



The Dignity Digest

Issue # 278

April 7, 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 caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."

Martin Luther King Jr., "[Letter from Birmingham Jail](#)", April 16, 1963

Guide to news items in this week's Dignity Digest

Nursing Homes

- [CMS proposes 2.4 percent Medicare pay hike, targets PDPM upcoding](#) (McKnights Long-Term Care News, April 2, 2026)
- [CMS Proposes Medicare Pay Hikes For Nursing Homes, Hospice](#) (*Modern Healthcare, April 2, 2026)

Housing

- [Don't Call Them Retirement Communities](#) (*New York Times, March 30, 2026)

Alzheimer's and Other Dementia

- [High-dose flu vaccine tied to lower Alzheimer's risk in older adults](#) (CIDRAP - Center for Infectious Disease Research & Policy, April 2, 2026)

Covid / Long Covid

- [Describing vaccines in terms of freedom can lead some hesitant older adults to accept COVID shots, study finds](#) (CIDRAP - Center for Infectious Disease Research & Policy, April 2, 2026)

Caregiving

- [Valuing the Invaluable 2026](#) (AARP Public Policy Institute, March 26, 2026)

Federal Policy

- [GOP Mulls More Health Cuts](#) (KFF Health News, April 2, 2026)
- [A Preview of the Role Health Care May Play in the 2026 Election](#) (KFF, April 2, 2026)

From Around the Country

<p>Quotes</p>	<ul style="list-style-type: none"> • Shuttered Waterbury nursing home property, facing foreclosure suit, goes up for sale (Hartford Business Journal, March 30, 2026) <p><i>The estimated economic value of family caregiving is \$1.01 trillion, based on about 59 million caregivers providing a total of 49.5 billion hours of care, at an average value of \$20.41 per hour.</i> Valuing the Invaluable 2026 (AARP Public Policy Institute, March 26, 2026)</p> <p><i>Vaccine-hesitant older adults were more willing to accept hypothetical COVID shots when they were described as way to preserve their freedom and autonomy rather than as an action that complies with government recommendations, a new study finds.</i> Describing vaccines in terms of freedom can lead some hesitant older adults to accept COVID shots, study finds (CIDRAP - Center for Infectious Disease Research & Policy, April 2, 2026)</p> <p><i>Receiving a high-dose flu vaccine is associated with a significantly lower risk of Alzheimer’s disease than a standard-dose vaccine in adults aged 65 and older, according to a large observational study.</i> Describing vaccines in terms of freedom can lead some hesitant older adults to accept COVID shots, study finds (CIDRAP - Center for Infectious Disease Research & Policy, April 2, 2026)</p> <p><i>“It was my first time really thinking in a structured way about what my future could be, thinking that I had more agency than I believed to shape the future I wanted. Co-living in a community of like-minded people would be energizing and grounding.”</i> Elizabeth White, 71, a Washington, D.C.-based author and age-solutions activist, Don’t (*New York Times, March 30, 2026)</p> <p><i>“When our elders move into assisted living residences, they and their loved ones deserve safe accommodations and clear information about the</i></p>
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costs they will pay and services offered. These regulations will strengthen accountability to ensure that these facilities are fulfilling their commitments and help ensure older adults live with dignity and respect.

Attorney General Andrea Campbell, [AG Campbell Announces Draft Regulations For Assisted Living Residences](#), (Office of Attorney General Andrea Campbell, April 6, 2026)

Spotlight

[Aging with Dignity](#)
Providing Long-Term Supports and Services at Home for Our Nation’s Elders
March 2026
By Richard Frank, Sherry Glied, Jonathan Gruber, Vani Agarwal, and Wendell Primus

This twenty-page report proposes a fundamental shift in how the United States finances and delivers long-term supports and services (LTSS).

The Crisis in Long-Term Care

The U.S. faces a rapidly aging population, with 43 states projected to have more than 20% of their residents over age 65 by 2050. Currently, the nation is ill-prepared to meet the associated demand for LTSS:

Underinsurance: 70% of individuals reaching age 65 will eventually have significant LTSS needs, yet private long-term care insurance (LTCI) has largely collapsed, covering only 3% of Americans over 50

Systemic Mismatch: Medicare currently only covers acute and post-acute care, excluding custodial assistance with "Activities of Daily Living" (ADLs) . Medicaid serves as the primary public payer but requires beneficiaries to spend down their assets to near-poverty levels and does not guarantee home-based care as an entitlement.

Workforce Shortage: There is a massive shortage of both formal caregivers and informal family caregivers, the latter of whom are often burdened by roles they are not qualified for.

Proposed Reform: A Universal Medicare Home Care Benefit

The authors propose establishing a new home care benefit under Medicare to provide universal eligibility and ensure older adults can age at home with dignity.

Eligibility: Benefits would be triggered by functional impairment standards (HIPAA triggers), defined as the inability to perform two or more ADLs (bathing, dressing, etc.) for at least 90 days or having severe cognitive impairment .

Services: The benefit includes home health aide assistance, personal care (ADL/IADL help), homemaker services, adult day services, and care coordination .

Administration: Third-party administrators (TPAs) would manage needs assessments and claims processing under population-based budgets to maintain cost control .

Financing and Economic Impact

The proposal moves away from "asset cliffs" toward a resource-based coinsurance model.

Contribution Model: Beneficiaries would contribute based on their ability to pay, using a formula that amortizes both income and assets (including housing wealth). Housing wealth would be liquidated gradually through "deferred payment agreements" similar to those used in the United Kingdom.

Cost and Savings: The program is estimated to cost \$111.1 billion annually. After beneficiary contributions (\$19.9 billion) and federal/state Medicaid savings (\$50.2 billion), the net new direct financing required is approximately \$41.1 billion.

Funding Sources: Dedicated funding could come from an expanded estate tax or an age-based income tax surcharge for filers over age 55.

Broader Benefits: The reform would create a significant expansion of the home care sector and could generate \$0.8 to

	<p>\$1.55 billion in annual tax revenue by freeing informal caregivers to re-enter the labor market .</p> <p>The authors conclude that universal home care is financially feasible and essential for a society where the dependency ratio is rising and middle-income households can no longer afford necessary care.</p>
<p>Response to Brookings article</p> <p>Richard T. Moore is Vice Chair of the National Leadership Council at National Consumer Voice for Quality Long-Term Care and Co-Founder of Dignity Alliance Massachusetts advocating for older adults and people with disabilities.</p>	<p>Aging with dignity shouldn't mean paying with your home By Richard T. Moore</p> <p>The United States is finally beginning to confront one of its most predictable—and most neglected—challenges: how to care for an aging population that will increasingly need help with daily life. A new white paper from the Brookings Institution, “Aging with Dignity,” makes an important contribution to that conversation. It proposes a universal home care benefit under Medicare, allowing older adults to receive long-term care services at home rather than being forced into poverty to qualify for Medicaid.</p> <p>On its face, this is a breakthrough. For decades, the United States has treated long-term care not as a shared social responsibility, but as a personal financial failure. Millions of families have been forced to exhaust their savings just to access basic assistance with bathing, dressing, or eating. The Brookings proposal rightly recognizes that this system is both unjust and unsustainable. It also gets something else right: most people want to age at home. Home- and community-based care is not only more humane, but also often more cost-effective. And by acknowledging the growing shortage of caregivers, the report underscores a truth policymakers can no longer ignore—the system is already under strain, and the demographic wave has only begun. Yet our current financing system tells a different story. Today, Medicare and Medicaid—the primary public payers for long-term care—still reflect a structural bias toward institutional care, particularly nursing homes. Access to robust home- and community-based services often depends on state waivers, waiting lists, or eligibility hurdles that do not apply to facility-based care. This imbalance persists despite overwhelming public preference: more than 90 percent of adults over age 60 say they want to remain in their homes or communities as long as possible. If dignity is the goal, public policy must catch up with that reality by rebalancing financing toward home-based care as the default, not the exception.</p> <p>But if the goal is dignity, we also need to be clear about what dignity requires. The Brookings plan would ask many older Americans to help finance their care by drawing on their assets—including, most notably, their homes. Through mechanisms similar to deferred payment agreements, individuals could be required to tap home equity to cover costs over time. That may sound reasonable in a policy model. In practice, it risks recreating the very insecurity the proposal aims to solve. For millions of middle-class Americans, a home is not just an</p>

asset—it is the foundation of financial stability and the primary means of passing opportunity to the next generation. Conditioning access to care on the gradual liquidation of that asset is not a neutral policy choice. It is a shift in burden, one that falls hardest on those who have the least margin for error.

