



The Dignity Digest

Issue # 279

April 14, 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

"It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped."

Vice President Hubert H. Humphrey at the dedication of the Hubert H. Humphrey Building (the Department of Health and Human Services headquarters) in Washington, D.C., on November 1, 1977

Guide to news items in this week's Dignity Digest

Nursing Homes

- [Skilled nursing emerging among most attractive real estate sectors \(McKnights Long-Term Care News, April 9, 2026\)](#)
- [Nursing Homes' Inappropriate Use of Antipsychotic Drugs Poses a Risk to Residents \(HHS Office of Inspector General, March 19, 2026\)](#)

Housing

- [Aging into uncertainty \(*Boston Globe, March 15, 2026\)](#)
- [ADUs bring income and options for Mass. homeowners, but resale value isn't yet clear \(*Boston Globe, February 4, 2026\)](#)
- [President Trump Releases FY27 Budget Request Proposing Significant Cuts to HUD Programs, and Work Requirements and Time Limits on Assisted Households \(National Low Income Housing Coalition, April 6, 2026\)](#)

Disability Topics

- [Healey-Driscoll Administration Announces Accessible Spring Recreation Opportunities \(Massachusetts Department of Conservation and Recreation, April 8, 2026\)](#)

Aging Topics

- [Living Longer with Less: The Financial Burdens on Older Women \(Harvard Joint Center for Housing Studies, April 1, 2026\)](#)

	<ul style="list-style-type: none"> • America’s next moonshot: Creating ultra-healthy 60-year-olds (*Boston Globe, February 8, 2026) <p>Workforce</p> <ul style="list-style-type: none"> • Boston could face immediate consequences if TPS ends for Haitians, officials warn (*Boston Globe, April 9, 2026) <p>State Policy</p> <ul style="list-style-type: none"> • Massachusetts to Launch EBT Chip Cards to Prevent SNAP Theft, Protect Tax Dollars (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, April 6, 2026) • ‘Ain’t No Sunshine’ in Massachusetts public records law (*Boston Globe, March 11, 2026) <p>Federal Policy</p> <ul style="list-style-type: none"> • Warren, Grijalva, Schakowsky, Moylan, 30+ Lawmakers Introduce Bipartisan Bill to Update, Expand Lifeline Benefits for Seniors, Americans with Disabilities (Justice in Aging, March 5, 2026) • ‘I’d Be Left Alone’: Medicaid Cuts Put Disabled Patients’ In-Home Care at Risk (KQED, January 22, 2026 (updated))
<p>Quotes</p>	<p><i>“We’re seeing more seniors seeking help for the first time, because maybe they’ve ... been able to afford — whether it was rent or housing or even homeownership — but once their income changes to that fixed income, then they’re for the first time seeing that challenge.”</i></p> <p>Sharon Scott-Chandler, CEO, Action for Boston Community Development (ABCD), Aging into uncertainty (*Boston Globe, March 15, 2026)</p> <p><i>“We’re in crisis mode, as far as Massachusetts is concerned. Now the demand for housing services is outstripping the supply, and it’s getting worse.”</i></p> <p>Alex Martin, marketing director for Rogerson Communities, a nonprofit that operates more than 1500 units of senior-focused housing around the state, Aging into uncertainty (*Boston Globe, March 15, 2026)</p> <p><i>“TPS [Temporary Protected Status] recipients are not things, they’re not policy. They are people. They are your neighbors.”</i></p> <p>Pastor Dieufort Fleurissant, 64, a Haitian American advocate, Boston could face immediate consequences if TPS ends for Haitians, officials warn (*Boston Globe, April 9, 2026)</p>

Well-managed public entities should certainly be able to respond to requests for information in a reasonable amount of time, at a reasonable, or no, cost. . . Sunshine in government shouldn't be a sometime thing.

[Ain't No Sunshine' in Massachusetts public records law](#) (***Boston Globe**, March 11, 2026)

“If I lose Wanda, then I would probably have to go to a facility. People at the facility don't care. I would be calling them for help, and they wouldn't come. I'd be left alone and be wet all night because I can't go to the bathroom.”

Emma Denice Milligan, a 57 year old person with disabilities who depends upon her Medicaid funded caregiver, Wanda Kincy, [‘I'd Be Left Alone’: Medicaid Cuts Put Disabled Patients' In-Home Care at Risk](#) (**KQED**, January 22, 2026 (updated))

“Cuts to healthcare and food assistance, combined with the rising cost of gas, groceries, and other necessities, are already putting added strain on households struggling to make ends meet. Further eroding the country's safety net with cuts to housing assistance will leave even more families without the resources they need to live with stability and dignity.”

Renee M. Willis, President and CEO, National Low Income Housing Coalition, in a [statement](#) after the budget's release, [President Trump Releases FY27 Budget Request Proposing Significant Cuts to HUD Programs, and Work Requirements and Time Limits on Assisted Households](#) (**National Low Income Housing Coalition**, April 6, 2026)

Today, nearly 20 million women age 65 or older are heads of households, and women account for two-thirds of householders in their 90s, according to the 2024 American Community Survey. Because [women in the US live longer on average than men](#), they are

increasingly likely to become household heads in later life.

[*Living Longer with Less: The Financial Burdens on Older Women*](#)
(Harvard Joint Center for Housing Studies, April 1, 2026)

“Looking ahead, the segments most likely to lead are those at the intersection of high acuity and government support, particularly skilled nursing in [certificate of need] CON-protected states with strong Medicaid reimbursement histories, as demographic pressure accelerates and the supply gap continues to widen. Investors who can underwrite that combination with disciplined credit structuring are well positioned to capture durable, inflation-resistant returns over the next several years.”

