



# The Dignity Digest

Issue # 280

April 21, 2026

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

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

## DignityMA Zoom Sessions

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

## Reflection

### On the Power of Collective Action:

*"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."*

Attributed to Margaret Mead as noted by the Institute of Intercultural Studies in honor of her legacy

(<https://www.interculturalstudies.org/main.html>)

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

### McKnights Long- Term Care Outlook

- [McKnight's 2026 Outlook: Amid uncertainty, persistent staffing pressures, the great census rebound lifts providers](#) (McKnights Long-Term Care News, January 4, 2026)
- [McKnight's 2026 Outlook Part 2: Staffing 'desperation' on collision course with growing demand](#) (McKnights Long-Term Care News, January 7, 2026)
- [McKnight's Outlook Part 3: Regulations are 'killing us'](#) (McKnights Long-Term Care News, January 7, 2026)
- [McKnight's 2026 Outlook Part 4: Providers see opportunities amid healthcare transformation, strong market indicators](#) (McKnights Long-Term Care News, January 14, 2026)

### Nursing Homes

- [Trump Pardoned a Nursing Home Owner Who Owed Almost \\$19 Million to a Grieving Family](#) (ProPublica, April 20, 2026)
- [Why infection control still dominates nursing home deficiencies](#) (McKnights Long-Term Care News, April 19, 2026)
- [The U.S. government has found 'alarming instances' of nursing homes drugging residents and falsifying medical records](#) (Market Watch, April 8, 2026)
- ['It's Not Logical': State-Level Nursing Home Staffing Mandates and Policy Pressures Clash With Workforce Gains in 2026](#) (Skilled Nursing News, April 8, 2026)

- [Rural nursing home support limited in new federal program, despite growing needs](#) (McKnights Long-Term Care News, April 7, 2026)
- [President's budget calls for nearly \\$100M more in survey funding](#) (McKnights Long-Term Care News, April 6, 2026)
- [Nursing homes brace for a million-hour quality reporting data surge](#) (McKnights Long-Term Care News, April 6, 2026)
- [Researchers develop measure to compare Medicaid nursing home payment rates across states](#) (McKnights Long-Term Care News, April 6, 2026)

#### Home and Community Based Services

- [Home health providers ordered to pay over \\$100M in restitution for fraud in 2025](#) (McKnights Home Care, April 15, 2026)

#### Housing

- [The National Center for Housing + Health](#) (Corporation for Supportive Housing (CSH), April 16, 2026)
- [A Dire Need for Accessible Housing](#) (The Progressive Magazine, March 19, 2026)

#### Private Equity

- [Real estate investors are buying up long-term care facilities. Residents can suffer](#) (NPR Weekend Edition Sunday, April 19, 2026)

#### Disability Topics

- [Trump's dyslexia barbs stir anguish and anger, perpetuating a myth about the learning disability](#) (AP News, April 18, 2026)

#### Aging Topics

- [Equity in Aging: Public Benefits and the Realities of Black Older Adults](#) (Justice in Aging, April 14, 2026)

#### Incarcerated Persons

- ['The worst nursing home': Medical parole remains out of reach for many in Mass. prisons](#) (\*MassLive.com, April 15, 2026 (updated))
- [Prison Healthcare Means Not Knowing What's Slowly Destroying My Body](#) (The Marshall Project, August 18, 2023)

#### State Policy

- [Healey-Driscoll Administration Releases Anti-Hunger Task Force Recommendations to Protect Massachusetts Families](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, April 17, 2026)

#### Federal Policy

- [US long-term care system 'effectively penalizes aging' by requiring spend-down of assets, report asserts](#) (McKnights Senior Living, April 13, 2026)

#### From around the Country

- [Class-Action Suit Over Alleged Understaffing at Alden Group Nursing Homes Moves Forward](#) (Skilled Nursing News, April 17, 2026)
- [Cited for sexual abuse and 23 other violations, Iowa nursing home is fined \\$500](#) (KCRG, April 15, 2026)

	<ul style="list-style-type: none"> <li>• <a href="#">Catholic sisters sue for exemption to LGBTQ+ rights law in NY nursing homes</a> (Religion News Service, April 10, 2026)</li> <li>• <a href="#">Survey reveals new access concerns with state leaders deadlocked on key budget issue</a> (McKnights Long Term Care News, April 8, 2026)</li> <li>• <a href="#">Nursing home four residents per room</a> (*CT Mirror)</li> </ul>
Spotlight	<p><b><a href="#">The Boomers Are Turning 80. Now They Want to Change Old Age.</a></b>  <b>*Wall Street Journal</b>  By Clare Ansberry  April 13, 2026</p> <p>The Wall Street Journal report, "<b>The Boomers Are Turning 80: Now They Want to Change Old Age,</b>" explores the significant cultural and economic shift occurring as the first wave of the 76 million baby boomers—those born in 1946—reaches the milestone of 80 years old in 2026. Having redefined youth, career, and midlife, this "youth-obsessed" generation is now fundamentally transforming the final stage of life, often referred to by gerontologists as the "Fourth Age."</p> <p><b>The Demographic Shift: A Record-Breaking Wave</b>  In 2026, approximately 4 million baby boomers will turn 80, a number that is expected to double over the next two decades. Unlike the "Silent Generation" before them, who were often characterized by a patient and accepting attitude toward aging, boomers are entering their 80s with high expectations, significant financial assets, and the political clout to demand systemic changes. This demographic surge is forcing a reimagining of everything from urban design to medical training.</p> <p><b>The Boomer Mindset: "Reinventing Old Age"</b>  Experts, including Joseph Coughlin of the MIT AgeLab, note that boomers are not "going gently." Key characteristics of this shift include:</p> <ul style="list-style-type: none"> <li>• <b>High Expectations:</b> Boomers are less likely to accept the "diminishment" traditionally associated with aging. They expect to remain active, visible, and integrated into society.</li> <li>• <b>Aspiration for Longevity:</b> On average, octogenarians in this cohort aspire to live to at least 93. Their focus is not just on lifespan, but "healthspan"—the number of years lived in good health.</li> <li>• <b>Autonomy in Death:</b> There is a growing demand for a say in how life ends, including increased interest in palliative care, hospice innovations, and end-of-life autonomy.</li> </ul> <p><b>Transforming Healthcare and Technology</b>  The healthcare system is facing an unprecedented transformation as 80-plus households begin to spend</p>

significantly more—roughly 15% of their income—on medical needs.

- **In-Home Clinical Care:** There is a massive push for "hospital-at-home" models, in-home diagnosis, and telemedicine to avoid institutionalization.
- **Wearable Tech and AI:** The industry is responding with sophisticated wearables and AI-driven monitoring systems that track everything from gate stability to cognitive fluctuations.
- **The Geriatrics Gap:** Currently, only 10% of medical schools require rotations in geriatrics. Boomers are expected to drive a surge in demand for specialized geriatric care, forcing educational and professional pivots.

#### **Housing: Beyond the Traditional Nursing Home**

The article highlights a mass rejection of traditional, isolated nursing home models. Boomers are seeking:

- **Aging in Place:** Massive investments in home modifications (stairlifts, smart lighting, and walk-in tubs) are becoming the norm.
- **Intergenerational Living:** Rather than "senior silos," there is a move toward co-housing and mixed-use developments that keep older adults connected to younger generations.
- **The "Silver Market" Response:** Real estate and wellness industries are pivoting to service-oriented tenants—such as fitness centers for seniors and concierge-style assisted living—that feel more like lifestyle choices than medical necessities.

#### **Economic Impact: The Power of the Octogenarian Dollar**

As personal spending on travel and luxury goods typically declines after 80, a massive amount of discretionary income is being redirected toward healthcare, caregiver support, and breakthroughs for dementia. This shift is creating a "Silver Market" where innovators follow the money, leading to new professions (such as "longevity coaches") and products designed to simplify a fragmented care system.

#### **Conclusion: A New Blueprint for Aging**

The arrival of the 80-year-old boomer signals the end of "invisible" old age. By using their sheer numbers to demand better results from the medical system and more dignity in housing, the baby boom generation is creating a new blueprint for aging that will likely benefit all generations that follow. As the report concludes, they are proving that 80 is not the end of the journey, but a new phase of active, demanding participation in the world.