We have seen this story before. Medicaid forces people to “spend down” into poverty before qualifying for long-term care. Replacing that system with one that effectively says “pay with your house instead” is not a transformation—it is a rebranding. There are other concerns as well. The proposal relies on private third-party administrators to determine eligibility and manage services, echoing elements of Medicare Advantage. Experience suggests that when private entities are paid to manage costs, access can become more difficult, not less. And while the report acknowledges the severe shortage of caregivers, it stops short of offering the kind of robust workforce strategy that would make a universal benefit real. Without better wages, training, and career pathways, expanded coverage may exist on paper but remain out of reach in practice.

Still, these concerns should not obscure the central achievement of the Brookings proposal. It moves the country closer to recognizing a fundamental truth: needing help with daily life is not an exception. It is part of the human condition. The question now is whether we are willing to meet that reality with policies that truly reflect our values. That also means recognizing that the Brookings framework is not the only path forward. Other models deserve serious consideration if we are to build a system that truly supports dignity. State-based social insurance programs such as the WA Cares Fund show that modest, universal benefits can be financed broadly and delivered without requiring individuals to first lose everything. These approaches could be strengthened by pairing them with catastrophic public insurance to protect against the most devastating, long-duration needs. Public-private “wraparound” models could make supplemental coverage affordable and automatic, while reforms to Medicaid—such as pre-funding options or buy-in pathways—could allow middle-class families to plan ahead rather than wait for crisis. Employer-based benefits, long-term care savings mechanisms, and even carefully designed home equity tools that preserve—not strip—family stability could all play a role. The lesson is clear: dignity is not created by a single program, but by a layered system that spreads risk, expands choice, and protects people from financial ruin.

Dignity in aging should not depend on how much equity you have in your home. It should not be mediated by private gatekeepers whose incentives may not align with patient needs. And it should not arrive only after a person’s condition has deteriorated to the point of crisis. If we are serious about reform, we should build on the best of this proposal—universal access, a commitment to home-based care, and a recognition of shared responsibility—while rejecting approaches that

shift risk back onto individuals and families. We have an opportunity to get this right. To create a system that ensures people can age with dignity, security, and independence. But dignity, in the end, is not just about where care is delivered. It is about whether that care comes at the cost of everything people have worked their lives to build.

Response to Brookings article

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.

On Labels, Lawrence, and Who Dignity Is Actually For
Inbox

By James Lomastro

Someone suggested recently that my critique of the Brookings proposal makes me a Marxist. I want to respond to that — not defensively, but because it points to something worth naming.

My grandfather was an anarchist. He was nearly deported. What kept him in this country was enlisting in the U.S. Army for World War I — after which he became a citizen and never spoke of any of it again. I didn't know that history until I wrote a research paper on the 1912 Lawrence textile strike and found him in it. The family had buried it, the way working-class families often bury the parts of their story that made survival uncertain.

My family is not an abstraction. Most of them are working class — modest savings, some equity in the house, not much else. Almost all of them have been caregivers at some point: for a parent, a sibling, a child. They are exactly the people this proposal claims to serve. And I am not confident it does anything meaningful for them. Not because the financing architecture is wrong in every detail, but because it was designed by people who do not share their exposure — people who experience long-term care as a policy problem rather than as a crisis that arrives without warning and strips everything a family has built.

They believe the system is rigged. As I have written, they are right about that diagnosis even when they are wrong about the remedy.

What I want us to be careful about — and this connects to the broader work we are doing on dignity — is that the word applies to all of them. Not only to the people in facilities. Not only to people with disabilities. But to the daughter who has been driving her mother to appointments for three years, the son who

quit his job to provide care, the home health aide earning fifteen dollars an hour to do work that makes everything else possible. Dignity is not a word for the people the system has already identified as deserving. It is a prior claim that every person carries — and a standard against which every institution, including this proposal, must be measured.

NYT: Working Americans Knew the Money Wouldn't Reach Them. They Were Right.

James A. Lomastro, PhD

I grew up in a tenement building in Lawrence, Massachusetts. My parents had a small Social Security check, a little equity in the house, and not much else. I went on to earn a doctorate from Brandeis and spent 40 years as a nursing home administrator, surveyor, and long-term care advocate. I have spent my career inside the progressive policy world. And I am going to say something that world does not want to hear on the most important diagnostic question in American politics right now, MAGA voters are not wrong.

The system is extractive. The people who design the reforms are often insulated from what the system does to everyone else. And the working- and middle-class Americans who have concluded that government programs do not reach them — that the money flows in and disappears before it arrives — are describing their actual experience with precision.

What the Movement Got Right

MAGA did not invent the grievance. It named it. Working Americans did not arrive at their distrust of government through ignorance or manipulation alone. They arrived at it through experience. They watched Medicare flow into nursing home chains. They watched Medicaid reform get absorbed by ownership structures that extracted the benefit before it reached their parent. And then they watched credentialed, well-intentioned people explain why the solution was more money, better program design, and improved messaging.

MAGA named the betrayal even if it misidentified the betrayers. It said: the system does not work for you, the people running it do not share your life, and the reforms they propose will not reach you. On those three diagnostic points — not on the solutions, not on the scapegoating, not on the authoritarian response — the movement was telling a recognizable truth to people whose experience confirmed it every day. My neighbors in Conway, Massachusetts — farmers, tradespeople, retired mill workers — are not unsophisticated. They are paying attention with their whole lives because they have no other choice.

The Elite Trap

[The Brookings Institution recently released a serious proposal on aging with dignity](#). I do not question its authors' intentions. I question their position. They have defined benefit pensions and investment portfolios. Their universities hold endowments managed by the same financial institutions that own nursing home REITs. They experience long-term care as a policy problem. Working Americans experience it as a crisis that strips everything they built. That positional difference determines what you can see.

Brookings has company. In late 2025, [the Harvard Business Review](#) published an article recommending private equity operational tactics — clean-sheet labor, elimination of low-value revenue, relentless execution — as universal management wisdom. The authors, several of them McKinsey partners advising PE firms, wrote with the confidence of people who have never stood on the receiving end of the model they were recommending. The most catastrophic recent application of that model in healthcare occurred in neighborhoods adjacent to the HBR offices in Brighton, Massachusetts. The collapse closed hospitals, stranded patients, and left communities without emergency care. It was not an aberration of the private equity playbook. It was the playbook, executed as designed. The authors had not thought to ask the people who worked in those facilities what they had seen. One wonders whether that conversation might have complicated their conclusions.

