



# The Dignity Digest

Issue # 281

April 28, 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

April is [National Volunteer Month](#)

*"As you grow older, you will discover that you have two hands — one for helping yourself, the other for helping others."*

Audrey Hepburn, sharing a favorite line from Sam Levenson's 1973 book, [In One Era & Out the Other](#)

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

### Nursing Homes

- [Bipartisan Bill to Strengthen Oversight in Medicare Advantage, Ensuring Nursing Home Residents' Care 'Without Delay, Without Denial'](#) (**Skilled Nursing News**, April 23, 2026)

### Housing

- [Government Benefits Reduce Housing Cost Burdens](#) (**Harvard University Joint Center on Housing Studies**, April 27, 2026)
- [Healey-Driscoll Administration Awards \\$12.8 Million for Housing, Economic Opportunity and Development](#) (**Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, April 23, 2026)

### Health Care Topics

- [Influenza Vaccination Coverage Among Nursing Home Residents and Health Care Personnel — United States, 2024–25 Influenza Season](#) (**Morbidity and Mortality Weekly Report**, April 23, 2026)
- [Medicare Advantage Star Rating Quality Gains Were Concentrated In A Narrow Set Of Clinical And Medication Measures, 2015–25](#) (**\*Health Affairs**, April 3, 2026)

### Behavioral Health

- [Too many assaults occur at Tewksbury State Hospital](#) (**\*The Boston Globe**, April 27, 2026 (updated))
- [Community Healthlink prepares for eventual closure](#) (**Patch**, April 24, 2026)
- ['Silent burnout' & mental health leave: a growing HR problem](#) (**HR Executive**, April 23, 2026)

	<ul style="list-style-type: none"> <li>• <a href="#"><i>Patient charged with assault at Tewksbury State Hospital, latest in string of attacks</i></a> (<b>*Boston Globe</b>, April 21, 2026)</li> </ul> <p>Disability Topics</p> <ul style="list-style-type: none"> <li>• <a href="#"><i>Tackling the Ableism Epidemic</i></a> (<b>University of Wisconsin Milwaukee</b>, April 23, 2026)</li> </ul> <p>Medicaid</p> <ul style="list-style-type: none"> <li>• <a href="#"><i>Coordinating Medicaid and SNAP Work Requirements to Streamline Determinations</i></a> (<b>Center on Budget and Policy Priorities</b>, April 14, 2026)</li> </ul> <p>Federal Policy</p> <ul style="list-style-type: none"> <li>• <a href="#"><i>Policy Reforms to Better Connect Older Adults and Individuals with Disabilities to SSI and Other Benefits</i></a> (<b>Justice in Aging</b>, April 27, 2026)</li> </ul> <p>From around the Country</p> <ul style="list-style-type: none"> <li>• <a href="#"><i>Historic nursing home to sell to growing PE firm amid industry pressures</i></a> (<b>McKnights Long-Term Care News</b>, April 24, 2026)</li> <li>• <a href="#"><i>Nursing home residents at homeless shelters shows housing shortage</i></a> (<b>The Register</b>, April 24, 2026)</li> </ul>
<p>Quotes</p>	<p><i>“We are starting to deal with it more and more. The facilities are so closely monitored on discharges, but yet they still try and send them to hospitals and not take them back. Or drop them off at homeless shelters.”</i></p> <p><a href="#"><i>Nursing home residents at homeless shelters shows housing shortage</i></a> (<b>The Register</b>, April 24, 2026)</p> <p><i>“This bill addresses many of the obstacles driven by insurer-led Medicare Advantage plans that were making it unnecessarily difficult for seniors and their families to navigate care options and receive coverage for medically necessary care. Coverage decisions for Medicare Advantage beneficiaries must be driven by each patient’s needs and clinical necessity, with appropriate oversight that ensures compliance and patient protections.”</i></p> <p><a href="#"><i>Bipartisan Bill to Strengthen Oversight in Medicare Advantage, Ensuring Nursing Home Residents’ Care ‘Without Delay, Without Denial’</i></a> (<b>Skilled Nursing News</b>, April 23, 2026)</p> <p><i>Our findings underscore the importance of the social safety net and tax policy in supplementing household</i></p>

*incomes. Notably, housing affordability challenges are staggeringly common.*

*[Government Benefits Reduce Housing Cost Burdens](#) (Harvard University Joint Center on Housing Studies, April 27, 2026)*

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

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

**Commentary Offered  
by DignityMA  
Participants**



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

***How Older Adults Are Using V.R. to Counter Social Isolation***

By Richard T. Moore

April 27, 2026

The article, [How Older Adults Are Using V.R. to Counter Social Isolation](#), (New York Times 4/27/2026) explores how virtual reality is becoming a meaningful tool in senior living communities to reduce loneliness, improve mood, and strengthen social connection among older adults.