<p>DignityMA Study Session</p>	<p><b>Optimizing the State ECOP Home Care Program</b></p> <p><b>When:</b> Wednesday, April 22, 2026, 1:00 p.m.  <b>Presenter:</b> Peter Tiernan, Principal, HCBS Solutions, LLC  <a href="#">Registration for this session is required.</a></p> <p>The state’s Enhanced Community Options Program (ECOP) serves low-income older adults who are clinically qualified for MassHealth-funded nursing-home care but want to stay in the community. A waiting list for the program has been imposed due to state budget constraints. Dignity Alliance Massachusetts is supporting a <a href="#">proposal</a> which will eliminate the waiting list AND create \$38.5 million in savings.</p> <p>This session will review the proposal to establish a new MassHealth home- and community-based services waiver, the “Limited Frail Elder Waiver,” under §1915(c) in the Medicaid program. The proposal has been submitted as Amendment #1612 to <a href="#">House 5500</a> (the FY 2027 Budget) <i>Expanding Access to Elder Community Options Program through Optimized Funding</i>.</p> <p>Registration required:  <a href="#">Registration</a> or <a href="https://tinyurl.com/ECOPStudySession">https://tinyurl.com/ECOPStudySession</a></p>
<p>Quotes</p>	<p><i>“Long-term care is not just an individual health issue, but a structural driver of wealth inequality. By maintaining a system that depends on <a href="#">unpaid family caregiving</a>, provides public support only after families have nearly exhausted their savings, and allows private, profit-driven companies to capture rising care costs, the US effectively penalizes aging.”</i></p> <p>Jessica Forde, author of the Roosevelt Institute report, <a href="#">How Long-Term Care Costs Drain the Middle Class and Deepen Intergenerational Wealth Inequality</a>, <i>US long-term care system ‘effectively penalizes aging’ by requiring spend-down of assets, report asserts</i> (McKnights Senior Living, April 13, 2026)</p> <p><i>“Few Americans have enough savings to cover long-term care costs out-of-pocket. After the onset of care needs, middle-class individuals face permanent wealth reductions to just 42% of their original levels,</i></p>

*whereas the top quartile of earners eventually recover 94% of their assets.”*

Jessica Forde, author of the Roosevelt Institute report, [How Long-Term Care Costs Drain the Middle Class and Deepen Intergenerational Wealth Inequality, US long-term care system ‘effectively penalizes aging’ by requiring spend-down of assets, report asserts](#) (McKnights Senior Living, April 13, 2026)

*There isn’t a lot of housing out there that is both accessible and affordable. New housing still goes up every day that has steps leading to the entrance or other barriers that shut out people with disabilities, including many single-family homes. People with disabilities shouldn’t have to get lucky to find a place they can live.*

[A Dire Need for Accessible Housing](#) (The Progressive Magazine, March 19, 2026)

*As the front door to services for older adults, our [Aging Service Access Provider (ASAP)] network sees firsthand the growing number of older adults and caregivers struggling to access nutritious food. [This report](#) underscores both the urgency of the need and the importance of coordinated, community-based solutions.*

Betsey Crimmins, Executive Director, Mass Aging Access, [Healey-Driscoll Administration Releases Anti-Hunger Task Force Recommendations to Protect Massachusetts Families](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, April 17, 2026)

*“Prison is like the worst nursing home ever as far as the hospital units go.”*

Jordan Gomes, who was incarcerated until late 2024, worked as a medical companion caring for medically ill prisoners, [‘The worst nursing home’: Medical parole remains out of reach for many in Mass. prisons](#) (\*MassLive.com, April 15, 2026 (updated))

*“We know that there were immigration challenges in this country ... and that’s unfortunate because a lot of folks who are here legally are now needing to leave.”*

Stuart Almer, Gurwin Healthcare System CEO, [‘It’s Not Logical’: State-Level Nursing Home Staffing Mandates and Policy Pressures Clash With Workforce Gains in 2026](#) (Skilled Nursing News, April 8, 2026)

*“Nursing homes gave antipsychotic drugs to residents with dementia to manage their behavior for the benefit of staff, despite FDA’s warning that these drugs may increase the risk of death. . .Nursing homes did not take required steps to help protect residents who were given these drugs. . .Medical directors failed to prevent inappropriate use of antipsychotic drugs,” and “nursing home pharmacists failed to identify medical concerns and did not recommend dose reductions.”*

[The U.S. government has found ‘alarming instances’ of nursing homes drugging residents and falsifying medical records](#) (Market Watch, April 8, 2026)

*"REIT (real estate investment trust) money is very detached from knowing about or caring about patient or resident outcomes, because it's not in their business model. Their allegiance is to their investors."*

Ed Dudensing, a lawyer who represents the interests of patients, residents, and family members, [Real estate investors are buying up long-term care facilities. Residents can suffer](#) (NPR Weekend Edition Sunday, April 19, 2026)

*REITs (real estate investment trust) now [own a fifth](#) of the nation's senior housing, which includes assisted living, memory care, and independent living, according to an industry analysis. REITs also hold investments in [1 in 6](#) nursing homes. Publicly traded REITs that focus on health care are worth nearly a quarter of a trillion dollars.*

[Real estate investors are buying up long-term care facilities. Residents can suffer](#) (NPR Weekend Edition Sunday, April 19, 2026)


*REITs (real estate investment trust) are required to distribute most of their income and don't have to pay the 21% federal corporate income tax on it. There is a catch: A REIT that "directly or indirectly operates or manages" a health care facility [loses the tax break](#) for five years. Typically, a REIT leases the property to another company that runs the nursing home or assisted living facility and maintains its tax break. [H]ealth care REITs distributed more than \$7 billion in dividends in 2024.*

[Real estate investors are buying up long-term care facilities. Residents can suffer](#) (NPR Weekend Edition Sunday, April 19, 2026)

*“Facilities that perform best tend to treat infection control as an operational discipline rather than a nursing department responsibility alone. It requires leadership rounding, interdisciplinary ownership, ongoing competency validation, and real-time correction. In short, infection control remains No. 1 because it is both high-risk and highly visible, and success depends on hundreds of small actions being done right every single day.”*

Shelly Maffia, vice president of Quality & Compliance for Proactive LTC Consulting, [Why infection control still dominates nursing home deficiencies](#) (McKnights Long-Term Care News, April 19, 2026)

*“The harm isn’t necessarily in the headline. It’s what happens quietly. It’s the student in the classroom who stops raising their hand, the college applicant who hides how they learn, the employee who doesn’t pursue a promotion that they’re more than qualified for.”*

	<p>Lia Beatty, a director of a university neurobiology lab who has dyslexia, <a href="#">Trump’s dyslexia barbs stir anguish and anger, perpetuating a myth about the learning disability</a> (AP News, April 18, 2026)</p>
<p>Commentary Offered by DignityMA Participants</p>  <p>Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a former Massachusetts State Senator.</p>	<p><b>New York Times</b>  April 16, 2026  <a href="#">To the Editor:</a>  Re “<a href="#">How to Fix Affordability</a>,” by Hillary Clinton (Opinion guest essay, April 13):</p> <p>Mrs. Clinton offers a cleareyed, deeply informed assessment of the pressures facing American families. Her focus on affordability, child care, paid leave and early childhood investment reflects decades of policy experience and a genuine understanding of working parents’ realities. At a time when too many leaders rely on nostalgia or denial, her emphasis on practical, evidence-based solutions is both refreshing and necessary.</p> <p>Yet her argument also points to a broader, urgent concern that deserves explicit attention: the growing threat to Medicare and Medicaid. These programs are not abstract budget items — they are lifelines for millions of older adults and people with disabilities. Efforts to cut or weaken them would have immediate, devastating consequences for access to care, long-term services and basic dignity.</p> <p>This is especially alarming given an unavoidable demographic shift. Older adults are the fastest-growing segment of the U.S. population. As longevity increases, so does the need for stable, accessible health care and support. Undermining these programs now is not just misguided policy — it is also a direct threat to the health and security of millions.</p> <p>If we are serious about strengthening families, we must recognize that families span generations — and support them all.</p> <p><b>Boston Globe</b>  April 16, 2026  <a href="#">Credit due, work to be done 20 years after Mass. health reform</a></p> <p><b>Universal coverage hasn’t solved system’s deeper challenges</b></p> <p>Re “<a href="#">Massachusetts health reform at 20: A model for what government can do</a>” by Governor Maura Healey and former governor Mitt Romney (Opinion, April 14): Massachusetts’ landmark 2006 health reform succeeded in expanding insurance coverage, but it was not designed to solve the deeper structural</p>

challenges that now define the system — rising costs, fragmented care, and a rapidly aging population. Today, the state stands at a new inflection point: Without further reform, health care will grow increasingly unaffordable, inequitable, and misaligned with how people actually live and age. The central failure is not access but, rather, design — a system still oriented around episodes of illness and institutional care rather than prevention, coordination, and lifelong support. The next phase — call it Health Reform 3.0 — must fundamentally reorient care around the full life span, with a particular focus on long-term care, which remains the system’s most inequitable and financially destabilizing component. This means shifting toward home- and community-based care, strengthening the health care workforce, integrating behavioral and physical health, aligning payment with outcomes, and investing in public health and prevention. Achieving this vision will require sustained political leadership, federal partnership, and a long-term commitment that extends beyond election cycles. The goal is not incremental change but, rather, a durable transformation — one that delivers dignity, affordability, and better outcomes for every stage of life.

*Richard Moore served as Senate chair of the Joint Committee on Health Care Financing in 2006 and was the lead Senate negotiator for the health reform law.*

Commentary Offered by DignityMA Participants



Paul Lanzikos is a cofounder and current coordinator of Dignity Alliance Massachusetts. He is a former Secretary of the Massachusetts Executive Office of Elder Affairs.

**[The single garment: Understanding mutuality of interest](#)**

**Salem News**

April 15, 2026

**To the editor:**

“We are all caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

Martin Luther King Jr., “Letter from Birmingham Jail,” April 16, 1963 As advocates regarding caregiving, aging, and disability issues, we often fall into the trap of a binary perspective. We see the “provider” and the “patient”; the “able” and the “assisted;” “the giver” and the “taker”. However, as we observed World Health Day on April 7, the concept of “mutuality of interest” invites us to collapse that wall that limits our vision. It suggests that our well-being is not a solo performance, but a symphony where every instrument’s tuning affects the whole.