The same blindness shapes long-term care policy. In [Massachusetts](#), for-profit nursing facilities account for 92% of staffing standard violations. Nationally, 63% of nursing home

profits flow through related-party arrangements — management fees, consulting contracts, and rent paid to affiliated real estate companies — each transaction siphoning resources before they reach a resident. [Bear Mountain at Worcester](#) paid nearly \$1.4 million to affiliated entities in a single year while residents experienced documented neglect, then closed in 2023, scattering 120 people. The extraction continued until there was nothing left to extract. The Brookings proposal would send new federal dollars into this architecture without touching it.

This is the elite trap: policy designed by people whose security insulates them from its failures, using frameworks that are structurally blind to the governance and ownership questions that determine whether policy works at ground level. It asks working people to capitalize a system that transfers their contributions upward. Labor pays in. Private equity takes out. The people who need care get something — but not what the policy promised.

The Right Diagnostic

Acknowledging what MAGA got right does not mean accepting what MAGA prescribes. The movement identified the betrayal and directed the rage at immigrants, at government itself, at anyone but the ownership structures doing the extracting. That misdirection is not an accident. It is the service the movement renders to the capital it claims to oppose.

The answer is not less government. It is accountable government. The system is extractive, the extraction is structural, and financing without governance reform does not fix extraction — it funds it. That means mandatory ownership disclosure that follows the money through every LLC layer, workforce standards with real enforcement, and accountability structures that reach beneficial owners, not just the operating entities they dissolve when citations accumulate. These are not left-wing demands. They are transparency and accountability demands that a fiscal conservative, a union member, and a family caregiver can all support — because they describe what actually happened to someone they know.

My parents had a Social Security check, a little equity in the house, and the reasonable expectation that the system would

treat them fairly. What they could not have known is that the system had been engineered to route their contributions somewhere else before it ever reached them. MAGA voters felt that. They named it badly and aimed the anger in the wrong direction. But the feeling was not manufactured. It was real. And until progressive policy is willing to say out loud that the system extracts from the people it claims to serve and that new financing without governance reform will accelerate that extraction, the distrust will continue.

It will continue because it is deserved.

DignityMA Study Session



Patricia Baker
Senior Economic Justice Advocate
Mass Law Reform Institute

Protecting SNAP Nutrition Benefits for Older Adults and Persons with Disabilities

Friday, April 10 from 11:00 a.m. to 12:00 p.m.

Presented by Pat Baker, Senior Economic Justice Advocate, [Mass Law Reform Institute](#)

This 1 hour webinar will cover the July 2025 cuts to [SNAP benefits](#) as a result of the GOP's "Big Beautiful Bill" - including eligibility cuts to legal immigrants, imposition of work rules on persons age 55- 65, additional verification burdens on households.

The objectives of the webinar include reviewing basic SNAP eligibility provisions, the exemptions from immigrant restrictions and the work rules (including persons with a reduced capacity to work full time, caregivers of persons with disabilities, kinship caregiving and more).

The webinar will also discuss what alternative verifications households can provide, basic appeal rights and strategies to ensure eligible individuals can keep or restore access to their benefits.

Registration required: <https://tinyurl.com/DignityMAStudyApr10>
After registering, you will receive a confirmation email containing information about joining the meeting.

Commentary Offered by DignityMA Participants

Choosing the Next UMass Chan Chancellor: Don't Overlook the Age Wave

By Richard T. Moore

As UMass Chan Medical School prepares to select its next chancellor, the decision comes at a pivotal moment—not just for the institution, but for the Commonwealth it serves.



Richard T. Moore is the former Massachusetts Senate Chair of Health Care Financing and served as the Senate's lead on landmark health care reform and cost-containment laws. He is Vice Chair of the Leadership Council at the National Consumer Voice for Quality Long-Term Care and Co-Founder of Dignity Alliance Massachusetts. He lives in Uxbridge, Massachusetts.

Massachusetts is aging rapidly. By 2030, one in four residents will be over 60. The population over 85—the fastest-growing segment—will expand even more dramatically in the years ahead. Longer life expectancy is a remarkable achievement, but it brings new and complex health challenges that our system is not yet fully prepared to meet. Older adults are more likely to live with multiple chronic conditions—heart disease, diabetes, and cognitive decline—and to face risks such as falls, frailty, and polypharmacy. They are also more likely to rely on caregivers and long-term services that remain fragmented and under-resourced. Yet medical education and care delivery still too often focus on acute, episodic treatment rather than the coordinated, person-centered care aging patients require. That gap must close. And the next chancellor of UMass Chan is uniquely positioned to help lead that change.

Geriatric medicine should not be siloed as a specialty of last resort. It should be integrated across every discipline—primary care, neurology, cardiology, emergency medicine—so that every graduating physician is prepared to treat the whole patient, not just isolated conditions. Training should include not only clinical complexity, but also communication with families, care coordination, and an understanding of social determinants such as housing, nutrition, and access to community-based supports.

Research must also be elevated. Alzheimer's disease and related dementias represent one of the most urgent public health challenges of our time, affecting millions of families and straining health systems. UMass Chan has the capacity to lead in this space—advancing discovery, accelerating translational research, and strengthening partnerships with community providers on the front lines of care. It should also expand work in areas such as fall prevention, medication management, and models of home- and community-based care that can reduce avoidable hospitalizations.

At the same time, the financial landscape for academic medicine is shifting. Federal research funding is increasingly uncertain, placing greater pressure on states and institutions to set clear priorities. In that environment, leadership means making deliberate choices. Investing in aging research and geriatric workforce development is not simply good policy—it is a strategic necessity for a state like Massachusetts.

	<p>Equally pressing is the growth of the “oldest old”—those over 85. Some remain active and independent; others require complex, sustained support across medical and social systems. Understanding what drives healthy aging—and how to deliver better care when it falters—should be central to the school’s mission. This is not only a moral imperative; it is an economic one. As the population ages, demand for geriatric expertise will surge. Without better models of care, costs will rise and workforce shortages will deepen across health care, nursing, and long-term services.</p> <p>Leadership matters. The next chancellor must make clear that aging is not peripheral to the future of medicine—it is at its core. That commitment should shape curriculum, research priorities, faculty recruitment, and clinical partnerships across Massachusetts. UMass Chan has long been a source of pride for Worcester and the Commonwealth. At this moment of transition, it has an opportunity to lead once again—by becoming a national model for excellence in aging and geriatric care.</p> <p>The question is not whether we can afford to make this a priority. It is whether we can afford not to.</p>
<p>Commentary Offered by DignityMA Participants</p> <p>Paul Lanzikos is a cofounder and current coordinator of Dignity Alliance Massachusetts. He is a former Secretary of the Massachusetts Executive Office of Elder Affairs.</p>	<p><i>The Single Garment: Understanding Mutuality of Interest</i> By Paul J. Lanzikos</p> <p>As advocates regarding caregiving, aging, and disability issues, we often fall into the trap of a binary perspective. We see the "provider" and the "patient"; the "able" and the "assisted;" “the giver” and the “taker”. However, as we observe World Health Day this April 7, the concept of “mutuality of interest” invites us to collapse that wall that limits our vision. It suggests that our well-being is not a solo performance, but a symphony where every instrument’s tuning affects the whole.</p> <p>Mutuality of interest is the recognition that the dignity of older persons and those with a disability is not a "special interest" issue—it is a universal human one. When we advocate for accessible infrastructure, we aren't just helping a neighbor who uses a wheelchair; we are ensuring a world that remains open to us as we age. When we support the mental health of a caregiver,</p>

we aren't just performing an act of empathy; we are stabilizing the very foundation of the healthcare system.