Ran Eliasaf, founder and Managing Partner, [*Northwind Group*](#), [*Skilled nursing emerging among most attractive real estate sectors*](#)
(McKnights Long-Term Care News, April 9, 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.

How I Wish Our Federal Officials Would Answer Some Basic Questions about Long-Term Care
 By Richard T. Moore
 Published in the American Geriatric Society Member Forum
 April 13, 2026

At a moment when federal policy decisions will shape the daily reality of millions of older adults, we should expect more than general assurances. We should expect clarity, evidence, and an explicit commitment to justice. The questions surrounding nursing home staffing, medication practices, oversight, and accountability are not abstract—they are daily determinants of safety, dignity, and quality of life.

What follows is not what I expect federal officials to say. It is what an age-just response would require them to say.

An age-just policy for long-term care must begin with a premise that is too often ignored: every American has a fundamental right to remain in their homes and communities. Institutional care should be a last resort, not the default outcome of underfunded alternatives. Federal policy has long been imbalanced, with financing structures that favor nursing home care over home-

and community-based services. That imbalance is not inevitable—it is a policy choice. A federal government committed to age justice would explicitly rebalance those priorities. It would expand access to home care, invest in the direct care workforce, and accelerate the development of supportive housing models that allow individuals to age in place. It would treat these investments not as optional social services, but as core health and infrastructure policy.

At the same time, such a government would recognize that autonomy does not disappear when decision-making becomes more complex. Too often, individuals with cognitive impairment are forced into an all-or-nothing framework, either full independence or full guardianship. An age-just approach would expand supported decision-making, ensuring that people retain agency with appropriate assistance. Where guardianship is necessary, it must be accessible, transparent, and narrowly tailored to preserve individual rights to the greatest extent possible.

But even in a system that successfully prioritizes community living, many individuals will require nursing home care. For those residents, federal responsibility is direct and unavoidable. The standard is not minimal adequacy—it is the highest practicable physical, mental, and psychosocial well-being of each resident. That standard must guide every policy decision.

On staffing, the answer must be unequivocal: minimum staffing standards are essential safeguards for resident safety. The evidence base is clear and consistent—higher staffing levels, particularly among registered nurses and certified nursing assistants, are associated with lower rates of falls, infections, hospitalizations, and preventable deaths. Weakening these standards in response to workforce shortages is not a solution; it is a transfer of risk onto residents. If flexibility is contemplated, it must be tightly constrained and paired with enforceable protections. At a minimum, federal policy should require real-time public reporting of staffing levels by shift and role, enabling residents and families to understand actual conditions of care. Sustained understaffing should trigger automatic enforcement actions, including civil penalties and heightened inspection activity. Payment systems should be aligned with staffing expectations, ensuring that facilities are resourced to meet required standards.

Workforce shortages must be addressed directly. This includes increasing wages, strengthening training pipelines, supporting

career advancement, and expanding lawful pathways for immigrant workers who play a critical role in long-term care. The existence of a workforce crisis does not justify lowering the standard of care. Transparency is equally essential. Residents and families must be informed, in clear and accessible terms, when a facility operates below safe staffing thresholds. Information should not be buried in technical reports; it should be readily available, understandable, and current.

On the use of antipsychotic medications, federal policy must draw a firm line: these medications may not be used as substitutes for adequate staffing or individualized care. Their inappropriate use as chemical restraints represents a failure of the care system, not a clinical solution. An age-just response would require robust informed consent processes, ensuring that residents and their families are fully aware of the risks, including increased likelihood of stroke and mortality among individuals with dementia. Consent must be meaningful, documented, and revocable. Equally important is the prioritization of non-pharmacological interventions. Facilities should be required—and supported—to implement behavioral, environmental, and person-centered approaches to dementia care. Federal policy should reinforce this expectation through training requirements, payment incentives, and quality measures.

Monitoring and enforcement must be strengthened, not weakened. Federal oversight should include expanded quality measures, real-time identification of outlier facilities, and targeted inspections where inappropriate medication use is suspected. Public reporting should include stratified data to identify and address disparities in prescribing patterns across different populations. The relationship between staffing and medication use must be explicitly acknowledged. Numerous studies demonstrate that lower staffing levels are associated with increased reliance on antipsychotic medications. Any policy that weakens staffing standards while seeking to reduce inappropriate medication use is internally inconsistent. An age-just policy aligns these domains, recognizing that adequate staffing is a prerequisite for reducing chemical restraint. Quality of life must remain central. Federal law already requires nursing facilities to promote not only physical health, but also mental and psychosocial well-being. This includes meaningful engagement, respect for individual preferences, and the preservation of dignity. These are not secondary considerations; they are core obligations.

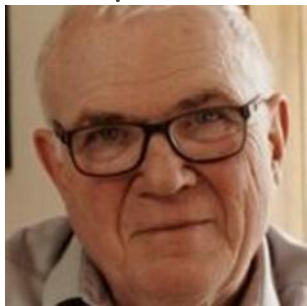
Dignity also has a material dimension. The Personal Needs Allowance provided to nursing home residents is, in many jurisdictions, grossly inadequate and has failed to keep pace with inflation for decades. This allowance determines whether residents can purchase basic personal items, participate in social activities, or exercise even minimal personal choice. An age-just policy would increase the allowance to a meaningful level and index it to the cost of living, ensuring its value is preserved over time.

Oversight systems must be reinforced to ensure that these standards are implemented in practice. Long-Term Care Ombudsman Programs play a critical role in identifying and addressing resident harm. They must be adequately funded, fully independent, and empowered to act without obstruction. Their findings should inform broader regulatory action. Public accountability is essential. Federal agencies should commit to transparent, timely reporting of staffing levels, antipsychotic medication use, and key resident outcomes. Data should be accessible not only to researchers and policymakers, but to residents and families making decisions about care. Equally important is the role of stakeholder input. Policy development must include meaningful engagement with residents, families, direct care workers, and advocates. Their perspectives should shape policy design and implementation, and their contributions should be visible and documented.

