



# The Dignity Digest

Issue # 284

May 19, 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](mailto:info@DignityAllianceMA.org).

## Reflection

*"One's dignity may be assaulted, vandalized and cruelly mocked, but it can never be taken away unless it is surrendered."*

Michael J. Fox, [Lucky Man: A Memoir](#), 2003.

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

Home and Community Based Services

- [MGB Home Care clinicians schedule strike vote](#) (\*Statehouse News Service, May 14, 2026)

Behavioral Health

- [Mental Health Awareness Month Toolkit](#) (Substance Abuse and Mental Health Services Administration (SAMHSA), May 2026)

Health Care Topics

- [First hantavirus, now Ebola: What two outbreaks reveal about global preparedness](#) (STAT News, May 15, 2026)
- [Governor Healey Announces Final Regs That Eliminate Prior Authorization Requirements for Routine and Essential Health Care](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 14, 2026)

Private Equity

- [Private equity is taking over nursing homes and seniors are paying the price](#) (The Gazette, May 17, 2026)

Disability Topics

- [AG's Office Sues The Owner And Operator Of A Braintree Apartment Complex For Denying Or Delaying Reasonable Accommodations For Tenants With Disabilities](#) (Office of the Attorney General Andrea Campbell, May 13, 2026)
- [Healey-Driscoll Administration Awards Over \\$15.6 Million for Fully Accessible Transit Vans for Older Adults and People with Disabilities](#) (Massachusetts Executive Office of Transportation, April 29, 2026)

Aging Topics

- [Midlife fitness linked to longer, healthier lives, study finds](#) (\*Washington Post, May 17, 2026)
- [Can having a dog boost your longevity? Here's what science says.](#) (\*Washington Post, May 13, 2026)

	<ul style="list-style-type: none"> <li>• <a href="#">Fulfilling a lifelong dream, 72-year-old will graduate from medical school</a> (*Washington Post, May 10, 2026)</li> </ul> <p>Covid</p> <ul style="list-style-type: none"> <li>• <a href="#">Why aren't there more COVID-19 memorials?</a> (*Boston Globe, May 17, 2026)</li> </ul> <p>Caregiving</p> <ul style="list-style-type: none"> <li>• <a href="#">Valuing the Invaluable 2026</a> (AARP Public Policy Report, March 26, 2026)</li> </ul> <p>End of Life</p> <ul style="list-style-type: none"> <li>• <a href="#">We plan our funerals. But the act of dying is what needs attention.</a> (*Washington Post, May 17, 2026)</li> </ul> <p>Alzheimer's Disease and Other Dementia</p> <ul style="list-style-type: none"> <li>• <a href="#">These glasses and socks could help people with dementia</a> (*Washington Post, May 14, 2026)</li> </ul>
<p>Quotes</p>	<p><i>As Americans age, we deserve the peace of mind that we can find nursing care for our parents or ourselves when we need it. But for private equity firms, that need isn't a mission to fulfill — it's an opportunity to profit at our expense.</i></p> <p><a href="#">Private equity is taking over nursing homes and seniors are paying the price</a> (The Gazette, May 17, 2026)</p> <p><i>“Defendant is engaged in a continuing pattern or practice of unlawful discrimination on the basis of disability.”</i></p> <p><a href="#">Commonwealth of Massachusetts v. GM Skyline Apartments, LLC</a> May 12, 2026</p> <p><i>I stumbled upon a little stone monument commemorating those we lost during the pandemic and wondered why I had never seen one before</i></p> <p>Miles Howard, <a href="#">Why aren't there more COVID-19 memorials?</a> (*Boston Globe, May 17, 2026)</p> <p><i>“Health care access and affordability remain top concerns for people across Massachusetts. These new rules will cut down on unnecessary delays, stress and costs by making it easier for patients and families to access essential care.”</i></p> <p>Lieutenant Governor Kim Driscoll, <a href="#">Governor Healey Announces Final Regs That Eliminate Prior Authorization Requirements for</a></p>

[Routine and Essential Health Care](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 14, 2026)

*It is easier to choose music than to start these difficult talks [about end of life care]. The rituals after death feel public and familiar; the process of dying is intimate, uncertain and exposing. It demands specificity: Whom do you trust to make decisions on your behalf? At what point does more time become too much time? These are questions too seldom confronted early or comfortably. . . There is a difference between preparing for death and preparing to die. One is visible and administrative. The other is quieter, harder to name and too often left undone. We can all do better by bringing the same care and attention to both.*

[We plan our funerals. But the act of dying is what needs attention.](#)  
(\*Washington Post, May 17, 2026)


*Lifespan, obviously, means the number of years we live, in any condition, while health span consists of those years we live without serious disability or disease. . . Ideally, the two would match. But they rarely do. Instead, most people's lifespans extend well beyond their health spans. We often accumulate one chronic condition after another, increasing our odds of frailty and dependence during aging.*

[Midlife fitness linked to longer, healthier lives, study finds](#)  
(\*Washington Post, May 17, 2026)

*The lesson is not that panic is warranted. It is that preparedness cannot be reactive.*

[First hantavirus, now Ebola: What two outbreaks reveal about global preparedness](#) (STAT News, May 15, 2026)

*As for me, I can't imagine life without my dog. I'm glad to know he's improving my health and possibly*

	<p><i>reducing my risk of death — but I’d be glad to have him even if he didn’t.</i></p> <p><a href="#"><u>Can having a dog boost your longevity? Here’s what science says.</u></a>  (*Washington Post, May 13, 2026)</p> <p><i>“Transportation access is consistently cited as one of the biggest challenges facing the disability community. It affects people’s ability to receive needed services, access healthcare, and participate in the workforce.”</i></p> <p>Matt Pellegrino, Chief Executive Officer of Northeast Independent Living Program, <a href="#"><u>Healey-Driscoll Administration Awards Over \$15.6 Million for Fully Accessible Transit Vans for Older Adults and People with Disabilities</u></a> (Massachusetts Executive Office of Transportation, April 29, 2026)</p> <p><i>Drawing on <a href="#"><u>Caregiving in the US 2025</u></a>, 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.</i></p> <p><a href="#"><u>Valuing the Invaluable 2026</u></a> (AARP Public Policy Report, March 26, 2026)</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</p>	<p><b><i>Older Americans Month and the Reality Behind Massachusetts’ “Age-Friendly” Budget</i></b></p> <p>By Richard Moore  May 6, 2026</p> <p>May is recognized nationally as “Older Americans Month,” a time intended to celebrate the contributions, dignity, and continuing value of older adults in our communities. This year’s observance comes as the Massachusetts Senate debates its FY 2027 state budget — a document that claims to reinforce the Commonwealth’s commitment to being “age-friendly.”</p> <p>Massachusetts often receives national recognition for its aging policies. The Senate budget itself points proudly to the Commonwealth’s designation by AARP as age-friendly and its certification as the first state government recognized as an age-friendly employer. The budget includes substantial investments in elder home care, community-based services, behavioral health,</p>

former Massachusetts State Senator.  
The views expressed by individuals are their own and do not necessarily reflect the policy position or perspective of Dignity Alliance Massachusetts.

disability supports, Meals on Wheels, protective services, and programs intended to help older adults remain safely in their homes.

