access and increased discharge backlogs for hospitals.</p> <p>35. CT Mirror March 25, 2026 <u>Long-term care ombuds shares update on Bickford nursing home closure</u> By Michayla Savitt</p> <p>Connecticut state officials have ordered the closure of the Bickford Health Care Center in Windsor Locks and the mandatory transfer of its 48 residents following the February 2026 death of a 93-year-old resident who wandered out of the facility undetected. The Department of Public Health cited the nursing home for more than a dozen violations, including chronic staffing shortages and a failure to rectify safety deficiencies identified in prior surveys. In response, the Department of Social Services has appointed a temporary manager to oversee the relocation process, setting an initial goal for all residents to find new placements by April 10 while promising uninterrupted funding and support. As residents navigate the traumatic transition from the close-knit facility, local police continue to investigate the circumstances of the death, pending final results from the Office of the Chief Medical Examiner.</p>
A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i> 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</p>

	<p>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><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</i></u> By Alex Green <u>Buy the book here</u></p> <p>Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p> <p><u><i>American Eldercide: How It Happened, How to Prevent It</i></u> By <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>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>
<p>Websites</p>	<p>Universal Service Administrative Company https://www.lifelinesupport.org/</p> <p>Lifeline is a federal program that lowers the monthly cost of phone or internet service. Eligible consumers can get up to \$9.25 off the cost of phone, internet, or bundled services.</p> <p>Center for Social and Demographic Research on Aging https://www.umb.edu/demographyofaging/factsheets/</p>

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

<p>Determination of Need Projects</p>	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>																																																
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. 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>																																																
<p>Nursing Home Inspect</p>	<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" data-bbox="586 1077 1369 1444"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated October 15, 2025</p>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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<p>Nursing Home Compare</p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. https://tinyurl.com/NursingHomeCompareWebsite</p>																																																
<p>Data on Ownership of Nursing Homes</p>	<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</p>																																																

	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.		
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	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		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group leaders for more information.	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	Facilities (Nursing homes and rest homes)	Jim Lomastro	jimlomastro@comcast.net
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	Dickmoore1943@gmail.com
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<i>Bringing People Home: Implementing the Marsters class action settlement</i>	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/		

<i>REV UP Massachusetts</i>	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 .
<i>The Dignity Digest</i>	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"> • Wynn Gerhard • Dick Moore 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>	