The story follows residents at Castle Argyle, a senior living community in California, where older adults use V.R. headsets through a pilot program run by the company Rendever.

Residents take short virtual trips to places like Santorini, Barcelona, and Glacier National Park—experiences that spark conversation, memories, and shared excitement. For many, especially those with limited mobility, these virtual journeys provide access to places they can no longer physically visit.

The article emphasizes that loneliness among older adults is a serious public health issue, linked to higher risks of dementia, stroke, and even mortality comparable to smoking up to 15 cigarettes a day. V.R. programs aim to address this by creating shared experiences that encourage storytelling, bonding, and emotional engagement.

Experts like Stanford’s Jeremy Bailenson explain that V.R. works well because it creates a strong sense of “being there,” generating moments of awe, joy, and conversation. Even brief experiences—a virtual hike, sunset cruise, or revisiting a childhood home—can turn social isolation into meaningful connections.

Residents describe emotional benefits beyond entertainment. One woman with limited mobility said V.R. helps reduce her anxiety and gives her a sense of calm after “traveling.” Another resident used Google Maps in V.R. to revisit her former home and share memories of her late husband and the restaurant they once owned.

The technology is also being used in memory care units, stroke rehabilitation centers, cancer clinics, and Veterans Affairs hospitals, where it supports patients dealing with PTSD, pain, depression, and cognitive decline. Companies like Mynd Immersive and Rendever see V.R. not simply as recreation, but as therapeutic social infrastructure.

The article notes one limitation: participation often attracts the same socially engaged residents, while the most isolated individuals may remain harder to reach. Still, for those who participate, V.R. offers more than distraction—it restores curiosity, conversation, and a sense of possibility.

As one resident put it: “It’s an escape from reality.” Another added, “I’d rather go to Italy than sit at home and watch TV.”

### **Ageism by Any Other Name, Is Still Ageism**

By Richard T. Moore

The proposition advanced by Samuel Moyn in *The New York Times*, [\*Older Americans Are Hoarding America’s Potential\*](#), — and now apparently elevated into a forthcoming book, **Gerontocracy in America** —is so transparently rooted in age prejudice that it scarcely merits serious intellectual consideration. Yet because it appears in a respected national publication, it must be challenged directly.

To argue that older Americans are “hoarding America’s potential” is not thoughtful social criticism; it is blatant ageism dressed in academic language. It substitutes stereotype for analysis and resentment for reason. It reduces millions of Americans—retirees, grandparents, veterans, caregivers,

volunteers, workers, and public servants—to caricatures of selfishness and obstruction.

Mr. Moyn attempts to shield himself by claiming that questioning the role of older Americans is “not ageist,” but his own proposals expose the truth. He advocates mandatory retirement, punitive taxes on older homeowners for remaining in their own homes, and structural limits designed to push seniors out of civic and economic life. Imagine the outrage if such arguments were directed at any other demographic group—if wealth, voting participation, or homeownership were used to justify legal penalties based on race, gender, or ethnicity. Age discrimination should be no more acceptable.

His thesis also ignores reality. Many older Americans are not wealthy gatekeepers but people living on fixed incomes, facing rising housing costs, unaffordable prescription drugs, and the crushing financial burden of long-term care. Many remain in the workforce not because they seek power, but because they cannot afford to leave it. Many remain in their homes because downsizing is financially impossible or because community and family ties matter.

Most importantly, this argument falsely frames generations as enemies. America does not suffer because older people vote, work, or own homes. It suffers from policy failures that have made housing unaffordable, weakened wages, underfunded education, and failed to support both young families and aging adults. Pitting generations against one another is politically convenient but morally shallow.

Older Americans built the institutions, communities, and prosperity that younger generations inherit. They also continue to contribute—through taxes, caregiving, volunteering, civic leadership, and wisdom born of experience. Intergenerational justice is achieved not by punishing age, but by strengthening solidarity across generations.

The real danger is not “gerontocracy.” It is the normalization of contempt for older people disguised as reform. That such a proposition appears in the pages of *The New York Times* is disappointing. That it is being marketed as a book is worse.

America deserves better than prejudice masquerading as policy.

### **An Ode to Dignity Alliance**

O Dignity Alliance Massachusetts, steadfast and unyielding, you rise where silence once settled, where too many voices were dismissed, where too many lives were measured by convenience instead of compassion. You stand as witness and as conscience, reminding us that dignity is not a privilege bestowed by the powerful, but a birthright carried by every person from first breath to final days.