Those investments matter. In an era of fiscal constraints and federal uncertainty, preserving funding for essential support is important. Programs that allow older adults and people with disabilities to avoid unnecessary institutionalization deserve strong support. The continued investment in home care and community services reflects what most people want as they age: independence, connection, and the ability to remain part of their communities.

But Older Americans Month should also be a time for honesty. If Massachusetts truly intends to call itself “age-friendly,” then the Senate budget must be judged not only by what it funds, but by what it ignores.

Most glaring is the continued failure to modernize the Medicaid Personal Needs Allowance (PNA) for nursing home residents. For many residents who rely on Medicaid, this small monthly allowance is all they have for clothing, toiletries, haircuts, telephone service, transportation, snacks, and other basic personal needs. Yet Massachusetts has allowed the allowance to remain virtually unchanged for nearly twenty years despite dramatic increases in inflation and the cost of living.

The result is that some of the Commonwealth’s most vulnerable residents are expected to survive with spending money that bears little relationship to modern economic reality. While the state increases payments to nursing facilities, the individuals living in those facilities continue to struggle with personal poverty and loss of autonomy.

That is not dignity. That is not independence. And it is difficult to reconcile with the state’s repeated use of the phrase “age friendly.”

The budget also fails to address another growing crisis hidden largely from public view: older adults and people with disabilities stranded in acute care hospitals because they lack guardians, appropriate placements, or functioning discharge supports. Across Massachusetts, hospital beds remain occupied by individuals who no longer need acute medical treatment but have nowhere else to go. These patients are effectively trapped in a broken system.

Hospitals become holding facilities. Patients lose mobility and emotional well-being. Families face enormous stress. Health care costs rise unnecessarily. Yet the budget contains no major initiative to expand guardianship services, strengthen transitions of care, or create better pathways into community settings.

At the same time, the Senate budget continues increasing payments to nursing facilities without fundamentally reforming the way those payments are determined. Massachusetts still relies heavily on reimbursement systems based on historical costs that may be outdated, unaudited, or disconnected from actual resident care needs. This should concern both taxpayers and advocates for older adults.

Public funding for long-term care should be transparent, accountable, and directly tied to quality care, adequate staffing, and resident well-being. Instead, Massachusetts continues to pour billions into a system where ownership structures are often opaque, related-party financial arrangements remain difficult to track, and too many facilities continue to struggle with staffing shortages and quality concerns. An age-friendly state should demand far greater accountability for how public dollars are spent.

The budget also falls short in recognizing the enormous burden placed on family caregivers. Massachusetts depends heavily on unpaid caregiving by spouses, adult children, relatives, and friends, yet offers little meaningful financial support for those providing this care. There is no broad caregiver tax credit, no major expansion of caregiver stipends, and no transformative investment in caregiver relief. Too often, the state treats caregiving as an invisible private responsibility rather than essential social infrastructure.

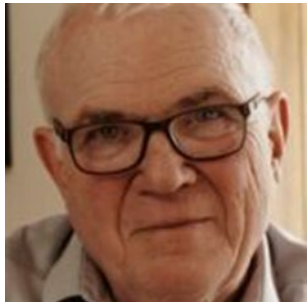
The larger issue is philosophical. Too much of aging policy still frames older adults primarily as recipients of services rather than as active participants in civic and community life. A truly age-friendly Commonwealth would focus not only on protection and care, but also on engagement, economic security, housing, transportation, accessibility, social connection, and inclusion in decision-making.

Older Americans Month should challenge Massachusetts to ask difficult questions. Can a state call itself age-friendly while nursing home residents live with deeply inadequate personal allowances? Can it claim leadership while older adults languish in hospitals because appropriate support does not exist? Can it celebrate aging while failing to hold long-term care providers fully accountable for the public funds they receive? Can it truly support independence without adequately supporting caregivers?

The Senate budget contains important investments that should be recognized. But preserving programs is not the same as transforming systems. Massachusetts has made progress in supporting older adults and people with disabilities, particularly through home- and community-based services. Yet this budget still reflects a system too willing to manage the consequences of aging rather than confront the inequities and structural failures that too often accompany it.

	<p>During Older Americans Month, older adults deserve more than praise and proclamations. They deserve policies that match the Commonwealth’s rhetoric — policies grounded not merely in maintenance, but in dignity, transparency, accountability, and genuine independence.</p>
<p><b>Commentary Offered by DignityMA Participants</b></p> <p><b>Deborah Coogan</b></p> <p>Deborah Coogan is a retired attorney who practiced law at Foley Hoag LLP in Boston. She is an Ambassador with the Carroll Center for the Blind’s Ambassador Council, She is a member of DignityMA’s Coordinating Committee and Chairs the Covid Memorial Workgroup.</p>	<p>Letter to the Editor in response to: <a href="#">Why aren’t there more COVID-19 memorials?</a> <b>Boston Globe</b>, May 17, 2026 By Deborah Coogan</p> <p>To the Editor:</p> <p>Dignity Alliance Massachusetts strongly supports Miles Howard’s thoughtful May 17 article, “COVID-19 memorials?” and agrees that we need ways to remember and honor those lost during the pandemic.</p> <p>From 2020 through 2023, more than 25,000 Massachusetts residents died from COVID-19. Others died during that time – a period which was marked by fear, isolation, restricted visitation, overwhelmed hospitals, and disrupted funerals and memorial services. Families were often unable to gather to comfort each other or grieve together.</p> <p>To address the need for a memorial, Dignity Alliance Massachusetts created “Remembering with Dignity,” a virtual memorial honoring those who died during the pandemic — whether from COVID-19 itself or from other causes during that painful time. The memorial invites families and friends to submit stories and photos so that these lives are not forgotten. As Howard notes, remembrance is not simply about looking back; it is about carrying light forward. In the absence of a national monument or formal day of remembrance, community memorials matter. Every life lost deserves to be remembered with dignity.</p> <p>Dignity Alliance Massachusetts is a broad-based group of experts and specialists, including advocates for nursing home residents, disability rights organizations, legal service entities and health policy experts. The organization advocates for public policies to improve long-term care, provide affordable options for community living, and ensure living wages and benefits for those who work in care facilities. Submissions to “Remembering with Dignity” are welcomed through the Dignity Alliance Massachusetts website. Question may be directed to <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>.</p>
<p><b>Commentary Offered by</b></p>	<p><b><i>Am I the Only One Uncomfortable With These Promotions?</i></b> By Jim Lomastro May 18, 2026</p>

## DignityMA Participants



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.