Mutuality of interest is the recognition that the dignity of older persons and those with a disability is not a “special interest” issue— it is a universal human one. When we advocate for accessible infrastructure, we aren’t just helping a neighbor who uses a wheelchair; we are ensuring a world that remains open to

	<p>us as we age. When we support the mental health of a caregiver, we aren't just performing an act of empathy; we are stabilizing the very foundation of the health care system.</p> <p>This is what Dr. Martin Luther King Jr. meant by being “tied in a single garment of destiny.” In the context of the work of Dignity Alliance Massachusetts participants, mutuality means acknowledging that the “giver” and “receiver” are often the same person just at different stages of life. If we treat care as a one-way street, we risk creating a culture of resentment or pity. But when we view it through the lens of mutuality, care becomes a reciprocal investment. We care for others today because we believe in a world that will care for us tomorrow.</p> <p>As we reflect on universal health this month, let's move beyond the narrow notion of “helping the vulnerable.” Instead, let's embrace the fact that protecting the rights and health of one person is the only way to safeguard the health of each and every one of us.</p> <p>In the end, there is no “them” — there is only a “we” that is stronger when every thread in the garment is held with equal respect and value.</p>
<p><b>Recruitment</b></p>	<p><b>See:</b> <a href="#">Listings on MASsterList.com's Job Board</a> for all current listings</p>
<p><b>Reports</b></p>	<p><a href="#"><i>How Long-Term Care Costs Drain the Middle Class and Deepen intergenerational Wealth Inequality</i></a></p> <p><b>Roosevelt Institute</b>  By Jessica Forden  <b>April 8, 2026</b></p> <p><b>Key Takeaways</b></p> <ul style="list-style-type: none"> <li>• Growing old in the US is expensive. Median household income for those aged 65+ is approximately \$57,000, but nursing home care can cost between \$115,000 and \$129,000 annually.</li> <li>• Few Americans have enough savings to cover long-term care costs out-of-pocket. After the onset of care needs, middle-class individuals face permanent wealth reductions to just 42% of their original levels, whereas the top quartile of earners eventually recover 94% of their assets.</li> <li>• Even among upper-middle-class couples with lifetime earnings over \$4.75 million, nearly half will spend down their assets paying for long-term care and eventually enroll in Medicaid if they require long-term care for five years or more.</li> <li>• Unpaid family care is not without its own intergenerational costs. Unpaid caregivers provided an estimated \$600 billion in economic value in 2021, often at the expense of their own career growth and retirement savings.</li> </ul>

	<ul style="list-style-type: none"> <li>The lack of public support turns long-term care from a personal health challenge into a structural component of downward mobility and intergenerational wealth inequality.</li> </ul> <p><a href="#">Download Brief</a></p>
Funding Opportunity	<p><b>Massachusetts Office on Disability (MOD)</b>  <b><a href="#">Municipal ADA Improvement Grant Opens May 1</a></b></p> <p>The Massachusetts Office on Disability (MOD) will open its FY27 Municipal ADA Improvement Grant application on May 1. Eligible municipalities, school districts, and housing authorities may apply for two grant types of up to \$250,000 each: Project Grants to fund accessibility improvements such as ramps, elevators, signage, curb cuts, playground equipment, and other program or architectural access upgrades, and Planning Grants to support creation or updates of required ADA Self-Evaluations or Transition Plans. Awards are competitive and will prioritize projects with clear, meaningful impact for people with disabilities. To learn more, applicants can attend <a href="#">upcoming virtual grant information sessions on April 23 or May 21</a>.</p>
Webinars and Online Sessions	<ol style="list-style-type: none"> <li> <p><a href="#">Research into Action: A Path Forward for Supportive Housing</a>  Wednesday, April 22, 2026, 1:00 p.m.</p> <p><b>Corporation for Supportive Housing (CSH)</b></p> <p>Supportive housing is a homelessness solution backed by decades of evidence. However, since 2025, it has been facing increasing operational and funding threats, denying future housing opportunities while potentially evicting already housed people. Despite these challenges, the field has been pressing forward with efforts to understand ongoing wins (and some remaining challenges) with an eye toward improving services and outcomes.</p> <p>This webinar will highlight the findings of a new CSH/NAEH report focused on a series of nationwide listening sessions with practitioners, current and former residents, advocates, and other stakeholders. The research team and participants will discuss identified barriers and promising models that should inform future policy and practice.</p> <p>Speakers</p> <ul style="list-style-type: none"> <li>Stephanie Mercier, Director of Impact Investment, Corporation for Supportive Housing</li> <li>Joy Moses, Vice President of Research and Evidence, National Alliance to End Homelessness</li> <li>Amiyoko Shabazz, Consultant, National Alliance to End Homelessness</li> </ul> <p><a href="#">Research into Action Registration</a></p> </li> <li> <p><a href="#">Post, Share, Amplify: Turning Social Media Stories into Assistive Tech Advocacy</a>  Wednesday, April 22, 2026, 2:00 p.m.</p> <p><b>Mid-Atlantic ADA Center</b></p> <p>The Mid-Atlantic ADA AT Champions Program equips young adults with disabilities to use social media as a strategic tool for Assistive Technology (AT) advocacy. Through mentorship, collaboration, and skill-building,</p> </li> </ol>

participants developed and shared authentic stories to increase awareness and understanding of AT.

This webinar will highlight the program's model, key lessons learned, and the measurable impact of online storytelling. Presenters will also discuss considerations for organizations interested in developing or adapting similar youth-led digital advocacy initiatives.

[Social Media Registration](#)

3. [Responding to High Acuity Challenges in Supportive Housing: Part 1](#)

Thursday, April 23, 2026, 12:30 to 1:30 p.m.

**Corporation for Supportive Housing (CSH)**

Over the past several years, providers and communities across the country report facing increased challenges in providing supportive housing for people with the highest acuity needs. Through interviews, focus groups, and discussions with community partners, CSH has identified core challenges in both our systems-level and provider-level responses, as well as promising practices for addressing these challenges. This two-part webinar series will discuss pain points for providers supporting individuals with high acuity needs and highlight creative solutions identified by community partners. Part 1 will focus on themes including: What constitutes high acuity/who are the individuals with high acuity concerns, addressing significant medical and ADL challenges in supportive housing, and responding to workforce challenges and post-COVID impacts. Part 2 will address high acuity behaviors impacting safety, such as violence, hoarding, and fire-setting, as well as behavioral health challenges like chaotic substance use and psychosis. Both webinars will include presentations from providers, a moderated panel discussion, and open Q&A for audience questions.

[High Acuity Registration](#)

4. [Fighting Evictions in Nursing Homes and Assisted Living Facilities](#)

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

**Justice in Aging**

Far too frequently, residents of nursing homes and assisted living facilities are threatened with improper evictions. Sometimes the facility alleges that it cannot meet the resident's needs, even though the facility is legally obligated to provide the required care. Or the facility blames the resident's "behavior" when the appropriate response instead of eviction would be to address the situation through care planning. Unfortunately, because many residents and their family members may be unaware of their rights, they often fall victim to these and other illegal practices. This webinar will address common eviction scenarios and discuss how lawyers and other advocates can assist residents in asserting their rights and staying in place. The webinar will be based on federal nursing home law and the federal regulations governing assisted living facilities that accept Medicaid reimbursement, and will also cover common state laws applicable to assisted living eviction. This webinar will be useful to legal services and direct service professionals at all levels of experience, from beginner to advanced.

After attending this training, participants will be able to:

- Understand necessary eviction notice requirements;
- Base advocacy on legally permitted reasons for eviction;
- Recognize facilities' common but improper practices;
- Develop strategies for hearings and trials;
- Assert assisted living protections established by federal Medicaid home- and community-based services (HCBS) regulations.

[Eviction Registration](#)

5. [H.R.1 Series: SNAP Benefits and H.R.1 Changes](#)

Thursday, April 23, 2026, 12:30 to 1:30 p.m.

**Corporation for Supportive Housing (CSH)**

The National Center for Health and Housing's H.R. 1 webinar series continues with a look at the US Department of Agriculture's Supplemental Nutrition Assistance Program (SNAP) program and how the law creates barriers to people receiving food assistance.

[SNAP Registration](#)

6. [Walk Sign Is On to Cross: Requirements for Accessible Pedestrian Signals in PROWAG](#)

Thursday, May 14, 2026, 2:30 to 4:00 p.m.

**U.S. Access Board**

When pedestrians approach an intersection to cross a street, they have a lot of readily available information—such as traffic lights, walk signals, and stop or yield signs—to let them know how vehicles and pedestrians are expected to behave at the street crossing. This information, however, is often not usable by pedestrians who are blind or who have low vision. Requirements for accessible pedestrian signals (APS) in the Public Right-of-Way Accessibility Guidelines (PROWAG) are designed to provide pedestrians who are blind or have low vision with more of this information so that crossing streets is safer and more efficient. In this webinar, the presenter will review requirements in the PROWAG for accessible pedestrian signals. These include requirements for providing audible indications to alert pedestrians who are blind to the presence of an APS, for push buttons or passive detection for activating the accessible features of APS, for accessible walk indications for devices with pedestrian signal heads, and requirements for audible indications for pedestrian activated warning devices.

[Walk Sign Registration](#)

7. [4 Steps to Successfully Adopting Technology in Senior Living](#)

Thursday, May 28, 2026, 2 p.m.