You are the hands that reach across generations, the voices that refuse to let the vulnerable be forgotten, the watchful guardians at the gates of justice. For older adults seeking respect, for people with disabilities demanding full belonging, for caregivers carrying invisible burdens with extraordinary grace, you are both shield and trumpet—protecting, proclaiming, insisting that every life matters.

In a world too often hurried, you teach us to pause. In systems too often indifferent, you demand humanity. You challenge institutions to remember their purpose, leaders to honor their duty, and communities to recognize that how we treat those most in need reveals who we truly are.

Volunteer by volunteer, call by call, testimony by testimony, you prove that courage does not require great wealth or grand titles. It requires conviction. It requires fierce love enough to confront injustice and patient enough to build something better. Yours is the labor of hope, and hope, when organized, becomes power.

You remind us that aging is not decline but dignity, that disability is not weakness but humanity in its full and varied form, that caregiving is not merely sacrifice but one of society's highest expressions of love. You call us to build a Commonwealth where no one is warehoused, neglected, isolated, or unseen—where every person can live not merely longer, but better, safer, and with honor.

Dignity Alliance Massachusetts, you are not simply an organization; you are a moral force. You are the persistent heartbeat of justice in the rooms where decisions are made. You

	<p>are the stubborn light that refuses to go out. You are proof that ordinary people, united by purpose, can bend policy toward mercy and transform outrage into action.</p> <p>May your voice grow louder, your reach wider, your resolve stronger. May every elder know respect because of your work, every person with a disability know belonging because of your fight, every caregiver know they are not alone because of your presence.</p> <p>And may we all be worthy of the world you are striving to create—a world where dignity is defended, compassion is practiced, and justice is not delayed.</p> <p>Forward, Dignity Alliance Massachusetts. Forward, until dignity belongs to all.</p>
<p>Recruitment</p>	<p><b>See:</b> <a href="#">Listings on MASterList.com’s Job Board</a> for all current listings</p>
<p>Public Hearing: Assisted Living Residences</p>	<p><b>Office of the Attorney General</b>  <b><u>Hybrid public hearing on the draft assisted living residence regulations</u></b>  <b>Wednesday, April 29, 2026, 1:00 p.m.</b>  Conference Room  2nd Floor  One Hundred Cambridge St, Boston  Virtually using <a href="#">this link</a>  Comments can be submitted to <a href="mailto:AGOregs@mass.gov">AGOregs@mass.gov</a>, or by mail to:  One Ashburton Place, 20th Floor, Policy and Government Affairs Division,  Boston, MA 02108, until 5:00 p.m. on May 1, 2026.  <b><u>Draft regulations for Assisted Living Residences (ALR)</u></b>  Among other rules, the draft regulations state that:</p> <ul style="list-style-type: none"> <li>• ALRs should have straightforward service agreements that clearly disclose the cost of services provided in the residence, as well as guidelines for when those costs may increase.</li> <li>• Residents should have transparent information about what may happen if they cannot afford to remain in the ALR, or if they require advanced care that the ALR cannot provide.</li> <li>• ALRs should provide clear information about the availability of nursing care at the residence.</li> <li>• Residents in ALRs have the same rights as other tenants, including protections related to fees, eviction, and other tenancy matters.</li> </ul> <p>According to the Massachusetts Executive Office of Aging &amp; Independence (AGE) more than <a href="#">17,000</a> people currently live in the <a href="#">over 270</a> certified ALRs in Massachusetts.</p>

