



The Dignity Digest

Issue # 283

May 12, 2026

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

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

DignityMA Zoom Sessions

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

Reflection

The dignity of motherhood is a lifelong stewardship; it begins with nurturing life into the world and evolves into the grace of being nurtured in return.

Source unknown

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

Nursing Homes

- [University of Pennsylvania Researchers: Repealed Staffing Rule Would Have Saved 13,000 Lives a Year](#) (Traction Law Group, May 9, 2026)
- [\\$10,000 a Month for Long-Term Care Is Now Typical—How It Impacts Family Finances](#) (Investopedia, May 8, 2026)
- [Nursing homes are in trouble - and there's a good chance you'll end up in one](#) (Morningstar, May 7, 2026)
- [Nearly half of nursing home turnover going unreported: study](#) (McKnights Long-Term Care News, May 7, 2026)

Private Equity

- [Private Equity Is Taking Over Nursing Homes — And Seniors Are Paying the Price](#) (Scheerpost, May 8, 2026)

Ageism

- [Republican Wisconsin Senate candidate says he doesn't oppose elderly people voting](#) (AOL, April 19, 2026)

Guardianship

- [Adult Guardianship System: Provide Seamless Support for the Elderly](#) (The Japan News, May 7, 2026)

From around the County

- [Nursing home residents and advocates urge New Jersey to raise long-stagnant \\$50 personal needs allowance](#) (The Jersey Vindicator, May 10, 2026)
- [Kansas exits 'Money Follows the Person' program, leaving nursing home residents hung out to dry](#) (KSNT.com, May 8, 2026)

Spotlight

Editor's Note:

While the focus of this opinion piece is about

[When 'care' becomes control](#)

CT Mirror

By Michael A. D'Amico

May 11, 2026

nursing homes in Connecticut, the scope of the issue and the recommended policy and practice solutions are fully relevant to Massachusetts.

Nursing homes, dementia, and chemical restraints we can't ignore

Families place a loved one in a nursing home because they need help. Because they cannot do it alone. Because they trust that professionals will provide care with dignity, patience, and humanity.

What they do *not* consent to —what *no one* would ever consent to – is turning their loved one into a problem to be managed with drugs.

And yet, that is exactly what federal investigators say is happening.

In March, the U.S. Department of Health and Human Services Office of Inspector General (OIG) released findings that should alarm every family and every policymaker in this country. Investigators found that some [nursing homes inappropriately diagnosed residents with schizophrenia](#) – not because it was medically accurate, but to justify the use of powerful antipsychotic drugs and to artificially improve the facility's public ratings.

Let that sink in.

A false diagnosis. A powerful drug. A vulnerable person. All to make a facility look better on paper.

In a companion report, OIG described “alarming instances” where residents with dementia were given antipsychotic medications not because they needed them – but because it made them easier to handle. Easier for staff. Quieter. More compliant.

These drugs carry FDA warnings. For people with dementia, they can increase the risk of death. This is not care – this is chemical restraint. And it is inhuman.

We have spent nearly 40 years fighting this exact kind of abuse – the quiet, systemic mistreatment of vulnerable people by those entrusted with their care. It does not always leave visible bruises, but the harm is real. The loss of dignity is real. And too often, the consequences are irreversible.

This is not an abstract policy problem. It is a moral failure.

Why this matters in Connecticut

Connecticut law is clear. Nursing home residents have the right to dignity. They have the right to be free from improper restraint. Chemical restraints – like antipsychotic drugs – can only be used for legitimate medical purposes, with a physician's order, within a defined plan of care, and with ongoing review.

In other words, the conduct described by OIG is not just troubling – it directly contradicts the legal and ethical framework that is supposed to protect residents. But laws only matter if they are followed and enforced.

The quiet danger families miss

This abuse rarely announces itself. Families don't get a call saying, "We've started sedating your loved one for convenience." Instead, they notice changes. A once-engaged parent becomes withdrawn. A loved one is suddenly drowsy, confused, or falling. Conversations fade. Personality disappears. They are told it is "progression." Sometimes, it isn't. OIG's findings – and reporting by *The Washington Post* – show that some residents were medicated for behaviors that were not dangerous, like repeated requests for help. Or restlessness. Or confusion.