This is what Dr. Martin Luther King Jr. meant by being "tied in a single garment of destiny." In the context of the work of Dignity Alliance Massachusetts participants, mutuality means acknowledging that the "giver" and "receiver" are often the same person just at different stages of life. If we treat care as a one-way street, we risk creating a culture of resentment or pity. But when we view it through the lens of mutuality, care becomes a reciprocal investment. We care for others today because we believe in a world that will care for us tomorrow.

As we reflect on universal health this month, let's move beyond the narrow notion of "helping the vulnerable." Instead, let's embrace the fact that protecting the rights and health of one person is the only way to safeguard the health of each and every one of us. In the end, there is no "them"—there is only a "we" that is stronger when every thread in the garment is held with equal respect and value.

Commentary
Offered by
DignityMA
Participants



Margaret Morganroth Gullette is an internationally known cultural critic, an essayist, anti-ageist activist, and prize-winning writer of nonfiction. Her latest book, *American Eldercide: How It Happened, How to Prevent It*

[*To save lives in nursing homes, make inspections random*](#)
***Boston Globe**

April 5, 2026
By Margaret Morganroth Gullette

Facility owners may be slacking off right after the inspector departs.

In Nikolai Gogol's 1836 play "The Inspector-General," a provincial governor tells local leaders that "an inspector is coming! ... So you had better see to it that everything is in order, that the nightgowns are clean, and the patients don't go about as they usually do, looking as grimy as blacksmiths."

Gogol's play is a farce, but a deadly serious version of this phenomenon seems to be playing out in nursing homes. [A recent study from the National Bureau of Economic Research](#) finds that American nursing homes tend to increase staffing levels and expend more effort on patient care as a government inspection looms and cut back afterward.

When the health cops are on the way, suddenly there are mold-free bathrooms, fresh supplies, rodent control, and most important, new staff hires. Staffing levels are life-and-death

(2024) was nominated for a Pulitzer Prize and a National Book Award for Nonfiction. It won a MASS Cultural Council 2025 grant in Literature.

She is a member of DignityMA's Coordinating Committee

variables. Adequate staffing means medications are delivered on time, call bells are answered, wounds are treated, medical and medication errors are caught faster, hospitalizations are avoided. With less turnover, residents get to know their caregivers, and caregivers can become more responsible and responsive.

To avoid risks to helpless people, inspectors from states' departments of health are required to make unscheduled visits to every facility, usually every [nine to 15 months](#). State surveyors do not warn facilities, but once nine months have passed since the last visit, nursing home owners know another inspection is coming soon. The predictability of inspections influences the homes' timing: They'll do what they need to do to clean up and then go back to business as usual. More than [70 percent](#) of nursing homes are owned by for-profit companies.

Sending out inspectors randomly would be a simple fix. The authors of the new study estimate that hundreds of lives are saved every year because of nursing home inspections and calculate that the figure would be 12 percent higher if inspections were unpredictable. And, they add, randomizing visits would not force states to hire any more inspectors.

Another sensible and no-cost solution could be to focus the surprise inspections on the homes with the most complaints from residents, their families, and [their advocates](#). An even better reform would be to require each facility to always post prominently on its website its current ratio of aides and nurses to residents. That would be a way to consistently enforce the state standards for minimum staffing.

By 2030, one-quarter of us in Massachusetts, and one-fifth of all Americans, will be over 65. If we are serious about keeping our vulnerable elders in basic comfort and dignity, we need more than bureaucracy's checkboxes and aspirations to be an "age-friendly" place.

Proposed Assisted Living Regulations

Office of Attorney General Andrea Campbell

April 6, 2026

[AG Campbell Announces Draft Regulations For Assisted Living Residences](#)

New Regulations Aim to Strengthen Consumer Protections and Accountability for Elder Care Providers and Will be Finalized Following Public Hearing and Comment Period

Massachusetts Attorney General Andrea Joy Campbell today released [draft regulations for Assisted Living Residences](#) (ALRs) to protect residents from unfair and deceptive acts and

practices, including misrepresentation of available services, improper fees, and unlawful evictions. The draft regulations, the first of their kind under the state’s consumer protection law, were developed by the Attorney General’s Office, and are [informed](#) by community concerns, including those voiced by community partners, elder law attorneys, and members of the Attorney General’s Elder Justice Council.

The draft regulations will now enter a public comment period. After taking the public’s feedback in account, the AGO anticipates releasing final regulations over the summer.

Members of the public can provide comments to AGOregs@mass.gov, or by mail to One Ashburton Place, 20th Floor, Policy and Government Affairs Division, Boston, MA 02108, until 5:00pm on May 1, 2026. The AGO will also host a hybrid public hearing on the draft regulations on Wednesday, April 29, 2026, at 1:00 pm in the Conference Room located on the 2nd Floor of One Hundred Cambridge St, Boston, MA 02108 and virtually using [this link](#).

“When our elders move into assisted living residences, they and their loved ones deserve safe accommodations and clear information about the costs they will pay and services offered,” said **AG Campbell**. “These regulations will strengthen accountability to ensure that these facilities are fulfilling their commitments and help ensure older adults live with dignity and respect. I look forward to collaborating with community partners as we work to finalize and implement them.”

Assisted living residences serve older adults who can live independently in a home-like setting, but may need assistance with daily activities such as housekeeping, bathing, or medication assistance. According to the Massachusetts Executive Office of Aging & Independence (AGE) more than [17,000](#) people currently live in the [over 270](#) certified ALRs in Massachusetts.

In 2024, the AGO launched a public process to gather input on challenges facing assisted living residents. That feedback, as well as concerns reported to the AGO through consumer complaints, directly informed the development of the proposed regulations announced today. They focus on key areas of consumer protection, including financial protections and billing transparency, protection against misrepresentation of services, contractual and eviction protections, and complaint and reporting mechanisms.

Among other rules, the draft regulations state that:

	<ul style="list-style-type: none"> • ALRs should have straightforward service agreements that clearly disclose the cost of services provided in the residence, as well as guidelines for when those costs may increase. • Residents should have transparent information about what may happen if they cannot afford to remain in the ALR, or if they require advanced care that the ALR cannot provide. • ALRs should provide clear information about the availability of nursing care at the residence. • Residents in ALRs have the same rights as other tenants, including protections related to fees, eviction, and other tenancy matters. <p>Chapter 93A, the consumer protection statute, authorizes the Attorney General to promulgate regulations to protect consumers. These regulations can require that facilities make certain disclosures about their contractual terms, and they also can declare certain acts and practices to be unlawful. These new consumer protection regulations complement the recent proposed amendments to regulations pertaining to Assisted Living Residences by the Executive Office of Aging & Independence (AGE).</p> <p>Here is the link to the proposed regulations: https://www.mass.gov/doc/940-cmr-40-assisted-living-residences/download</p>
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FY 2027 State Budget



Richard T. Moore, Chair, DignityMA Legislative Workgroup at Joint Ways and Means Committee Hearing, Gardner

Oral Testimony by Richard T. Moore, Chair, DignityMA Legislative Workgroup at Joint Ways and Means Committee Hearing, Gardner Auditorium, State House, Boston, March 31, 2026

Good afternoon, Senate and House Chairs, and members of the Committee.

My name is Richard Moore, and I am here on behalf of Dignity Alliance Massachusetts to present our FY 2027 budget recommendations. Massachusetts is at a crossroads. We can continue to fund aging and disability services reactively—stepping in only when needs become urgent and expensive—or we can take a disciplined, forward-looking approach that invests in community-based care, strengthens systems, and reduces long-term costs.