<p>Campaign to Oppose HUD’s Work Requirements and Time Limits Proposed Rule</p>	<p><b>National Low Income Housing Coalition</b>  <i>Oppose HUD’s Work Requirements and Time Limits Proposed Rule</i></p> <p>The Department of Housing and Urban Development (HUD) issued a <a href="#">Notice of Proposed Rulemaking (NPRM)</a> on March 2 that would allow public housing agencies and HUD-assisted owners to impose work requirements and time limits on assisted families. If implemented, such policies will lead to more families and children experiencing eviction and homelessness, with people of color at greater risk.</p> <p><b>Add your organization to <a href="#">NLIHC’s sign-on comment</a> opposing HUD’s proposed rule by Thursday, April 30 at 11:59 p.m..</b> The comment letter can be found <a href="#">here</a>.</p> <p>Please note:</p> <ul style="list-style-type: none"> <li>• This is an organizational sign-on comment. They are not accepting sign-ons from individuals unaffiliated with organizations at this time. <ul style="list-style-type: none"> <li>○ They encourage individuals to <a href="#">submit their own comments</a> opposing the rule. Comment templates, including <a href="#">NLIHC’s template</a>, can be found <a href="#">here</a>. The comment deadline is May 1 at 11:59 p.m.</li> </ul> </li> </ul>
<p>Webinars and Online Sessions</p>	<p><b>1. <i>An Early Look at State Approaches to Implementing Medicaid Work Requirements</i></b>  <b>KFF</b>  Thursday, April 30, 2026, 01:00 p.m.</p> <p>Starting January 1, 2027, federal law will require that adults enrolled in the Affordable Care Act (ACA) Medicaid expansion and enrollees in partial expansion waiver programs in Georgia and Wisconsin meet new work requirements. On Thursday, April 30, 2026 at 1:00 p.m. ET, KFF will host an hour-long interactive virtual briefing focused on states’ efforts to implement these new Medicaid work and community engagement requirements, which have created new administrative demands on states at a time of federal funding cuts, slowing revenue growth, and increasing spending demands.</p> <p>The briefing will include a presentation of findings from KFF’s 24th annual survey of state Medicaid and CHIP program officials on eligibility, enrollment, and renewal policies, conducted with Georgetown University’s Center for Children and Families, as well as insights from Kate McEvoy of the National Association of Medicaid Directors about how states are approaching implementation of Medicaid work requirements. Participants will be able to submit questions for the panelists.</p> <p><b>Moderator</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Larry Levitt</a>, KFF’s Executive Vice President for Health Policy</li> </ul> <p><b>Panelists</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Jennifer Tolbert</a>, Deputy Director of KFF’s Program on Medicaid and the Uninsured and director of State Health Reform</li> <li>• <a href="#">Tricia Brooks</a>, Research Professor at Georgetown University’s Center for Children and Families</li> <li>• <a href="#">Kate McEvoy</a>, Executive Director of the National Association of Medicaid Directors</li> </ul>

[Work Requirements Registration](#)

2. **[Supporting Family Caregivers: New Data, New Resources](#)**

**University of Michigan's Institute for Healthcare Policy and Innovation**

Wednesday, May 6, 2026 12:00 p.m.

Join the U-M Institute for Healthcare Policy and Innovation's National Poll on Healthy Aging and the Michigan Health Endowment Fund for a webinar exploring the experiences, needs, and challenges of Michigan's caregivers. We'll hear from U-M experts about recent poll findings from caregivers in the U.S. and Michigan, including insights on: -- The health and financial impacts of caregiving -- Caregivers' awareness and use of available support resources -- Beliefs about the government's role in paying for long-term care We'll also be joined by leaders from the Area Agencies on Aging Association of Michigan and AgeWays Nonprofit Senior Services, who will reflect on the poll findings and share solutions their organizations have built to better connect caregivers with the support they need.

[Caregiver registration](#)

3. **[REV UP the Vote Webinar 2026!](#)**

**REV UP Massachusetts**

Thursday, May 14, 2026, 1:00 to 2:30 p.m.

Join REV UP MA and the Disability Law Center to prepare for upcoming elections.

Focus:

- Rights of voters with disabilities, including who has the right to vote
- Voter registration options and tips for holding a successful voter registration drive
- Ways to vote accessibly, whether you are voting from home, a facility, or at your polling place
- Ways to get involved with the REV UP MA coalition, including through voter registration drives and polling place accessibility surveys

**Rev Up the Vote Webinar Agenda**

1 pm: Introductions and Housekeeping – Brianna Zimmerman, DLC Voting Rights Advocate

1:05 pm – 1:25 pm: Voter Registration – Brianna Zimmerman, DLC Voting Rights Advocate

1:25 pm – 1:50 pm: Accessible Remote Voting at Home and in Facilities – Tatum Pritchard, DLC Legal Director

1:50 pm – 2:10 pm: Accessible In-Person Voting – Tom Murphy, DLC Managing Attorney

2:10 pm – 2:30 pm: Questions & Closing Remarks – Brianna Zimmerman, DLC Voting Rights Advocate

Reach out to Brianna with any questions!

- Email: [bzimmerman@dlc-ma.org](mailto:bzimmerman@dlc-ma.org)
- Phone: 617-315-4593

[Registration is required](#) If you have any access needs, please let us know on the registration form. ASL and CART have been requested.

[Register for REV UP's 2026 Webinar](#)