In other words: simple human behavior.

When those behaviors are treated with sedation instead of care, we are no longer treating a patient; we are suppressing a person. And when diagnoses are manipulated to justify that sedation, the system itself becomes complicit.

Accountability must go beyond the bedside

This is not about one bad nurse or one bad shift. It is about systems. OIG identified failures across the chain: medical directors who did not intervene, pharmacists who did not flag misuse, policies that failed to protect residents, and incentives that rewarded the wrong behavior.

That is how abuse becomes normalized. Real reform requires confronting *all* of it – how facilities are staffed, how decisions are reviewed, how families are informed, and how regulators enforce the law.

What Connecticut should do now

If we are serious about protecting the elderly and vulnerable, Connecticut must act decisively:

- Require clear, plain-language disclosure to families when antipsychotic drugs are started or increased – including risks, alternatives, and purpose.
- Audit late-added schizophrenia diagnoses, especially in residents with dementia receiving these drugs.
- Enforce existing laws on chemical restraints with real consequences.
- Invest in staffing, training, and non-drug approaches to dementia care so medication is not used as a substitute for time and compassion.
- Make reporting easier – and outcomes more transparent – for families.

What families can do

Trust your instincts. If something feels off, it probably is. Ask questions. Demand answers. Request records. If your loved one suddenly seems sedated, withdrawn, or declining, treat it as a serious warning sign. Because it is.

	<p>And if you suspect abuse or improper medication, <i>report it</i>. There are systems in place – but they only work if people use them.</p> <p>Why this is also a legal issue</p> <p>When families come to us, they are not looking for a lawsuit, they are looking for answers: How did this happen? Who allowed it? Why weren't we told?</p> <p>For nearly four decades, we have stood with Connecticut families asking those questions. We have seen what happens when convenience replaces care, when oversight fails, and when vulnerable people are treated as burdens instead of human beings.</p> <p>We will continue to fight it. Because this should never be acceptable. Not in Connecticut. Not anywhere. This is not about medicine; it is about dignity. Dementia does not erase personhood. A diagnosis is not a loophole.</p> <p>And no one – <i>no one</i> – should ever be drugged into silence for the sake of convenience.</p> <p>Connecticut families deserve real care. Not chemical control.</p>
<p>Quotes</p>	<p><i>[Eric Hovde,] the Republican candidate in Wisconsin's closely watched U.S. Senate race emphasized this week that he doesn't oppose elderly people voting after initially saying that "almost nobody in a nursing home" is at a point in life where they are capable of voting".</i></p> <p>Republican Wisconsin Senate candidate says he doesn't oppose elderly people voting (AOL, April 19, 2026)</p> <p><i>Under the new system [of guardianship], the role of family courts will become more significant in assessing the judgment of the elderly and determining the duties of assistants and when to terminate their services. It is hoped that a system will be put in place at family courts so that they can provide meticulous support while respecting the wishes of elderly persons themselves.</i></p> <p>Adult Guardianship System: Provide Seamless Support for the Elderly (The Japan News, May 7, 2026)</p>

"The high cost of health care is one of the biggest challenges facing families and businesses in Massachusetts, and we need clear, reliable data to inform our efforts around affordability."

Governor Maura Healey, [Governor Healey, Attorney General Campbell and Auditor DiZoglio Announce Andrew Jackmauh as Executive Director of Center for Health Information and Analysis](#) *Office of Governor Maura Healey and Lt. Gov. Kim Driscoll, May 7, 2026)

"Our PNA (personal needs allowance) does not even cover a cup of coffee each day."

Stacey Moore, a nursing home resident in New Jersey, [Nursing home residents and advocates urge New Jersey to raise long-stagnant \\$50 personal needs allowance](#) (The Jersey Vindicator, May 10, 2026)

"We don't always agree on things on both sides of the aisle, but for something like (increasing the personal needs allowance for nursing home residents), how do we not move this? Sometimes we spend money on the stupidest things ... vanity projects ... How is this coming before us again? This has got to move."

