The Dignity Digest

Issue # 285 May 26, 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

"Old age is not a disease—it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials and illnesses."

Maggie Kuhn, founder, The Gray Panthers, Old age is not a disease

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

Nursing Homes

- *Nursing home fighting '$2M cup of coffee' penalty finally headed for its day in court* **(McKnight Long-Term Care News,** May 24, 2026)
- *New study examines the impact of Age-Friendly Health Systems on nursing home care* **(McKnight Long-Term Care News,** May 20, 2026)
- *Democrats plot post-election staffing mandate revival, broader home care benefits* **(McKnights Long-Term Care News,** May 20, 2026)
- *CMS Releases FY2026 Guidance for Federal Monitoring Surveys in Nursing Homes* **(American Health Care Association,** May 19, 2026)
- *CMS Plan to Expand Nursing Home Quality Reporting to All Payers Far Underestimates $88M Annual Cost Projection* **(Skilled Nursing News,** May 18, 2026)

Benjamin Healthcare Center

- *Former head of Mission Hill health center sentenced to 6 months in prison for absconding funds from facility* **(*Boston Globe,** May 22, 2026)
- *Former CEO of Non-Profit Nursing Home Sentenced for Misapplication of Property* **(United States Attorney's Office – District of Massachusetts,** May 21, 2026)
- **Victim Impact Statement Submitted by Dignity Alliance Massachusetts**

Home and Community Based Services

- *CMS Halts New Medicare Enrollments for Home Health Agencies and Hospices and Expands Enforcement Efforts* **(JD Supra,** May 22, 2026)

- *Mass General Brigham Home Care clinicians clear the way for a possible strike* **(*Boston Globe,** May 20, 2026)

Health Care Topics

- *3 Medical Routines That Older People May Not Need* **(New York Times (free access),** May 4, 2026)

Assisted Living

- *AARP report says state of assisted living sector is 'cause for concern,' but industry says it helps residents 'live well'* **(McKnights Senior Living,** May 18, 2026)
- *Adults 85+ and Those With Dementia Choosing Assisted Living* **(AARP,** May 13, 2026)
- *The Rise of Assisted Living, Its Aging Population, and What It Means for Facilities and Oversight* **(AARP Public Policy Institute,** May 13, 2026)

- Housing

- *Senior living affordability concerns older adults, but residents see value in their communities: report* **(McKnights Long-Term Care,** May 22, 2026)

Covid / Long Covid

- *COVID-19 cut life expectancy of older adults by 4 to 5 years, study finds* **(McKnights Long-Term Care News,** May 14, 2026)

Private Equity

- *Senators aim to deny Medicare to PE-backed nursing homes* **(McKnights Long-Term Care,** May 22, 2026)

Aging Topics

- *How to Help Your Aging Loved Ones Plan for the Future* **(New York Times (free access),** April 13, 2026 (updated))

Disability Topics

- *The Justice Department Just Shut Disabled People Out of Essential Online Services for Another Year* **(Truthout,** May 24, 2026)
- *Advocacy groups sound alarm after rape and pregnancy of disabled woman* **(*Washington Post,** May 24, 2026)
- *Studying sports and disability, he laid the groundwork for the Special Olympics* **(*Washington Post,** May 23, 2026)
- *'Songs in Sign Language' Director Hyrum Osmond Shares a Behind-the-Scenes Look at Disney Animation's Powerful New Project* **(Walt Disney Studios,** April 27, 2026)

- Veterans

- *Plan to place homeless vets into guardianship is a betrayal* **(The Cap Times,** May 22, 2026)
- *Duckworth, Sanders, Fetterman Introduce Legislation to Establish Guardianship Bill of Rights to Protect Veterans and Americans with Disabilities* **(Tammy Duckworth, U.S. Senator,** April 1, 2026)

Alzheimer's and Other Dementia

	• *Dementia incidence is growing, and so are opportunities for senior living operators to support residents* **(McKnights Senior Living,** April 21, 2026) Workforce • *Why the eldercare workforce crisis is not just a nursing home problem* **(Medical Economics,** May 14, 2026) • *Study: Immigrants help address the US eldercare shortage* **(MIT News,** April 30, 2026) Federal Policy • *Why the Supplemental Security Income (SSI) Asset Limit Must Go* **(Justice in Aging,** May 13, 2026) From Around the Country • *Can Washington State Lead the Way on Long-Term Care Financing?* **(Leonard Davis Institute for Health Economics,** May 21, 2026)
Quotes	*As they age, millions of Americans will be exposed to risks that are serious, expensive and not covered by Medicare. More than 11,000 Americans are now turning 65 every day, and seven out of 10 will end up needing long-term care, which includes help with things like eating, bathing, using the toilet and managing medications. By 2040, the number of Americans age 85 and older will double.* *Can Washington State Lead the Way on Long-Term Care Financing?* **(Leonard Davis Institute for Health Economics,** May 21, 2026) *"Families are confronting a care crisis that threatens their savings, their jobs and their dignity. Meanwhile, the workers delivering this care suffer because of chronically low wages, a lack of benefits and dire workforce shortages. All the while, the growing influence of private equity is driving up costs and worsening outcomes. America is failing people who are aging and those with disabilities, who should have every opportunity to live at home and thrive in their communities."* Finance Committee Ranking Member Senator Ron Wyden (D-OR), *Democrats plot post-election staffing mandate revival, broader home care benefits* **(McKnights Long-Term Care News,** May 20, 2026)

CMS would require nursing homes to evaluate all residents, regardless of payer type, to determine whether they meet four skilled care criteria: need for skilled services, daily necessity, inpatient-only SNF appropriateness and medical need. Mc. . . The proposal could apply to residents covered by Medicare Advantage, Veterans Affairs, commercial insurance, Medicaid, managed Medicaid, workers' compensation as well as private pay.

CMS Plan to Expand Nursing Home Quality Reporting to All Payers Far Underestimates $88M Annual Cost Projection **(Skilled Nursing News,** May 18, 2026)

"The growth [in assisted living] reflects both the expansion of assisted living communities nationwide and a known preference for more community-based services, where individuals with dementia who remain physically capable are staying in these settings longer, delaying a move to nursing home care until it's medically necessary. . . Assisted living is an important and growing option, but it's also a very underregulated industry. That creates challenges for families trying to understand what level of care they can expect, especially when residents have more complex needs like dementia."

Paul Lingamfelter, an AARP Public Policy Institute policy adviser for long-term care, *AARP report says state of assisted living sector is 'cause for concern,' but industry says it helps residents 'live well'* **(McKnights Senior Living,** May 18, 2026)

According to the report, 42% of residents living in assisted living communities and other residential care communities had a diagnosis of Alzheimer's or another dementia in 2020, up from the 34% reported in 2016.

Dementia incidence is growing, and so are opportunities for senior living operators to support residents **(McKnights Senior Living,** April 21, 2026)

The reality, though, is that the [staffing] shortage reaches much further [than nursing homes and assisted living], putting additional pressure on hospitals, home health, family caregivers and even primary care physicians who are often left helping patients navigate the consequences of weak support outside the exam room.

Why the eldercare workforce crisis is not just a nursing home problem **(Medical Economics,** May 14, 2026)

"Even if immigration actually increases labor supply to the medical sector, it was an open question if that would improve outcomes, and it does."

Jonathan Gruber, Ford Professor of Economics and head of the MIT Department of Economics, *Study: Immigrants help address the US eldercare shortage* **(MIT News,** April 30, 2026)

For the first time, more older adults with Alzheimer's and dementia are living in assisted living facilities than in nursing homes.

Adults 85+ and Those With Dementia Choosing Assisted Living **(AARP,** May 13, 2026)

Rather than relying mainly on audits and recoupment after claims are paid, CMS is using enrollment restrictions, ownership scrutiny, site verification, data analytics, payment suspensions, and claim review to slow or block participation where the agency sees elevated risk. Hospice and home health organizations should expect heightened scrutiny of ownership changes, new locations, enrollment history, utilization patterns, referral relationships, and billing anomalies.

CMS Halts New Medicare Enrollments for Home Health Agencies and Hospices and Expands Enforcement Efforts **(JD Supra,** May 22, 2026)

Of the 32,882 homeless vets in January 2024, 13,851 were unsheltered, while 19,031 were in "sheltered settings." To state the obvious, there isn't enough housing. . . The move by the Trump administration to place homeless vets into guardianships is wrong. Veterans will be forced into treatment they often do not want or need. Many homeless vets — especially those who have post-traumatic stress — do not want the stress they get from society. . . It is the ultimate betrayal of those who paid the price of service.

Plan to place homeless vets into guardianship is a betrayal **(The Cap Times,** May 22, 2026)

"We have a responsibility to ensure that those living under a guardianship aren't ever stripped of their rights, and we need a guardianship system that respects the voices of our veterans, seniors, and those with disabilities."

Senator John Fetterman (D-PA), *Duckworth, Sanders, Fetterman Introduce Legislation to Establish Guardianship Bill of Rights to Protect Veterans and Americans with Disabilities* **(Tammy Duckworth, U.S. Senator,** April 1, 2026)

"The inspiration for ['Songs in Sign Language'] is my father, who is hard of hearing. Growing up, I never learned sign language. I have a lot of regret about that because I couldn't connect with him. I wanted to take down barriers with this project. It's really all about connection."

Hyrum Osmond, a Walt Disney animation director, *'Songs in Sign Language' Director Hyrum Osmond Shares a Behind-the-Scenes Look at Disney Animation's Powerful New Project* **(Walt Disney Studios,** April 27, 2026)

"We are relegated to second-class citizen status because while everybody else can access the

services and programs of their government online, we cannot."

Chris Danielsen, a spokesperson for the National Federation of the Blind, *The Justice Department Just Shut Disabled People Out of Essential Online Services for Another Year* **(Truthout,** May 24, 2026)

The results showed that women and men would probably have lived another 4.8 years and 4.4 years, respectively, had they not contracted COVID-19. Additionally, researchers estimated that 23.5% of deaths aged 65 and over would not have been expected to survive more than one year but 28% would have been expected to have survived for 5 years or more had they not had the disease.

COVID-19 cut life expectancy of older adults by 4 to 5 years, study finds **(McKnights Long-Term Care News,** May 14, 2026)

Commentary Offered by DignityMA Participants

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

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

The Wilting Sunflower: What the FY 2027 Budget Reveals About Aging and Disabilities in Massachusetts

By Richard T. Moore

May 23, 2026

Massachusetts likes to think of itself as a leader in health care, aging policy, and disability rights. We proudly describe ourselves as an "age-friendly" state. When introducing the FY 2027 budget debate, the Senate Ways and Means Chair invoked the image of the sunflower — a symbol traditionally associated with warmth, optimism, resilience, and turning toward the light. It was intended to represent a budget grounded in hope and growth. But for many older adults, people with disabilities, and caregivers watching this year's budget process unfold, that sunflower looked very different: alone in the field and beginning to wilt.

Deeper Meaning of the "Sunflower" Budget

A sunflower thrives only when it receives sustained light and nourishment. Without that support, even the strongest flower begins to fade. That is precisely how many vulnerable residents experienced the FY 2027 budget debate. Beneath the Commonwealth's public commitments to dignity, inclusion,

and community care, too many essential aging and disability supports remained underfunded, deferred, or treated as secondary priorities.