	<p><b>4. <u>Addressing Cognitive Impairment and Dementia Among Older Adults Experiencing Housing Insecurity and Homelessness</u></b>  <b>National Alzheimer’s and Dementia Resource Center (NADRC)</b>  Thursday, May 14, 2026, 3:00 p.m.  Join the National Alzheimer’s and Dementia Resource Center (NADRC) for a webinar that will focus on supporting older adults experiencing homelessness or housing insecurity and cognitive impairment or Alzheimer’s disease and related dementias. Participants will learn how to recognize early signs of cognitive impairment in shelters and temporary housing settings and gain practical strategies for engaging seniors in ways that foster meaningful participation.  The session will also explore effective referral and partnership approaches that help connect vulnerable seniors to supportive services and pathways to stable housing. This webinar will offer actionable tools to improve outcomes for one of the most at-risk aging populations.  Presenters</p> <ul style="list-style-type: none"> <li>• Kylee Volk, MPH, Associate Team Leader, Hospice of the Valley, Phoenix, AZ</li> <li>• Jackie Solares, Ozanam/De Paul Program Manager, The Society of St. Vincent de Paul, Phoenix, AZ</li> </ul> <p><b>5. <u>Understanding the Connection Between Oral Health and Cognitive Function Webinar</u></b>  <b>National Center for Equitable Care for Elders</b>  Tuesday, June 2, 2026, 2:00 p.m.  Summary: This NCECE webinar will explore the intersection of oral health and cognitive impairment. Participants will consider the impact of poor oral health on cognitive frailty in community-dwelling older adults, as well as the role of adequate dental coverage in reducing the level of risk experienced by this population.  By the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> <li>1. Describe key oral health risk factors contributing to cognitive decline in later life.</li> <li>2. Explain how dental coverage influences oral health risk and clinical outcomes in older adults.</li> <li>3. Apply shared strategies for improving interprofessional communication and collaboration in health center settings.</li> </ol> <p><a href="#">Oral Health 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>Nursing Homes</p>	<p><b>6. Skilled Nursing News</b>  April 23, 2026  <u><i>Bipartisan Bill to Strengthen Oversight in Medicare Advantage, Ensuring Nursing Home Residents’ Care ‘Without Delay, Without Denial’</i></u>  By Zahida Siddiqi</p>

	<p>The Medicare Advantage Improvement Act of 2026 is a bipartisan bill introduced by a group of physician lawmakers to enhance oversight and patient protections within Medicare Advantage plans. The legislation specifically targets systemic issues such as excessive prior authorization delays, inconsistent coverage denials, and administrative hurdles that frequently impede access to medically necessary care for nursing home residents and other seniors. Supported by major industry advocates like the American Health Care Association, the bill proposes measures to increase transparency, penalize noncompliant insurers, and implement automated systems for faster processing and payment. By addressing "patient dumping" and bureaucratic barriers, the act aims to ensure that healthcare decisions are driven by clinical necessity rather than insurance-led administrative constraints, ultimately safeguarding vulnerable older adults from being denied essential post-acute services.</p>
<p>Housing</p>	<p><b>7. Harvard University Joint Center on Housing Studies</b>  April 27, 2026  <a href="#"><i>Government Benefits Reduce Housing Cost Burdens</i></a>  By Whitney Airgood-Obrycki  In this blog post, Whitney Airgood-Obrycki of the Harvard Joint Center for Housing Studies argues that standard housing cost burden measures—typically based on pretax income—often obscure the real impact of the social safety net on housing affordability. By incorporating components of the Supplemental Poverty Measure, such as SNAP benefits, LIHEAP, and tax credits like the Earned Income Tax Credit, the study found that government transfers significantly alleviate financial pressure for the lowest-income renters, reducing their cost burden rate from 83 percent to 77 percent in 2022. <a href="#">The research</a> specifically highlights the pandemic era (2019–2021) as a period where expanded safety net programs, including stimulus payments and enhanced Child Tax Credits, caused the adjusted cost burden rate to drop by 3 percentage points even as market rents surged. Ultimately, the author concludes that while these policy interventions can effectively and rapidly reduce housing stress, the benefits are often temporary, and housing affordability challenges remain staggeringly high across the country once these supports expire.</p> <p><b>8. Office of Governor Maura Healey and Lt. Governor Kim Driscoll</b>  April 23, 2026  <a href="#"><i>Healey-Driscoll Administration Awards \$12.8 Million for Housing, Economic Opportunity and Development</i></a>  Governor Maura Healey and Lieutenant Governor Kim Driscoll have awarded \$12.8 million in Community Investment Tax Credits (CITC) to 52 community-based organizations across Massachusetts to support affordable housing, neighborhood revitalization, and economic development. This program provides a 50 percent refundable state tax credit to donors, incentivizing private investment in local nonprofits and Community Development Corporations (CDCs) that manage community-specific planning and workforce development projects. By providing these organizations with flexible funding, the administration aims to accelerate</p>