Our proposals do exactly that. They are grounded in a simple principle: **supporting people in their homes and communities is both more humane and more cost-effective than institutional care.**

First, we recommend strengthening core home- and community-based services.

Investments in the **Personal Care Attendant program** and the **Elder Community Outreach Program** help stabilize the workforce, prevent hospitalizations, and avoid unnecessary nursing home placement.

Auditorium, State House, Boston,
March 31, 2026

These are among the most cost-effective tools the Commonwealth has.

We also propose a modest but meaningful increase to the **Personal Needs Allowance**, recognizing that even small amounts of personal income improve dignity, health outcomes, and reduce avoidable medical interventions.

Second, we address behavioral health and housing instability.

Expanding the **Older Adult Behavioral Health Partnership** will improve access for underserved populations and reduce inappropriate emergency and inpatient utilization.

And expanding the **older adult homelessness program** will target one of the most medically vulnerable and costly populations with proven, cost-saving interventions.

Third—and most significantly—we propose establishing a **Limited Frail Elder Waiver**.

This is a transformative opportunity. By leveraging federal Medicaid policy, the Commonwealth can:

- Eliminate the ECOP waitlist
- Expand access to community-based care
- And generate approximately **\$38 million in net annual savings**

This proposal aligns fiscal responsibility with our obligation to support older adults with dignity and independence.

Finally, our package includes targeted reforms to improve oversight, expand assisted living access, support residents during nursing home closures, and modernize public engagement and accountability.

Taken together, these recommendations rebalance our long-term care system toward prevention, community, and sustainability.

We want to emphasize that Dignity Alliance stands ready to support your work.

Pete Tiernan [617-784-5113 or ptiernan@hcbssolutions.com] is available to provide detailed guidance on the ECOP and Limited Frail Elder Waiver proposal, including its fiscal structure and federal opportunities.

And **Dick Moore** [617-413-7734 or dickmoore1943@gmail.com] is available to provide additional information on the full package of proposals and policy reforms.

We would welcome the opportunity to work with the Committee and Ways and Means staff to refine and advance these initiatives.

Thank you for your time, your leadership, and your commitment to building a Commonwealth where people can age with dignity.

FY 2027 Massachusetts State Budget – Commentary from DignityMA

Why Budget Priorities Now Amplify System Fragility

Commentary about the proposed [FY 2027 Massachusetts State Budget \(H.2\)](#)

Massachusetts enters this moment with almost no margin for error. The Governor's FY27 budget reflects a defensive posture:

approximately **\$22.5 billion for MassHealth** and another **\$10.8 billion for Health and Human Services**, yet **provider reimbursement remains largely flat**, benefits are tightened, and no new revenue is proposed.

Cost containment includes eliminating coverage for certain high-cost drugs, capping dental benefits, and seeking **\$120 million in savings through the Group Insurance Commission**. At the same time, more than **\$3.8 billion in Fair Share revenue** is now being used to stabilize operating budgets — including **\$470 million for MBTA operations and over \$550 million for education formula costs** — rather than building long-term system capacity. This is what fiscal constraint looks like in practice: maintaining minimum functionality while deferring structural investment. On paper, the Commonwealth projects a consolidated surplus and healthy reserves. On the ground, care systems operate without slack.

For older adults and people with disabilities, this means thinner staffing, tighter eligibility, slower service expansion, and greater reliance on unpaid family care. Flat rates translate directly into workforce instability. When wages lag inflation and overtime becomes the norm, facilities close beds, home care agencies reject referrals, and hospitals hold medically stable patients because downstream capacity no longer exists. This is precisely where immigration enforcement becomes a system accelerant rather than a standalone issue. Every caregiver lost to detention, parole expiration, or fear-driven attrition compounds a workforce already stretched thin by budget constraint. Care continuity collapses quietly — one canceled shift, one closed bed, one delayed discharge at a time — until crisis becomes visible.

Yet the Commonwealth's own reform framework has not prepared the system for this exposure. **Chapter 197 was intended to modernize long-term care**, but its commission structure fragmented responsibility without creating integrated operational authority.

Workforce discussions focused on training pipelines rather than labor stability. Financial reviews framed “sustainability” without addressing staffing volatility or extraction dynamics. Discharge reform emphasized process improvements while capacity erosion continued. Immigration appeared primarily as a patient eligibility issue — not as a labor dependency embedded in care delivery. Implementation has already slipped. Required reports have missed statutory deadlines. Hospitals continue boarding medically stable patients for months. Recommendations remain largely advisory rather than binding. In a tight fiscal environment, this matters. Without integrated, costed implementation plans, budget writers default to stabilization rather than transformation. Funding flows to pilots, coordination efforts, and short-term fixes — not to workforce stabilization, enforcement modernization, capacity planning, or contingency readiness.

	<p>Fragmented reform produces fragmented budgets. Fragmented budgets cannot protect fragile systems.</p> <p>The FY27 budget contains no meaningful contingency capacity to absorb workforce shock. There is no surge staffing reserve, no emergency placement infrastructure, no rapid discharge expansion authority — because the reform architecture never translated diagnosis into executable fiscal strategy. When governance drifts, budget policy becomes reactive rather than preventive.</p> <p>This leaves older adults and people with disabilities exposed to cascading risk. A constrained budget magnifies every disruption. A delayed reform magnifies every staffing loss. Immigration enforcement now lands on a system already operating without slack — not because leaders lack concern, but because the architecture for coordinated action was never built.</p> <p>Supporting Documents</p> <ul style="list-style-type: none"> • Press Release: Why Budget Priorities Now Amplify System Fragility (pdf) • Integrated Analysis and Advocacy Concerns for Older Adults, People with Disabilities, and Caregivers (pdf) • DignityMA Initial Review of the budget (pdf)
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<p>An Interview with Peter Tiernan on Dignity Alliance’s Budget Proposal for ECOP Funding</p> <p>The article offers an explanation of the proposal, how it saves countless older adults from more expensive nursing home care—allowing them to remain in their homes and communities—while paying for the program expansion and attracting federal funding in a tough state budget scenario. Dignity Alliance has included this proposal as a priority in its FY 2027 Budget Proposals to build a more age-responsive state budget.</p> <p>Peter Tiernan is a member of the Dignity Alliance Coordinating Committee and a former Chief of Staff for the Executive Office of Elder Affairs (now the</p>	<p>Dignity Digest Interview: Unlocking Federal Funding to Eliminate Home Care Waitlists</p> <p>Interviewer: Dignity Digest Guest: Peter Tiernan</p> <p>Dignity Digest: Peter, let’s start with the problem. What’s happening with the Enhanced Community Options Program (ECOP) in Massachusetts right now?</p> <p>Peter Tiernan: The situation is deeply concerning. Over the past year, ECOP—Massachusetts’ enhanced home care program for low-income older adults who qualify for nursing home-level care—has been significantly reduced. The program census dropped by roughly 40%, and nearly 1,000 eligible elders have been placed on a waitlist.</p> <p>These are individuals who, until recently, would have received services. Instead, they’re waiting—often with worsening health—despite being clinically eligible for higher levels of care.</p> <p>Dignity Digest: You’ve proposed a “Limited Frail Elder Waiver” as a solution. What is that, in simple terms?</p>
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Executive Office of Aging and Independence).

Peter Tiernan: It's a smart restructuring of an existing program. The idea is to convert ECOP into a Medicaid-funded **1915(c) Home and Community-Based Services waiver**, which I call the *Limited Frail Elder Waiver*.