Maura Healey Executive Order 642 promised a stronger commitment to aging and dementia-friendly communities. The 2024 long-term care reform law, Chapter 197, suggested lawmakers recognized the urgent need to modernize care systems for older adults and people with disabilities. But if budgets are moral documents, the FY 2027 state budget debate revealed a troubling disconnect between rhetoric and reality.

During House and Senate deliberations, advocates proposed amendments that directly addressed some of the Commonwealth's most pressing aging and disability challenges: eliminating waiting lists for home-based elder services, protecting residents during nursing home closures, strengthening the Personal Care Attendant (PCA) program, improving dementia coordination, supporting caregivers, enhancing elder nutrition, expanding public guardianship, and increasing transparency and accountability in long-term care. Many of these proposals required only modest spending increases. Some required no new spending at all. Yet many were rejected or strategically withdrawn in the face of expected opposition or concern about jeopardizing ongoing conference committee negotiations.

A Sunflower needs Sun Light – A Strong PCA Program

One of the most significant long-term care and disability policy initiatives involved protections for the PCA program. Strongly advocated by SEIU 1199, endorsed by Dignity Alliance Massachusetts, and co-sponsored by 25 senators out of 40, the amendment emerged at a moment when policymakers were openly discussing additional savings and possible reductions within the PCA program.

Although the amendment was ultimately withdrawn during Senate debate, its withdrawal reflected legislative strategy rather than lack of support. Advocates and Senate supporters recognized that forcing a recorded "no" vote on the proposal could have complicated conference committee negotiations and potentially weakened efforts to preserve favorable PCA protections already incorporated into the House budget. By

withdrawing the amendment, supporters avoided unnecessary division while preserving the opportunity to secure stronger final language during House-Senate negotiations.

Even without a formal vote, the amendment represented an important advocacy victory because it shifted the debate away from unilateral reductions and toward protecting the long-term viability of a program that thousands of older adults and people with disabilities depend upon to remain safely in their homes and communities. The proposal would have required that no additional reductions to PCA services move forward without consultation and agreement from the PCA Working Group, establishing an unusually strong consumer and stakeholder safeguard within budget language. The amendment reinforced the principle that consumers, disability advocates, workers, family caregivers, and aging organizations deserve a meaningful seat at the table before significant programmatic changes are implemented.

For older adults, the PCA program is often what prevents premature nursing home placement. For people with disabilities, PCA services are essential to maintaining independence, self-determination, employment, family life, and compliance with federal community integration principles established under the Americans with Disabilities Act and the *Olmstead v. L.C.* decision. The debate also highlighted growing recognition that home- and community-based services are not only more humane, but frequently far more cost-effective than institutional care. Protecting PCA services helps avoid more expensive nursing home admissions, hospitalizations, and emergency interventions.

For older adults waiting for home care services, family caregivers already exhausted by impossible demands, and individuals with disabilities fighting to remain in their homes and communities, the sunflower metaphor became painfully ironic. The Commonwealth spoke of flourishing values while many residents experienced isolation, instability, and neglect. The flower that was supposed to symbolize hope instead came to symbolize vulnerability — still standing, still visible, but struggling to survive without adequate support.

A Sunflower Needs Rain to Grow – The New ECOP

One especially notable missed opportunity involved a proposal advanced by Dignity Alliance Massachusetts to establish a limited Frail Elder Waiver expansion that could have drawn down approximately $38 million in additional federal Medicaid support for the state's Enhanced Community Options Program (ECOP). The proposal aimed to eliminate a waiting list of roughly 1,000 older adults seeking home- and community-based services that help individuals avoid premature nursing home placement. In an era of constant warnings about budget constraints, lawmakers declined even this opportunity to secure substantial new federal funding while strengthening community-based care.

Another priority proposal would have established an annual cost-of-living adjustment for the tiny Personal Needs Allowance (PNA) provided to nursing home residents — money used for basic items like toiletries, clothing, haircuts, or telephone calls. Although the budget amendment itself did not advance, the broader legislative effort remains alive through S.481 and H.1411, which would modernize the allowance through gradual cost-of-living adjustments. Dignity Alliance Massachusetts has indicated it will continue advocating for passage despite the budget setback.

A Sunflower Grow Best in Fertilized Soil – Brighter Days

Another proposal sought reforms to help older adults remain at home instead of entering nursing facilities, potentially saving money over time while improving quality of life. Still another would have improved public notice and transparency when nursing homes close or transfer ownership. These are not fringe concerns. They go to the heart of dignity, independence, and basic humanity.

There were a few modest efforts to soften the impact of proposed reductions. In the Senate, an amendment to Elder Nutrition line item 9110-1900 increased funding by an additional $500,000 above the Senate Ways and Means recommendation and more than $1.25 million above the Governor's original proposal. Another amendment added $300,000 for dementia care coordination services administered through the Alzheimer's Association.

The budget also included one notable increase for elder Protective Services. The proposed FY 2027 appropriation for

elder Protective Services rises from approximately $49.6 million in FY 2026 to roughly $51.6 million in the FY 2027 budget proposals — an increase of about $2 million, or roughly 4 percent. The account funds elder protective services case management, guardianship services, the statewide elder abuse hotline, and money management services. At a time when reports of elder abuse, exploitation, neglect, and self-neglect continue to rise alongside the Commonwealth's aging population, the increase reflects recognition that vulnerable older adults require stronger protections and intervention capacity.

A Sunflower's Stem Needs Supports to Stand Tall

Yet the increase also highlights the broader imbalance within the budget debate. While policymakers acknowledged the growing need for protective intervention after crises occur, the Legislature still declined several opportunities to invest more substantially in the home- and community-based supports that help prevent those crises in the first place. Expanded home care, caregiver supports, dementia coordination, PCA protections, housing stability, and community-based long-term services can reduce isolation, neglect, hospitalization, and premature institutionalization before protective services become necessary. Protective Services funding is critically important, but a truly age-friendly system must invest not only in responding to harm, but in preventing avoidable decline and instability from occurring at all.

There were also a handful of smaller but meaningful investments aimed at helping older adults and people with disabilities remain safely in their homes and communities. One Senate amendment added $500,000 for the REquipment Durable Medical Equipment and Assistive Technology Reuse Program. The program refurbishes and redistributes wheelchairs, walkers, hospital beds, transfer lifts, and other assistive devices to individuals who otherwise might go without essential equipment because of cost, insurance delays, or limited availability. For many older adults and family caregivers, access to such equipment can mean the difference between remaining safely at home or facing premature institutional placement.

	Another modest but meaningful improvement in the Senate budget was the inclusion of longstanding nursing home bed-hold protections for MassHealth residents. Traditionally, this language has been added through a Senate floor amendment and later preserved in conference committee negotiations. This year, however, the protection was included directly in the Senate Ways and Means proposal itself. The provision was absent from the Governor's original budget and was not restored by the House. The language guarantees that MassHealth will reimburse nursing homes for up to 20 medical leave-of-absence days and 10 non-medical leave days annually. Importantly, it also prohibits facilities from reassigning a resident's bed during a reimbursable leave of absence. For frail older adults and people with disabilities, this protection can prevent the trauma of losing their room, caregivers, and community during a hospitalization or temporary absence. Still, these measures should not be mistaken for major expansions of aging services. In reality, many primarily reduced the damage of broader funding shortfalls proposed in the Governor's budget. The dementia care coordination funding merely restored an earmark omitted from the Governor's proposal, while the overall home care services account still remained below prior-year funding levels despite rapidly growing demand. Likewise, Elder Nutrition programs have endured years of erosion through so-called "level funding" that failed to keep pace with inflation, food costs, transportation, fuel, and workforce pressures. What appears on paper to be stability is, in practical terms, an ongoing cut in purchasing power and service capacity. Programs funded through the Elder Nutrition account include Meals on Wheels, home-delivered meals, and congregate meal programs at local senior centers. For many older adults living on fixed incomes, these programs are not supplemental conveniences. They are essential lifelines. A delivered meal may be the only nutritious meal an isolated elder receives all day. It may also be the only human interaction they experience. Congregate dining programs reduce social isolation, improve health outcomes, and help older adults remain safely in their homes and communities longer.

Without Care, A Sunflower will Wilt and Wither

Massachusetts is aging rapidly. Family caregivers are under extraordinary strain. Home care workforce shortages persist. Nursing homes continue to close or consolidate. More residents are living with dementia. People with disabilities still struggle for the community supports necessary to avoid institutionalization. And yet the urgency reflected in speeches and ceremonial proclamations too often disappears when the budget process begins.

To be fair, many legislators worked hard to advance these issues. Joan Lovely, Julian Cyr, Patricia Jehlen, Michael Brady, Patrick O'Connor, Mark Montigny, William Driscoll, Thomas Stanley, Sally Kerans, Hannah Bowen, and John Marsi deserve recognition for continuing to champion reforms affecting older adults, caregivers, and people with disabilities even when success was uncertain. Sadly, some of them will not be returning for the next term. But individual champions alone cannot overcome a deeper structural problem: aging and disability policy still occupies a marginal place in the Commonwealth's political priorities.

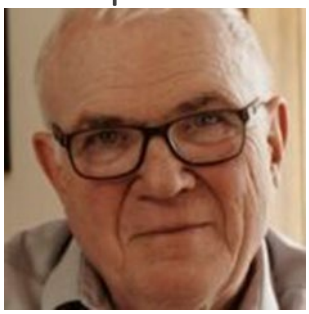
Massachusetts has not yet fully grasped that caregiving, home care, elder housing, dementia support, disability services, and long-term services and supports are not niche human services programs. They are essential social and economic infrastructure. Every year of delay carries consequences. Older adults remain on waiting lists. Family caregivers leave the workforce or exhaust themselves physically and emotionally. Residents displaced by facility closures lose stability and community. People who could remain at home enter institutions prematurely because adequate support systems are unavailable.

Sports fans comfort themselves after disappointing seasons with the phrase, "Wait until next year." But aging does not wait until next year. The Commonwealth does not lack knowledge about the challenges ahead. It lacks sufficient political urgency to match the scale of those challenges. Executive orders and reform laws are important beginnings, but without sustained fiscal and legislative commitment, they risk becoming aspirational language disconnected from lived reality.

Seeds of the Future

Massachusetts can still become a national leader in dignity-centered aging and disability policy. But leadership requires more than declarations and symbolic imagery. A sunflower cannot survive on symbolism alone. It requires sustained nourishment, attention, and care. Older adults, people with disabilities, and caregivers should not have to stand alone in the field waiting for the Commonwealth to provide them.

Commentary Offered by 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.

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Flat Funding, Rising Need: How the Massachusetts Senate Budget Encodes Institutional Bias

By James A. Lomastro, PhD
May 23, 2026

Massachusetts politics rarely announces austerity directly. The Commonwealth prefers a softer vocabulary: *fiscal restraint*, *responsible growth*, *maintaining sustainability*. The language sounds prudent, almost managerial. But underneath that vocabulary, a structural preference has calcified in the Commonwealth's budgeting — a preference that advantages nursing facilities and institutional systems over the community programs that allow vulnerable people to remain in their homes, their neighborhoods, and their lives. The Massachusetts Senate's FY2027 budget did not create this preference. It inherited it, repeated it, and deepened it.