**Institute for the Advancement of Senior Care**

During this webinar, you will learn:

- The ROI of adopting technology in senior care and why it makes financial sense
- How to determine if a technology truly solves the challenges you face
- What is needed to create a plan and scoring system for selection
- How to conduct an internal assessment for implementation

	<ul style="list-style-type: none"> <li>• What metrics should be used to determine expansion, and how to prepare for what's next</li> </ul> <p>Panelists:</p> <ul style="list-style-type: none"> <li>• Scott Sawicki, Senior Director of Growth Marketing at SafelyYou</li> <li>• Josh Robison, DPT, PT, ATC, CDP, CFPS, Senior Implementation Manager &amp; Lead at SafelyYou</li> <li>• Nate Hauenstein, MBA, PMP, Vice President of IT Operations at Vi Living</li> <li>• Tino Popescu, Chief of Clinical Operations at Maplewood Senior Living</li> </ul> <p>Moderator:</p> <ul style="list-style-type: none"> <li>• Paige Cerulli, Author &amp; Editor at I Advance Senior Care</li> </ul> <p><a href="#">4 Steps Registration</a></p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p><b>McKnights Long-Term Care Outlook</b></p> <p>The publication has produced a four-part analysis of the long-term care sector for 2026</p>	<p><b>8. McKnights Long-Term Care News</b> January 4, 2026 <a href="#">McKnight's 2026 Outlook: Amid uncertainty, persistent staffing pressures, the great census rebound lifts providers</a> By Kimberly Marselas</p> <p>McKnight's 2026 Outlook highlights a year defined by a significant contrast: while occupancy rates are rebounding toward pre-pandemic levels, a pervasive sense of anxiety remains among long-term care leaders due to intensifying regulatory and workforce pressures. Based on the 2026 Outlook Survey of over 550 executives and administrators, the industry is navigating a critical turning point where operational gains are being tested by legislative mandates and financial compression.</p> <p><b>Executive Summary: The Duality of 2026</b> Heading into 2026, the skilled nursing and senior living sectors are experiencing a "great census rebound." After years of pandemic-driven declines, occupancy has risen for 14 consecutive quarters, with national averages projected to reach 80–81% this year. However, this recovery is tempered by a 12% year-over-year decline in optimism among sector leaders. The primary driver of this unease is the intersection of high resident demand and a chronically thin labor pool, coupled with aggressive federal and state regulatory oversight.</p> <p><b>Key Survey Findings and Demographic Shifts</b></p> <ul style="list-style-type: none"> <li>• <b>Optimism vs. Reality:</b> Despite fuller beds, fewer leaders feel "more optimistic" about 2026 than they did about 2025. The "silver tsunami" is no longer a future projection but a current reality, as the oldest baby boomers turn 80 this year, heralding a sustained surge in demand for high-acuity care.</li> <li>• <b>The Access Crisis:</b> While demand is high, access remains restricted. Nearly 50% of nursing homes report limiting new admissions, often</li> </ul>

due to an inability to meet safe staffing ratios. This has led to "nursing home deserts" where hospitals struggle to discharge patients to post-acute settings.

### **Persistent Staffing and Regulatory Pressures**

Staffing remains the dominant challenge for 2026. While the sector gained approximately 40,700 jobs in 2025, it remains nearly 2% below pre-pandemic levels.

- **Regulatory "Stick":** Providers describe the current environment as "the stick and the stick," citing heavy-handed enforcement and new minimum staffing mandates that many feel are detached from the reality of the labor market.
- **Financial Compression:** Operators are facing a "squeeze on both sides of the ledger." On one hand, compliance costs for new quality and staffing mandates are rising; on the other, the growing penetration of Medicare Advantage plans is leading to shorter stays and lower reimbursement rates compared to traditional Medicare.

### **Strategic Trends and Innovation**

To survive these pressures, providers are pivoting toward innovation and diversification:

- **AI as a Force Multiplier:** Technology is being leveraged to bridge staffing gaps. Artificial intelligence is increasingly used for virtual nursing, automated admissions summaries, and fall detection, allowing teams to focus more on direct resident interaction.
- **Specialization and Ancillary Growth:** Investment is shifting toward high-acuity specialty care, such as on-site dialysis and ventilator support. Many operators are also launching ancillary businesses in home health, pharmacy, and behavioral health to capture new revenue streams.
- **Consolidation:** The market is becoming a "buyer's market," with nearly 40% of leaders planning acquisitions. Private equity is expected to be a major source of financing as smaller, standalone facilities struggle to keep pace with rising costs.

### **Looking Ahead**

The outlook for the remainder of 2026 suggests a sector that is becoming more sophisticated and data-driven. Success is increasingly tied to "clinical realism"—the ability to prove quality outcomes through measurable data to secure better value-based care contracts. While the census rebound provides a financial floor, the defining theme for 2026 will be the industry's ability to adapt its workforce models and advocate for a regulatory environment that supports, rather than penalizes, the delivery of essential care.

## **9. McKnights Long-Term Care News**

January 7, 2026

[\*McKnight's 2026 Outlook Part 2: Staffing 'desperation' on collision course with growing demand\*](#)

By Kimberly Marselas

McKnight's 2026 Outlook (Part 2) examines the intensifying crisis in the long-term care sector, where a shrinking labor force is struggling to meet the explosive demand for services. As the "Silver Tsunami" reaches a peak, the industry faces a fundamental structural imbalance that threatens both operational viability and resident access to care.

**Executive Summary: The Structural Collision**

The central theme of the 2026 outlook is a "collision course" between demographics and workforce availability. While occupancy is rebounding, many providers are physically unable to fill beds because they cannot secure enough staff to meet new regulatory mandates. The gap between available caregivers and the number of aging Americans requiring high-acuity care is widening, leading to a state of "staffing desperation" that is forcing a radical reimagining of the long-term care business model.

**The Labor Crisis: Beyond Traditional Recruitment**

Despite modest workforce gains in the previous year, the sector remains in a deep deficit. The report highlights several critical shifts in the labor landscape:

- **The Regulatory Squeeze:** Providers report that new federal and state staffing minimums have created an "impossible math." Without a corresponding increase in reimbursement rates or a massive influx of new workers, facilities are being forced to artificially cap their census to avoid penalties, leaving hospitals with nowhere to discharge patients.
- **The End of the "Quick Fix":** The era of relying on temporary agency staffing is coming to an end due to prohibitive costs. Operators are shifting toward "internal agencies" and regional floating pools to maintain continuity of care and stabilize budgets.
- **Upskilling as Retention:** To combat turnover, 2026 is seeing a surge in employer-sponsored education. Facilities are transforming into "teaching nursing homes," offering clear career ladders from CNA to LPN and RN to foster loyalty and long-term professional growth.

**Demand and Acuity: The New Resident Profile**

The demand for care is not only increasing in volume but also in complexity. Residents entering skilled nursing facilities in 2026 are older, frailer, and have higher clinical needs than a decade ago.

- **High-Acuity Specialization:** To remain financially viable, many operators are pivoting away from general long-term care toward specialized "mini-hospitals" within their walls. This includes dedicated units for ventilator care, complex wound management, and behavioral health.
- **Memory Care Surge:** The prevalence of Alzheimer's and related dementias continues to drive the need for specialized environments. Providers are investing heavily in "Small House" models and sensory-based technology to manage behavioral symptoms without over-reliance on pharmacological interventions.

**Technological and Cultural Shifts**

Faced with a permanent shortage of human hands, the industry is accelerating its adoption of assistive technology and cultural reform:

- **AI and Automation:** 2026 marks a turning point for the "virtual nurse" and AI-driven monitoring. Predictive analytics are being used to identify residents at risk for falls or infections hours before clinical signs appear, allowing a leaner staff to prioritize interventions.
- **Culture as a Competitive Advantage:** With wages largely dictated by reimbursement rates, facilities are competing on "workplace dignity." Successful operators are implementing flexible scheduling, childcare subsidies, and peer-mentorship programs to differentiate themselves in a cutthroat hiring market.

#### **Outlook for the Future**

The report concludes that the collision between demand and staffing will likely lead to a significant "right-sizing" of the industry. Smaller, standalone facilities that lack the capital to invest in technology or specialized care programs face a high risk of closure or acquisition. For the survivors, success in late 2026 and beyond will depend on proving high-quality outcomes to secure better value-based contracts and advocating for a regulatory framework that recognizes the reality of the 21st-century workforce.

### **10. McKnights Long-Term Care News**

January 7, 2026

[\*McKnight's Outlook Part 3: Regulations are 'killing us'\*](#)

By Kimberly Marselas

McKnight's 2026 Outlook (Part 3) focuses on the "regulatory wall" facing the long-term care industry. As occupancy rises, providers report that an increasingly aggressive federal and state oversight environment is creating a "perfect storm" of operational risk. This installment details how the combination of the federal staffing mandate, heightened survey enforcement, and a lack of financial alignment is threatening the viability of even the most stable operators.

#### **Executive Summary: "The Stick and the Stick"**

The defining sentiment among the 550+ executives surveyed for the 2026 Outlook is that regulation has shifted from a quality-assurance tool to a punitive burden. Sector leaders describe a "dual-threat" environment: they are being held to the highest staffing standards in history (the 3.48 HPRD federal mandate) while simultaneously facing a "survey surge" characterized by more frequent, more detailed, and more adversarial inspections.

#### **The Mandate Trap: Staffing vs. Compliance**

The federal minimum staffing standard, which reached a critical implementation phase in early 2026, remains the primary point of contention.