The views expressed by individuals are their own and do not necessarily reflect the policy position or perspective of Dignity Alliance Massachusetts.

I was reading the **Boston Globe** recently when I came across a glossy advertising supplement from nonprofit health insurers. The pages were filled with reassuring language about “community health,” prevention, affordability, and commitment to the people they serve. There were photographs of smiling families, discussions of social determinants of health, and carefully crafted language about partnership and wellness.

And I found myself wondering: am I the only one uncomfortable with this?

Not because health insurers should not advertise. Not because prevention is unimportant. But because these promotions are appearing at the exact moment many insurers are restricting access to some of the most effective obesity treatments yet developed — GLP-1 drugs such as Wegovy and Zepbound — largely because of their cost.

The contradiction is difficult to ignore.

The *Globe* supplement described nonprofit plans as organizations whose mission differs from investor-owned companies because they can focus on “long-term health” and community well-being rather than quarterly returns. Another page sympathetically described the burden rising health care costs place on patients and families.

At almost the same time, the *New York Times* reported that insurers had resisted broader Medicare coverage for GLP-1 weight-loss drugs because of fears over long-term financial exposure and uncertainty about future utilization rates. Millions of older Americans may now gain temporary access only through a limited federal pilot program rather than permanent coverage.

The issue here is not whether these drugs are expensive. They are. The Congressional Budget Office estimates broad Medicare coverage could cost tens of billions over time. But the same reporting also noted that obesity contributes to diabetes, cardiovascular disease, respiratory illness, and other chronic conditions that are themselves enormously costly — both financially and humanly.

This is where the discomfort begins.

Modern health care rhetoric increasingly speaks the language of prevention, wellness, and population health. We are constantly told that the system wants to intervene earlier, prevent disease, and support healthier lives. But when prevention becomes expensive rather than rhetorical, institutional enthusiasm often becomes more conditional.

Anyone who has spent time navigating modern insurance systems recognizes this pattern. Prior authorization requirements delay treatment while patients and physicians repeatedly justify medical necessity. Claims are denied and appealed through bureaucratic review systems that many older adults cannot realistically navigate on their own. Medical debt is increasingly transferred to collection systems and credit agencies, turning illness into long-term financial injury. Patients may receive “care coordination” newsletters while simultaneously facing opaque coverage decisions that can determine whether treatment is accessible at all.

And even many nonprofit health plans operate within larger financial ecosystems involving pharmacy benefit managers, investment relationships, administrative service organizations, and related-party contracting arrangements that increasingly resemble the extractive structures seen elsewhere in American health care. The distinction between nonprofit mission and corporate operational behavior can become difficult for ordinary patients to see in practice.

We appear comfortable funding treatment once disease fully manifests. We become much less comfortable funding interventions that might prevent that disease from emerging at scale.

That tension is not unique to obesity drugs. It runs throughout American health care. We celebrate prevention in principle while financing illness in practice.

What makes the current moment especially striking is that many of these advertisements come from nonprofit insurers whose public identity rests partly on moral distinction. The message is not simply “we provide coverage.” The message is “we are mission-driven organizations committed to community health.”

But mission creates obligations.

If obesity is truly recognized as a chronic disease — and increasingly it is — then restricting access to effective treatment becomes difficult to separate from larger questions about who health systems are designed to serve and what risks they are willing to absorb.

The Times article revealed another troubling dimension: temporariness. The Medicare pilot currently extends only through 2027. Researchers quoted in the article warned that many patients may lose access after beginning treatment, potentially leading to cycles of weight regain and worsening health outcomes.

So we may soon place millions of older Americans into a national experiment in conditional prevention — encouraged to begin treatment without any guarantee that treatment will continue.

	<p>That raises a larger question that glossy advertising supplements cannot answer:</p> <p>What exactly does “community health” mean when the treatments most capable of improving long-term health are treated primarily as actuarial threats?</p> <p>Perhaps there are legitimate financial concerns. Perhaps there are difficult tradeoffs. But if that is the reality, then we should discuss those tensions honestly rather than surround them with carefully curated narratives of mission and wellness.</p> <p>Because increasingly, many people can feel the gap between the language institutions use and the incentives under which they actually operate.</p> <p>And I suspect I am not the only one uncomfortable with that.</p> <p><b>When Institutions Treat Symptoms Instead of Structure</b>  By James Lomastro  May 18, 2026</p> <p>The Globe mental health piece (<a href="#">What RFK Jr. gets right – and wrong – about mental health</a>) highlights a structural tension increasingly visible across American institutions: the gap between moral language and operational reality. What makes the essay compelling is that it moves beyond the narrow debate over antidepressants and overmedicalization and asks a larger question about the conditions producing distress in the first place. The article argues that medications can become substitutes for addressing deeper structural pressures such as inequality, economic precarity, overwork, weak social supports, and housing instability.</p> <p>That pattern extends well beyond mental health. Across health care and other sectors, institutions often present themselves through a vocabulary of wellness, empowerment, prevention, innovation, and community responsibility while operating within systems fundamentally organized around financial pressure, risk management, compliance, and administrative control.</p> <p>The same tension appears in long-term care systems that emphasize quality while tolerating extractive ownership arrangements; in health insurance systems that promote prevention rhetorically while restricting access to costly preventive treatments; and in emerging AI systems where innovation frequently advances faster than accountability structures.</p>
Recruitment	<p><b>See:</b> <a href="#">Listings on MASterList.com’s Job Board</a> for all current listings</p>