That is the argument this piece makes: Massachusetts does not merely underfund community care. It does so while systematically protecting institutional reimbursement. The two choices are inseparable. The budget that grows supplemental nursing facility payments by 58 percent in four years is the same budget that fails to fund community home care adequately. These are not unrelated decisions. They are a single, coherent set of values — **expressed in appropriations language.**

I. The Budget as Architecture: What Gets Protected When Pressure Arrives

Budgets are not spreadsheets. They are architectural documents. They reveal what a system is designed to protect when resources become constrained, when federal uncertainty rises, when demographic pressure mounts. In Massachusetts, when pressure arrives, institutions survive intact. Communities absorb the shock.

This is not a new observation. Medicaid's foundational structure has always privileged institutional care. Nursing facility coverage is mandatory under federal law. Home and community-based services are, in the statute's own language, **optional**. States may provide them. States may reduce them. States may eliminate them entirely

in a fiscal crisis without violating federal law. That structural asymmetry is not accidental. It was built by an era that assumed institutionalization was the default and community living was the exception. Massachusetts has never fully dismantled it.

What the FY2027 Senate budget reveals is that the Commonwealth is not only failing to dismantle that asymmetry — it is actively reproducing it. Under fiscal pressure, Massachusetts protects what it is legally required to protect and allows what it is permitted to cut to erode. The Olmstead decision, the Americans with Disabilities Act, and the Commonwealth's own stated commitment to community integration all push in one direction. The budget pushes in another.

When pressure arrives, institutions survive intact. Communities absorb the shock.

II. The Numbers That Indict: Supplemental Payments vs. Community Investment

The most direct evidence of institutional bias is the trajectory of nursing facility supplemental payments. Line item 4000-0641 — "Nursing Home Supplemental Rates" — documents what the Commonwealth chose to protect and accelerate over the past four years.

Fiscal Year	Supplemental Payment	Year-over-Year	Cumulative Growth from FY2021
FY2021	$395.4 million	Baseline	—
FY2022	$395.4 million	**0%**	**0%**
FY2023	$510.4 million	**+29.1%**	**+29.1%**
FY2024	$582.1 million	**+14.1%**	**+47.2%**
FY2025	$625.1 million	**+7.4%**	**+58.1%**

Source: Massachusetts Legislature budget documents, line 4000-0641. Red indicates growth above inflation.

Fifty-eight percent. $229.7 million in additional supplemental payments in four years. These payments grew faster than inflation, faster than Medicaid enrollment, faster than any community program in the human services portfolio. And they grew **while the conditions that might justify such acceleration were moving in**

the opposite direction: nursing facility resident days declined, the industry reported aggregate operating losses, and staffing ratios in dozens of Massachusetts facilities remained below federal recommendations.

The question the budget refuses to answer: what measurable improvement in resident care, direct care wages, or staffing levels did $229.7 million in additional payments produce? No public document answers that question. No accountability mechanism requires it. The money flows. The outcomes remain opaque.

Meanwhile, community programs received incremental adjustments calibrated to avoid elimination rather than designed to meet demand. The contrast is not subtle. It is the entire argument, expressed numerically.

III. The Comparison That Should End the Debate

The most revealing exercise in Massachusetts budget analysis is a simple side-by-side: institutional reimbursement growth versus community program investment growth over the same period. The table below presents what the budget documents actually show.

Budget Category	FY2021 Level	FY2025 Level	Change
Nursing Home Supplemental Rates (4000-0641)	$395.4 million	$625.1 million	**+58%**
MassHealth Senior Care Total (4000-0601)	$3.855 billion	$4.559 billion	**+18%**
Community Home Care (typical EOEA lines)	Baseline	~3–5% nominal growth	**~3–5%**
Inflation (CPI, same period)	—	—	**~20%**

Sources: Massachusetts Legislature budget documents; Bureau of Labor Statistics CPI data. Community home care figures are representative; individual line variations apply.

Read that table slowly. Nursing facility supplemental payments grew 58 percent. Community home care programs grew 3 to 5 percent nominally — meaning they **lost ground in real terms** against

inflation of approximately 20 percent over the same period. The Commonwealth's most expensive care settings received accelerating investment. Its most cost-effective, Olmstead-compliant alternatives were systematically underfunded relative to need.

This is not a coincidence. This is a budget that knows what it is doing.

Community home care lost ground in real terms. Nursing facility supplemental payments grew 58 percent. This is not a coincidence.

IV. How Institutional Bias Sustains Itself: The Mechanics

Understanding why institutional bias persists requires understanding how it reproduces itself through budget mechanics that rarely appear in public debate.

First, **mandatory vs. optional classifications shield institutions from cuts.** Federal law classifies nursing facility coverage as mandatory and home and community-based services as optional. In any fiscal year where Massachusetts faces revenue pressure, the legally safe path is to protect mandatory spending and constrain optional spending. Community programs are perpetually vulnerable in ways nursing facilities are not. This asymmetry is baked into the structure before a single legislator casts a vote.

Second, **institutional complexity creates political protection.** Nursing facility financing involves supplemental rates, Medicare disproportionate share calculations, managed care carve-outs, and related-party transaction structures that require specialized expertise to analyze. This complexity is not accidental. It makes accountability difficult. When the Legislature's budget analyst cannot determine what portion of the $4.5 billion MassHealth Senior Care line actually flows to nursing facilities versus other services, the political cost of scrutinizing that spending is too high. Complexity is armor.

Third, **workforce instability in community programs mimics market failure to justify underinvestment.** When home care agencies cannot recruit workers, decline high-acuity referrals, and close adult day slots, the system generates data that appears to show low demand. The waiting lists go unmeasured. The families who gave up are invisible. The budget cycle arrives and the "utilization" numbers for community programs look modest — not because need is modest, but because the system was already too constrained to serve it. Underfunding generates the evidence that justifies continued underfunding.

Fourth, **crisis costs are fragmented across agencies and fiscal years.** When a frail elder who lost home care support enters a

nursing facility six months earlier than necessary, the Medicaid cost appears in a different line item than the community program that was cut. When a behavioral health client whose intensive outreach was discontinued ends up in an emergency room, the cost appears in hospital emergency accounts. The budget that cut prevention is never required to reconcile with the budget that absorbed the consequences. Institutional bias survives because its costs are never fully attributed.

V. The Human Cost of the Architecture

Policy architecture produces human outcomes. This one produces specific, predictable, and preventable harm.

A modestly frail older adult can remain independent with relatively small interventions: transportation assistance, medication management, home modifications, adult day programming, and intermittent personal care. The cost is modest. The outcome — independence, community integration, preserved dignity — is precisely what federal law and Commonwealth policy claim to value.

But when those community supports become unstable, unavailable, or rationed to crisis-only situations, decline accelerates. Hospitalizations increase. Family caregivers reduce work hours or leave the workforce. Nursing facility placement occurs earlier than medically necessary. MassHealth daily nursing facility rates rose from roughly $366 in FY2019 to $450 in FY2025 — a 23 percent increase. A single avoided nursing facility placement generates savings that dwarf the annual cost of keeping that individual supported in the community.

The irony is not ironic at all once you understand the architecture. **Underfunding community care is fiscally irrational.** It produces worse outcomes at higher cost. But it is institutionally rational because the costs land elsewhere, the beneficiaries of institutional reimbursement are politically organized, and the people who depend on community programs are among the least powerful constituencies in the Commonwealth.

People with disabilities who want to live in their communities are not a powerful lobby. Frail elders on home care waiting lists do not attend budget hearings. The direct care workforce — majority women, majority workers of color, chronically underpaid — lacks the political infrastructure to demand parity with institutional reimbursement. The architecture reflects those power imbalances as faithfully as it reflects any fiscal philosophy.

Underfunding community care is fiscally irrational. It produces worse outcomes at higher cost. But it is institutionally rational

— because the costs land elsewhere and the vulnerable cannot organize.

VI. What a Genuinely Community-First Budget Would Look Like

A Massachusetts budget that matched its stated commitment to community integration would look measurably different. It would not merely preserve community programs. It would close the investment gap.

It would require accountability reporting from any institutional provider receiving supplemental payments above a base rate threshold: measurable staffing improvements, wage floors for direct care workers, resident outcome data, and ownership transparency. It would tie supplemental payment growth to demonstrated care improvement rather than to volume and acuity metrics that providers can influence.

It would fund community home care, personal care attendants, adult day health, and behavioral health intensive outreach at rates that reflect actual labor market costs — not legacy reimbursement structures calibrated for a workforce that no longer exists at those wages. It would measure waiting lists not as administrative data but as policy failure, published alongside budget proposals so the Legislature can see what the community system is actually being asked to turn away.

It would confront the mandatory/optional asymmetry directly: Massachusetts can and should seek federal approval to treat community-based long-term care as a protected program category, not a discretionary line subject to annual negotiation. Several states have pursued this path. Massachusetts has not.

And it would require that cost-offset analysis accompany any proposal to constrain community program investment — a formal accounting of what institutional costs will rise as a consequence. Make the hidden transfer visible. Require the Legislature to vote on the full price of the choice, not the artificially narrow version presented in line-item isolation.

The Budget Is Not Neutral

Massachusetts leaders speak fluently about aging in place, disability independence, and community integration. The FY2027 Senate budget speaks a different language — one fluent in the protection of institutional reimbursement and the quiet rationing of community care.

Supplemental nursing facility payments grew 58 percent in four years. Community home care lost ground against inflation. Waiting

	lists grow unmeasured. Families absorb care privately. Workers leave the field. And every budget cycle, the same architecture reproduces itself — mandatory protected, optional constrained, institutional complexity shielding spending from scrutiny, fragmented costs ensuring no one is ever held accountable for the full price of the preference. The budget is not neutral. Flat funding during periods of rising need is not neutrality. It is a choice. Supplemental payment acceleration while community programs erode is not a coincidence. It is a priority. The Commonwealth still has time to choose differently. But that requires naming what the current choice actually is: **a system that values the buildings where vulnerable people are placed over the communities where they want to live.** Until Massachusetts is willing to say that plainly — and to build a budget that says the opposite — the institutional bias will continue. The architecture will continue. And the people who bear the cost will continue to be those who were never powerful enough to demand otherwise.
Recruitment	**See:** **Listings on MASSterList.com's Job Board** for all current listings
Reports	***The Growing Role of Assisted Living: Aging Demographics, Memory Care, and Oversight*** **AARP Public Policy Institute** May 2026 Key Takeaways • Assisted living is a critically important model of long-term services and supports. It creates a middle ground between independent living and institutional care while providing housing and care to close to 1 million people. • The population of assisted living residents has changed over time. Almost half (44 percent) of assisted living residents are diagnosed with Alzheimer's or dementia, surpassing the rate (41 percent) among nursing home residents. There are now more people age 85 and older residing in assisted living than in nursing homes. • Limited Medicaid access and high out-of-pocket costs for assisted living services strain the affordability of assisted living for most Americans. • Lack of federal oversight creates a patchwork of inconsistent regulations and policies that places the burden on residents to navigate and find high-quality care. ***Alzheimer's Disease Facts and Figures 2026*** **Alzheimer's Association**

The Alzheimer's Association's *2026 Alzheimer's Disease Facts and Figures* report provides a comprehensive statistical profile of the profound public health and economic crisis of dementia in the United States, revealing that over 7 million Americans are currently living with the disease. The report emphasizes the critical national scale of the condition, noting that one in three older adults dies with Alzheimer's or another form of dementia, while deaths attributed to the disease have surged by more than 134% between 2000 and 2024. This escalating prevalence places an immense strain on both family networks and the healthcare system: nearly 13 million unpaid caregivers provide over 19 billion hours of support valued at upwards of $446 billion, while total national care costs are projected to reach $409 billion in 2026 alone before escalating toward $1 trillion by mid-century. Additionally, the report's Special Report focuses on lifelong cognitive health, highlighting a stark public knowledge gap where 88% of Americans over age 40 consider maintaining brain health very important, yet fewer than 10% understand actionable ways to sustain it or fully connect modifiable lifestyle behaviors to reducing their long-term dementia risk.