- **The "Zero-Sum" Reality:** Providers argue that the mandate does not create new nurses; it merely shifts them between facilities. Operators who cannot meet the 24/7 RN or 3.48 HPRD requirements are being

forced to choose between "illegal" operations or turning away residents, further exacerbating the hospital discharge crisis.

- **The Good Faith Exception Gap:** While CMS has discussed "good faith effort" exemptions, survey data suggests these are being granted inconsistently. Many administrators feel that even legitimate efforts to hire in "workforce deserts" are being ignored in favor of strict, metric-based enforcement.

#### **Aggressive Enforcement: A New Survey Climate**

2026 has seen a marked shift in how state and federal agencies conduct oversight:

- **After-Hours and Weekend Surveys:** Following a January 2026 CMS memo, state agencies have significantly increased unannounced inspections during "off-peak" hours to catch potential staffing gaps.
- **Special Focus Expansion:** The "Special Focus Facility" (SFF) program has been revamped to prioritize falls and immediate jeopardy (IJ) citations. For many providers, a single IJ can now trigger a cascading series of financial penalties and reputational damage that takes years to repair.
- **Chapter 5 and 7 Revisions:** Recent updates to the State Survey Operations Manual have tightened the definitions of "non-compliance," making it easier for surveyors to issue higher-level deficiencies for documentation errors even when no resident harm occurred.

#### **The Financial Disconnect: Unfunded Mandates**

The report underscores a growing gap between regulatory expectations and Medicaid reality:

- **The "Flat-Fund" Crisis:** In states like Pennsylvania and New York, operators are battling "flat-funded" daily rates. When the cost of complying with new regulations (which includes hiring more staff and investing in new reporting software) outpaces reimbursement increases, the result is "margin erosion."
- **Consolidation Pressures:** High compliance costs are driving a new wave of consolidation. Standalone and non-profit facilities that cannot afford specialized compliance officers are increasingly selling to larger regional chains that can scale the administrative burden.

#### **Strategic Response: Data-Driven Defense**

To survive this regulatory climate, successful 2026 operators are pivoting toward "Compliance Tech":

- **AI Surveillance:** Facilities are using AI-driven systems to monitor "live" staffing ratios and alert leadership the moment a unit falls below mandate levels.
- **Digital Audit Trails:** There is a move away from traditional paper records toward sophisticated electronic health records (EHR) that "pre-audit" documentation for potential survey red flags.
- **Advocacy and Litigation:** The year has also been marked by increased legal pushback, with industry groups filing suits to challenge the

enforceability of mandates in markets where the labor supply is mathematically insufficient.

### **Outlook for the Remainder of 2026**

The consensus is that the regulatory environment will likely remain "adversarial" through the end of the year. Providers are shifting their focus from simple "care delivery" to "defensive operations," where proving compliance is as critical to survival as the quality of the care itself. The industry's message to policymakers is clear: without a move toward "clinical realism"—where standards are matched by workforce and funding—the very regulations intended to protect residents may lead to a mass exit of providers.

## **11. McKnights Long-Term Care News**

January 14, 2026

[\*McKnight's 2026 Outlook Part 4: Providers see opportunities amid healthcare transformation, strong market indicators\*](#)

By Kimberly Marselas

The final installment of the McKnight's 2026 Outlook series highlights a strategic shift from survival to growth, as long-term care providers increasingly seek new clinical and financial opportunities despite persistent regulatory and workforce headwinds. Based on survey data from over 550 industry leaders, Part 4 reveals a sector in the midst of a significant structural transformation, characterized by aggressive market activity and a move toward high-acuity specialization.

### **Executive Summary: Opportunity Amidst Uncertainty**

While previous installments focused on the "regulatory wall" and "staffing desperation," Part 4 identifies a resilient subset of the industry that is leveraging market instability as a catalyst for innovation. The prevailing sentiment for 2026 is one of "clinical realism," where providers are intentionally diversifying their service lines and payment models to secure long-term viability in a value-based healthcare economy.

### **Market Dynamics and Consolidation Trends**

The survey indicates a high level of anticipated transaction activity for 2026.

- **The Transaction Surge:** Approximately 28% of skilled nursing administrators and C-suite executives report that they will be involved in major transactions this year, whether as buyers or sellers. This suggests a period of intense consolidation as smaller or struggling facilities seek the protective scale of larger regional networks.
- **A Buyer's Market:** With financial pressures mounting, well-capitalized organizations are finding opportunities to acquire distressed assets and integrate them into more efficient, tech-enabled operating models.

### **Clinical Transformation: The Rise of the Specialty SNF**

A key theme for 2026 is the "hospitalization" of the skilled nursing facility (SNF). To remain competitive and maximize reimbursement, providers are shifting away from general long-term care toward specialized, high-acuity services.

	<ul style="list-style-type: none"> <li>• <b>Medically Complex Populations:</b> There is a marked eagerness to recruit patients with complex clinical needs, such as those requiring on-site dialysis, ventilator support, or advanced wound care.</li> <li>• <b>Specialty Service Expansion:</b> Facilities are increasingly adding dedicated units for behavioral health and specialized memory care, positioning themselves as essential partners for hospitals looking to reduce readmission rates for difficult-to-place patients.</li> </ul> <p><b>Financial Evolution: Risk-Based and Performance Ventures</b> The traditional fee-for-service model is rapidly giving way to risk-based arrangements.</p> <ul style="list-style-type: none"> <li>• <b>Pay-for-Performance:</b> More providers are entering ventures where payment is tied directly to clinical outcomes and performance metrics. This shift necessitates a heavy investment in data analytics to track and prove quality of care.</li> <li>• <b>Diversified Revenue Streams:</b> Forward-thinking operators are launching or acquiring ancillary businesses—such as home health, pharmacy services, and therapy groups—to capture more of the post-acute value chain and insulate themselves from fluctuations in Medicaid funding.</li> </ul> <p><b>Technological Integration and Data as Currency</b> In the transformation toward 2027, data has become the primary currency for successful providers.</p> <ul style="list-style-type: none"> <li>• <b>Proving Value:</b> Leaders emphasize that "if you can't measure it, you can't get paid for it." Investment in electronic health records (EHR) and AI-driven clinical monitoring is no longer optional but a prerequisite for participating in Medicare Advantage and other managed care networks.</li> <li>• <b>Operational Efficiency:</b> Technology is being used not just for care, but to streamline the "back office" of admissions and billing, allowing a leaner administrative staff to handle a more complex census.</li> </ul> <p><b>Conclusion: A Stabilized Future Through Diversification</b> The outlook for the remainder of 2026 suggests that the "winners" in the long-term care space will be those who successfully pivot toward clinical complexity and financial risk-sharing. By embracing the role of a specialized medical provider rather than a traditional residential facility, the industry is carving out a more sustainable position within the broader U.S. healthcare ecosystem. While the challenges of 2026 remain significant, the "transformation" currently underway offers a blueprint for stability and growth in an aging society.</p>
Nursing Homes	<p><b>12. ProPublica</b> April 20, 2026 <a href="#">Trump Pardoned a Nursing Home Owner Who Owed Almost \$19 Million to a Grieving Family</a> By Jeremy Kohler A ProPublica investigation examines the controversial pardon of Joseph Schwartz, the former owner of the collapsed Skyline Healthcare nursing home chain, who was granted clemency by President Donald Trump after</p>

servicing just three months of a three-year sentence for \$39 million in payroll tax fraud. While the White House justified the move by citing Schwartz's age, poor health, and "over-prosecution," the report highlights the devastating impact on families of nursing home residents who suffered under his management, including those awarded millions in wrongful death judgments they have been unable to collect. Despite claiming financial hardship in civil court, Schwartz reportedly paid over \$1 million to lobbyists to secure the pardon while his facilities were marked by chronic neglect, unpaid employee benefits, and hazardous living conditions. The investigation underscores a "troubling pattern" of clemency for well-connected nursing home operators, leaving victims without financial restitution or legal accountability as state officials continue to pursue Schwartz for separate Medicaid fraud and unpaid restitution.

### **13. McKnights Long-Term Care News**

April 19, 2026

[\*Why infection control still dominates nursing home deficiencies\*](#)

By Jessica R. Towhey

Infection prevention and control (IPC) remains the single most common deficiency cited in nursing home surveys, a trend driven by aggressive federal oversight and the persistent clinical vulnerability of long-term care populations. According to *McKnight's*, this dominance isn't merely a pandemic hangover; it is fueled by a "revolving door" of staff turnover that creates chronic training gaps in foundational protocols like hand hygiene and PPE usage. CMS has signaled that IPC is now a permanent high-priority target, with surveyors specifically evaluating whether these practices are integrated into a facility's daily culture rather than treated as a situational checklist. Ultimately, the article underscores that as long as staffing remains unstable, maintaining the rigorous, 24/7 compliance required to avoid these high-level citations will remain the industry's most daunting regulatory challenge.

### **14. Market Watch**

April 8, 2026

[\*The U.S. government has found 'alarming instances' of nursing homes drugging residents and falsifying medical records\*](#)

By Brett Arends

*Nursing homes are sedating vulnerable people to keep them docile*

An investigative [report from the Department of Health and Human Services' Office of the Inspector General](#) details a systemic crisis in U.S. nursing homes, where residents are allegedly being "chemically restrained" with potent antipsychotic medications to make them more docile and easier to manage amidst chronic staffing shortages. The article highlights a deceptive practice known as "diagnosis creep," where facilities reportedly falsify medical records to claim residents have schizophrenia—a condition for which these drugs are FDA-approved—thereby bypassing federal regulations intended to limit the use of psychotropic medications on elderly patients with dementia. Advocates and family members interviewed for the piece describe a "zombie-like"

state among overmedicated residents and argue that this widespread reliance on pharmacological interventions, rather than adequate human care, is often covered up through sophisticated data manipulation in government reporting systems. The report underscores the urgent need for increased transparency and more rigorous federal oversight to protect vulnerable seniors from the physical and cognitive decline associated with the inappropriate use of these powerful drugs.