<p><b>Aging Network Digital Equity Survey</b></p>	<p><b><u><a href="#">Aging Network Digital Equity Survey</a></u></b>  <b>Massachusetts Executive Office of Aging and Independence</b></p> <p>This survey is for professionals who serve older adults, including Councils on Aging (COAs), Senior Centers, Aging Services Access Points (ASAPs), Area Agencies on Aging (AAAs), and community-based organizations in Massachusetts. The survey should take approximately 10–15 minutes to complete.</p> <p><b>What is being asked</b></p> <p>Older adults across Massachusetts face significant barriers to digital equity—from lack of access to devices and affordable internet to limited digital skills and support. Many organizations in the aging network are already doing important work to address these gaps, and we want to recognize those efforts and build on that momentum.</p> <p>For the purposes of this survey, "digital equity" includes access to devices, internet connectivity, digital skills training, and support using technology for essential services (e.g., telehealth, benefits access, communication).</p> <p>The Executive Office of Aging &amp; Independence (AGE) and Massachusetts Healthy Aging Collaborative (MHAC) are conducting this survey to understand the current landscape of digital equity programs and needs across Massachusetts. Your responses will help us:</p> <ul style="list-style-type: none"> <li>• Map existing resources and identify gaps</li> <li>• Connect organizations to relevant resources and partners</li> <li>• Inform future planning and statewide coordination</li> <li>• Create a list of public-facing digital equity resources</li> </ul> <p>Whether your organization is deeply engaged in digital equity work or just getting started, your perspective is valuable. AGE and MHAC want to understand what is working, what is needed, and how statewide partners can better support this work.</p> <p><b>How your information may be used</b></p> <p>Individual contact information will not be shared publicly, and you may request that your organization's information be excluded from the public-facing resource list in the survey.</p> <p><b>Who should respond</b></p> <p>Organizations at all stages of digital equity work are encouraged to respond, whether they have established programs or are not yet engaged in this area. Please submit <u>one response per organization</u>. If multiple staff members are involved in digital equity efforts, it is recommend coordinating internally to provide a single, consolidated response.</p> <p><i>If you have questions about this survey, please contact Molly Evans at <a href="mailto:molly.r.evans@mass.gov">molly.r.evans@mass.gov</a>.</i></p> <p>When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.</p>
<p><b>Research Study Opportunity</b></p>	<p><b><u><a href="#">Participate in AFB's Aging Research Study</a></u></b>  <b>American Foundation for the Blind (AFB)</b></p> <p>The American Foundation for the Blind (AFB) is conducting a research study seeking U.S.-based adults 55 and older who are</p>

	<p>experiencing changes in their vision. The aim of the study is to understand what it's like for older adults to adjust to vision changes and what services can help them.</p> <p>Participants can choose between a 60-minute interview and a 90-minute focus group, either in person or virtually. Transportation support will be available for in-person sessions, if needed.</p> <p>Interested? Please call AFB researcher Angie Whistler at 202-469-6834 to sign up.</p> <p><b>This study will close on May 31.</b></p> <p>If you have any questions or concerns about the study, contact the principal investigator, Dr. Arielle Silverman, at <a href="mailto:asilverman@afb.org">asilverman@afb.org</a></p>
<p>FY 2027 State Budget</p>	<p><b><u><a href="#">Senate Ways and Means Budget Amendment Text and Status</a></u></b></p> <p>Senate meets in a formal session to begin deliberations on the Ways and Means Committee's \$63.3 budget proposal for fiscal year 2027 (S 4). Senators filed 1,158 amendments, proposing to add at least another \$1.47 billion to the budget. Over the last three years the Senate typically added about \$84.3 million in spending through amendments, according to the <a href="#">Massachusetts Taxpayers Foundation</a>.</p> <p><b>DignityMA Priority Amendments:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">413</a>                      Sen. Cyr              Personal Care Attendant Program</li> <li>• <a href="#">529</a>                      Sen. Lovely        Personal Needs Allowance</li> <li>• <a href="#">572</a>                      Sen. Driscoll      Public Input Relative to Nursing Home</li> <li>• 839                        Sen. Lovely        Expanding Access to Elder Community Options</li> </ul> <p style="text-align: right;">Ownership or Name Changes Program through Optimized Funding</p> <p><b>Other Amendments of interest (not all inclusive):</b></p> <ul style="list-style-type: none"> <li>• <a href="#">390</a>                      Sen. Tarr            Spouses as Caregivers</li> <li>• <a href="#">465</a>                      Sen. Jehlen        Emergency Aid to the Elderly, Disabled and Children</li> <li>• <a href="#">473</a>                      Sen. Jehlen        MA Commission on LGBTQ Aging</li> <li>• <a href="#">475</a>                      Sen. Jehlen        Geriatric Mental Health Program</li> <li>• <a href="#">505</a>                      Sen. Jehlen        LTSS Commission</li> <li>• <a href="#">523</a>                      Sen. Kennedy      REquipment</li> <li>• <a href="#">524</a>                      Sen. Lovely        Public Guardianship Services</li> <li>• <a href="#">548</a>                      Sen. Brady         REquipment Durable Medical Equipment/Assistive Technology</li> </ul> <p style="text-align: right;">Reuse program</p>
<p>In Person and / or Online Events</p>	<p><b>The Consumer Voice</b> 2026 Annual Conference <b><u><a href="#">Dignity Served Daily: Bringing Resident Voices to the Table</a></u></b></p>

	<p>Monday, September 28 through Thursday, October 1, 2026  St. Louis, Missouri or virtually  <a href="#">Hyatt Regency St. Louis at The Arch</a></p> <p>All plenaries and breakout sessions will be livestreamed and recorded.  Who is the conference for?  Many individuals and organizations will find the conference useful, including:</p> <ul style="list-style-type: none"> <li>• Long-Term Care Ombudsman program representatives</li> <li>• Long-Term Care providers and staff</li> <li>• Attorneys</li> <li>• Long-term care consumers</li> <li>• Family members of long-term care consumers</li> <li>• Advocates</li> <li>• Anyone interested in the quality care and quality of life of long-term care consumers</li> </ul> <p><a href="#">See the preliminary agenda.</a>  <a href="#">REGISTER NOW</a></p>
<p>Webinars and Online Sessions</p>	<p>1. <a href="#">Webinar Series on Preventing and Responding to Fraud, Abuse, and Exploitation</a>  <b>Elder Justice Council</b>  May 19-June 30, 2026  This May and June, in recognition of Elder Justice Awareness Month, ACL and the Elder Justice Coordinating Council (EJCC) will host a 10-part webinar series on protecting older adults by strengthening awareness, prevention, and response to fraud, abuse, and exploitation. This series offers practical tools and insights for professionals, advocates, and community members. Expert-led sessions will cover a range of topics, including:</p> <ul style="list-style-type: none"> <li>• Government imposter scams and fraud prevention</li> <li>• Investment scam warning signs</li> <li>• Social Security online safety</li> <li>• Elder abuse prevention and intervention strategies</li> <li>• Empowering frontline staff and community response</li> </ul> <p>All events will take place on Tuesdays and Thursdays at 2:00 p.m. ET.  The first in the series are:</p> <ul style="list-style-type: none"> <li>• May 19, 2026, 2:00 p.m. ET: Top Scams Affecting Older Adults, hosted by the Federal Trade Commission (FTC)</li> <li>• May 21, 2026, 2:00 p.m. ET: Combatting Imposter Scams: How to Spot, Avoid, and Report Imposter Scams, hosted by the Department of Justice and FTC</li> </ul> <p><b>Top Scams Affecting Older Adults Webinar Details (May 19)</b>  <a href="#">Join from a PC, Mac, iPad, iPhone, or Android device</a>  Passcode: 420716  Or join by phone:  833-568-8864 (toll-free) or 833-435-1820 (toll-free)  Webinar ID: 165 100 3267   Passcode: 420716</p> <p><b>Combatting Imposter Scams Webinar Details (May 21)</b>  <a href="#">Join from a PC, Mac, iPad, iPhone, or Android device</a></p> <p>2. <a href="#">Well+Being Youth Mental Health</a></p>

**Washington Post**

Tuesday, May 19, 2026, 1:00 p.m.