Brain Health in America: Understanding and Supporting Lifelong Cognitive Health

Alzheimer's Association

The Alzheimer's Association's *2026 Special Report, Brain Health in America: Understanding and Supporting Lifelong Cognitive Health*, highlights a profound disconnect between the high value Americans place on cognitive wellness and their actual understanding and implementation of risk-reduction behaviors. Drawing from a national survey of adults aged 40 and older, the report reveals that while an overwhelming 88% of respondents state that maintaining brain health is very important—and 99% consider it equal to or more important than physical health—fewer than 10% possess a deep understanding of actionable ways to sustain it. Furthermore, although 75% of participants recognize that healthy lifestyle choices are critical for overall aging, fewer than half (46%) strongly associate these behaviors with actively reducing the risk of developing Alzheimer's disease or other dementias. This lack of clear public health guidance manifests in highly inconsistent daily habits, with only 50% of midlife and older adults consistently getting adequate sleep, 42% engaging in regular mental stimulation, 39% maintaining a healthy diet, and just 34% participating in routine physical activity. Pointing to growing scientific consensus—including initial findings from the

U.S. POINTER clinical trial showing that multi-component lifestyle interventions can protect cognitive function—the report calls for urgent public health education to target midlife adults (ages 35–64), emphasizing that proactive management of modifiable risk factors can successfully delay symptom onset and preserve long-term cognitive independence.

Understanding the Health Needs and Spending of Senior Housing Residents

NORC at the University of Chicago

September 14, 2022

The presentation from the 2022 National Investment Center for Seniors Housing & Care (NIC) Fall Conference, titled *"Forward Together,"* provides a comprehensive evaluation of the senior living and care industry as it navigated operational recovery and macroeconomic headwinds in late 2022. The report highlights that despite depressed average occupancy rates and severe inflationary pressures on labor and operating expenses following the COVID-19 pandemic, strong long-term demographic tailwinds—specifically driven by the rapidly expanding baby boomer generation—present robust opportunities for institutional capital providers and operators. Key areas of focus include strategic financial and transactional modeling for the accelerating Active Adult residential segment, properties requiring operational repositioning due to market maturation, and the emerging baseline importance of Environmental, Social, and Governance (ESG) frameworks to attract institutional investment. Ultimately, the documentation serves as a strategic blueprint for scaling multi-community management enterprises, improving staffing efficiencies, and adjusting care coordination models to meet the complex needs of an aging population while stabilizing property performance and net operating income.

Immigration, The Long-Term Care Workforce, and Elder Outcomes in the U.S.

***American Journal of Health Economics - University of Chicago Press**

July 15, 2025

A study published in the *American Journal of Health Economics* titled *"Immigration, The Long-Term Care Workforce, and Elder Outcomes in the U.S."* by economists David C. Grabowski, Jonathan Gruber, and Brian E. McGarry, examines how immigration flows over two decades affect eldercare quality and mortality rates among 16 million Medicare beneficiaries across 13,000 nursing homes. Utilizing

	a shift-share analytical approach, the researchers found that an influx of immigrants significantly expands the long-term care workforce without crowding out native-born healthcare workers, directly translating to increased direct-care hours per patient. This expansion of the frontline caregiving workforce yields striking clinical benefits, notably reducing preventable hospitalizations and lowering overall mortality among elderly Americans; specifically, the authors estimate that a 25% increase in the steady-state flow of immigration to the United States would result in 5,000 fewer deaths nationwide each year, highlighting immigration policy as a critical lever for mitigating the country's severe eldercare staffing crisis.
DignityMA in the News Margaret Morganroth Gullette and Debbie Coogan are both members of DignityMA's Coordinating Committee.	***Honoring Nursing Home Lives Lost: The COVID Tragedy*** **Gray Panthers of New York** Tuesday, May 26, 2026, 2:00 p.m. What does it mean to truly honor lives lost? Not just to mourn — but to act. Five years after GPNYC's national day of remembrance for nursing home residents who died during the COVID-19 pandemic, we return to that question with greater urgency than ever. Join us for a special commemorative webinar marking the anniversary of our documentary Honoring Nursing Home Lives Lost: The COVID Tragedy — a milestone we mark with renewed commitment to the long-term care reform that residents and workers still deserve. Their deaths have not been forgotten. We will share short clips from the documentary. Our guests — including scholars, healthcare leaders, and advocates — will reflect on what we've learned, what the data tells us, and where we go from here. Featuring: **Margaret Morganroth Gullette (American Eldercide: How It Happened, How to Prevent It)** Lindsay Heckler (Center for Elder Law & Justice) Lori Smetanka (National Consumer Voice for Quality Long-Term Care) Rev. Lynn Harper Rick Gamache (Aldersbridge Communities) Dr. Hyobum Jang (World Health Organization) And more. Registration Gray Panthers **Boston Globe** May 24, 2025 *Letters to the Editor: Remembering Victims of the Covid-19 Pandemic* **We need accountability as well as remembering** Commemorating the COVID-19 dead should do more than give grief a place to go, as important as that is. A monument should also give outrage and activism a place to create hope for systemic change. No administration will choose to provide a monument to the most vulnerable — the residents of nursing facilities in 2020 who caught Covid and died — until it is forced by public pressure to admit what

	the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Congress, and President Trump did wrong in that perilous year. Those nursing home residents who died of the virus were abandoned by the Trump administration. They died prematurely and unnecessarily. Belatedly, President Joe Biden tried to mandate higher staffing levels in nursing homes, a requisite for systemic change. The current Trump administration undid it immediately. Margaret Morganroth Gullette Newton **Memorials also carry light forward** 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. 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 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. Debbie Coogan Dignity Alliance Massachusetts Newton Centre
In Person and / or Online Events	**Veterans Home at Chelsea Board of Trustees** Tuesday, May 26, 2026, 1:00 p.m. *Meeting* Virtual and 100 Summit Avenue, Longer-Term Care Building, First Floor, Chelsea Agenda includes an executive director's report, department reports and a financial report. Access and Agenda **Massachusetts Health Council** Wednesday, May 27, 2026, 9:00 a.m. UMass Club, Boston *Healthcare Reform Forum* Massachusetts Health Council holds a forum to look back on healthcare reform, sometimes called Romneycare, turning 20 this year. Panelists include Jordina Shanks, CEO of Fenway Health; **Richard Moore, former state senator and co-founder of Dignity Alliance Massachusetts**; Joe-Ann Fergus, executive director of the Massachusetts Nurses Association; and Jake Krilovich, CEO of the

	Home Care Alliance of Massachusetts; moderated by Isabel Hart, a reporter for the Boston Business journal. Massachusetts Health Quality Partners President and CEO Barbra Rabson will open the event. **MBTA's Riders' Transportation Access Group** Wednesday, May 27, 2026, 2:00 p.m. State Transportation Building, 2nd Floor, 10 Park Plaza, Boston *MBTA Accessibility Meeting* MBTA's Riders' Transportation Access Group holds a meeting concerning The RIDE, a paratransit service that provides door-to-door service for people who can't use the subway or bus. Customers will have the opportunity to explore RIDE vehicles firsthand and provide direct feedback to RIDE staff. Vehicles will be on-site. **Commission on the Status of Persons with Disabilities** Thursday, May 28, 2026, 12:00 p.m. *Special Workforce Supports Subcommittee Meeting: Addressing Workforce Barriers Through Apprenticeships Panel* This subcommittee will collect data and analyze initiatives that address the workforce crisis for people who provide services to individuals with disabilities. Please fill out this registration form for the Zoom link
Webinars and Online Sessions	1. ***Matching Services to Needs in Food Is Medicine: A Step-Down Model for Better Health Outcomes*** **Health Begins** Wednesday, May 27, 2026, 1:00 p.m. Food Is Medicine (FIM) interventions can serve a variety of patient needs. Some patients thrive with lower-intensity services like a produce prescription, grocery voucher, or cooking education. Some need higher-intensity services like medically tailored meals. Some need different levels of intervention at different points in their care. Yet health systems and payers serving these patients often find themselves with disconnected options to address this spectrum. So patients transitioning from medically tailored meals to nutrition independence struggle to go it alone. Or those ready for lighter services keep receiving home-delivered meals. Services become mismatched to evolving needs. Health outcomes suffer. And healthcare partners sometimes end up paying for intensive services when more moderate options would work as well or better. A new step-down model for FIM interventions presents a solution to this one-size-fits-all problem. HealthBegins collaborated with two innovative FIM providers, **Project Angel Food** and **Vouchers 4 Veggies**, to build this model from best practices they piloted with healthcare partners. Join this free webinar to learn how FIM providers can use a step-down model to tailor the intervention and the investment to the patient's needs over time — supporting more effective care and improved long-term outcomes. **By the end of the webinar, attendees will be able to:** • Describe how a FIM step-down model supports improved patient outcomes.

- Learn how to apply the stepdown workflow and identify payment structures to support it.
- Access free resources to support building and sustaining strong clinical-community partnerships for FIM.