**15. Skilled Nursing News**

April 8, 2026

[\*'It's Not Logical': State-Level Nursing Home Staffing Mandates and Policy Pressures Clash With Workforce Gains in 2026\*](#)

By Zahida Siddiqi

While the skilled nursing sector has seen recent improvements in workforce stability—characterized by reduced reliance on staffing agencies and lower turnover rates—sector leaders argue that rigid state-level staffing mandates and external policy pressures are now threatening this recovery. Industry executives highlight that states like New York are imposing significant financial penalties for failing to meet direct-care hour requirements, despite historic labor shortages and a lack of cost-of-living adjustments to Medicaid reimbursement rates. These regulatory hurdles, combined with concerns over how immigration policies might impact the long-term caregiver pipeline, have led operators to call for a focus on quality outcomes rather than inflexible metrics that fail to account for geographic and market-specific challenges.

**16. McKnights Long-Term Care News**

April 7, 2026

[\*Rural nursing home support limited in new federal program, despite growing needs\*](#)

By Kimberly Marselas

The McKnight's article titled "Rural nursing home support limited in new federal program, despite growing needs" highlights the perceived inadequacies of the **\$50 billion Rural Health Transformation Program (RHTP)** for the skilled nursing sector. While the CMS-led initiative, established by the 2025 Working Families Tax Cuts Act, represents a historic investment in rural infrastructure, critics argue its focus on "transformation"—such as technological innovation and regional care hubs—neglects the urgent operational needs of long-term care facilities. A primary concern is a 15% cap on funds allocated for direct patient care, which prevents states from using the money to stabilize existing nursing homes facing bankruptcy or severe staffing shortages. Furthermore, industry advocates warn that the program's potential benefits are largely undermined by simultaneous multi-billion-dollar Medicaid cuts in the same federal budget law, leaving rural nursing home operators, who are heavily reliant on Medicaid, with limited support despite the new funding.

**17. McKnights Long-Term Care News**

April 6, 2026

[\*President's budget calls for nearly \\$100M more in survey funding\*](#)

By Kimberly Marselas

The fiscal year 2027 federal budget proposal includes a significant request for increased funding for the Centers for Medicare & Medicaid Services (CMS) to strengthen the nursing home survey and certification process. This additional funding is intended to support state survey agencies in conducting more frequent and aggressive oversight, including a higher volume of unannounced "off-peak" and weekend inspections to ensure compliance with the new federal minimum staffing mandates. While the administration frames this as a necessary move to protect residents and enhance transparency, industry leaders have voiced concern that the emphasis on punitive enforcement and increased survey budgets comes at a time when the same federal budget proposes substantial cuts to Medicaid, potentially leaving facilities with fewer resources to meet the very standards being surveyed.

#### **18. McKnights Long-Term Care News**

April 6, 2026

[Nursing homes brace for a million-hour quality reporting data surge](#)

By Kimberly Marselas

Nursing home operators are bracing for a massive "million-hour" surge in administrative burden due to new federal reporting requirements. The Centers for Medicare & Medicaid Services (CMS) is expanding its Quality Reporting Program (QRP) data collection to include all residents, regardless of their payer source, a move estimated to add roughly 964,000 hours of additional work for providers annually. This expansion aims to provide a more comprehensive view of facility performance across all Medicare payer types, including Medicare Advantage and traditional Medicare. However, industry leaders warn that the timing of this data surge—coming amidst severe staffing shortages and the implementation of new federal staffing mandates—places an unsustainable strain on clinical teams, potentially diverting time away from direct resident care to satisfy increasingly complex documentation and submission protocols.

#### **19. McKnights Long-Term Care News**

April 6, 2026

[Researchers develop measure to compare Medicaid nursing home payment rates across states](#)

By Foster Stubbs

Researchers have developed [a new standardized metric](#), the Medicaid payment-to-cost ratio, to evaluate the adequacy of nursing home reimbursement across 44 states and its impact on care quality. According to a 2026 study published in the Journal of the American Medical Directors Association (JAMDA), higher payment-to-cost ratios are directly associated with an increased likelihood of facilities achieving four- or five-star ratings in overall quality, health inspections, and staffing. The research found that approximately 75% of nursing homes receive Medicaid payments covering only 70% to 100% of their actual costs, with nearly 17% being reimbursed at less than 70% of costs. Crucially, the measure also revealed that more generous Medicaid payments help

	<p>mitigate racial and ethnic disparities in access to specialized dementia care units, suggesting that strengthening payment policy is a primary lever for improving both equity and performance in long-term care.</p>
<p>Home and Community Based Services</p>	<p><b>20. McKnights Home Care</b>  April 15, 2026  <a href="#">Home health providers ordered to pay over \$100M in restitution for fraud in 2025</a>  By John Roszkowski  According to the <a href="#">Barnes &amp; Thornberg 2025 Healthcare Enforcement and Compliance Report</a>, federal False Claims Act (FCA) recoveries reached a record-breaking <a href="#">\$6.8 billion</a> in fiscal year 2025, with over \$5.7 billion of that total stemming from the healthcare sector. The home health and hospice industries were major targets of this enforcement surge, facing more than \$100 million in criminal restitution and \$13 million in civil judgments. A primary driver of these figures was a massive <a href="#">Massachusetts Medicaid fraud case</a> where a provider was ordered to pay \$99.9 million and sentenced to 12 years in prison. The report highlights a growing crackdown on "sham hospices," identity theft, and illegal kickback schemes designed to induce patient referrals, marking a dramatic increase in federal oversight compared to the \$2.9 billion in total recoveries recorded just one year prior.</p>
<p>Housing</p>	<p><b>21. Corporation for Supportive Housing (CSH)</b>  April 16, 2026  <a href="#">The National Center for Housing + Health</a>  CSH announces a new resource dedicated to aligning housing and healthcare for stronger, healthier communities.  Housing and health are deeply connected. A safe, stable home is the foundation for physical and mental well-being, access to care, and overall life stability. Yet housing and healthcare systems too often operate in silos, limiting their impact for people and communities.  CSH is launching the <a href="#">National Center for Housing + Health</a>, an exciting new resource designed to accelerate the alignment between affordable housing and healthcare systems.  Powered by <a href="#">CSH</a>, the Center brings together leading experts from housing, healthcare, and community development to advance system-level alignment between housing and healthcare. This work strengthens the delivery of affordable and supportive housing and improves how systems respond to chronic homelessness. The Center helps partners move from shared goals to coordinated action by connecting them to what works.  <b>What the Center Offers:</b></p> <ul style="list-style-type: none"> <li>• <b>A curated, living resource hub</b> that showcases new and proven approaches and policies aligning housing and healthcare.</li> <li>• <b>Practical, real-world learning</b> through virtual and in-person forums, peer learning opportunities, and collaborative discussions.</li> <li>• <b>Meaningful connections and partnerships</b> among housing and healthcare providers, policymakers, funders, and community and system leaders.</li> </ul>

	<p><a href="#">Explore the Center</a></p> <p><b>22. The Progressive Magazine</b>  March 19, 2026  <a href="#">A Dire Need for Accessible Housing</a>  By Mike Ervin  The article "<b>A Dire Need for Accessible Housing</b>," published by <i>The Progressive</i> on March 19, 2026, highlights a critical shortage of affordable and accessible housing for individuals with disabilities, as underscored by a <a href="#">recent HUD report to Congress</a>. The piece details how essential accessibility features, such as elevators and ramps, are increasingly scarce or prohibitively expensive, effectively locking many people with disabilities out of the housing market. Under the federal Fair Housing Act, all multi-family housing of four units or more built after March 13, 1991, <b>must have</b> an accessible building entrance on an accessible route; accessible public and common-use areas; doors, doorways, kitchens, and bathrooms that are usable by a person in a wheelchair; an accessible route into and through the dwelling unit; light switches, electrical outlets, thermostats, and other environmental controls in an accessible location; and reinforced walls in bathrooms for the future installation of grab bars. By emphasizing the intersection of affordability and physical accessibility, the article argues that the current housing crisis disproportionately affects the disabled community, calling for urgent policy interventions and increased federal investment to ensure that "independent living" is a reality rather than a luxury.</p>
Private Equity	<p><b>23. NPR Weekend Edition Sunday</b>  April 19, 2026  <a href="#">Real estate investors are buying up long-term care facilities. Residents can suffer</a>  By Jordan Rau  An NPR investigative report examines the risks posed by Real Estate Investment Trusts (REITs) and other investment-focused owners in the nursing home and assisted living industries, highlighting how profit-driven ownership can compromise resident safety. The article explains that these entities often separate a facility's real estate from its healthcare operations, using high-cost "triple-net" leases to extract significant profits while leaving operators with fewer resources for staffing and clinical care. This complex financial structure not only shields investors from liability but also makes it difficult for families to identify who is truly responsible for the quality of care provided. Ultimately, the report serves as a "buyer beware" warning, urging consumers to rigorously research facility ownership and state complaint histories before committing to long-term care, as investment-driven management is frequently linked to lower performance on federal safety metrics.</p>
Aging Topics	<p><b>24. Justice in Aging</b>  April 14, 2026  <a href="#">Equity in Aging: Public Benefits and the Realities of Black Older Adults</a>  By Denny Chan and Archie Roundtree Jr.</p>