This would allow Massachusetts to draw down federal Medicaid matching funds—what we call Federal Financial Participation (FFP) for services the state is already providing.

In short: the same people, similar services—but now partially paid for by the federal government.

Dignity Digest: And what would that mean financially for the state?

Peter Tiernan: It's a rare win-win. The proposal is projected to generate **\$50–\$55 million annually in new federal funding**, while still fully serving everyone currently eligible—including those on the waitlist.

Even after expanding access, the state would see a **net General Fund savings of about \$38 million per year**. That's because federal dollars would replace a significant portion of current state spending.

Dignity Digest: So, this could actually eliminate the waitlist?

Peter Tiernan: Yes—completely. Financial modeling assumes full enrollment of all currently eligible individuals, including those wait-listed.

And importantly, it does so while still reducing overall state costs. That's what makes this proposal so compelling—it's not about choosing between fiscal responsibility and access to care. We can achieve both.

Dignity Digest: How is this different from the existing Frail Elder Waiver?

Peter Tiernan: The key difference is accessibility. The traditional Frail Elder Waiver has stricter financial eligibility rules, especially around assets.

The Limited Frail Elder Waiver would: use **less restrictive asset rules** (potentially up to \$130,000 or no asset test), maintain similar clinical eligibility, include a **cost cap per participant** to ensure fiscal discipline, and limit total enrollment to align with current ECOP demand. This design makes it easier for low-income seniors, especially those living alone—to access services without unnecessary administrative barriers.

Dignity Digest: You mention federal policy changes that make this possible. What changed?

Peter Tiernan: A key development is a 2021 federal guidance (CMS SMD #21-004) that allows states to apply **more flexible financial eligibility rules** specifically for home and community-based services.

Massachusetts hasn't yet taken advantage of this flexibility. My proposal essentially says: we should.


Dignity Digest: Some policymakers worry about unintended consequences—like the “woodwork effect.” How does your proposal address that?

Peter Tiernan: That concern often comes up - the idea that expanding eligibility will suddenly bring in a large number of new applicants.

This proposal includes built-in safeguards: a cap on individual service costs, a limit on total program enrollment, and initial targeting of current ECOP participants and those already waitlisted. These features tightly control program growth while still addressing the immediate need.

Dignity Digest: Beyond eliminating the waitlist, what broader impact could this have?

Peter Tiernan: It reinforces a fundamental principle: people should receive care in their homes whenever possible. This approach: prevents unnecessary nursing home placements, supports independence and dignity, and strengthens the overall home care system. Importantly, it frees up resources that could be reinvested in other priorities—like basic home care services or public guardianship.

	<p>Dignity Digest: If you could leave policymakers with one message, what would it be?</p> <p>Peter Tiernan: Massachusetts has already built a strong home care system. This proposal simply modernizes how we fund it. We have an opportunity to: eliminate waitlists, expand access, draw down significant federal funding, and reduce state costs. It's not often that public policy offers that kind of alignment. We should act on it.</p>
Recruitment	<p>See: Listings on MASsterList.com's Job Board for all current listings</p>
<p>Life Well Lived</p>  <p>Tracy Kidder, 1945-2026 Photo: Fred R. Conrad/The New York Times</p>	<p>Tracy Kidder, Author of 'The Soul of a New Machine,' Dies at 80 *New York Times March 25, 2026 By John Schwartz</p> <p><i>A Pulitzer Prize-winning narrative journalist, he wrote deeply reported books that often focused on heroic goodness in people. Tracy Kidder, the Pulitzer Prize-winning author who pioneered the art of narrative nonfiction by finding profound human stories in seemingly unglamorous subjects, died on March 24, 2026, at the age of 80. As reported by <i>The New York Times</i>, Kidder passed away in Boston due to complications from lung cancer. Throughout a career spanning five decades, he became renowned for his immersive reporting style, often spending months or even years embedded with his subjects to capture the intricacies of their lives. From the high-stakes world of computer engineering to the struggles of a dedicated teacher, Kidder's work was defined by a deep empathy and a commitment to documenting the "ordinary heroes" of American life. Kidder first achieved national acclaim with his 1981 book, <i>The Soul of a New Machine</i>, which won both the Pulitzer Prize and the National Book Award for its gripping account of the race to build a new microcomputer. He later gained a new generation of readers with <i>Mountains Beyond Mountains</i> (2003), a powerful biography of Dr. Paul Farmer and his mission to provide healthcare to the world's poorest regions. His final book, <i>Rough Sleepers</i> (2023), continued this focus on humanitarianism by chronicling Dr. Jim O'Connell's work with the homeless in Boston. Survived by his wife, Frances, and their two children, Kidder leaves behind a legacy as a master of the "literature of fact," having transformed the way readers understand the technical, social, and moral complexities of the modern world.</i></p>

<p>Reports</p>	<p><i>FY25 Councils on Aging Annual Report</i> Massachusetts Executive Office of Aging and Independence The annual report highlights innovative local practices, statewide impact, and the breadth of services delivered in partnership with community organizations and volunteers. Read COA Report</p>
<p>In Person and / or Online Events</p>	<p><i>Statutory Advisory Board Meeting</i> Massachusetts Commission for the Blind Tuesday, April 7, 2026, 12:00 p.m. Agenda includes a report from Commissioner John Oliveira and program updates. Zoom <i>Monthly Meeting.</i> Public Health Council Wednesday, April 8, 2026, 9:00 a.m. Public Health Commissioner Robbie Goldstein plans to give an update and a vote is scheduled on a Determination of Need request from Dana-Farber Cancer Institute for a substantial change in service. Dana-Farber is looking to construct and operate a new proton beam therapy center in Boston. Dana-Farber says beam therapy is "preferred" for pediatric patients since it "allows for the delivery of a sharp and precise dosage of radiation to cancerous tumors, while significantly reducing exposure of healthy tissue to radiation." The project would cost around \$50 million. The council will also review proposed regulatory changes dealing with licensing of alcohol and drug counselors and caring for infants affected by prenatal substance exposure. More Info and Access) <i>21st annual Autism Advocacy Day</i> Advocates of Autism of Massachusetts and The Arc of Massachusetts Wednesday, April 8, 2026, 10:00 a.m. Great Hall, State House, Boston The theme is "Safeguarding Our Future: Defending Critical Services for the Autism Community." Their legislative priorities include bills requiring providers servicing those with intellectual and developmental disabilities and autism to check the abuse registry before hiring an employee and filling gaps in the so-called "Turning 22" process where those with severe disabilities are transitioned out of special education to the adult service system when they turn 22. Secretary of Health and Human Services Dr. Kiame Mahaniah is set to deliver a proclamation from Gov. Maura Healey and lawmakers will be honored for their advocacy. Attendees include Sens. Paul Feeney, Vanna Howard and Michael Rodrigues along with other officials and those served by providers. https://thearcofmass.org/autismday/</p>

Webinars and Online Sessions

1. [Webinar on Building Financial Independence: The ABLE Age Adjustment Act and Tools to Support Financial Empowerment](#)

Disability Employment Technical Assistance Center

Tuesday, April 14, 2026, 3:00 to 4:30 p.m.

Learning objectives

- Understand the changes to ABLE, including the ABLE Age Adjustment Act, new contribution limit, and expanded age eligibility, and gain access to timely resources.
- Learn how to use the Secure Your Financial Future toolkit for informed financial decision-making in the current stage of your employment journey.
- Hear insights from ABLE ambassadors on how they use their ABLE accounts and the toolkit to support their financial independence.