Finally, federal officials must commit to ongoing evaluation and course correction. If policy changes result in measurable harm—increased injuries, higher hospitalization rates, or greater reliance on inappropriate medications, there must be a clear and timely mechanism to reassess and reverse those changes. Accountability requires more than intention; it requires action. The overarching principle is straightforward: aging does not diminish a person’s right to safety, autonomy, or dignity. Public policy must reflect and enforce that principle across all settings—home, community, and institutional care alike. An age-just long-term care system does not ask individuals to accept greater risk because they are older, frailer, or less visible. It does not substitute convenience for care or opacity for accountability. It invests in the conditions that allow people to live where they choose, and it ensures that when institutional care is necessary, it meets the highest standards we can achieve.

That is how federal officials should answer these questions. And that is the standard to which they should be held.

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.

The following is a response to a Letter to the Editor by Tara Gregorio, President, Massachusetts Senior Care Association, which was published in **The Boston Sunday Globe** on April 12, 2026. (See below.) Gregorio's letter was in response to an op-ed written by Margaret Morganroth Gullette, "[Nursing home inspections ought to be random](#)", published in **The Boston Sunday Globe** on April 12, 2026.

Gregorio's letter is a masterclass in regulatory deflection. It substitutes procedural compliance for substantive accountability and reframes systemic failure as a mere inconvenience to the workforce. Gullette's argument was never that inspectors aren't working hard; it was that the *inspection regime itself* is structurally compromised when facilities can anticipate scrutiny. Gregorio substitutes institutional effort for outcome effectiveness, a telling evasion.

The letter's central factual claim that inspections are already unannounced and include nights and weekends sounds reassuring but collapses under examination. Industry insiders know the inspection cycle. "Unannounced" is not the same as "random"; Gregorio strategically conflates the two.

The pivot to workforce shortage, explaining staffing fluctuations, is a move. functions here as an absolute. If understaffing is systemic rather than volitional, a facility can be held individually accountable. The association's advocacy record is largely one of resisting regulatory burdens on member facilities.

This figure is presented without denominators, turnover context, or comparison to need. Two thousand new hires after a state funding boost, in a sector with documented turnover rates exceeding 50% annually, is not a benchmark of progress; it is treadmill motion. Citing it as evidence of quality improvement without those contextual anchors is statistically misleading.

New hires and inconsistent staffing are linked to reductions in falls, pressure ulcers, and infections. Recommending workforce strengthening as the superior alternative to inspection reform conveniently aligns with MSCA's financial priorities. But the argument is a false choice. Robust inspections and workforce investment are not competing strategies. They are complementary ones. Framing calling for stronger oversight is a distraction from quality improvement, which inverts the

	<p>Absent entirely: the documented federal inspection backlog that accumulated during and after the pandemic, CMS data on citation rates, or any engagement with Gullette's specific evidentiary claims. A credible response would have confronted the evidence rather than rehearsing the association's standard regulatory talking points.</p> <p>Mass. has extensive policies to hold nursing homes accountable Boston Globe By Tara Gregorio, President, Massachusetts Senior Care Association April 12, 2026</p> <p>Margaret Morganroth Gullette’s “Nursing home inspections ought to be random” (Ideas, April 5) does not reflect the recent hard work of Massachusetts regulators and lawmakers in adopting extensive policies on accountability and transparency in the Commonwealth’s nursing facilities.</p> <p>Massachusetts law requires government inspections of all nursing homes at least every 12 months. These inspections are unannounced and include nights, weekends, and off-hours, specifically to ensure that facilities are evaluated under typical, not staged, operation conditions. Inspections also occur as a result of complaint investigations, infection control surveys, and other extensive reporting requirements. Simultaneously, providers must comply with thousands of regulations, including the state’s mandated staff-to-resident ratio, or face financial penalties.</p> <p>Any fluctuations in staffing are not a result of facilities “slacking off,” as the essay’s online subhead put it, but rather reflect a persistent workforce shortage that will continue to grow as the number of older adults requiring long-term care services and supports rises. Skilled nursing facilities work hard to maintain competitive wages to attract and retain the highest-quality caregivers and to ensure all standards are met.</p> <p>Last year Massachusetts nursing facilities hired more than 2,000 new direct care workers, thanks to a state funding boost, which resulted in fewer residents experiencing falls, pressure ulcers, and other infections — leading indicators of quality of care. Massachusetts already conducts rigorous, unannounced inspections. Strengthening the workforce and ensuring that facilities can meet staffing expectations every day would do far more to improve the care and experience of residents.</p>
Recruitment	See: Listings on MASterList.com’s Job Board for all current listings