	<p>Black older adults face long-standing structural barriers and a history of discriminatory policies that drive persistent inequities in housing, health care, and economic supports.</p> <p>For many, key safety net programs – now under threat – are essential lifelines yet still, too often, fail to serve Black older adults. Programs highlighted in this brief include Medicare, Medicaid, Social Security, Supplemental Security Income, rental assistance, and Older Americans Act services.</p> <p>The new issue brief, <a href="#">Equity in Aging: Public Benefits and the Realities of Black Older Adults</a>, examines how these programs support Black older adults and the challenges they face in accessing them. As policymakers look to restrict access and cut programs and services, defending the programs Black older adults use is critical to their ability to age with dignity.</p> <p><a href="#">Read the new brief.</a></p>
<p>Disability Topics</p>	<p><b>25. AP News</b>  April 18, 2026  <a href="#">Trump’s dyslexia barbs stir anguish and anger, perpetuating a myth about the learning disability</a>  By Collin Binkley</p> <p>Recent remarks by President Donald Trump mocking California Governor Gavin Newsom's dyslexia have sparked widespread backlash, with critics and advocates accusing the president of perpetuating harmful myths about the learning disability. During a Cabinet meeting and subsequent public appearances, Trump labeled Newsom "stupid," "low IQ," and "mentally disabled" due to his dyslexia, further asserting that a president should not have learning disabilities. These comments have drawn sharp rebukes from neuroscientists and the dyslexic community—including some of the president's own supporters—who emphasize that dyslexia is a processing difference entirely unrelated to intelligence. Governor Newsom responded by stating that learning differences shape one's strengths rather than defining their limits, while literacy advocates warned that the president's rhetoric undermines decades of progress in reducing the stigma associated with the condition, which is estimated to affect up to 20% of the population.</p>
<p>Incarcerated Persons</p>	<p><b>26. *MassLive.com</b>  April 15, 2026 (updated)  <a href="#">'The worst nursing home': Medical parole remains out of reach for many in Mass. prisons</a>  By Greta Jochem and Hadley Barndollar</p> <p>The MassLive investigative report titled "'The worst nursing home'" details the systemic failures of Massachusetts' 2018 medical parole law, which was designed to allow terminally ill or permanently incapacitated inmates to spend their final days in a medical facility or at home. Instead of providing a compassionate pathway, the article describes a "mercy denied" reality where bureaucratic delays, rigid eligibility requirements, and a lack of community placement options leave many eligible prisoners</p>

	<p>to die behind bars. By characterizing the state’s correctional facilities as the "worst nursing home" in the Commonwealth, the report highlights the high financial and moral cost of using high-security prisons to provide inadequate end-of-life care for a population that often poses no public safety risk. This investigation, part of the <a href="#">"Death Under Watch"</a> series, underscores a growing crisis of aging and sickness within the prison system that remains largely unaddressed by current state policies.</p> <p><b>More Death Under Watch stories</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Mercy delayed, mercy denied: How Mass. medical parole leaves many to die in prison</a></li> <li>• <a href="#">Massachusetts could reform medical parole law amid system criticisms</a></li> <li>• <a href="#">After her son died by suicide in the Berkshire County jail, Barbara Gallo is fighting to change the law</a></li> <li>• <a href="#">Did the Mass. prison system fail Zerkuan Bailey-Sweeting? His mom believes so</a></li> </ul> <p><b>27. The Marshall Project</b>  August 18, 2023  <a href="#">Prison Healthcare Means Not Knowing What’s Slowly Destroying My Body</a>  By James Keown (James Keown is a writer and former radio host serving life without parole for murder in Massachusetts.)  This Marshall Project article, written by James Keown, details his harrowing two-year struggle to obtain a diagnosis for a debilitating progressive neurological illness while incarcerated in Massachusetts. Keown describes a pattern of extensive delays and alleged negligence by the private healthcare provider Wellpath, noting that critical appointments were deferred and his deteriorating physical state—which eventually required a wheelchair, oxygen, and a ventilator—was at times dismissed as "psychosomatic" by state officials. Despite advocacy from legal groups and conflicting opinions from outside specialists suggesting conditions ranging from ALS to Functional Neurological Disorder, Keown remains without a formal diagnosis or appropriate treatment, highlighting systemic failures in prison medical care and the barriers to compassionate release via medical parole.</p>
<p>State Policy</p>	<p><b>28. Office of Governor Maura Healey and Lt. Governor Kim Driscoll</b>  April 17, 2026  <a href="#">Healey-Driscoll Administration Releases Anti-Hunger Task Force Recommendations to Protect Massachusetts Families</a>  The Healey-Driscoll Administration has released a comprehensive set of recommendations from the Anti-Hunger Task Force aimed at protecting Massachusetts residents from federal budget cuts to food assistance programs. These recommendations focus on strengthening the SNAP infrastructure, maximizing participation in nutrition programs like universal school meals, and bolstering the emergency food system through increased support for food banks. To implement these goals, the administration's fiscal year 2027 budget proposes \$338 million in anti-hunger investments, which includes funding for 76 new caseworkers, a tax</p>

	<p>credit for farmers who donate food, and \$55 million specifically for food banks and pantries. The initiative also seeks to build rural resiliency by sustaining local food systems and ensuring that the state's most vulnerable populations maintain access to healthy and affordable food despite changes in federal policy. The full report and recommendations can be found online at <a href="https://www.mass.gov/governors-anti-hunger-task-force">Mass.gov/governors-anti-hunger-task-force</a>.</p>
<p>Federal Policy</p>	<p><b>29. McKnights Senior Living</b>  April 13, 2026  <a href="#">US long-term care system 'effectively penalizes aging' by requiring spend-down of assets, report asserts</a>  By Kathleen Steele Gaivin  According to a <a href="#">new study</a> published by the Roosevelt Institute, the current U.S. long-term care system is increasingly criticized for "effectively penalizing aging" by forcing middle- and lower-income seniors to exhaust nearly all their personal savings to qualify for Medicaid coverage. Because Medicare does not cover sustained long-term services and supports, and private insurance remains inaccessible for many, older adults often face a mandatory "spend-down" process that depletes decades of savings, typically down to a \$2,000 asset limit. This structural requirement not only prevents the transfer of intergenerational wealth but also places an immense financial and emotional burden on unpaid family caregivers, who provide hundreds of billions of dollars in labor annually. Advocates argue that this system deepens wealth inequality and necessitates urgent policy reforms, such as the creation of a universal federal long-term care benefit, to protect aging Americans from being forced into poverty as a condition of receiving essential care.</p>
<p>From around the Country</p>	<p><b>30. Skilled Nursing News</b>  April 17, 2026  <a href="#">Class-Action Suit Over Alleged Understaffing at Alden Group Nursing Homes Moves Forward</a>  By Zahida Siddiqi  A Cook County (Illinois) judge has ruled that a proposed class-action lawsuit against the Illinois-based Alden Group can move forward, allowing the case to enter the discovery phase. The lawsuit, supported by the AARP Foundation and other advocacy groups, alleges that Alden facilities were chronically understaffed—at times operating with only half the legally required personnel—and that the company falsified staffing data to conceal these deficiencies from regulators. Plaintiffs further contend that Alden utilized admission agreements designed to limit residents' ability to sue for harm caused by substandard care and preventable injuries. While the Alden Group has denied the allegations, the court's decision enables legal teams to pursue internal records and staffing schedules to determine if the claims hold merit for thousands of current and former residents across six Chicago-area facilities.</p> <p><b>31. KCRG</b>  April 15, 2026</p>

[Cited for sexual abuse and 23 other violations, Iowa nursing home is fined \\$500](#)

By Clark Kauffman

*For-profit Sioux County facility has a one-star rating from CMS*

Following a March 2026 inspection prompted by resident complaints, the Hillcrest Health Care Center in Hawarden, Iowa, owned by a for-profit California company, Riverside Healthcare Inc., which is part of a chain of nursing homes run by The Ensign Group, was cited for 24 state and federal regulatory violations, including the sexual abuse of a resident. The Iowa Department of Inspections, Appeals, and Licensing found that on a night when only one certified nursing assistant was responsible for more than 50 residents, a male resident entered the rooms of two women and sexually assaulted them. Inspectors also documented failures in protecting resident funds, providing a sanitary environment, and maintaining adequate staffing levels, noting that residents often waited an hour for assistance and sometimes urinated on themselves due to delays. Despite the gravity of the 24 citations, the state imposed a single \$500 fine related to the abuse violation, while federal penalties for the remaining infractions remain pending.