	<p>the creation of more homes, lower housing costs, and expand economic opportunities in urban, rural, and suburban communities as part of their broader commitment to making the state more affordable.</p> <p><b>9. Harvard University Joint Center on Housing Studies</b>  April 13, 2026  <a href="#">A New Mandate: Redevelopment Authorities and Social Housing in Massachusetts</a>  By Susanne Schindler, Becca Heilman, and Chris Herbert  In this blog post from the Harvard Joint Center for Housing Studies, authors Susanne Schindler, Becca Heilman, and Chris Herbert explore how Massachusetts redevelopment authorities (RAs) can be repurposed to advance "social housing"—publicly supported, mixed-income housing designed for long-term affordability. Despite their origins in postwar urban renewal and a legacy of addressing "blight," RAs possess unique legal powers under state law, including land assembly, eminent domain, and the ability to issue bonds, which the authors argue are underutilized in the current housing crisis. The paper suggests that with targeted reforms—such as updating their legal mandates to focus on community resilience and equity rather than just blight, as well as providing dedicated state funding and technical training—these existing public entities could become powerful engines for middle-income housing production. By leveraging their existing institutional frameworks, RAs could help bridge the gap between the private market and traditional public housing, offering a scalable path toward more inclusive and accountable housing development across the Commonwealth.  <a href="#">Read Full Paper</a></p>
<p>Health Care Topics</p>	<p><b>10. Morbidity and Mortality Weekly Report</b>  April 23, 2026  <a href="#">Influenza Vaccination Coverage Among Nursing Home Residents and Health Care Personnel — United States, 2024–25 Influenza Season</a>  By Jeneita M. Bell, MD; Kira Barbre, MPH; Lu Meng, PhD; Brynn Lape-Newman, MPH; Emily Wong, MPH; Austin Woods; Elizabeth J. Kalayil, MPH; Heather Dubendris, MSPH; Molly Stillions Prosper, MPH; Jonathan Edwards, MStat; Minn M. Soe, MBBS; David T. Kuhar, MD; Matthew J. Stuckey, PhD; Megan C. Lindley, MPH; Andrea Benin, MD  <b>Summary</b>  <b>What is already known about this topic?</b>  Nursing home residents and health care personnel (HCP) are at increased risk for exposure to influenza, and nursing home residents are at increased risk for severe influenza. Routine annual seasonal influenza vaccination is recommended for eligible persons, including HCP and persons at increased risk for severe influenza.  <b>What is added by this report?</b>  During the 2024–25 influenza season, influenza vaccination coverage was 61.3% among nursing home residents and 42.1% among HCP working in nursing homes; coverage among HCP varied by employment type.  <b>What are the implications for public health practice?</b></p>

	<p>Implementation of influenza vaccination in conjunction with preventive interventions including influenza testing, antiviral treatment, proven infection prevention and control measures, and antiviral chemoprophylaxis can help protect nursing home residents and HCP from influenza illness and its complications.</p> <p><a href="#">Table 1</a>  <a href="#">Table 2</a>  <a href="#">Article PDF</a>  <a href="#">Full Issue PDF</a></p> <p><b>11. *Health Affairs</b>  April 3, 2026  <a href="#">Medicare Advantage Star Rating Quality Gains Were Concentrated In A Narrow Set Of Clinical And Medication Measures, 2015–25</a>  By Andrew Anderson, Rajesh Satpathy-Horton, and Mark Katz Meiselbach</p> <p><b>Abstract</b></p> <p>The Medicare Advantage Star Ratings program has operated for decades and directs billions of dollars in quality bonus payments, yet little is known about which measures have driven observed performance improvement over time. During the period 2015–25, most of the improvement in star ratings was concentrated in a small subset of clinically focused and medication-related measures, with nine measures accounting for more than one-third of observed gains. Medication reconciliation and medication therapy management showed the greatest improvement, while many access, preventive care, and patient experience measures showed little or no improvement. Patterns were consistent across both Part C and Part D, suggesting that gains were driven largely by medication management and other provider-led activities, rather than plan-specific responses to quality bonus incentives. Lower-performing contracts improved the most, whereas high-performing plans exhibited smaller measurable gains as a result of there being limited room for further improvement and longer measurement histories for some measures. Aligning incentives with measures that are both clinically meaningful and responsive to health plans’ actions may promote more balanced quality improvement.</p>
Behavioral Health	<p><b>12. *The Boston Globe</b>  April 27, 2026 (updated)  <a href="#">Too many assaults occur at Tewksbury State Hospital</a>  By The Editorial Board</p> <p>The Boston Globe opinion piece published on April 27, 2026, addresses the escalating crisis at Tewksbury Hospital, where a recent surge in violent incidents has left staff and local officials demanding urgent state intervention. The article highlights that four separate assaults occurred in the three weeks following a controversial Department of Public Health (DPH) policy change that banned hospital security from using defensive tools such as pepper spray, batons, and handcuffs. While the state defends the move as a necessary step to align the facility with a "therapeutic mission," the piece critiques this decision as dangerously</p>

detached from the reality of a hospital population that includes high-risk forensic patients. Citing union leaders who describe an "epidemic of violence," the author argues that the state's failure to provide a safe workplace has left healthcare workers feeling abandoned and calls for an immediate pause in the policy and a seat at the table for frontline staff to resolve the safety crisis.