Presenters

- **Rebecca Hines, PhD**, Commissioner, Administration on Disabilities, ACL, U.S. Department of Health and Human Services
- **Julie Hocker, MBA**, Assistant Secretary of Labor for Disability Employment Policy, ODEP, U.S. Department of Labor
- **Rebecca Salon, PhD**, Senior Advisor, LEAD Center, National Disability Institute
- **Jody Ellis, MSW**, Director, ABLE NRC, National Disability Institute
- **Edward Mitchell, MBA**, Executive Director & ABLE Ambassador, Tennessee Statewide Independent Living Council
- **Hector Ramirez**, Commissioner & ABLE Ambassador, California Commission on Disabilities

[Register for DETAC webinar](#)

2. [Finding & Retaining Volunteers](#)

Enterprise Center at Salem State University

Wednesday, April 15, 2026, 8:30 to 10:30 a.m.

This workshop explores the diverse roles volunteers can play within a charitable organization and provides practical guidance on planning for volunteer engagement, recruiting and onboarding volunteers, mitigating legal and risk considerations, and recognizing volunteer contributions.

Speaker: Speaker: Melissa Kenig, MBA, PMP, SCORE Mentor

[Register Volunteer Recruitment](#)

3. [Acute Care and Hospitalization in Dementia: Planning, Risks, and Communication](#)

Alzheimer's Association MA/NH Chapter

Wednesday, April 15, 2026, 6:00 p.m.

Hospitalization and emergency room visits are always more difficult to navigate if you or your loved one has a dementia diagnosis. In this presentation, Linda Pellegrini, MS, GNP-BC, will walk you through anticipating and planning for potential health crises. Participants will also discuss some of the risks associated with hospitalization and how to support the person living with dementia during an emergency room visit and/or hospital stay. Family caregivers are welcome, and free CEUs will be offered for nursing and social work.

[Learn More & Register - Hospitalization](#)

4. [Technology Learning Collaborative for Healthy Aging](#)

Executive Office of Aging and Independence and the Massachusetts Healthy Aging Collaborative

Monday, April 27, 2026, 10:00 a.m.

Learn and share updates on best practices as well as funding and partnership opportunities regarding digital equity and older adults. Specials guests and presenters will include State Representative Lindsay Sabadosa who will speak about her legislation, H.4596, "An Act establishing a commission to study a statewide credentialing program for digital navigators." Adam Delmolino, Senior Director, Virtual Care & Clinical Affairs for Massachusetts Health & Hospital Association who will speak about the tMED Coalition and policies to advance telehealth and digital equity.

[Learn More & Register - Technology](#)

5. [Caring for the Caregiver](#)

Executive Office of Aging & Independence

Wednesday, April 29, 2026, 12:00 p.m.

Caring for the Caregiver webinar in recognition of Parkinson's Disease Awareness Month. This session is designed for people living with Parkinson's, family and care partners, and aging network professionals. Together, we'll explore practical ways to strengthen the "Parkinson's village" by building the right care team, connecting with community-based supports, and planning ahead with confidence. We are pleased to welcome Cathi Thomas, RN, MS, American Parkinson's Disease Association (APDA) Information and Referral Coordinator and Program Director at the Parkinson Disease and Movement Disorders Center at Boston University Medical Campus; Anne Muskopf, OTR/L, Director of the Charlotte & Richard Okonow Parkinson's Family Support Program at Jewish Family & Children's Service (JF&CS) in Waltham; and Virgil Stucker, Care Partner and Coordinator of the Berkshire Parkinson's Support Group at the Monterey Council on Aging.

[Learn More & Register - Caregiver](#)

6. [Managing Money: A Caregiver's Guide to Finances](#)

Alzheimer's Association MA/NH Chapter in partnership with AARP Massachusetts

Wednesday, April 29, 2026, 12:00 p.m.

If you or someone you know is facing Alzheimer's disease, dementia or another chronic illness, it's never too early to put financial plans in place. Join us to learn tips for managing someone else's finances, how to prepare for future care costs and the benefits of early planning.

[Learn More & Register - Finances](#)

7. [Reframing Dementia Support and Education to Focus on Strengths and Resilience](#)

National Alzheimer's and Dementia Resource Center (NADRC)

Wednesday, April 29, 2026, 2:00 to 3:00 p.m.

	<p>The National Alzheimer’s and Dementia Resource Center (NADRC) is hosting “Can Do! Reframing Dementia Support and Education to Focus on Strengths and Resilience,” a webinar on a strengths-based group support model for people living with dementia and caregivers.</p> <p>Presenters</p> <ul style="list-style-type: none"> • Mary Martha Stewart, MA, Martha W. Goodson Center, Riverside Health • Christine Jensen, PhD, Martha W. Goodson Center, Riverside Health <p>Register for NADRC webinar</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. McKnights Long-Term Care News April 2, 2026 CMS proposes 2.4 percent Medicare pay hike, targets PDPM upcoding By Kimberly Marselas and James M. Berklan The Centers for Medicare & Medicaid Services (CMS) has issued a proposed rule for the fiscal year 2027 Skilled Nursing Facility Prospective Payment System (SNF PPS) that includes a 2.4% net increase in aggregate Medicare payments to nursing homes. This adjustment is based on a 3.2% market basket update offset by a 0.8 percentage point productivity reduction, amounting to an estimated \$830 million in additional annual funding. Beyond the financial updates, the proposal features a Request for Information (RFI) seeking public input on strategies to mitigate "case-mix upcoding" under the Patient-Driven Payment Model (PDPM), reflecting agency concerns that current coding practices may be artificially inflating reimbursements. Additionally, the rule proposes removing two COVID-19 vaccination measures from the Quality Reporting Program and significantly shortening the quality data submission window from 4.5 months to 45 days by fiscal year 2029 to provide more timely performance data.</p> <p>9. *Modern Healthcare April 2, 2026 CMS Proposes Medicare Pay Hikes For Nursing Homes, Hospice By Bridget Early Nursing homes, hospice providers, inpatient rehabilitation facilities and inpatient psychiatric facilities would receive payment boosts under a slate of proposed rules the Centers for Medicare and Medicaid Services issued Thursday. Nursing homes would see a 2.4% Medicare payment bump in federal fiscal year 2027, which begins in October. CMS proposed raising inpatient rehabilitation rates by 2.4%, hospice payments by 2.4%, and inpatient psychiatric facility rates by 2.3% for the same period.</p>
<p>Housing</p>	<p>10. *New York Times March 30, 2026 Don’t Call Them Retirement Communities</p>