### **32. Religion News Service**

April 10, 2026

[Catholic sisters sue for exemption to LGBTQ+ rights law in NY nursing homes](#)

By Aleja Hertzler-McCain

*The Dominican Sisters of Hawthorne say they and their employees could face fines and jail time if they don't comply with a law mandating they care for transgender patients according to their gender identities.*

The Dominican Sisters of Hawthorne, a Catholic order that operates the Rosary Hill Home for terminally ill cancer patients, have filed a federal lawsuit against New York state health officials seeking a religious exemption from a law protecting the rights of LGBTQ+ long-term care residents. The lawsuit argues that the mandate—which requires facilities to care for transgender patients according to their gender identities, refrain from restricting consensual sexual relationships, and provide specific cultural competency training—violates the sisters' First Amendment rights to free speech and the free exercise of religion. The sisters contend that complying with these requirements would force them to act against their Catholic faith, and they point to existing exemptions for other religious groups, such as Christian Scientists, as a basis for their claim under the 14th Amendment's equal protection clause.

### **33. McKnights Long Term Care News**

April 8, 2026

[Survey reveals new access concerns with state leaders deadlocked on key budget issue](#)

By Kimberly Marselas

Pennsylvania's long-term care sector is reaching a breaking point as providers face a "perfect storm" of shrinking capacity, severe workforce

	<p>shortages, and a state government proposal to flat-fund Medicaid rates for the coming year. Since 2020, the Commonwealth has lost 37 nursing homes and over 4,300 certified beds, leaving half of the remaining facilities unable to accept hospital referrals just as the population of residents over age 84 is projected to triple by 2050. Advocacy groups like LeadingAge PA and the Pennsylvania Health Care Association are sounding the alarm over the <b>Budget Adjustment Factor (BAF)</b>, a decades-old policy tool that allows the state to slash calculated reimbursement rates by up to 40% to meet arbitrary budget caps. Without a significant shift toward "clinical realism"—specifically through BAF reform and stabilized funding—leaders warn that the continued erosion of financial support will accelerate facility closures and force vulnerable seniors to travel further for increasingly fragmented care.</p> <p><b>34. *CT Mirror</b>  <a href="#"><i>Nursing home four residents per room</i></a>  Volunteers with AARP Connecticut simulate what it’s like to have four residents living in a single nursing home room. The installation was set up at the state Capitol on Feb. 20. Advocates say they want to prevent a rollback of a 2024 law that limits the number of nursing home beds per room to two, down from three and four in some facilities.</p>
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p><b><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></b></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: <a href="https://dignityalliancema.org/take-action/#/25">https://dignityalliancema.org/take-action/#/25</a>. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary.</p>

	<p>Please submit your story via <a href="https://tinyurl.com/ForgetMeNotPNA">https://tinyurl.com/ForgetMeNotPNA</a> or you can email your story to Dignity Alliance MA (<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>	<p><b><a href="#">A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</a></b>  By Alex Green  <a href="#">Buy the book here</a></p> <p>Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p> <p><b><a href="#">American Eldercide: How It Happened, How to Prevent It</a></b>  By <a href="#">Margaret Morganroth Gullette</a>  <a href="#">Buy the book here.</a></p> <p><b>Margaret Morganroth Gullette</b> is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>
<p>Bringing People Home: The Marsters Settlement</p>	<p>Webpages:  <a href="https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/">https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/</a>  <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a></p> <p>Marsters data for the calendar year 2025:</p> <ul style="list-style-type: none"> <li>• 499 people who have returned and are active in the community</li> <li>• Efforts to validate status of 63 others who are in the community</li> <li>• Target for 2025 and 2026 is 600 transitions</li> <li>• 1,369 currently enrolled</li> <li>• 100 AHVP vouchers issued for transitions: 71 used, 10 in process. 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.</li> </ul>
<p><b>Support Dignity Alliance Massachusetts</b></p> <p><b><a href="#">Please Donate!</a></b></p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p>

	<p><b>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>, which has thousands of visits each month.</b></p> <p><b>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</b></p> <p><a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a></p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:dickmoore1943@gmail.com">dickmoore1943@gmail.com</a>.</p>
<p>Websites</p>	<p><a href="https://hrs.isr.umich.edu/about#xd_co_f=NGU0Yml2YjgtYzZmNC00OWU0LWFjMmQtYTFjODE2MGQ1ZDIx~">The Health and Retirement Study</a> <a href="https://hrs.isr.umich.edu/about#xd_co_f=NGU0Yml2YjgtYzZmNC00OWU0LWFjMmQtYTFjODE2MGQ1ZDIx~">https://hrs.isr.umich.edu/about#xd_co_f=NGU0Yml2YjgtYzZmNC00OWU0LWFjMmQtYTFjODE2MGQ1ZDIx~</a></p> <p><b>Institute for Social Research University of Michigan</b></p> <p>The University of Michigan Health and Retirement Study (HRS) is a longitudinal panel study that surveys a representative sample of approximately 20,000 people in America, supported by the National Institute on Aging (NIA U01AG009740) and the Social Security Administration.</p> <p>Through its unique and in-depth interviews, the HRS provides an invaluable and growing body of multidisciplinary data that researchers can use to address important questions about the challenges and opportunities of aging.</p> <p><a href="https://housinghealthcenter.org/?_hsenc=p2ANqtz-9WUUsajynM3LIKT8EhglDXeNTQLqi9hZzWc0weK-oJPNe0BbWLC17izZ1Jvqe65xc5LEoZ1ZnKnKI45WSxvX9xRXgztrg&amp;_hsmi=414024623">The National Center for Housing + Health</a> <a href="https://housinghealthcenter.org/?_hsenc=p2ANqtz-9WUUsajynM3LIKT8EhglDXeNTQLqi9hZzWc0weK-oJPNe0BbWLC17izZ1Jvqe65xc5LEoZ1ZnKnKI45WSxvX9xRXgztrg&amp;_hsmi=414024623">https://housinghealthcenter.org/?_hsenc=p2ANqtz-9WUUsajynM3LIKT8EhglDXeNTQLqi9hZzWc0weK-oJPNe0BbWLC17izZ1Jvqe65xc5LEoZ1ZnKnKI45WSxvX9xRXgztrg&amp;_hsmi=414024623</a></p> <p>The National Center for Housing + Health (NCH+H) is an innovative resource dedicated to advancing the alignment between affordable housing and healthcare. The Center brings together innovations, proven models, and practical strategies and policies that help housing providers, healthcare organizations, policymakers, and community and system leaders work better together — and make a bigger difference for people and communities.</p>

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

<p>Determination of Need Projects</p>	<p>List of Determination of Need Applications regarding nursing homes since 2020:  <a href="https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/">https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</a>  Recent approval:  <a href="#">Town of Nantucket – Long Term Care Substantial Capital Expenditure</a>  Approved May 5, 2025</p>																																																
<p>List of Special Focus Facilities</p>	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf">https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</a>  <b>Updated March 26, 2025</b>  CMS has published a new list of <a href="#">Special Focus Facilities</a> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.  To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p>																																																
<p>Nursing Home Inspect</p>	<p><b>ProPublica</b>  <b><i>Nursing Home Inspect</i></b>  <b>Data updated October 15, 2025</b>  This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025).  Massachusetts listing:  <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a>  <b>Deficiencies By Severity in Massachusetts</b>  <a href="#">(What do the severity ratings mean?)</a></p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td><a href="#">Tag B</a></td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td><a href="#">Tag C</a></td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td><a href="#">Tag D</a></td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td><a href="#">Tag E</a></td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td><a href="#">Tag F</a></td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td><a href="#">Tag G</a></td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td><a href="#">Tag H</a></td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td><a href="#">Tag I</a></td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td><a href="#">Tag J</a></td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td><a href="#">Tag K</a></td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td><a href="#">Tag L</a></td> </tr> </tbody> </table> <p><b>Updated October 15, 2025</b></p>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	<a href="#">Tag B</a>	C	77	63	<a href="#">Tag C</a>	D	5,993	1,193	<a href="#">Tag D</a>	E	1,872	630	<a href="#">Tag E</a>	F	446	226	<a href="#">Tag F</a>	G	420	278	<a href="#">Tag G</a>	H	54	30	<a href="#">Tag H</a>	I	2	1	<a href="#">Tag I</a>	J	64	31	<a href="#">Tag J</a>	K	30	9	<a href="#">Tag K</a>	L	7	2	<a href="#">Tag L</a>
Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited																																														
B	257	187	<a href="#">Tag B</a>																																														
C	77	63	<a href="#">Tag C</a>																																														
D	5,993	1,193	<a href="#">Tag D</a>																																														
E	1,872	630	<a href="#">Tag E</a>																																														
F	446	226	<a href="#">Tag F</a>																																														
G	420	278	<a href="#">Tag G</a>																																														
H	54	30	<a href="#">Tag H</a>																																														
I	2	1	<a href="#">Tag I</a>																																														
J	64	31	<a href="#">Tag J</a>																																														
K	30	9	<a href="#">Tag K</a>																																														
L	7	2	<a href="#">Tag L</a>																																														
<p>Nursing Home Compare</p>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b>  <i>Nursing Home Compare Website</i>  Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.  <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																																																

Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b>  <i>Data on Ownership of Nursing Homes</i>          CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to <a href="http://data.cms.gov">data.cms.gov</a> and updated monthly.</p>		
DignityMA Call Action	<ul style="list-style-type: none"> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>          Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>          Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>          LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>          Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>          Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group leaders for more information.</p>	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Assisted Living	John Ford	<a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a>
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Lachlan Forrow	<a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes and rest homes)	Jim Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Legislative	Richard Moore	<a href="mailto:Dickmoore1943@gmail.com">Dickmoore1943@gmail.com</a>
	Legal Issues	Stephen Schwartz	<a href="mailto:sschwartz@cpr-ma.org">sschwartz@cpr-ma.org</a>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>
	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>	

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