Speakers:

- **Maddy Moritsch, M.S., RDN**, Senior Program Manager, HealthBegins, host
- **Kathryn Jantz**, Principle, Hearthwise Consulting
- **Benjamin Martin**, Senior Director of Programs and Strategy, Project Angel Food

Join this free webinar

2. ***Documents: Ready, Set, Check Access***
   ADA National Network
   Thursday, May 28, 2026, 10:00 a.m.
   Documents abound online, in print, and in everyday communications. Discover practical points to prep and process access in structure and design, plus check your progress to providing access for people with disabilities whether a publication, presentation, post, or picture.
   Digital Access Matters! Think and learn more throughout the year and on Global Accessibility Awareness Day (GAAD) celebrated each year on the third Thursday of May.
   Registration: Each webinar has captioning and American Sign Language (ASL).
   Registration Link: https://bit.ly/4th-thursday-ada-talks-2026
3. ***ACL Caregiver AI Prize Challenge Informational Webinar: The Caregiver Experience***
   Administration on Community Living
   Thursday, May 28, 2026, 3:00 p.m.
   The webinar on the ACL Caregiver AI Prize Challenge will feature an overview of national trends and a roundtable-style discussion with family caregivers and direct support professional (DSP) who will share their experiences, challenges, and perspectives to help inform how potential applicants may shape their solutions. Information will also be shared on: - Challenge background and frequently asked questions - New resources and information on submission requirements and evaluation criteria - Key dates and next steps
   Challenge Registration
4. ***Can AI Transform Global Health? Promise, Progress, and Reality***
   Harvard Global Health Institute
   Friday, May 29, 2026, 9:00 a.m.
   This session examines the state of AI in global health through a central question: with governments and donors now actively shaping AI policy for health, how do we ensure the evidence base and frontline capacity keep pace with the speed of deployment, and where does hype outpace the evidence? Speakers will explore persistent gaps in health systems, from workforce shortages and delayed diagnostics to fragmented data systems and outbreak preparedness, alongside the growing landscape of AI applications designed to address them. The discussion will critically examine recurring misalignments between donor priorities,

technology development, and frontline health worker needs, while also considering the practical realities that shape implementation.
Speakers:

- Rose Nakasi, PhD, Head of the Makerere Artificial Intelligence Health Lab
- Sameer Pujari, AI Lead, Global Digital Health Strategy & Governance, World Health Organization; Vice Chair, ITU–WHO Focus Group on AI 4 Health
- Moderator: Matthew Bonds, PhD, Associate Professor of Global Health and Social Medicine at Harvard Medical School; Co-Founder & Scientific Director of PIVOT

Global Health registration

5. ***Funding, Politics, and Proof: Advocating for Public Health When Resources are Scarce***

Lerner Center for Public Health Advocacy, Bloomberg School of Public Health, Johns Hopkins University
Tuesday, June 2, 2026; 12:00 to1:30 p.m.
Session 1: Making the Case for Public Health Investment 101: Learn how to do more for public health with less.
This session explains why now is a pivotal moment for public health and how you can act on it. Advocacy experts will highlight current windows of opportunity, share successful case studies, and discuss how they have navigated the current political climate. Participants will leave with clear lessons learned and how they can best advance their public health priorities.
Panelists:

- **Katie Coester, MPP**
  Vice President of Federal Government Relations, Campaign for Tobacco-Free Kids (CTFK)
- **Matt Wellington**
  Associate Director, Maine Public Health Association
- **Sharon Gilmartin, MPH**
  Executive Director, Safe States Alliance

Moderator:

- **Tesfa Alexander, PhD, MA**
  Deputy Director, Lerner Center for Public Health Advocacy

Register to Join
Future Sessions
These sessions will take place in Fall 2026. Dates and additional information coming soon! Subscribe to newsletter for updates.
Session 2: Power Mapping - Actions to Take Before and After Midterms
Learn how to build a power map, with a focus on preparing for the midterm elections. Learn to define your goal, prioritize targets, and strategically use your resources to advance your public health goals.
Session 3: *From Need to Value - How to Persuade Decision Makers*
Build the skills to engage decision-makers, operate effectively in nonpartisan settings, and use media advocacy to amplify messages and

	mobilize supporters. Participants will leave with tools they can use to influence policy when time, staff, and budgets are limited. Register to Join ***6.*** ***Designing Streets for Everyone: Requirements, Research, and Guidance on the Use of Tactile Walking Surface Indicators for Pedestrians with Vision Disabilities*** **U.S. Access Board** Thursday, June 4, 2026, 2:30 to 4:00 p.m. The complexity of the built environment poses numerous and evolving wayfinding and other accessibility challenges for pedestrians with vision disabilities. Tactile Walking Surface Indicators (TWSI) are one tool that can be used to improve accessibility and safety within public-rights-of-way. This webinar will cover existing requirements and will then aim to demonstrate the considerable research evidence that supports the recommendations for the design and use of TWSI that now appear in various reports and guidebooks. The webinar will also identify ongoing projects that document accessibility and safety challenges for pedestrians with vision disabilities; projects that also include efforts to provide evidence-based solutions. Presenters: • Sarah Presley, Accessibility Specialist, US Access Board • Alan C. Scott, Ph.D, Consultant ***7.*** ***Webinar on Older Americans Act Fiscal Training for the Aging Network*** **Administration on Community Living** Wednesday, June 10, 2026, 2:00 p.m. The Administration for Community Living invites you to join us for the webinar, "Older Americans Act (OAA) Fiscal Training for the Aging Network." This session will focus on practical fiscal strategies that support strong, compliant, and effective OAA programs across the aging network. The OAA contains provisions pertaining to fiscal responsibilities, including fiscal policies and procedures, distribution and management of funds, and monitoring and accountability. Designed for state unit on aging fiscal and program staff, this webinar will strengthen understanding of core fiscal concepts, compliance requirements, and practical implementation strategies. This webinar will cover: • Key fiscal concepts every OAA grantee should understand • Strategies for managing OAA funding, including transfers and program income • Practical approaches to oversight, monitoring, and internal controls Register for the ACL webinar
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/

Nursing Homes	

8. **McKnight Long-Term Care News**
   May 24, 2026
   Nursing home fighting '$2M cup of coffee' penalty finally headed for its day in court
   By James M. Berklan
   An article from *McKnight's Long-Term Care News* reports that a nursing home's extended legal battle over a "coffee penalty" is finally headed to court, spotlighting a long-running dispute between the facility and federal regulators over survey citations. The case centers on a severe financial penalty—often a Civil Monetary Penalty (CMP)—originally levied against the provider by the Centers for Medicare & Medicaid Services (CMS) following an incident involving a hot coffee spill or related safety deficiency. While regulators maintain that aggressive enforcement and stiff financial penalties are strictly necessary to hold facilities accountable for resident safety and to prevent future harm, the nursing home has vigorously challenged the citation, arguing that the penalty is disproportionate to the incident and fails to recognize the facility's proactive safety protocols. By moving into the court system, this highly anticipated legal showdown is expected to provide critical clarity on the boundaries of federal regulatory oversight, how survey agencies evaluate "immediate jeopardy" situations, and the extent to which providers can successfully appeal costly, institutional penalties
9. **McKnight Long-Term Care News**
   May 20, 2026
   New study examines the impact of Age-Friendly Health Systems on nursing home care
   By Wingyun Mak
   In a guest column for *McKnight's Long-Term Care News*, the article discusses how integrating Age-Friendly Health Systems principles into nursing home care can profoundly elevate both the patient and staff experience. Highlighting initiatives like the Teaching Nursing Home (TNH) model—a pilot project connecting nursing homes with schools of nursing—the text demonstrates how embedding the "4Ms" framework (What Matters, Medication, Mentation, and Mobility) into daily resident care plans improves clinical outcomes. Evidence from a multi-year demonstration showed that widespread training in these age-friendly standards not only bolstered the gerontological skills and clinical confidence of incoming nursing students, but also fostered a more positive, person-centered work culture that can help engage and retain long-term care staff.
10. **McKnights Long-Term Care News**
    May 20, 2026
    Democrats plot post-election staffing mandate revival, broader home care benefits
    By Kimberly Marselas
    In a "Dear Colleague" letter released on May 20, 2026, a group of 17 Senate Democrats, led by Senate Finance Committee Ranking Member Ron Wyden (D-Ore.), unveiled a three-point policy roadmap designed to revive nursing home staffing mandates and expand long-term care benefits. The proposed initiative seeks to counter recent Republican

rollbacks—including the repeal of a Biden-era rule that mandated 24/7 registered nurse presence—by aligning incentives to strengthen nursing home staffing standards, improving corporate transparency, and ensuring taxpayer dollars are spent on direct care rather than being siphoned into profits. Additionally, the plan aims to significantly broaden accessibility by establishing Medicare's first new benefit in two decades—a "home care guarantee" for custodial care—alongside investments to bolster wages, training, and recruitment for the understaffed caregiving workforce. While the minority party lawmakers have not yet attached cost estimates or introduced formal legislation, the roadmap serves as a strategic blueprint for legislative action should Democrats regain control of both chambers of Congress.

11. **American Health Care Association**
    May 19, 2026
    CMS Releases FY2026 Guidance for Federal Monitoring Surveys in Nursing Homes
    By Raven Jackson
    On May 15, 2026, the Centers for Medicare & Medicaid Services (CMS) issued Admin Info Memo 26-06-NH, establishing the Fiscal Year (FY) 2026 guidance for Federal Monitoring Surveys (FMS) to oversee Long Term Care (LTC) Health, Emergency Preparedness (EP), and Life Safety Code (LSC) surveys conducted by federal surveyors. The guidance outlines how CMS Locations select facilities, conduct oversight activities, and handle enforcement actions, while also detailing three types of federal monitoring activities: Resource and Support Surveys (RSS), Comparative Surveys, and EP/LSC Desk Audits. Notably, due to delays from the late 2025 federal government shutdown, CMS applied a 10% reduction adjustment to the calculated required number of FMS for the year; however, the agency ensures that statutory minimums will still be maintained by surveying at least five skilled nursing facilities across each state, Puerto Rico, and Washington, D.C.
12. **Skilled Nursing News**
    May 18, 2026
    CMS Plan to Expand Nursing Home Quality Reporting to All Payers Far Underestimates $88M Annual Cost Projection
    By Zahida Siddiqi
    An article from *Skilled Nursing News* highlights growing pushback against a proposal by the Centers for Medicare & Medicaid Services (CMS) to expand the Skilled Nursing Facility Quality Reporting Program (SNF QRP) by requiring Minimum Data Set (MDS) assessment data submissions for all residents regardless of payer by FY 2031. Critics argue that the federal agency's projected annual implementation cost of $88 million is a major underestimate that fails to account for the true operational and administrative burdens the mandate would place on providers. While CMS contends that expanding data collection beyond traditional Medicare fee-for-service beneficiaries is necessary to capture an accurate, robust representation of nursing home quality—especially as Medicare Advantage enrollment continues to rise—industry advocates counter that the rule creates significant unfunded compliance

	strain, particularly for facilities already dealing with severe staffing shortages and tight financial margins.
Benjamin Healthcare Center	**13. *Boston Globe** May 22, 2026 *Former head of Mission Hill health center sentenced to 6 months in prison for absconding funds from facility* By Travis Andersen On May 20, 2026, Tony Francis, the 60-year-old former Administrator, President, and CEO of the non-profit Edgar P. Benjamin Health Center (EPBHC), was sentenced in Boston federal court to six months in prison followed by three years of supervised release. Francis had previously pleaded guilty in February 2026 to two counts of intentional misapplication of property from a program receiving federal funds, following an investigation into his financial mismanagement of the Roxbury-based skilled nursing and rehabilitation facility. Court documents revealed that Francis abused his position of trust to misappropriate over $190,000 from the struggling health center—which faced severe cash shortages and an inability to meet payroll before being placed into a court-ordered receivership in April 2024—by using nearly $160,000 in federal Economic Injury Disaster Loan funds as a deposit for a personal real estate investment, drawing on an EPBHC line of credit to pay his personal mortgage and credit card bills, and funneling facility money to cover principal and interest on a $100,000 personal loan without board approval. **14. United States Attorney's Office – District of Massachusetts** May 21, 2026 *Former CEO of Non-Profit Nursing Home Sentenced for Misapplication of Property* Tony Francis, the 60-year-old former Administrator, President, and CEO of the non-profit Edgar P. Benjamin Health Center (EPBHC) in Boston, was sentenced to six months in prison and three years of supervised release for intentionally misapplying federal and organizational funds. Despite the skilled nursing and rehabilitation facility facing severe cash shortages that ultimately led to court-ordered receivership in 2024, Francis misappropriated over $190,000 between 2020 and 2024 to cover his personal financial obligations. His fraudulent actions included utilizing approximately $160,000 in federal Economic Injury Disaster Loan funds for a personal real estate investment deposit, unauthorized routing of non-profit funds to pay off a personal loan, and tapping into EPBHC's line of credit to pay his mortgage and credit card bills. Francis pleaded guilty in February 2026 to two counts of intentional misapplication of money from a program receiving federal funds, and although he later returned most of the money, he was ordered to serve prison time for abusing his position of trust. **15. Victim Impact Statement Submitted by Dignity Alliance Massachusetts** **TO:** The Honorable Indira Talwani, United States District Judge **FROM:** Dignity Alliance Massachusetts

DATE: May 14, 2026

RE: Sentencing of Tony Francis; Case No. 1:26-cr-10032-IT.