<p>National Healthcare Decisions Day</p>	<p>April 16 is National Healthcare Decisions Day</p> <p>Honoring Choices has planned events and activities from mid-April through June. Join the Honoring Choices 13th Annual Health Care Decisions Spring Celebration to ensure every adult has equal access to no cost planning tools to make a personal health care plan. Their Partners & Friends are hosting over 70 events to date from April- June. They provide no cost downloadable planning documents to share with your community and can co-host a virtual session for your consumers and care professionals. Just gather your group and pick a date; we will provide a virtual presentation with tool kits. See the event ideas and free planning tools on the 2026 March- June Events Calendar. https://www.honoringchoicesmass.com/nhdd</p> <p>To schedule a co-hosted webinar, contact Ellen DiPaola, President & CEO at 781 642-0454, edipaola@honoringchoicesmass.com</p>
<p>Autism Acceptance Month</p>	<p>April is recognized as Autism Acceptance Month</p> <p>April is recognized as Autism Acceptance Month (traditionally referred to as Autism Awareness Month). While both terms are still used, there has been a significant shift by advocacy groups like the Autism Society of America to use "Acceptance" to move beyond mere visibility toward genuine inclusion and support.</p> <p>2026 Theme: "Celebrate Differences"</p> <p>The focus for 2026 centers on the strengths, talents, and unique perspectives neurodivergent individuals bring to their communities. Key pillars for this year include:</p> <ul style="list-style-type: none"> • World Autism Awareness Day: Observed globally on Thursday, April 2, 2026. • Advocacy Goals: Improving access to inclusive education, expanding employment opportunities, and ensuring neurodiversity is reflected in public policy.
<p>REV UP Massachusetts</p>	<p>1. Rev UP</p> <p>Join the movement by registering for the next REV UP National Call on April 22, 1 PM - 3 PM ET. ASL and CART are provided.</p> <p>What's on the agenda for April's call?</p> <ul style="list-style-type: none"> • Federal voting rights updates • Movement building strategy and early planning for Disability Voting Rights Week (September 14 - 18) • And most importantly – Extended breakout sessions to connect with organizers across states, share strategies, and learn from one another. <p>This call is a great opportunity to get connected to the national movement, build relationships, and strengthen your local work.</p> <p>REV UP 2026: Work So Far</p> <ul style="list-style-type: none"> • REV UP Vermont officially joined the network and launched right into action advocating for accessible local elections.

	<ul style="list-style-type: none"> • REV UP New York is working on strategies to talk to legislators about electronic ballot return for voters with disabilities. • REV UP Illinois hosted voter outreach events, including a Legislative Advocacy Webinar Series and a 2026 Election Year Mini-Series, to empower disabled voters to take action. • REV UP Georgia created plain language talking points and outreach templates to advocate against a voter suppression bill in their state. • Wisconsin Disability Vote Coalition hosted training on absentee and early voting and created a resource on accessible transportation for disabled voters. • REV UP North Carolina launched an exciting new website to engage the community and grow their network. • REV UP National advocated against voter suppression bills in Congress and released statements on the SAVE Act and the recent March 31 Elections Executive order. Our team also submitted comments to the Election Assistance Commission about improving collection of information on accessible voting practices at the state level. <p>For more information and schedule of monthly meetings, contact: Brianna Zimmerman, REV UP Massachusetts Coordinator bzimmerman@dlc-ma.org, 617-315-4593, https://revupma.org/wp/</p>
<p>In Person and / or Online Events</p>	<p>2. Personal Care Attendant Workforce Council Tuesday, April 14, 2026, 1:30 p.m. Meeting Agenda includes a report on abuse and prevention from the Disabled Persons Protection Commission and the Executive Office of Aging and Independence. There will also be an update on the MassHealth PCA program. Agenda and Zoom</p> <p>3. Statewide Commission on Disability Wednesday, April 15, 2026, 10:00 a.m. Meeting The Massachusetts Office on Disability will discuss resources for local commissions on disability. Register</p> <p>4. At Big Night Live, a free concert for autism awareness from the Flutie Foundation Sunday, April 19, 2026, 12:00 to 3:00 p.m. 10 Causeway Street, Boston "Flutie Foundation: Stars of the Spectrum" is an upcoming inclusive concert organized by the Doug Flutie Jr. Foundation for Autism, scheduled for April 19 at Big Night Live. Celebrating Autism Acceptance Month, the event is described as the nation's largest concert series performed by autistic artists for the autism community, headlined by <i>America's Got Talent</i> winner Kodi Lee. The article emphasizes the foundation's commitment to accessibility, detailing how the performance is designed to be fully sensory-inclusive—featuring quiet zones and noise-canceling</p>

	<p>headphones—and offers free tickets to individuals and families within the autism community to ensure a welcoming environment for all.</p> <p>5. Advancing Rural Health Transformation: The Role of the Aging Network Thursday, April 23, 2026, 1:00 p.m. Aging and Business Disability Institute The Centers for Medicare & Medicaid Services (CMS) announced that all 50 states received awards under the Rural Health Transformation Program (RHTP), a federal funding initiative established to strengthen and modernize health care in rural communities across the country. Most states have announced how they plan to utilize RHTP funds, and many of the goals of the RHTP closely align with the work that Area Agencies on Aging (AAAs), Community-Based Organizations (CBOs) and Community Care Hubs (CCHs) do every day such as whole person health, chronic disease management and network formation and advancement. Join USAging’s Aging and Disability Business Institute in partnership with ATI Advisory for a webinar on April 23, 2026, from 1 – 2 PM ET. This webinar will showcase the role of and opportunities for the aging network, particularly AAAs, CBOs and CCHs, to support states’ RHTP initiatives. This session will focus the lens on the community level, highlighting how aging network organizations are engaging, influencing and implementing rural health transformation efforts. Register Now</p> <p>6. The AI Revolution in Massachusetts: Disruption, Risk, Opportunity Thursday, May 7, 2026, 8:00 a.m. to 10:30 a.m. State House News Service and MASsterList Artificial intelligence’s arrival as a game-changing force poses profound personal, business, and policy implications, and its rapid evolution has lawmakers scrambling to get ahead of its capabilities while taking advantage of its potential. Massachusetts legislators have drafted bills addressing a range of AI-related issues, including data privacy, child safety, election misinformation, consumer discrimination, and data center-related energy usage. AI’s potential to streamline business processes also poses urgent labor market questions as well as possibilities for never-before-imagined efficiencies. As Massachusetts looks to both lead and regulate the AI revolution, join leading legislators and thought-leaders for a timely forum on AI's challenges and opportunities. PROGRAM: In-formation NOTE: Doors open for networking at 8:00 a.m. The program will run from 9:00 to 10:30 a.m.</p>
<p>Webinars and Online Sessions</p>	<p>7. National Council on Aging Tuesday, April 14, 2026, 1:00 p.m. Increasing MSP, SNAP & SSI Participation NCOA’s new Benefits Participation Map revealed that millions of older adults are eligible for but not enrolled in Medicare Savings Programs (MSP), Supplemental Nutrition Assistance Programs (SNAP), and Supplemental Security Income (SSI). Finding staggering variations</p>

between counties with both high- and low-participation rates, we conducted research with enrollment entities in select counties to understand what factors influence participation rates in each population and what strategies increase program enrollment. This webinar will highlight:

- The social and demographic make-up of participating counties
- Changes in benefits participation rates between 2018 and 2023
- Challenges and barriers to benefits participation
- Factors that create enabling environments for older adults to access benefits
- Recommendations for best practices in closing the participation gap

Opening Remarks: **Katherine Hempstead, PhD**, Senior Policy Officer, Robert Wood Johnson Foundation

Presentation: **Ryan Ramsey**, Associate Director of Health Coverage and Benefits, NCOA

[Register Now](#)

8. Justice in Aging

Tuesday, April 14, 2026, 2:00 to 3:15 p.m.

[Navigating the Social Security Administration: Options for Advocates](#)

Over the past 15 months, the Social Security Administration (SSA) has experienced a turbulent period marked by far-reaching organizational changes: the deepest staffing reductions in its history, office restructuring, inconsistent and shifting policies on accessing walk-in service at field offices, and increased reliance on automated and online systems.

These changes have had a significant impact on the ability of advocates who serve claimants and beneficiaries to interact with the agency. This webinar, [Navigating the Social Security Administration: Options for Advocates](#), will outline the current state of customer service at SSA and equip advocates with practical strategies for getting things done within the agency.

Join us for a conversation among panelists that will provide useful information for advocates who are currently representing claimants and beneficiaries at SSA.

Attendees will:

- Learn about the recent report [“In the last year, it’s gotten a lot worse”: A Qualitative Investigation of Barriers to Disability Benefits in 2025](#)
- Understand the current state of customer service at SSA, and hear about upcoming developments
- Gain practical strategies for navigating SSA

Presenters:

- Kate Lang, Director, Federal Income Security, Justice in Aging (moderator)
- Stacy Cloyd, Senior Staff Attorney, Legal Aid DC
- Stephen Pozgay, Constituent Services Representative, Office of U.S. Senator Ron Wyden
- Eve Rutzick, Public Benefits Lead, Change Well Project

- Katie Savin, Assistant Professor, School of Social Work, California State University at Sacramento

9. National Low Income Housing Coalition

Tuesday, April 14, 2026, 4:00 to 5:00 p.m.

[National HoUsed Campaign Call for Universal, Stable, Affordable Housing](#)

[Join](#) NLIHC's next national HoUsed campaign call on April 14 from 4:00 pm to 5:00 pm ET. We will provide the latest federal housing policy updates, including an overview of the President's fiscal year (FY) 2027 [budget request](#), and an in-depth analysis of HUD's recent Notice of Proposed Rule Making (NPRM) that would allow public housing agencies (PHAs) and HUD-assisted owners to impose work requirements and time limits on assisted families. A recent CBPP [analysis](#) found that a 2-year time limit on assistance would result in an estimated 3.3 million people losing their rental assistance, including 1.7 million children. Join the next HoUsed call to learn more, and to learn how advocates can [fight back](#) against proposals that would leave even fewer people with safe, stable homes. [Register here](#).

Access NLIHC's archive of HoUsed campaign calls and other webinar recordings [here](#).

[Join](#)

10. AARP Massachusetts

Wednesday, April 15, 2026, 12:00 to 1:00 p.m.

[Fighting Crypto with the MA Attorney General](#)

Join AARP Massachusetts for a conversation about cryptocurrency fraud prevention and how you can protect yourself from becoming a victim. We'll be joined by special guest, **Massachusetts Attorney General Andrea Joy Campbell** and members of her financial fraud prevention team, who will discuss the work her office is doing to make sure residents of the Commonwealth are protected from criminal scammers. This session will arm you with the latest data on cryptocurrency fraud trends and provide tips and resources to protect yourself and your family.

[Register](#)

11. The Studio – Harvard T. H. Chan School of Public Health

Thursday, April 16, 2026, 1:00 to 1:30 p.m.

[How our surroundings shape health: A conversation between environmental scientists](#)

For more than 50 years, Jack Spengler has advanced our understanding of how environment shapes health through pioneering research on the importance of air quality, healthy buildings, and climate resilience. In conversation with longtime collaborator Linda Powers Tomasso, Spengler explores how the places we live, learn, and work shape human health. Together, they reflect on the evolution of environmental health over five decades and the importance of continued collaboration and mentorship in shaping a more sustainable future.

Speakers:

John D. Spengler

	<p>Akira Yamaguchi Research Professor of Environmental Health and Human Habitation Environmental Health, Harvard T.H. Chan School of Public Health</p> <p>Linda Powers Tomasso Research Associate, Environmental Health, Harvard T.H. Chan School of Public Health</p> <p>The Studio registration</p> <p>12. Leonard Davis Institute of Health Economics Friday, May 1, 2026, 12:00 to 1:00 p.m. Medicaid After HR1: State Challenges and Policy Tradeoffs</p> <p>The passage of H.R.1 in July 2025 (also known as the One Big Beautiful Bill Act) enacted the largest cuts to Medicaid in the program’s history, with far-reaching consequences for state budgets and beneficiaries. States are now working to implement the required changes, including the addition of work requirements, co-payments, and more frequent eligibility checks, measures that could result in coverage losses for millions of people. This panel will examine how states are navigating these implementation challenges, the difficult tradeoffs states face, and how research can help in understanding the impact.</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Patricia Boozang, MPH, Senior Managing Director, Manatt • Lanhee Chen, PhD, David and Diane Steffy Fellow in American Policy Studies, Hoover Institution • Benjamin Sommers, MD, PhD, Huntley Quelch Professor of Health Care Economics, Harvard T.H. Chan School of Public Health • Rachel M. Werner, MD, PhD, (moderator), Executive Director, Penn LDI; Robert D. Eilers Memorial – William Maul Measey Professor in Health Care Management and Economics, Wharton School; Professor, Medicine, Perelman School of Medicine <p>Register Here</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>13. McKnights Long-Term Care News April 9, 2026 Skilled nursing emerging among most attractive real estate sectors By Kathleen Steele Gaivin</p> <p>Skilled nursing facilities are increasingly being recognized as one of the most attractive sectors for real estate investment, according to a report from <i>McKnight’s Senior Living</i>. This shift is largely driven by the "silver tsunami"—a rapidly aging population that ensures a steady, long-term demand for medical and rehabilitative services. While the sector remains complex due to heavy government regulation and persistent staffing challenges, investors are drawn to its recession-resilient nature and the potential for higher yields compared to struggling traditional assets like</p>

	<p>office or retail space. As a result, institutional interest in the skilled nursing market continues to grow, positioned on the necessity of high-acuity care that cannot be easily replicated in home-based settings.</p> <p>14. HHS Office of Inspector General March 19, 2026 Nursing Homes' Inappropriate Use of Antipsychotic Drugs Poses a Risk to Residents</p> <p>The OIG's latest review reveals a disturbing trend in nursing homes where antipsychotic drugs—which the FDA warns can increase the risk of death in elderly patients—are being inappropriately used to sedate residents with dementia for the convenience of staff. The investigation found that medical directors and pharmacists often failed to provide necessary oversight, while weak internal policies left residents vulnerable to these "chemical restraints" without the required safety precautions. To address these systemic failures, the OIG has urged CMS to increase transparency and hold medical leadership accountable; however, CMS's refusal to concur with recommendations regarding the specific responsibilities of directors and pharmacists highlights a lingering tension in how to effectively protect some of the most vulnerable members of the healthcare system.</p> <p>Full Report (PDF, 1.5 MB) Report Highlights (PDF, 261.2 KB) Companion Report</p>
<p>Housing</p>	<p>15. *Boston Globe March 15, 2026 Aging into uncertainty By Lindsay Crudele <i>Instead of finding a safety net as they age, a wealth gap means that many are unable to afford to pay rent.</i></p> <p>Despite the perception that baby boomers enjoy the most housing stability of any generation, many in Massachusetts are facing a growing crisis as they age into a market defined by soaring costs and dwindling protections. This vulnerability is starkly illustrated by the situation at the Lebanon Hill Housing complex in Southbridge, where a private equity firm's "opportunistic monetization" led to rent hikes of up to 70 percent, forcing residents on fixed incomes to choose between depleting their life savings or facing eviction. As the 65-plus demographic swells to nearly a quarter of the state's population, the intersection of rising property taxes, federal Medicare cuts, and a lack of affordable assisted-living options has led to a 40 percent increase in older adult homelessness. While landlords argue these increases are necessary to cover maintenance and taxes, advocates and residents—some of whom have formed tenant unions—warn that the current system is failing to provide the basic dignity of aging in place, leaving many long-term homeowners and renters with nowhere to turn.</p> <p>16. *Boston Globe February 4, 2026</p>

[ADUs bring income and options for Mass. homeowners, but resale value isn't yet clear](#)

By Madeline Bilis

A year since the Affordable Home Act allowed accessory dwelling units to be built across the state, some homeowners are wondering if buyers will want their ADUs when they sell.

The Massachusetts "by-right" accessory dwelling unit (ADU) law, which took effect in early 2025, has significantly shifted the state's real estate landscape by allowing homeowners to build small secondary units without the previously arduous special permit process. While construction costs for these units typically range from \$150,000 to over \$300,000, real estate experts and recent market data suggest that well-designed ADUs can recoup 70% to 100% of their cost in added property value, often increasing a home's market price by \$100,000 or more. A [December Globe report](#) found that construction on ADUs has been sluggish since last year, due to factors like permitting obstacles and upfront costs. Beyond the immediate equity boost, these units are highly sought after by modern buyers for their potential to provide passive rental income or accommodate multigenerational living, though homeowners are cautioned to account for complexities such as Title V septic compliance and increased property tax assessments. Ultimately, while the high upfront investment remains a hurdle for some, ADUs are increasingly viewed as a viable wealth-building strategy that offers both long-term flexibility and a competitive edge in the Massachusetts housing market.

17. National Low Income Housing Coalition

April 6, 2026

[President Trump Releases FY27 Budget Request Proposing Significant Cuts to HUD Programs, and Work Requirements and Time Limits on Assisted Households](#)

President Trump's fiscal year 2027 budget request, released in April 2026, proposes a 10% reduction in non-defense spending, including a significant \$3.8 billion cut to the Department of Housing and Urban Development (HUD) compared to the previous year. The proposal seeks to overhaul federal housing policy by imposing mandatory 20-hour weekly work requirements and a five-year time limit on rental assistance for most non-exempt households, while also prohibiting Public Housing Agencies from issuing new vouchers to families in need. Additionally, the budget would zero out funding for key construction and community initiatives like the HOME Investment Partnership and the Community Development Block Grant (CDBG) programs, and shift homelessness strategy away from permanent housing models toward emergency and transitional solutions. The National Low Income Housing Coalition (NLIHC) has strongly condemned these measures, arguing they would destabilize millions of low-income families and urging Congress to reject the cuts in favor of expanded federal investment in affordable housing.