In a segment presented by Calm Health, Calm’s Chief Clinical Officer, Dr. Chris Mosunic, will discuss the role digital mental health tools can play in supporting the mental health of today’s youth. The conversation will explore how digital solutions can help improve access to care, reduce stigma, and provide innovative, evidence-based programs to address the mental health needs of the whole family.

[Youth Mental Health Registration](#)

3. [\*\*Rethinking Care Delivery: Self-Directed Care for a Sustainable Future\*\*](#)

**Home Health Care News**

Wednesday, May 20, 2026, 2:00 p.m.

As the caregiving crisis continues to grow alongside America’s aging population, more families are searching for care models that preserve independence, dignity, and quality of life. Self-directed care is emerging as a powerful solution — giving individuals greater control over who provides their care, including trusted friends and family members, while offering more flexibility and personalization than traditional home care models.

In this webinar, you will:

- Understand the fundamentals of self-directed care, including how the model works, key roles and responsibilities, and how it differs from traditional home care delivery.
- Evaluate the benefits of self-direction for participants, caregivers, and policymakers, including increased independence, flexibility, workforce support, and overall satisfaction.
- Identify how modern systems, oversight, and support structures can strengthen self-directed care programs, improve accountability, and ensure long-term sustainability in a rapidly evolving care landscape.

[Rethinking Care Registration](#)

4. [\*\*Breaking the Silence on Retaliation in Long-Term Care\*\*](#)

**The Consumer Voice**

Tuesday, May 26, 2026, 2:00 p.m.

Despite federal requirements intended to protect residents of long-term care facilities from retaliation, it continues to be a pervasive concern for residents and families. Research indicates that more than a quarter of residents have feared retaliation for voicing concerns, and that the fear of retaliation can cause as much distress as actual retaliatory events.

In 2025, the Connecticut Long-Term Care Ombudsman Program, in partnership with the Colorado State Long-Term Care Ombudsman Program, released an updated training resource, *Breaking the Silence: The Fear of Retaliation*, consisting of a video and companion training guide. Join us for a virtual screening of the video and review of the training resource, as well as a discussion, including strategies for preventing or responding to retaliation.

[Breaking the Silence Registration](#)

5. [\*\*From Reactive Care to Proactive Wellness: Using Technology to Support Independence in Senior Living\*\*](#)

**i Advance Senior Care**

	<p>Wednesday, June 10, 2026, 2:00 p.m.</p> <p>Panelists:</p> <ul style="list-style-type: none"> <li>• <a href="#">Sara Kyle, PhD</a>, Founder and Principal, EverWell</li> <li>• <a href="#">Pat Tarnowski, PT, MBA</a>, Chief Commercial Officer, OneStep</li> <li>• <a href="#">Veronica "Mo" Carr</a>, Avendelle Assisted Living Franchisee and Founder of MoBetter Global Care</li> </ul> <p>Moderator:</p> <ul style="list-style-type: none"> <li>• Paige Cerulli, Author &amp; Editor at I Advance Senior Care</li> </ul> <p>Attendees will learn:</p> <ul style="list-style-type: none"> <li>• How resident expectations are changing and what that means for wellness and lifestyle programming</li> <li>• Why reactive models for falls and functional decline are no longer enough</li> <li>• What to look for in wellness technology that supports independence without adding operational burden</li> <li>• How technology can fit across the senior living continuum, from higher-acuity settings to independent living</li> <li>• Practical ways to think about implementation, integration, and staff adoption</li> </ul> <p><a href="#">Using Technology Registration</a></p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p>Home and Community Based Services</p>	<p><b>6. *Statehouse News Service</b>  May 14, 2026  <a href="#">MGB Home Care clinicians schedule strike vote</a>  By Katie Castellani</p> <p>Summary of MGB Home Care Labor Negotiations  Approximately 450 home care clinicians within the Mass General Brigham (MGB) system, represented by the Massachusetts Nurses Association (MNA), are scheduled to hold a strike authorization vote on Tuesday, May 19, 2026. This decision comes after more than a year of bargaining—totaling 26 sessions—failed to yield a first union contract. The clinicians, including registered nurses, physical and occupational therapists, and social workers, are advocating for competitive pay, manageable caseloads, and enhanced recruitment and retention protections. While the MNA highlights MGB's recent financial gains and executive bonuses as evidence that their requests are affordable, MGB maintains that it has bargained in good faith, noting that its current offers include significant wage increases and improved scales. An affirmative vote would empower the bargaining committee to call for a strike of up</p>

	to seven days, though it does not guarantee that a work stoppage will occur.
Behavioral Health	<p><b>7. Substance Abuse and Mental Health Services Administration (SAMHSA)</b>  May 2026  <a href="#">Mental Health Awareness Month Toolkit</a>  <b>The Toolkit is a One-Stop Shop</b>  The toolkit offers comprehensive resources in a central location that you can download and share. Some content can be customized for the needs of your audiences. The toolkit includes:</p> <ul style="list-style-type: none"> <li>• Key messages and themes for each week in May.</li> <li>• Social media content, graphics, and promotional materials designed for your audiences and media channels.</li> <li>• Messaging that encourages acceptance and support of people living with a mental illness.</li> <li>• Best practices for supportive and beneficial discussions about mental health.</li> <li>• Additional resources for increasing awareness about mental health in May and beyond.</li> </ul> <p><b>Key Messages and Weekly Themes</b></p> <ul style="list-style-type: none"> <li>• Week 1 (May 1 - 8): Understanding Mental Illness</li> <li>• Week 2 (May 11 - 15): Early Support Matters: Recognizing Signs in Children and Youth</li> <li>• Week 3 (May 18 - 22): Words Matter and Words Can Heal</li> <li>• Week 4 (May 25 - 29): Supporting Loved Ones: Connection Is a Powerful Form of Care</li> <li>• Older Adults</li> </ul>
Health Care Topics	<p><b>8. STAT News</b>  May 15, 2026  <a href="#">First hantavirus, now Ebola: What two outbreaks reveal about global preparedness</a>  By Krutika Kuppalli  The STAT News article from May 15, 2026, highlights two major, simultaneous infectious disease challenges confronting global health authorities like the World Health Organization (WHO). First, it outlines a significant new Ebola outbreak in the Ituri Province of the Democratic Republic of the Congo (DRC) caused by the Bundibugyo strain, which has led to dozens of deaths and raised cross-border transmission concerns into neighboring countries like Uganda. Concurrently, the report addresses the rapidly evolving public health response to a rare hantavirus outbreak aboard the international cruise ship <i>MV Hondius</i> in the South Atlantic Ocean, driven by the person-to-person transmissible Andes virus strain. Together, these dual health crises emphasize the growing pressure on international disease surveillance mechanisms, the complexities of multi-jurisdictional contact tracing, and the critical role of coordinated WHO leadership in managing emerging global health security threats.</p> <p><b>9. Office of Governor Maura Healey and Lt. Governor Kim Driscoll</b>  May 14, 2026</p>