LOCATION: Moakley United States Courthouse, Boston, MA

Introduction

Dignity Alliance Massachusetts (DignityMA) is a statewide grassroots advocacy coalition dedicated to the rights, safety, and autonomy of older adults and individuals with disabilities. We submit this statement to provide context on the devastating human and community impact of the crimes committed by Tony Francis during his tenure as Administrator of the Edgar P. Benjamin Healthcare Center.

The Betrayal of a Sacred Trust

The role of a nursing home administrator is not merely administrative; it is a sacred trust. Residents in long-term care are among the most vulnerable members of our society, relying on leadership to ensure their basic needs—food, medical care, and physical and emotional safety—are met.

Mr. Francis did not simply mismanage funds; he intentionally siphoned resources away from bedside care to fund a personal lifestyle of luxury. While he was staying at high-end resorts and purchasing designer clothing with facility funds, the residents, staff, and family members of The Benjamin were paying the price.

Tangible Human Suffering

The financial crimes committed directly translated into a breakdown of human dignity within the facility:

- **Physical Neglect:** Because of the diversion of funds, the facility ran out of critical medical supplies. Residents requiring colostomy bags were reportedly wrapped in towels—an indignity that is unthinkable in a modern healthcare setting.
- **Nutritional Crisis:** The lack of a regular dietitian and consistent meal service led to significant weight loss for at least 20 residents.
- **Staff Abandonment:** By failing to meet payroll, Mr. Francis forced dedicated healthcare workers to choose between their own families' survival and the care of their patients. This created a staffing crisis that left residents at risk of losing the supervision and assistance they required.

Impact on the Community and Equity

	The Edgar P. Benjamin Healthcare Center is a historic, nearly century-old institution—one of the few Black-founded and operated nursing homes in New England. It has served as a vital safety net for Black and Latino older adults and persons with disabilities especially in Roxbury and Mission Hill. Mr. Francis's actions brought this pillar of the community to the brink of permanent closure. The trauma of potential displacement for seniors who have lived at The Benjamin for over a decade cannot be overstated. His actions did more than steal money; they threatened to erase a legacy of culturally competent care in a neighborhood that has historically been underserved. **Recommendation for Sentencing** Dignity Alliance Massachusetts believes that the sentence imposed should reflect the gravity of the harm inflicted upon the residents. A "low-end" sentence would fail to acknowledge the physical and emotional trauma experienced by the seniors under Mr. Francis's "care." We urge the Court to consider a sentence that: 1. **Prioritizes Restitution:** Ensuring every dollar possible is returned to the facility to support its ongoing receivership and the care of current residents. 2. **Serves as a Deterrent:** Sending a clear message to the long-term care industry that the exploitation of vulnerable residents for personal gain will be met with the full force of the law.
Home and Community Based Services	**16. JD Supra** May 22, 2026 *CMS Halts New Medicare Enrollments for Home Health Agencies and Hospices and Expands Enforcement Efforts* By Alana Broe and Morgan Cronin An article from *JDSupra* outlines a major escalation in federal healthcare program-integrity enforcement by the Centers for Medicare & Medicaid Services (CMS) and the White House, which implemented six-month nationwide temporary moratoria on new Medicare enrollments for hospice and home health agencies, effective May 13, 2026. Designed to combat systemic fraud, the enrollment freezes restrict new providers, practice locations, and certain majority-ownership transactions from entering the market while allowing existing, compliant providers to continue operations. Alongside the pause, CMS plans to deploy advanced predictive data analytics under its new "CRUSH" initiative, increase targeted investigations and site visits, and accelerate the removal of fraudulent actors from the Medicare program. Additionally, the sweeping federal crackdown includes a massive $1.3 billion deferral of Medicaid reimbursements to California over unaddressed outlier

	expenditure concerns, signaling a aggressive shift toward proactive, data-driven fraud prevention that industry experts note may delay market entry and transaction executions for legitimate operators. **17. *Boston Globe** May 20, 2026 *Mass General Brigham Home Care clinicians clear the way for a possible strike* By Tonya Alanez An article from *The Boston Globe* reports that home care clinicians employed by Mass General Brigham (MGB) voted overwhelmingly on May 19, 2026, to authorize their union bargaining committee to call a potential seven-day strike. Represented by the Massachusetts Nurses Association (MNA), the bargaining unit of roughly 450 healthcare professionals—including registered nurses, physical and occupational therapists, speech-language pathologists, social workers, and dieticians—voted 92% in favor of the strike authorization after more than a year of deadlocked negotiations. Since unionizing in June 2024, the clinicians have participated in 26 bargaining sessions with MGB leadership to secure their first formal labor contract, pushing for meaningful concessions on critical operational issues such as strict caseload protections, manageable productivity standards, competitive wage increases, and enhanced recruitment and retention initiatives. While the decisive vote does not automatically trigger a work stoppage, it grants union leaders the legal leverage to schedule a strike, which would require providing the health system with a mandatory 10-day advance notification to ensure continuous care coordination for home-bound patients across Eastern Massachusetts.
Health Care Topics	**18. New York Times (free access)** May 4, 2026 *3 Medical Routines That Older People May Not Need* By Paula Span *Some screenings and treatments no longer make sense for patients as they age. Researchers have just added a few more to the list.* An article from *The New York Times* "The New Old Age" column by Paula Span, titled *"3 Medical Routines That Older People May Not Need,"* explores how certain standard medical screenings and interventions cease to make clinical sense—and can even introduce unnecessary risks—as patients reach advanced ages. Focusing on three specific areas, the piece first addresses routine colonoscopies for individuals over age 75 or 80, highlighting that the potential complications of the procedure, anesthesia, or pausing vital medications like blood thinners often outweigh the long-term preventive benefits. Second, it questions the common practice of removing minor, low-risk skin lesions, suggesting that "active surveillance" by primary care doctors is frequently a safer approach than surgical removal for older adults with fragile skin. Finally, the article examines the widespread prescription of thyroid hormone medications (such as levothyroxine) for mild, age-related subclinical hypothyroidism, pointing to clinical evidence that over-treatment rarely improves quality of life and can inadvertently heighten the risk of fractures or heart arrhythmias.

	Ultimately, the column underscores a shifting paradigm toward "less is more" in geriatric care, urging older patients, families, and clinicians to prioritize quality of life and active monitoring over reflexive, age-inappropriate medical procedures.
Assisted Living	**19. McKnights Senior Living** May 18, 2026 *AARP report says state of assisted living sector is 'cause for concern,' but industry says it helps residents 'live well'* By Kimberly Bonvissuto An article from *McKnight's Senior Living* highlights a new report from the AARP Public Policy Institute warning that the state of the assisted living sector is a "cause for concern," even as it grows as the preferred residential choice for older adults seeking support outside of institutional settings. The report reveals a significant demographic shift, noting that in 2022, over 1 million people resided in assisted living—with approximately half aged 85 and older—and that for the first time, a larger share of individuals living with Alzheimer's disease or related dementias reside in assisted living communities (44%) rather than traditional nursing homes (41%). Despite this rising acuity, data indicates gaps in specialized infrastructure, as only 21% of assisted living and residential care communities feature dedicated dementia special care units, though 58% offer dementia-specific activities or programs. In response, senior housing industry advocates emphasize that the sector actively helps residents live well, pointing out ongoing efforts to expand affordability and access, such as the fact that 61% of assisted living communities were Medicaid-certified by 2025, with Medicaid home- and community-based services waivers now active in 43 states to support nearly 18% of the current resident population. **20. AARP** May 13, 2026 *Adults 85+ and Those With Dementia Choosing Assisted Living* By Paul Wynn *More older Americans now live in assisted living than in nursing homes. Uneven oversight challenges quality, affordable care* An article from AARP highlights a major demographic shift in long-term care, noting that assisted living communities are playing an increasingly central role as older adults progressively choose community-based options over traditional institutional settings. According to a report from the AARP Public Policy Institute, for the first time on record, a larger share of individuals living with Alzheimer's disease or related dementias reside in assisted living facilities (44%) than in traditional nursing homes (41%). This rising medical acuity is further underscored by the fact that over half of the nation's one million assisted living residents are now aged 85 or older—a segment that surged by 28% between 2020 and 2022. However, consumer advocates warn that this rapid expansion has created a highly fragmented and underregulated landscape; unlike federally mandated nursing homes, assisted living and specialized memory care units are governed by inconsistent state-level regulations, resulting in vast variations in staffing requirements, training standards, and transparency. Coupled with a near 50% spike in median assisted

	living and home care costs between 2019 and 2024, these regulatory gaps leave vulnerable families navigating severe financial strain and deep operational uncertainty as they try to manage complex cognitive care out of pocket. **21. AARP Public Policy Institute** May 13, 2026 *The Rise of Assisted Living, Its Aging Population, and What It Means for Facilities and Oversight* By Paul Lingamfelter Key Takeaways • Now serving nearly 1 million people, assisted living is a critically important form of long-term services and supports, bridging the service gap between independent living and institutional care. • The population of assisted living residents has changed over time. Almost half (44 percent) of assisted living residents are diagnosed with Alzheimer's or dementia, surpassing the rate (41 percent) among nursing home residents. • Today, more people ages 85 and older live in assisted living than in nursing homes. • Limited Medicaid coverage and high out-of-pocket costs for assisted living services make affordability an issue for most Americans. • Lack of federal oversight has meant a nationwide patchwork of regulations, quality standards, and enforcement.
Housing	**22. McKnights Long-Term Care** May 22, 2026 *Senior living affordability concerns older adults, but residents see value in their communities: report* By Kimberly Bonvissuto An article from *McKnight's Senior Living* outlines a recent report exploring the complex financial realities of senior housing, highlighting that while the soaring cost of senior living remains a major anxiety for older adults, current residents place a high value on the care and community they receive. The report notes that broad economic pressures, such as inflation and rising operational expenses, have heightened worries among prospective families regarding long-term affordability and the risk of outliving their savings. Despite these steep financial barriers, extensive survey data reveals that older adults who have already transitioned into senior living express deep satisfaction, noting that the bundled services—including 24/7 security, prepared meals, structured social activities, and built-in care coordination—provide a level of safety, wellness, and peace of mind that justifies the investment. Ultimately, the piece underscores that while senior living operators must find creative, scalable ways to address the middle-market affordability gap, they continue to successfully demonstrate a strong value proposition by meaningfully improving the quality of life for their residents.
Covid / Long Covid	**23. McKnights Long-Term Care News** May 14, 2026 *COVID-19 cut life expectancy of older adults by 4 to 5 years, study finds* By Foster Stubbs