Health Care Topics

18.

<p>Guardianship</p>	<p>19. Massachusetts Guardianship Policy Institute March 2026 newsletter issue Beyond Guardianship Topics</p> <ul style="list-style-type: none"> • Calibrating Care to the Individual • New Federal Plan May Expand Guardianship for Vulnerable Veterans • Massachusetts Releases Report on Oversight Office • Guardianship Headlines <ul style="list-style-type: none"> ○ Massachusetts Guardianship Backlog Strains Hospital Capacity ○ ABA Reviews Rules Representing Incapacitated Clients ○ Shortage of Guardianship Capacity Raises Alarm in NY • People: <ul style="list-style-type: none"> ○ Meet the Staff: Spotlight on Heather L. Connors, Ph.D. ○ Jack's Story <p>Subscribe</p>
<p>Aging Topics</p>	<p>20. Harvard Joint Center for Housing Studies April 1, 2026 Living Longer with Less: The Financial Burdens on Older Women By Samara Scheckler</p> <p>Older women in the United States are increasingly becoming household heads as they live longer, yet they face disproportionately high financial and housing burdens compared to their male counterparts. With median incomes for female-headed households reaching only two-thirds of those for men—a gap that widens significantly after age 79—older women are more likely to live alone, rent their homes, and manage chronic disabilities on limited resources. These economic disparities are further exacerbated by race and ethnicity, leaving nearly 40 percent of older women cost-burdened by housing expenses and many more vulnerable to housing instability as federal subsidies remain insufficient and rising costs for basic needs like healthcare and food strain their dwindling budgets.</p> <p>21. *Boston Globe February 8, 2026 America's next moonshot: Creating ultra-healthy 60-year-olds By Raiany Romanni-Klein</p> <p><i>Keeping people alive and well for longer may be the fastest way to boost our workforce — and our families.</i></p> <p>As the United States faces a looming demographic crisis driven by falling birth rates and record-low immigration, the most viable path to economic and social stability may lie in a national "moonshot" for research into biological aging. The text argues that while pronatalism takes decades to yield results, slowing the aging process could immediately preserve the productivity of highly experienced older workers and drastically reduce the \$1 trillion annual burden on Medicare. Despite the potential for trillions in long-term GDP growth—modeled by simulations showing massive returns from even a single year of reversed brain aging—current federal funding remains reactively focused on late-onset diseases rather than the underlying biology of senescence. By shifting investment toward</p>

	<p>transformative life sciences like cellular reprogramming and organ replacement, the U.S. could effectively "import" millions of healthy, skilled workers from within its own borders, transforming the aging population from a fiscal liability into a primary engine of innovation and prosperity.</p>
<p>Disability Topics</p>	<p>22. Massachusetts Department of Conservation and Recreation April 8, 2026 Healey-Driscoll Administration Announces Accessible Spring Recreation Opportunities <i>DCR programming includes adaptive hiking, boating, cycling and golfing options for people of all abilities across the state</i> The Healey-Driscoll Administration has announced the spring schedule for the Department of Conservation and Recreation’s (DCR) Universal Access Program, which offers adaptive outdoor activities across Massachusetts throughout April and May. This initiative provides equipment and specialized staff support to ensure residents of all abilities can participate in recreation such as adaptive hiking, cycling, kayaking, rowing, and sailing at 13 different state park properties. By partnering with various non-profit organizations, the program aims to foster inclusivity and a sense of belonging in the state’s natural spaces, requiring participants to register in advance to access these free or low-cost opportunities.</p>
<p>Workforce</p>	<p>23. *Boston Globe April 9, 2026 Boston could face immediate consequences if TPS ends for Haitians, officials warn By Aayushi Datta The Temporary Protected Status for Haitians currently is tied up in federal court. The city is home to 3,700 TPS-protected Haitians, who are a major part of the workforce. Temporary Protected Status is an immigration program that allows people from certain countries to live and work legally in the United States when conditions in their home countries are unsafe. Haitians were first granted TPS in 2010 after a devastating earthquake, and the status has been extended multiple times due to worsening conditions in the country. The program’s future is uncertain as the Trump administration is trying to terminate the protection status for Haitians, but federal judges have temporarily blocked the government from any cutoffs.</p>
<p>State Policy</p>	<p>24. Office of Governor Maura Healey and Lt. Governor Kim Driscoll April 6, 2026 Massachusetts to Launch EBT Chip Cards to Prevent SNAP Theft, Protect Tax Dollars <i>Healey-Driscoll Administration begins notifying retailers as Massachusetts would become the third state in country to adopt chip and tap-enabled EBT cards shown to greatly prevent theft in system</i> The Healey-Driscoll Administration has announced that Massachusetts will become one of the first states in the nation to transition to chip and tap-enabled Electronic Benefit Transfer (EBT) cards to enhance the security of the Supplemental Nutrition Assistance Program (SNAP). By</p>