	<p><a href="#"><u>Governor Healey Announces Final Regs That Eliminate Prior Authorization Requirements for Routine and Essential Health Care</u></a>  Updated regulations eliminate prior authorization requirements for cancer scans and medications for chronic conditions like asthma, diabetes and heart disease.</p> <p>Governor Maura Healey announced that the Massachusetts Division of Insurance has finalized sweeping regulations, effective June 5, 2026, to eliminate prior authorization requirements for a wide array of routine and essential healthcare services. Designed to reduce medical delays, lower administrative costs, and alleviate stress for patients and providers, the new rules bar insurers from requiring pre-approval for primary care, emergency services, preventive care, maternity care, cancer diagnostic scans, and medications treating chronic conditions like diabetes, asthma, heart disease, and serious mental illness. Furthermore, the updated regulations mandate that insurers resolve urgent medical authorization requests within 24 hours, honor existing treatment approvals for the full duration of a stable chronic illness, and maintain active authorizations for at least 90 days when a patient switches insurance plans.</p>
Private Equity	<p><b>10. The Gazette</b>  May 17, 2026  <a href="#"><u>Private equity is taking over nursing homes and seniors are paying the price</u></a>  By Scott Doerr</p> <p>In his guest column for <i>The Gazette</i>, Scott Doerr—a county board supervisor from Lincoln County, Wisconsin—argues that the rapid proliferation of private equity and for-profit corporations in the long-term care sector is severely degrading the quality of healthcare for aging Americans. Drawing on the firsthand example of his local, formerly five-star public nursing home, Pine Crest, which was sold to a subsidiary of the for-profit Ensign Group despite fierce community resistance, Doerr outlines how privatization almost immediately led to state citations for patient neglect and critical staffing shortages. He highlights broader national trends from the Kaiser Family Foundation and the Center for Medicare Advocacy confirming that privatized facilities routinely yield lower quality ratings, higher mortality rates, and diminished public oversight compared to their publicly owned counterparts. Ultimately, Doerr links this predatory corporate model to sweeping federal legislative threats, such as the GOP's proposed \$1 trillion cuts to Medicaid, and issues a call to action for citizens to organize locally and reclaim municipal governance to protect community health infrastructure from predatory corporate extraction.</p>
Aging Topics	<p><b>11. *Washington Post</b>  May 17, 2026  <a href="#"><u>Midlife fitness linked to longer, healthier lives, study finds</u></a>  By Gretchen Reynolds</p> <p>A <i>Washington Post</i> article detailing a comprehensive study published in the <i>Journal of the American College of Cardiology</i> reveals that maintaining high cardiorespiratory fitness during middle age is strongly linked to a longer lifespan and an extended health span. By tracking the</p>

midlife treadmill tests and subsequent retirement Medicare records of nearly 25,000 healthy adults, lead researcher Dr. Clare Meernik and her team discovered that the fittest individuals delayed the onset of their first major age-related chronic illnesses—such as heart disease, cancer, and dementia—by an average of 1.5 years and lived about two years longer overall compared to the least-fit group. Co-authored by Dr. I-Min Lee, the study emphasizes that achieving these meaningful improvements to late-life quality and longevity does not require extreme athleticism, as routine habits like daily brisk walking are sufficient to build the vital physical reserves needed for healthy aging. Ultimately, these findings highlight the profound public health value of midlife physical activity in closing the gap between total lifespan and independent, disease-free years.

**12. \*Washington Post**

May 13, 2026

[Can having a dog boost your longevity? Here's what science says.](#)

By Steven Petrow

The *Washington Post* article explores the link between dog ownership and increased longevity, highlighting research—including a major meta-analysis—that associates having a dog with a 24 percent lower risk of death from any cause, particularly among cardiovascular disease survivors. Experts, such as Beth Frates of Harvard Medical School, suggest this survival advantage stems from multiple health factors: the physical exercise required for daily dog walks, which helps lower blood pressure and cholesterol; increased social interactions that combat loneliness and isolation; and a profound psychological boost, including a sense of purpose and reduced stress. While public health researchers like Adrian Bauman caution that the data does not yet definitively prove a direct cause-and-effect protective mechanism, scientific consensus increasingly views canine companionship as a likely and holistic health benefit that extends both lifespan and quality of life, especially for older or isolated individuals.

**13. \*Washington Post**

May 10, 2026

[Fulfilling a lifelong dream, 72-year-old will graduate from medical school](#)

By Kyle Melnick

A *Washington Post* lifestyle article profiles Dawn Zuidgeest-Craft, a 72-year-old grandmother and former neonatal nurse practitioner (and mother of ABC meteorologist Ginger Zee), who is making history as the world's oldest known medical school graduate. Though she had put her medical school ambitions on hold for decades to raise her children and care for her patients, a life-threatening brain injury suffered by her husband in 2020 served as a profound reminder that "tomorrow is not guaranteed," prompting her to finally pursue her lifelong dream. After tapping into her retirement savings to attend the St. James School of Medicine in Anguilla and completing grueling clinical rotations across the United States, Dr. Zuidgeest-Craft graduated this month and is set to begin her medical residency at Trinity Health Medical Center in Muskegon, Michigan, just ahead of her 73rd birthday.