	An article from McKnight's Long-Term Care News reports on a study detailing the devastating impact of the pandemic on the longevity of older adults, revealing that COVID-19 slashed the life expectancy of elderly individuals by an average of four to five years. The research highlights that the virus disproportionately shortened the remaining lifespans of older populations, particularly those living in congregate residential care settings or presenting with underlying chronic health vulnerabilities. Industry advocates and geriatric specialists point to these stark findings as clear evidence of the immense, long-term biological toll the pandemic inflicted on the nation's most fragile demographic, emphasizing that the crisis went far beyond immediate mortality statistics to fundamentally alter post-acute healthcare needs. Ultimately, the study underscores the critical importance of strengthening preventative infection controls, optimizing clinical staffing configurations, and implementing targeted public health interventions to protect the fragile health spans of vulnerable older adults as the long-term care sector continues its broader operational recovery.
Private Equity	**24. McKnights Long-Term Care** May 22, 2026 *Senators aim to deny Medicare to PE-backed nursing homes* By John Roszkowski An article from *McKnight's Long-Term Care News* outlines the introduction of the Take Back Our Hospitals Act, a bicameral federal bill aimed at effectively banning private equity ownership of nursing homes and hospitals by making them ineligible to receive Medicare certification and funding. Introduced by Senator Chris Murphy (D-Conn.) and Representative Mary Gay Scanlon (D-Pa.), and co-sponsored by lawmakers like Senators Richard Blumenthal (D-Conn.) and Jeff Merkley (D-Ore.), the legislation directly targets more than 400 private equity-backed healthcare facilities across the nation. Proponents of the bill cite overwhelming academic research indicating that private equity acquisitions routinely lead to aggressive cost-cutting measures—including slashes to staffing, services, and clinical supplies—that severely degrade care quality and result in an estimated 11% higher mortality rate for elderly residents in private equity-owned nursing homes. While senior living and care advocates express concerns that a blanket ban could eliminate vital capital options and force financially distressed facilities to close, lawmakers argue that urgent intervention is required to stop corporate investors from exploiting public safety nets and treating essential healthcare infrastructure as short-term profit centers
Aging Topics	**25. New York Times (free access)** April 13, 2026 (updated) *How to Help Your Aging Loved Ones Plan for the Future* By Elie Levine An article published in the *New York Times* "Well" section, titled *"How to Build a Family Caregiving Plan Before a Crisis Hits,"* emphasizes the critical importance of proactive elder-care planning within family units to avoid making rushed, high-stress medical and financial decisions during emergencies. The piece notes that while adult children and aging

	parents frequently avoid these uncomfortable conversations out of fear or awkwardness, establishing an open dialogue early is essential for identifying an older adult's true long-term wishes regarding autonomy, housing preferences, and medical interventions. The article outlines a practical framework for families, which includes auditing current financial assets, understanding what insurance or public programs like Medicare will actually cover, and formalizing critical legal protections such as healthcare proxies and durable powers of attorney. Ultimately, the author urges families to view care planning not as a single daunting event, but as an ongoing, collaborative series of conversations that creates a vital roadmap, thereby protecting the aging individual's dignity while mitigating the immense emotional and logistical burnout often experienced by unpaid family caregivers.
Disability Topics	**26. Truthout** May 24, 2026 *The Justice Department Just Shut Disabled People Out of Essential Online Services for Another Year* By Marianne Dhenin *Disability rights advocates say everything from filing for unemployment to voting in the midterms just got much harder.* An article from *Truthout* outlines the widespread outrage from disability rights advocates after the Department of Justice (DOJ) issued an interim final rule on April 20, 2026, delaying a critical digital accessibility deadline by one full year. The deferred mandate—originally finalized in 2024 under Title II of the Americans with Disabilities Act (ADA)—would have required large municipalities with over 50,000 residents to ensure their public websites and mobile applications met specific technical standards for users with visual, motor, or cognitive disabilities by April 24, 2026. Following extensive lobbying from small local governments and school districts, the federal extension postpones DOJ enforcement until 2027, leaving millions of disabled Americans facing continued, basic web barriers that restrict autonomous access to essential online municipal offerings, including unemployment filings, local public health services, and voter registration prior to the upcoming November midterms. **27. *Washington Post** May 24, 2026 *Advocacy groups sound alarm after rape and pregnancy of disabled woman* By Dan Morse *The 25-year-old Maryland woman, Kamryn Jones, later gave birth to a baby girl.* An article from *The Washington Post* details the widespread outrage and systemic alarm raised by disability rights advocates following a devastating negligence lawsuit involving a young woman with significant cognitive and physical disabilities who was sexually assaulted and impregnated while in the care of a Baltimore group home. The plaintiff—who uses a wheelchair, is legally blind, has limited verbal expression, and functions cognitively at the level of a toddler—was receiving state-supported care through Maryland Medicaid's Community Pathways

Waiver program at a home operated by Dominion Resource Center when the abuse occurred, which only came to light when she was hospitalized for emergency abdominal swelling and found to be 30 weeks pregnant. Advocates from across Maryland have strongly condemned the profound failure of oversight, pointing out that this horrific incident occurred against a backdrop of deep state budget cuts to the Developmental Disabilities Administration that severely threaten the quality and safety of community-based caregiving networks. The lawsuit, which names the community service provider, specific staff members, and state health agencies, accuses the defendants of failing to protect a highly vulnerable individual and ignoring clear indicators of her condition for months, prompting intensified demands from advocacy organizations for comprehensive investigations and systemic regulatory reforms to protect disabled individuals who entirely depend on state-supervised residential care.

28. ***Washington Post**
May 23, 2026
Studying sports and disability, he laid the groundwork for the Special Olympics
By Harrison Smith
Frank Hayden, who has died at 96, saw sports as a gateway to opportunity for children with special needs.
An obituary in *The Washington Post* honors Dr. Frank Hayden, a pioneering Canadian sports scientist and researcher whose groundbreaking work in the 1960s fundamentally challenged the prevailing medical myth that individuals with intellectual disabilities were inherently incapable of participating in physical recreation. Dr. Hayden's data-driven research proved that low fitness levels among people with special needs stemmed from a lack of social opportunity and structured encouragement rather than their physical diagnoses, and that tailored exercise programs dramatically improved both their physical health and personal confidence. His findings caught the attention of Eunice Kennedy Shriver, leading to a close collaboration with the Joseph P. Kennedy Jr. Foundation that culminated in the launch of the inaugural Special Olympics Games in Chicago in 1968. Dr. Hayden, who died on May 16, 2026, at age 96, spent his subsequent decades serving as the organization's executive director and international ambassador, successfully scaling the movement to support more than four million athletes across roughly 200 countries while earning high national honors, including being named a companion of the Order of Canada.

29. **Walt Disney Studios**
April 27, 2026
'Songs in Sign Language' Director Hyrum Osmond Shares a Behind-the-Scenes Look at Disney Animation's Powerful New Project
In celebration of National Deaf History Month, The Walt Disney Company released a behind-the-scenes look at *Disney Animation's Songs in Sign Language*, a first-of-its-kind project streaming exclusively on Disney+ that reimagines three popular musical numbers in American Sign Language (ASL). Directed by veteran animator Hyrum Osmond—who was inspired by a desire to bridge communication barriers after

	growing up with a hard-of-hearing father—the project completely reanimated approximately 95% of the original shots for “The Next Right Thing” (*Frozen 2*), “We Don't Talk About Bruno” (*Encanto*), and “Beyond” (*Moana 2*). Rather than executing a strict, word-for-word translation, a dedicated crew of more than 20 animators collaborated extensively with artistic director DJ Kurs, sign language reference choreographer Catalene Sacchetti, and a group of eight performers from the Tony Award-winning Deaf West Theatre to carefully choreograph the lyrics based on concepts, aesthetics, and deep emotional resonance. This historic, culturally authentic adaptation ensures that the characters' hand, facial, and body movements accurately reflect genuine ASL performance, providing a profound sense of inclusion and connection for the global Deaf and hard-of-hearing community
Veterans	**30. The Cap Times** May 22, 2026 *Plan to place homeless vets into guardianship is a betrayal* By Bob Chernow An op-ed published in *The Capital Times* strongly condemns a joint initiative between the Department of Veterans Affairs (VA) and the Department of Justice (DOJ) that allows federal attorneys to initiate state-court guardianship and conservatorship proceedings for certain vulnerable veterans, framing the policy as a profound betrayal of those who served. The column argues that by targeting veterans in VA care who lack legal representation or family—including those experiencing or at risk of homelessness—the government is creating a dangerous mechanism to strip disabled and unhoused individuals of their fundamental autonomy, civil liberties, and legal right to self-determination. While federal officials defend the program as a necessary measure to streamline healthcare transitions and protect roughly 700 incapacitated patients currently facing prolonged hospitalizations, the author aligns with major veterans' advocacy and disability rights organizations to warn that such hard-to-reverse legal arrangements risk permanently obliterating personal rights, including the power to control one's own finances, housing, and medical treatments. Ultimately, the piece calls on the administration to reject forced institutionalization models and instead honor its commitment to veterans by prioritizing voluntary, supportive interventions such as expanded mental health services, permanent housing programs, and robust, community-based care networks. **31. Tammy Duckworth, U.S. Senator** April 1, 2026 *Duckworth, Sanders, Fetterman Introduce Legislation to Establish Guardianship Bill of Rights to Protect Veterans and Americans with Disabilities* The Senators’ legislation comes after the VA announced an effort that could push hundreds of Veterans into exploitative legal guardianships and deny our heroes the proper care they’ve earned. On April 1, 2026, U.S. Senator Tammy Duckworth (D-IL), alongside co-sponsors Bernie Sanders (I-VT) and John Fetterman (D-PA), introduced the Guardianship Bill of Rights Act of 2026 to protect veterans and