	<p>replacing traditional magnetic stripe cards with Europay Mastercard Visa (EMV) microchip technology, the state aims to significantly reduce benefit theft caused by "skimming" and ensure that taxpayer-funded assistance reaches the nearly one million residents who rely on it. The Department of Transitional Assistance plans to pilot the new cards later this year, working alongside retailers to update point-of-sale systems and align EBT security with the safeguards already standard for commercial credit and debit cards.</p> <p>25. *Boston Globe March 11, 2026 ‘Ain’t No Sunshine’ in Massachusetts public records law Editorial Board</p> <p>Massachusetts continues to lag behind in government transparency due to broad legal exemptions for its top branches and a lack of robust enforcement from the state’s oversight offices. The article highlights a hypocritical "do as we say, not as we do" culture where leaders like Governor Maura Healey and Mayor Michelle Wu demand accountability from federal agencies while simultaneously stalling or blocking local records requests regarding travel, legal settlements, and public safety. With public records requests doubling in recent years and many being met with intentional delays or exorbitant fee estimates designed to deter inquiry, the piece argues that the state must move beyond its "backwater" status by embracing proactive digital disclosure and legislative reform to restore public trust.</p>
<p>Federal Policy</p>	<p>26. Justice in Aging March 5, 2026 Warren, Grijalva, Schakowsky, Moylan, 30+ Lawmakers Introduce Bipartisan Bill to Update, Expand Lifeline Benefits for Seniors, Americans with Disabilities</p> <p>In March 2026, a bipartisan group of lawmakers led by Senator Elizabeth Warren and Representatives Adelita Grijalva, Jan Schakowsky, and James Moylan introduced the Supplemental Security Income (SSI) Restoration Act to modernize a critical financial lifeline that has remained largely unchanged for over fifty years. The legislation seeks to lift nearly eight million low-income seniors and people with disabilities out of poverty by raising benefit levels to at least 100% of the federal poverty line and significantly increasing outdated asset limits to \$10,000 for individuals and \$20,000 for couples. By eliminating punitive rules—such as the marriage penalty and reductions for "in-kind" support like food or housing from family—and extending full benefits to residents of U.S. territories, the bill aims to transform SSI from a restrictive program that traps recipients in destitution into a robust support system that allows vulnerable Americans to live with dignity and financial security.</p> <p>Bill Text (PDF)</p> <p>27. KQED January 22, 2026 (updated)</p>

	<p><u>'I'd Be Left Alone': Medicaid Cuts Put Disabled Patients' In-Home Care at Risk</u></p> <p>By Hyeyoon Cho</p> <p>'I'd Be Left Alone': Medicaid Cuts Put Disabled Patients' In-Home Care at Risk" highlights the dire consequences of federal Medicaid funding reductions on California's In-Home Supportive Services (IHSS) program. Following the passage of major federal budget legislation like H.R. 1, which aims to cut nearly \$1 trillion in Medicaid spending over a decade, the state faces a significant loss in the federal reimbursements that typically cover half the cost of IHSS. This program is a critical lifeline that allows elderly, blind, and disabled residents to live independently; without it, many patients fear they will be forced into institutionalized care or left entirely without assistance for basic daily needs. Beyond the personal impact on vulnerable individuals, healthcare advocates warn that these cuts will exacerbate the existing caregiver shortage, shift unsustainable financial burdens onto the state, and ultimately lead to a rise in the number of uninsured Californians.</p>
<p>From Our Colleagues around the Country</p>	<p>28. Justice in Aging</p> <p><i>Justice in Aging Recognized for its Leadership</i></p> <p>The American Society on Aging has selected Justice in Aging as the recipient of this year's Economic Security Award for significant contributions to the economic security and dignity of older adults, and for moving the field forward with new ideas. Justice in Aging will be celebrated later this month at the <u>On Aging 2026 conference</u>.</p> <p>Justice in Aging was also named the 2026 Advocacy Award recipient by the Harkin Institute for Public Policy and Citizen Engagement, recognizing Justice in Aging's commitment to improving the retirement security of all Americans. The award will be presented at <u>the 2026 Harkin Retirement Security Symposium in April</u>.</p>
	<p>29. *The Minnesota Star Tribune</p> <p>April 11, 2026</p> <p><u>Maltreatment deaths of Minnesota seniors prompt push for change</u></p> <p>By Jessie Van Berkel</p> <p>State lawmakers have proposed more regulations and transparency for assisted living and nursing homes as advocates raise red flags</p>
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the</p>

	<p>continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>	<p><u><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled</i></u> By Alex Green <u>Buy the book here</u></p> <p>Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p> <p><u><i>American Eldercide: How It Happened, How to Prevent It</i></u> By <u>Margaret Morganroth Gullette</u> <u>Buy the book here.</u></p> <p>Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women’s Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>
<p>Bringing People Home: The Marsters Settlement</p>	<p>Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/ Marsters data for the calendar year 2025:</p> <ul style="list-style-type: none"> • 499 people who have returned and are active in the community

	<ul style="list-style-type: none"> • 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.
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>
<p>Websites</p>	
<p>Blogs</p>	
<p>Podcasts</p>	
<p>YouTube Channels</p>	
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>

Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/	
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 <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025	

	<p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p>																																																
Nursing Home Inspect	<p>ProPublica <i>Nursing Home Inspect</i></p> <p>Data updated October 15, 2025</p> <p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated October 15, 2025</p>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i></p> <p>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.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>																																																
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																																																

DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																																													
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																																													
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.	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <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 Farrow</td> <td>lfarrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Jim Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>Dickmoore1943@gmail.com</td> </tr> <tr> <td>Legal Issues</td> <td>Stephen Schwartz</td> <td>sschwartz@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin 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> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Assisted Living	John Ford	jford@njc-ma.org	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Lachlan Farrow	lfarrow@bidmc.harvard.edu	Facilities (Nursing homes and rest homes)	Jim Lomastro	jimlomastro@comcast.net	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Legislative	Richard Moore	Dickmoore1943@gmail.com	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org	Interest Group	Group lead	Email	Housing	Bill Henning	bhenning@bostoncil.org	Veteran Services	James Lomastro	jimlomastro@comcast.net	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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<i>Bringing People Home: Implementing the Marsters class action settlement</i>	<p>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/</p>																																													
<i>REV UP Massachusetts</i>	<p>REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page.</p>																																													
<i>The Dignity Digest</i>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>																																													
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i>:</p> <ul style="list-style-type: none"> • Wynn Gerhard • Jim Lomastro 																																													

	<ul style="list-style-type: none"> • Dick Moore <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i></p>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i> <i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	