**13. Patch**

April 24, 2026

[Community Healthlink prepares for eventual closure](#)

By Jessie Castellano

Community Healthlink (CHL), a prominent behavioral health affiliate of UMass Memorial Health, is preparing for an organizational closure and the transition of its programs following three years of financial losses totaling \$49 million. The transition plan, outlined in a recent internal memo from President Gordon Benson, involves transferring the majority of its services—including substance use treatment, crisis response, and residential support—to two other nonprofits, Open Sky Community Services and Clinical and Support Options, pending state regulatory approval. While leadership emphasizes the goal of maintaining continuity of care for Worcester's most vulnerable populations, the announcement has sparked significant backlash from staff and union representatives at SEIU Local 509, who warn that the move could jeopardize 400 to 500 jobs and disrupt long-standing therapeutic relationships with underinsured and homeless residents. As the city's public health committee prepares to investigate the closure's impact, healthcare workers and advocates are planning a rally at Worcester City Hall on April 28 to demand job protections and stronger oversight of the service handoff.

**14. HR Executive**

April 23, 2026

['Silent burnout' & mental health leave: a growing HR problem](#)

Recent data from 2026 highlights a significant surge in mental health-related leaves of absence, with sixty-one percent of human resources leaders reporting an increase in such claims over the past year. This trend is largely driven by "silent burnout," a condition where employees maintain a functional outward appearance while internally experiencing profound exhaustion and emotional depletion. Experts identify presenteeism—being physically present but psychologically drained—as a primary precursor to these leaves, often compounded by external stressors such as financial instability, caregiving responsibilities, and anxiety surrounding workplace automation. Because traditional employee assistance programs frequently fail to provide the proactive support needed to prevent crisis, HR professionals are increasingly prioritizing manager training and precision prevention strategies to identify and address hidden distress before it necessitates a formal leave of absence.

**15. \*Boston Globe**

April 21, 2026

	<p><a href="#"><i>Patient charged with assault at Tewksbury State Hospital, latest in string of attacks</i></a></p> <p>By Shelley Murphy</p> <p>A patient-on-patient assault with a sharp object at Tewksbury State Hospital on April 21, 2026, marked the fourth violent incident at the facility in just three weeks, intensifying a debate over state-mandated security rollbacks. The attack, which involved a suspect with an extensive criminal record, followed a recent Department of Public Health directive banning hospital security from using defensive tools such as pepper spray, batons, and handcuffs in favor of a "therapeutic mission." While state officials defend the policy as a necessary step to align with clinical standards, local law enforcement and healthcare unions—including the Massachusetts Nurses Association and SEIU Local 509—have decried the move, citing an "epidemic of violence" that endangers both staff and patients. This latest incident, along with previous assaults on staff and a pregnant employee, has prompted urgent calls from frontline workers for an emergency meeting with state leaders to address what they describe as a safety crisis driven by the mixing of high-risk forensic patients with general medical populations.</p>
Disability Topics	<p><b>16. University of Wisconsin Milwaukee</b>  April 23, 2026  <a href="#"><i>Tackling the Ableism Epidemic</i></a>  Social Work Assistant Professor Kiley McLean presented a “Brief &amp; <a href="#">Dr. McLean’s research</a> focuses on systems-level inequities affecting autistic adults and individuals with intellectual and developmental disabilities, including disparities in healthcare, education, employment, criminal justice, and community living.</p>
Medicaid	<p><b>17. Center on Budget and Policy Priorities</b>  April 14, 2026  <a href="#"><i>Coordinating Medicaid and SNAP Work Requirements to Streamline Determinations</i></a>  By Jennifer Wagner, Ed Bolen, Alicia Huguelet, and Dottie Rosenbaum</p> <p><b>Key Takeaways</b></p> <ul style="list-style-type: none"> <li>• Some Medicaid applicants or enrollees should be automatically exempted from the work requirement if they receive SNAP and meet certain conditions under Section bb of H.R. 1.</li> <li>• Even if they don’t qualify under Section bb, Medicaid can often use the information provided to SNAP to determine someone exempt from the work requirement.</li> <li>• In many cases, SNAP can also use the information provided to Medicaid to determine someone exempt from the SNAP work requirement.</li> </ul>
Federal Policy	<p><b>18. Justice in Aging</b>  April 27, 2026  <a href="#"><i>Policy Reforms to Better Connect Older Adults and Individuals with Disabilities to SSI and Other Benefits</i></a>  By Trinh Phan</p>