	individuals with disabilities from overbroad and potentially exploitative legal arrangements. The legislation was filed in direct response to a recent policy agreement between the Department of Veterans Affairs (VA) and the Department of Justice (DOJ) that permits federal attorneys to initiate state-court guardianship and conservatorship proceedings for certain unrepresented or unhoused veterans facing prolonged hospitalizations. Opponents argue that this federal policy acts as a "legal backdoor" that strips disabled individuals of their fundamental autonomy and pushes them into unnecessary institutionalization, even when less restrictive options like supported decision-making are available. To counter these risks, the proposed bill would establish a specialized federal council within the Department of Health and Human Services to codify a formal Guardianship Bill of Rights, create strict national standards for protective arrangements, and fund a Protection and Advocacy Program to provide robust legal oversight and monitoring of local and state guardianship systems.
Alzheimer's and Other Dementia	**32. McKnights Senior Living** April 21, 2026 *Dementia incidence is growing, and so are opportunities for senior living operators to support residents* By Kimberly Bonvissuto An article from *McKnight's Senior Living* underscores the rapidly rising prevalence of cognitive impairment in residential settings and the subsequent opportunities for senior living operators to enhance care, drawing on findings from the Alzheimer's Association's *2026 Alzheimer's Disease Facts and Figures* report. The article highlights that national dementia care costs are projected to climb to $409 billion in 2026, while the percentage of residents in assisted living and residential care communities with an Alzheimer's or dementia diagnosis grew significantly from 34% in 2016 to 42% by 2020, with smaller facilities experiencing the highest concentration at 51%. In response to these shifting demographics, the piece outlines a distinct strategic blueprint for senior living providers to elevate their service models across six core actionable areas: enhancing early detection and diagnosis, addressing racial and ethnic health disparities, supporting and educating family caregivers, optimizing and specialized training for the memory care workforce, promoting programming centered on modifiable risk factors like cardiovascular health and physical activity, and improving coordination with external healthcare systems.
Caregiving	**33. Administration on Community Living** *The Caregiver Artificial Intelligence Prize Challenge* Across the nation, more than 70 million paid and unpaid caregivers provide support that makes community living possible for older adults and people with disabilities. Meanwhile, the direct care workforce faces historic shortages, and family caregivers are increasingly called upon to fill gaps. Physical, emotional, and financial strains impact their ability to continue providing care, and the result is a growing crisis that threatens the ability of millions of Americans to live independently. ACL's Caregiver AI Prize Challenge seeks practical and effective ways to use AI to help address these challenges — reimagining how

	technology can improve care quality, reduce burden, and strengthen the caregiving infrastructure for the future. The competition will recognize and reward innovators who are developing, testing, and scaling AI-enabled tools to support both family caregivers and the direct care workforce. **Challenge Tracks** The challenge includes two tracks running simultaneously. Teams will compete for prize awards across three phases (design, implementation, and scaling). • Track 1: AI Tools for Caregivers • Track 2: AI Tools for Extending the Caregiver Workforce Key dates May 28, 2026 — Informational Webinar | Register July 31, 2026 — Phase 1 Applications Due September 2026 — Phase 1 Winners Announced Phase 2 and Phase 3 dates will be announced at a later date. Prize Challenge Details If you would like to receive updates on the challenge, email CaregiverAI@acl.hhs.gov with the subject line "Join List."
Workforce	**34. Medical Economics** May 14, 2026 *Why the eldercare workforce crisis is not just a nursing home problem* By John Dorer An article from *Medical Economics* written by John Dorer emphasizes that the rapidly escalating eldercare workforce shortage is no longer confined to nursing homes and assisted living facilities; rather, it is a systemic crisis putting immense pressure on the entire healthcare ecosystem. Fueled by a demographic shift where the population over age 85 is projected to double within the next decade, the shortage directly strains hospitals, home health services, family caregivers, and primary care physicians, who are increasingly left navigating the clinical fallout of inadequate post-acute support and preventable patient hospitalizations. To address this operational instability and ensure continuity of care, the author argues that the domestic workforce alone cannot meet the growing demand, necessitating a multi-pronged approach that includes better internal retention strategies—such as clearer career advancement ladders, structured onboarding, and wage progression—alongside deliberate long-term workforce planning that utilizes lawful international caregiving pathways, such as the EB-3 visa. **35. MIT News** April 30, 2026 *Study: Immigrants help address the US eldercare shortage* By Peter Dizikes *Economists find that in metro areas with more immigration, nurses are spending more time with elderly patients.* An article from *MIT News* highlights a study by MIT economist Jonathan Gruber and colleagues demonstrating that increased immigration directly expands the U.S. eldercare workforce and significantly improves patient outcomes without displacing native-born workers. Analyzing two decades of data across 13,000 nursing homes and 16 million Medicare

	beneficiaries, the researchers found that every 10 percent increase in immigration in a metropolitan area leads to a 1.1 percent increase in hours registered nurses spend with elderly patients and a 0.7 percent increase in care hours from certified nursing assistants (CNAs). This influx of frontline labor yields vital clinical benefits, including a 0.6 percent drop in short-term hospitalizations, reduced use of physical restraints, fewer psychiatric medication prescriptions, and a decrease in urinary tract infections. Pointing to these findings, as well as a subsequent working paper linking immigration to lower elderly mortality rates, Gruber argues that the study introduces a crucial new perspective to national immigration debates by shifting the focus toward how immigration can directly elevate the quality and availability of care for aging citizens.
Federal Policy	**36. Justice in Aging** May 13, 2026 *Why the Supplemental Security Income (SSI) Asset Limit Must Go* By Tracey Gronniger An article from Justice in Aging argues that the Supplemental Security Income (SSI) program's severely outdated eligibility rules, particularly its restrictive asset limits, actively destabilize and trap millions of low-income older adults and individuals with disabilities in deep poverty. Established in 1972, the program currently supports roughly 2.5 million older adults—two-thirds of whom are women—with a maximum monthly benefit of $994 in 2026, which sits well below 75% of the federal poverty line. Despite these meager payments, recipients are barred from building basic financial security due to an individual asset cap of $2,000 ($3,000 for couples) that has not been adjusted for inflation since 1989, a rule that creates a perverse disincentive to save and frequently triggers devastating benefit suspensions or costly overpayment penalties for minor savings. To modernize the system, advocates are championing legislative solutions like the SSI Savings Penalty Elimination Act and the broader SSI Restoration Act of 2026, which would raise resource caps to $10,000 for individuals and $20,000 for couples while indexing the limits to inflation to help vulnerable Americans cover emergencies and plan for long-term economic stability.
From Around the Country	**37. Leonard Davis Institute for Health Economics** May 21, 2026 *Can Washington State Lead the Way on Long-Term Care Financing?* By: Ezekiel J. Emanuel, MD, PhD and Benjamin W. Veghte, PhD, MPA *WA Cares Can Offer a Potential Blueprint for Public Long-Term Care Financing Nationwide* In this op-ed, authors Ezekiel J. Emanuel and Benjamin W. Veghte address the severe deficiencies in the U.S. long-term care system, noting that while life expectancy is rising, millions of aging Americans face expensive care costs uncovered by Medicare and are often forced to deplete their savings to qualify for Medicaid. To combat this crisis, Washington state has launched the WA Cares Fund, a first-in-the-nation public insurance program that allows workers to earn up to $36,500 in long-term care benefits. The authors position Washington's initiative as a critical and hopeful experiment that could ultimately serve as a

	national blueprint for sustainable long-term care financing across the country.
A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)	***The Campaign to Increase the Personal Needs Allowance (PNA)*** For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at $72.80 per month. **If** inflation had been factored since the amount was last set, the allowance should now be about $113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year. 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. 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. **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.*
Books by DignityMA Participants	***A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled*** By Alex Green **Buy the book here** 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. ***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 *The Dignity Digest.*	
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	**Nursing home**	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	**MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care** **Table of Contents** (Last updated: December 16, 2024) **Massachusetts Medicaid Long-Term Care Definition** **Income & Asset Limits for Eligibility** **Income Definition & Exceptions** **Asset Definition & Exceptions** **Home Exemption Rules** **Medical / Functional Need Requirements** **Qualifying When Over the Limits** **Specific Massachusetts Medicaid Programs** **How to Apply for Massachusetts Medicaid**	
Money Follows the Person	**MassHealth** *Money Follows the Person* The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/	
Determination of Need Projects	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
List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *List of Special Focus Facilities and Candidates* *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.
Nursing Home Inspect	**ProPublica** ***Nursing Home Inspect*** **Data updated May 25, 2026** 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?) Deficiency Tag # Deficiencies in # Reports MA facilities cited B 327 237 Tag B C 88 70 Tag C D 6,956 1,370 Tag D E 2,260 752 Tag E F 446 226 Tag F G 420 278 Tag G H 54 30 Tag H I 2 1 Tag I J 66 34 Tag J K 26 9 Tag K L 7 2 Tag L **Updated May 25, 2026**
Nursing Home Compare	**Centers for Medicare and Medicaid Services (CMS)** *Nursing Home Compare Website* 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
Data on Ownership of Nursing Homes	**Centers for Medicare and Medicaid Services** *Data on Ownership of Nursing Homes* 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

<table>
<tr><td></td><td colspan="3">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.</td></tr>
<tr><td>DignityMA Call Action</td><td colspan="3">• 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</td></tr>
<tr><td>Access to Dignity Alliance social media</td><td colspan="3">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</td></tr>
<tr><td rowspan="16">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.</td><td>Workgroup</td><td>Workgroup lead</td><td>Email</td></tr>
<tr><td>General Membership</td><td>Bill Henning
Paul Lanzikos</td><td>bhenning@bostoncil.org
paul.lanzikos@gmail.com</td></tr>
<tr><td>Assisted Living</td><td>John Ford</td><td>jford@njc-ma.org</td></tr>
<tr><td>Behavioral Health</td><td>Frank Baskin</td><td>baskinfrank19@gmail.com</td></tr>
<tr><td>Communications</td><td>Lachlan Forrow</td><td>lforrow@bidmc.harvard.edu</td></tr>
<tr><td>Facilities (Nursing homes and rest homes)</td><td>Jim Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Home and Community Based Services</td><td>Meg Coffin</td><td>mcoffin@centerlw.org</td></tr>
<tr><td>Legislative</td><td>Richard Moore</td><td>Dickmoore1943@gmail.com</td></tr>
<tr><td>Legal Issues</td><td>Stephen Schwartz</td><td>sschwartz@cpr-ma.org</td></tr>
<tr><td>Interest Group</td><td>Group lead</td><td>Email</td></tr>
<tr><td>Housing</td><td>Bill Henning</td><td>bhenning@bostoncil.org</td></tr>
<tr><td>Veteran Services</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Transportation</td><td>Frank Baskin
Chris Hoeh</td><td>baskinfrank19@gmail.com
cdhoeh@gmail.com</td></tr>
<tr><td>Covid / Long Covid</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Incarcerated Persons</td><td>TBD</td><td>info@DignityAllianceMA.org</td></tr>
<tr><td>Bringing People Home: Implementing the Marsters class action settlement</td><td colspan="3">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/</td></tr>
<tr><td>REV UP Massachusetts</td><td colspan="3">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.</td></tr>
<tr><td>The Dignity Digest</td><td colspan="3">For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest:</td></tr>
</table>

	• Deb Coogan • Wynn Gerhard • Margaret Guillette • Jim Lomastro • Dick Moore • Sue Rorke Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of *The Dignity Digest.* *If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.*
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: https://dignityalliancema.org/dignity-digest/* *For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.*	