	<p>By Dina Cheney <i>The founder of Modern Elder Academy is on a mission to make “Golden Girls”-style living mainstream.</i></p> <p>Gemini said</p> <p>The article profiles Chip Conley, a former hotelier and the founder of the Modern Elder Academy (MEA), who is spearheading a movement to make intentional co-living an attractive alternative to traditional retirement models. Moving away from isolated senior living, Conley advocates for "Golden Girls"-style communal environments that prioritize social connection, shared purpose, and "transitional intelligence" for individuals navigating midlife and beyond. With campuses in Baja, Mexico, and Santa Fe, New Mexico, the academy functions as a "midlife wisdom school" where participants can reframe aging as a period of growth rather than decline. By integrating longevity research with experiential community design, the initiative seeks to disrupt societal stigmas surrounding aging and establish a new mainstream standard for purpose-driven, collective living in later life.</p>
Alzheimer’s and Other Dementia	<p>11. CIDRAP - Center for Infectious Disease Research & Policy April 2, 2026 High-dose flu vaccine tied to lower Alzheimer’s risk in older adults By Laine Bergeson</p> <p>A study published in Neurology suggests that adults aged 65 and older who receive a high-dose influenza vaccine have a 55% lower risk of developing Alzheimer's disease compared to those who receive a standard-dose vaccine. Researchers from McGovern Medical School at UTHealth Houston analyzed health data from approximately 165,000 older adults, building on previous evidence that even standard-dose vaccines provide some protection against the neurodegenerative condition. One leading hypothesis for this link is that the higher antigen concentration in the high-dose vaccine may better stimulate the immune system and reduce systemic inflammation, which is closely associated with neuroinflammation and the development of Alzheimer's. While the study is observational and highlights the need for further research into mortality and socioeconomic factors, it aligns with a growing body of research suggesting that certain vaccinations may play a role in delaying or preventing cognitive decline in older populations.</p>
Covid / Long Covid	<p>12. CIDRAP - Center for Infectious Disease Research & Policy April 2, 2026 Describing vaccines in terms of freedom can lead some hesitant older adults to accept COVID shots, study finds By Liz Szabo, MA</p> <p>A study published in <i>JAMA Network Open</i> found that vaccine-hesitant older adults, particularly those with safety concerns or who believe misinformation, are more likely to accept COVID-19 shots when they are framed as a means of preserving personal freedom and autonomy. This "freedom framing" presents vaccination as a way to maintain</p>

	<p>independence from disease and avoid the restrictions on activities caused by illness, proving 6.3 percentage points more effective for hesitant individuals than messaging focused on complying with government recommendations. While the study suggests that non-authority-based communication can influence vaccine acceptance among skeptical populations, it also noted that highlighting the benefits of protecting others remains a consistently persuasive message across all groups regardless of their initial stance on vaccination.</p>
<p>Caregiving</p>	<p>13. AARP Public Policy Institute March 26, 2026 Valuing the Invaluable 2026 By Ari Houser, Selena Caldera, Brendan Flinn, & Rita Choula, AARP Public Policy Institute</p> <p>Family caregivers provide the majority of long-term services and supports in the United States, assisting adults with disabilities and complex health needs with daily tasks of living, complex medical and nursing tasks, and coordination of medical and social services—nearly all without pay. Drawing on <i>Caregiving in the US 2025</i>, this report estimates that the 59 million caregivers of adults provided 49.5 billion hours of care in 2024 at an average value of \$20.41 per hour. This sums to a total economic value of \$1.01 trillion for all adult caregiving in 2024. Using new methods that reflect the full range and intensity of caregiving tasks, the analysis highlights the growing demands placed on caregivers and the substantial value of their work. The report also presents state-level estimates demonstrating variation in the local economic value of caregiving, driven by differences in wages and the cost of care in each state. Read the full report.</p> <p>Key takeaways:</p> <ul style="list-style-type: none"> • An estimated 59 million family caregivers helped an adult family member, neighbor, or friend with daily activities during the year; about 37 million of these caregivers (63 percent) provided care each month. • All together, these family caregivers provided a total of 49.5 billion hours of care during the year, adding up to a total economic value of \$1.01 trillion (an average of \$20.41 per hour). • The economic value of family caregiving exceeded the total amount of federal, state, and local Medicaid spending in 2024 (\$932 billion).
<p>Federal Policy</p>	<p>14. KFF Health News April 2, 2026 GOP Mulls More Health Cuts Host: Julie Rovner Panelists: Jessie Hellmann of CQ Roll Call, Alice Miranda Ollstein of Politico, and Sandhya Raman of Bloomberg Law</p> <p>Among the takeaways from this week’s episode:</p> <ul style="list-style-type: none"> • Republicans reportedly are weighing still more cuts to federal health spending. With the war in Iran draining military coffers, GOP leaders in Congress are eying a drop in health funding — a decision that could

	<p>exacerbate problems following the passage of legislation expected to lead to major reductions in Medicaid spending, as well as the expiration of enhanced ACA premium subsidies that were not renewed by lawmakers last year. And President Donald Trump’s budget could include another sizable reduction in funding to the National Institutes of Health.</p> <ul style="list-style-type: none"> • The Supreme Court this week struck down a Colorado law prohibiting licensed professionals from practicing a form of therapy that tries to change the sexual orientation or gender identity of LGBTQ+ minors. States have long had the power to regulate medical care, with the goal of restricting treatments that can be harmful. Also, the Idaho Legislature passed a bill requiring teachers and doctors to out transgender minors to their parents. • Meanwhile, the Department of Health and Human Services is studying whether to make private Medicare Advantage plans the default option for seniors enrolling in Medicare, a change that would seem to conflict with the Trump administration’s scrutiny of overpayments to the private insurance plans. And a tech nonprofit’s lawsuit seeks to reveal more about the administration’s pilot program testing the use of artificial intelligence in prior authorization in Medicare. <p>15. KFF April 2, 2026 A Preview of the Role Health Care May Play in the 2026 Election By Shannon Schumacher, Julian Montalvo III, Ashley Kirzinger, and Liz Hamel</p> <p>Heading into the 2026 midterm elections, healthcare affordability has emerged as a top economic concern for American voters, with KFF polling indicating that many now prioritize healthcare costs over other household expenses like food and housing. While the economy historically outranks healthcare as a standalone issue, the two have converged as rising premiums and prescription drug prices drive widespread public anxiety across partisan lines. As of early 2026, Democrats maintain a traditional advantage in voter trust regarding healthcare and prescription drug costs; however, a significant portion of independent voters remains skeptical of both parties, suggesting that the issue’s ability to drive turnout will depend on which candidates can most effectively address the growing affordability crisis.</p>
<p>From Around the Country</p>	<p>16. Hartford Business Journal March 30, 2026 Shuttered Waterbury nursing home property, facing foreclosure suit, goes up for sale By Michael Puffer</p> <p>The former Abbott Terrace Health Center in Waterbury, a 205-bed nursing home that closed in late 2024 following regulatory scrutiny and the loss of federal funding, has been listed for sale with an asking price of \$4.75 million. The 93,000-square-foot property is currently at the center of a foreclosure lawsuit filed by 44 Waterbury LLC, which claims the owners—</p>

	<p>linked to Athena Health Care Systems—defaulted on a \$10.4 million mortgage and failed to maintain the facility. Despite the ongoing legal dispute, real estate brokers report strong interest in the two-acre site, noting its potential for continued use by a healthcare operator or conversion into residential housing due to its proximity to the University of Connecticut's downtown Waterbury campus.</p>
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via 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><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled</i> By Alex Green Buy the book here</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</p>

rights commission to investigate the history of state institutions for disabled people in Massachusetts.

[*American Eldercide: How It Happened, How to Prevent It*](#)
 By [Margaret Morganroth Gullette](#)
[Buy the book here.](#)

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 *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women’s Studies Research Center, Brandeis, and lives in Newton, Massachusetts.

Bringing People Home:
The Marsters Settlement

Webpages:
https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/
<https://marsters.centerforpublicrep.org/>

Marsters data for the calendar year 2025:

- 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. 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.

Support Dignity Alliance Massachusetts

[Please Donate!](#)

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.

As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.

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.

<https://dignityalliancema.org/donate/>

	Thank you for your consideration!	
Dignity Alliance Massachusetts Legislative Endorsements	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 Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com .	
Websites		
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	

	<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/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>																																																
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p>																																																
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect Data updated October 15, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <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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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. https://tinyurl.com/NursingHomeCompareWebsite</p>		
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>		
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p>	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

Please contact group leaders for more information.			
<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"> • Margaret Gullette • Jim Lomastro • 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.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>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>			