<p>Disability Topics</p>	<p><b>14. Office of Attorney General Andrea Campbell</b>  May 13, 2026  <a href="#"><u>AG's Office Sues The Owner And Operator Of A Braintree Apartment Complex For Denying Or Delaying Reasonable Accommodations For Tenants With Disabilities</u></a>  The Massachusetts Attorney General's Office has filed a lawsuit against GM Skyline Drive Apartments LLC, the New Jersey-based owner and operator of a Braintree apartment complex, for violating the state's anti-discrimination and consumer protection laws. The complaint alleges that the company routinely ignored or excessively delayed reasonable accommodation requests from tenants with disabilities—often forcing residents to wait more than a year for essential modifications like wheelchair ramps, accessible parking, and walk-in showers. Furthermore, the property management firm is accused of taking retaliatory and discriminatory actions against vulnerable, low-income tenants participating in the Department of Mental Health's Rental Subsidy Program (DMH-RSP), including altering lease terms and blocking new participants after subsidies were withheld due to state sanitary code violations. Through the lawsuit, the Attorney General's Office is seeking restitution for the impacted tenants and a court order to permanently halt the company's illegal practices.</p> <p><b>15. Massachusetts Executive Office of Transportation</b>  April 29, 2026  <a href="#"><u>Healey-Driscoll Administration Awards Over \$15.6 Million for Fully Accessible Transit Vans for Older Adults and People with Disabilities</u></a>  <i>Grants will enable 27 organizations to purchase a total of 131 vehicles</i>  The <b>Healey-Driscoll Administration</b> has announced over <b>\$15.6 million</b> in funding through MassDOT's <a href="#"><u>FY26 Community Transit Grant Program (CTGP)</u></a> to expand and enhance independent mobility for older adults and individuals with disabilities across Massachusetts. The grants will allow <b>27 regional organizations</b>—including municipalities, Regional Transit Authorities (RTAs), Councils on Aging, and area nonprofits—to purchase a total of <b>131 fully accessible vehicles</b> such as ramp-equipped minivans, electric transit vans, and multi-passenger lift cutaways. Financed through a strategic combination of the Federal Transit Administration's Section 5310 program and the state's Mobility Assistance Program (MAP), this critical investment aims to modernize local transit fleets, replace aging vehicles, and ensure vulnerable residents have reliable, dignified access to healthcare, groceries, and vital community connections.  For a broadcast summary of the funding details, watch this brief report on <a href="#"><u>MassDOT's Accessible Transit Funding</u></a>, which covers how these 131 new vehicles will help expand services where community demand is growing.</p>
<p>Covid</p>	<p><b>16. *Boston Globe</b>  May 17, 2026  <a href="#"><u>Why aren't there more COVID-19 memorials?</u></a>  By Miles Howard  <i>I stumbled upon a little stone monument commemorating those we lost during the pandemic and wondered why I had never seen one before.</i></p>

	<p>In the <i>Boston Globe</i> opinion piece "We need more COVID-19 memorials," the author argues that as society moves further away from the peak of the pandemic, there is an urgent need to establish permanent, public monuments to combat collective amnesia and properly honor the scale of the tragedy. The article posits that while wars and military conflicts are routinely commemorated with grand civic structures, public health crises—despite claiming millions of lives and fundamentally altering global society—are often quickly forgotten as communities rush to return to normal. By building dedicated physical spaces for reflection, the author suggests we can validate the enduring grief of survivors, recognize the profound sacrifices of frontline healthcare workers, and ensure that the historical lessons and human costs of the pandemic are permanently etched into our collective cultural memory.</p>
Caregiving	<p><b>17. AARP Public Policy Report</b>  March 26, 2026  <a href="#">Valuing the Invaluable 2026</a>  By Ari Houser, Selena Caldera, Brendan Flinn, &amp; Rita Choula  The AARP Public Policy Institute’s seventh report in its series, “<i>Valuing the Invaluable 2026: Family Caregivers’ Contribution Reaches \$1 Trillion</i>,” reveals that the economic value of unpaid family caregiving in the United States has reached a staggering \$1.01 trillion annually. Utilizing updated data, the report finds that 59 million family caregivers contribute an average of 27 hours per week—totaling 49.5 billion hours of care per year—to adults with chronic illnesses or complex medical conditions. This massive volume of uncompensated labor is equivalent to roughly 24 million full-time workers (or 17 percent of the entire U.S. full-time workforce) and surpasses total nationwide Medicaid spending. Furthermore, the report highlights the growing complexity of these duties, noting that 57 percent of caregivers now provide high-intensity care involving complex medical or nursing tasks, which often inflicts a heavy toll on their own physical, emotional, and financial well-being. Ultimately, AARP leverages these findings to urge policymakers and employers to implement bolder support systems, including caregiver tax credits, paid family leave policies, and expanded access to respite services.  <a href="#">Full Report</a>  <a href="#">Valuing the Invaluable 2026: Infographic</a>  <a href="#">Previous Valuing the Invaluable Reports</a></p>
Alzheimer’s Disease and Other Dementia	<p><b>18. *Washington Post</b>  May 14, 2026  <a href="#">These glasses and socks could help people with dementia</a>  By Jillian Banner  Wearable technology, like glasses and socks, may soon be helping people with dementia live more independently. CrossSense, a U.K. company, is developing glasses that prompts wearers to safely carry out tasks at home.</p>
End of Life	<p><b>19. *Washington Post</b>  May 17, 2026  <a href="#">We plan our funerals. But the act of dying is what needs attention.</a></p>

	<p>By Raya Elfadel Kheirbek          In her <i>Washington Post</i> opinion piece, "We plan our funerals. But the act of dying is what needs attention," Dr. Raya Elfadel Kheirbek—chief of geriatrics and palliative medicine at the University of Maryland School of Medicine—argues that while people frequently organize the post-death logistics and ceremonies of their funerals, they critically neglect preparing for the actual medical and emotional process of dying. Drawing on her extensive experience treating serious and terminal illness, Kheirbek emphasizes the urgent need for individuals to break the silence surrounding end-of-life care and engage in proactive, honest communication with their families. She urges people to explicitly communicate their medical boundaries and preferences, defining exactly where they "draw the line when life is no longer worth enduring," to ensure their personal autonomy is respected and their dignity is preserved during their final days rather than lost to prolonged, unaligned medical interventions.</p>
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p><b><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></b></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: <a href="https://dignityalliancema.org/take-action/#/25">https://dignityalliancema.org/take-action/#/25</a>. 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 <a href="https://tinyurl.com/ForgetMeNotPNA">https://tinyurl.com/ForgetMeNotPNA</a> or you can email your story to Dignity Alliance MA (<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>), 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><a href="#"><u><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</i></u></a>  By Alex Green  <a href="#"><u>Buy the book here</u></a></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><a href="#"><u><i>American Eldercide: How It Happened, How to Prevent It</i></u></a>  By <a href="#"><u>Margaret Morganroth Gullette</u></a>  <a href="#"><u>Buy the book here.</u></a></p> <p><b>Margaret Morganroth Gullette</b> 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:  <a href="https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/">https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/</a>  <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a></p> <p>Marsters data for the calendar year 2025:</p> <ul style="list-style-type: none"> <li>• 499 people who have returned and are active in the community</li> <li>• Efforts to validate status of 63 others who are in the community</li> <li>• Target for 2025 and 2026 is 600 transitions</li> <li>• 1,369 currently enrolled</li> <li>• 100 AHVP vouchers issued for transitions: 71 used, 10 in process.</li> </ul> <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><b>Support Dignity Alliance Massachusetts</b></p> <p><a href="#"><u>Please Donate!</u></a></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><b>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</b></p>