	<p>This article from Justice in Aging outlines critical policy recommendations to modernize the Supplemental Security Income (SSI) program and improve benefit access for low-income older adults and people with disabilities. The authors highlight that complex application processes and outdated eligibility rules—such as the "In-Kind Support and Maintenance" (ISM) rule and restrictive asset limits—create significant barriers to enrollment and contribute to high poverty rates among vulnerable populations. To address these systemic issues, the brief proposes several federal reforms, including the elimination of the ISM rule, updating resource limits that have remained stagnant for decades, and simplifying the administrative burden on applicants. By streamlining these processes and expanding eligibility, the proposed changes aim to ensure that the social safety net more effectively supports financial stability and dignity for those who rely on SSI to meet their basic needs.</p> <p><a href="#">Get the issue brief</a></p>
<p>From around the Country</p>	<p><b>19. McKnights Long-Term Care News</b>  April 24, 2026  <a href="#">Historic nursing home to sell to growing PE firm amid industry pressures</a>  By Jessica R. Towhey  Simpson House, a landmark Philadelphia nursing home with a legacy dating back to 1865, is transitioning from a nonprofit to a for-profit entity following its sale to Olde Main, LLC, an affiliate of the private equity firm Tryko Partners. The decision by Simpson Senior Services to divest the 142-bed, 5-star rated facility was driven by the increasing complexity of federal and state regulations, specifically regarding staffing ratios and Medicaid reimbursements that have made nonprofit operations increasingly difficult to sustain. As Simpson House joins Tryko’s extensive network—the 17th largest nursing home chain in the U.S.—the acquisition highlights a broader national trend of historic nonprofit senior living organizations being absorbed by large for-profit chains to navigate the modern healthcare landscape.</p> <p><b>20. The Register</b>  April 24, 2026  <a href="#">Nursing home residents at homeless shelters shows housing shortage</a>  Editorial  A growing housing crisis in Ohio has led to a disturbing trend where nursing homes are increasingly discharging elderly, impoverished, and medically fragile patients directly to homeless shelters. This editorial highlights how facilities, struggling with patients facing unstable housing or behavioral issues, sometimes bypass traditional discharge protocols, leaving vulnerable individuals—some suffering from dementia or chronic illness—without the specialized care or safety nets they require. Experts and advocates emphasize that this "patient dumping" is a symptom of a larger systemic failure, including a shortage of affordable housing and insufficient state oversight. Consequently, the editorial calls on lawmakers to move beyond a focus on youth-centric policies and</p>

	<p>implement collaborative, long-term solutions to protect a generation that is being unfairly displaced into an ill-equipped shelter system.</p> <p><b><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></b></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: <a href="https://dignityalliancema.org/take-action/#/25">https://dignityalliancema.org/take-action/#/25</a>. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via <a href="https://tinyurl.com/ForgetMeNotPNA">https://tinyurl.com/ForgetMeNotPNA</a> or you can email your story to Dignity Alliance MA (<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>	<p><b><i><a href="#">A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled</a></i></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><a href="#"><u><i>American Eldercide: How It Happened, How to Prevent It</i></u></a>  By <a href="#"><u>Margaret Morganroth Gullette</u></a>  <a href="#"><u>Buy the book here.</u></a></p> <p><b>Margaret Morganroth Gullette</b> is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women’s Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>
<p>Bringing People Home:  The Marsters Settlement</p>	<p>Webpages:  <a href="https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/">https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/</a>  <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a></p> <p>Marsters data for the calendar year 2025:</p> <ul style="list-style-type: none"> <li>• 499 people who have returned and are active in the community</li> <li>• Efforts to validate status of 63 others who are in the community</li> <li>• Target for 2025 and 2026 is 600 transitions</li> <li>• 1,369 currently enrolled</li> <li>• 100 AHVP vouchers issued for transitions: 71 used, 10 in process. 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><a href="#"><u>Please Donate!</u></a></p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p><b>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and 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>

Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a> 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> .	
Websites		
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	<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>																																																
Determination of Need Projects	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																																																
List of Special Focus Facilities	<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.																																																
Nursing Home Inspect	<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> <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> <b>Updated October 15, 2025</b>	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>
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Nursing Home Compare	<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>	
Bringing People Home: Implementing the Marsters class action settlement	<p>Website: <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a>          Center for Public Representation          5 Ferry Street, #314, Easthampton, MA 01027</p>		

	<p>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>
<i>REV UP Massachusetts</i>	<p>REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote.          Website: <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>
<i>The Dignity Digest</i>	<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>
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i>:</p> <ul style="list-style-type: none"> <li>• Wynn Gerhard</li> <li>• Jim Lomastro</li> <li>• Dick Moore</li> </ul> <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.  <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</i></p>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>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></i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>	