	<p>maintain our website, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>, which has thousands of visits each month.</p> <p><b>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.</b></p> <p><a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a></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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:dickmoore1943@gmail.com">dickmoore1943@gmail.com</a>.</p>		
<p>Websites</p>			
<p>Blogs</p>			
<p>Podcasts</p>			
<p>YouTube Channels</p>			
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a>. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>		
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a>.</p>		
<p>Websites of Dignity Alliance Massachusetts Members</p>	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a></p>		
<p>Contact information for reporting complaints and concerns</p>	<table border="1"> <tr> <td data-bbox="488 1167 764 1377"> <p><b>Nursing home</b></p> </td> <td data-bbox="764 1167 1533 1377"> <p><a href="#">Department of Public Health</a></p> <ol style="list-style-type: none"> <li>1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a></li> <li>2. Fax completed form to (617) 753-8165</li> </ol> <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p><a href="#">Ombudsman Program</a></p> </td> </tr> </table>	<p><b>Nursing home</b></p>	<p><a href="#">Department of Public Health</a></p> <ol style="list-style-type: none"> <li>1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a></li> <li>2. Fax completed form to (617) 753-8165</li> </ol> <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p><a href="#">Ombudsman Program</a></p>
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<p>MassHealth Eligibility Information</p>	<p><a href="#">MassHealth / Massachusetts Medicaid Income &amp; Asset Limits for Nursing Homes &amp; Long-Term Care</a></p> <p><a href="#">Table of Contents</a> (Last updated: December 16, 2024)</p> <p><a href="#">Massachusetts Medicaid Long-Term Care Definition</a></p> <p><a href="#">Income &amp; Asset Limits for Eligibility</a></p> <p><a href="#">Income Definition &amp; Exceptions</a></p> <p><a href="#">Asset Definition &amp; Exceptions</a></p> <p><a href="#">Home Exemption Rules</a></p> <p><a href="#">Medical / Functional Need Requirements</a></p> <p><a href="#">Qualifying When Over the Limits</a></p> <p><a href="#">Specific Massachusetts Medicaid Programs</a></p> <p><a href="#">How to Apply for Massachusetts Medicaid</a></p>		

<p>Money Follows the Person</p>	<p><b>MassHealth</b>  <a href="#"><u>Money Follows the Person</u></a>  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.  <b>Statistics as of March 31, 2025:</b>  344 people transitioned out of nursing facilities in 2024  49 transitions in January and February 2025  910 currently in transition planning  <a href="#"><u>Open PDF file, 1.34 MB, MFP Demonstration Brochure</u></a>  <a href="#"><u>MFP Demonstration Brochure - Accessible Version</u></a>  <a href="#"><u>MFP Demonstration Fact Sheet</u></a>  <a href="#"><u>MFP Demonstration Fact Sheet - Accessible Version</u></a></p>																												
<p>Nursing Home Closures</p>	<p>List of Nursing Home Closures in Massachusetts Since July 2021:  <a href="https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/">https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</a></p>																												
<p>Determination of Need Projects</p>	<p>List of Determination of Need Applications regarding nursing homes since 2020:  <a href="https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/">https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</a>  Recent approval:  <a href="#"><u>Town of Nantucket – Long Term Care Substantial Capital Expenditure</u></a>  Approved May 5, 2025</p>																												
<p>List of Special Focus Facilities</p>	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf">https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</a>  <b>Updated March 26, 2025</b>  CMS has published a new list of <a href="#"><u>Special Focus Facilities</u></a> (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><b>ProPublica</b>  <b><i>Nursing Home Inspect</i></b>  <b>Data updated October 15, 2025</b>  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:  <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a>  <b>Deficiencies By Severity in Massachusetts</b>  <a href="#"><u>(What do the severity ratings mean?)</u></a></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><a href="#"><u>Tag B</u></a></td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td><a href="#"><u>Tag C</u></a></td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td><a href="#"><u>Tag D</u></a></td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td><a href="#"><u>Tag E</u></a></td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td><a href="#"><u>Tag F</u></a></td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td><a href="#"><u>Tag G</u></a></td> </tr> </tbody> </table>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	<a href="#"><u>Tag B</u></a>	C	77	63	<a href="#"><u>Tag C</u></a>	D	5,993	1,193	<a href="#"><u>Tag D</u></a>	E	1,872	630	<a href="#"><u>Tag E</u></a>	F	446	226	<a href="#"><u>Tag F</u></a>	G	420	278	<a href="#"><u>Tag G</u></a>
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	I	2	1	<a href="#">Tag I</a>
	J	64	31	<a href="#">Tag J</a>
	K	30	9	<a href="#">Tag K</a>
	L	7	2	<a href="#">Tag L</a>
	<b>Updated October 15, 2025</b>			
Nursing Home Compare	<b>Centers for Medicare and Medicaid Services (CMS)</b> <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. <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a>			
Data on Ownership of Nursing Homes	<b>Centers for Medicare and Medicaid Services</b> <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 <a href="http://data.cms.gov">data.cms.gov</a> and updated monthly.			
DignityMA Call Action	<ul style="list-style-type: none"> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>			
Access to Dignity Alliance social media	Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a> Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a> Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a> LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a> Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a> Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>			
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.	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>	
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	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>	
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	Facilities (Nursing homes and rest homes)	Jim Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>	
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>	
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	Legal Issues	Stephen Schwartz	<a href="mailto:sschwartz@cpr-ma.org">sschwartz@cpr-ma.org</a>	
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>	
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	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>	
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>	
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>	
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>	

<p><i>Bringing People Home:</i> Implementing the <i>Marsters</i> class action settlement</p>	<p>Website: <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a> Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 <a href="mailto:bringingpeoplehome@cpr-ma.org">bringingpeoplehome@cpr-ma.org</a> Newsletter registration: <a href="https://marsters.centerforpublicrep.org/7b3c2-contact/">https://marsters.centerforpublicrep.org/7b3c2-contact/</a></p>
<p><i>REV UP Massachusetts</i></p>	<p>REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: <a href="https://revupma.org/wp/">https://revupma.org/wp/</a> To join REV UP Massachusetts – go to the <a href="#">SIGN UP page</a>.</p>
<p><i>The Dignity Digest</i></p>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>
<p>Note of thanks</p>	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i>:</p> <ul style="list-style-type: none"> <li>• Deborah Coogan</li> <li>• Wynn Gerhard</li> <li>• Jim Lomastro</li> <li>• Dick Moore</li> </ul> <p>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 <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</i></p>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts. Previous issues of The Tuesday Digest and The Dignity Digest are available at: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a> For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>	