New Jersey Assemblywoman Dawn Fantasia, [Nursing home residents and advocates urge New Jersey to raise long-stagnant \\$50 personal needs allowance](#) (The Jersey Vindicator, May 10, 2026)

The repeal removed the 3.48 hours-per-resident-day standard, the registered nurse and nurse aide minimums, and the 24/7 onsite RN requirement, reverting to the prior federal floor of 8 consecutive hours of RN coverage per day. . . Thirteen thousand (preventable deaths of nursing home residents). Every year. That is Coe and Werner's number, not a CMS number, not a government projection. It is an independent academic calculation that was submitted, published, and ultimately moved past.

[University of Pennsylvania Researchers: Repealed Staffing Rule Would Have Saved 13,000 Lives a Year](#) (Traction Law Group, May 9, 2026)

As Americans age, we deserve the peace of mind that we can find nursing care for our parents or ourselves when we need it. But for private equity firms, that need isn't a mission to fulfill — it's an opportunity to profit at our expense. As private equity takes over more nursing care, [studies](#) show higher mortality rates, reduced staffing, and increased costs as a result. But seniors are fighting back.

[Private Equity Is Taking Over Nursing Homes — And Seniors Are Paying the Price](#) (Scheerpost, May 8, 2026)

Nursing-home residents, in many or most cases, are completely powerless and often isolated. There is little to protect them from neglect or abuse. Cases only come to light if they are found out. And when they are, and families take legal action, the cases are typically filed in county courts, where few are ultimately heard and many are settled out of court.

[Nursing homes are in trouble - and there's a good chance you'll end up in one](#) (Morningstar, May 7, 2026)

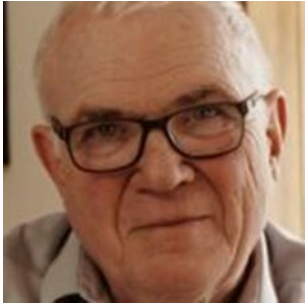
“As turnover metrics play an expanding role in Five-Star ratings, consumer decision-making, and regulatory oversight, measurement choices matter. Definitions that narrow turnover to longer-tenure staff risk becoming progressively less informative in a labor market characterized by short-term and flexible staffing employment.”

[Nearly half of nursing home turnover going unreported: study](#) (McKnights Long-Term Care News, May 7, 2026)

“I never thought about what I was doing as ‘first’ or ‘unique.’ I was really doing it for myself. I never even thought about the time. It was a ride of enjoyment.”

Bob Hall, first wheelchair competitor in the Boston Marathon, [Bob Hall, Boston Marathon's first official wheelchair champion, dies at 74](#) (WGBH, April 13, 2026)

Commentary
Offered by
DignityMA
Participants



James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia.

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

Thank You for Your Service. Now Surrender Your Rights.

By James A. Lomastro, PhD
May 9, 2026

America has a ritual for sending young people to war. Flags, speeches, the solemn weight of sacrifice requested. We are less practiced at the ritual that follows decades later, when the same government that dispatched them to combat now dispatches attorneys to state courthouses to seek legal guardianship over the veterans it could not adequately house, treat, or support. That is what a set of recently disclosed [federal documents reveals](#): a coordinated infrastructure, built by the Department of Veterans Affairs and the Department of Justice, to pursue guardianship and conservatorship proceedings against veterans in state courts. The program has a name — [the Safe Harbor Guardianship Pilot Program](#). It has staffing models, implementation timelines, expansion planning. [It has a pipeline.](#)

It is not a last resort. It is a system.

Before we assess the VA's intentions, we should be clear about what guardianship does. Former [Congressman Claude Pepper](#) called it "the most punitive civil penalty" short of the death penalty. [The Center for Public Representation](#) calls it "civil death." These are not hyperbolic characterizations. Guardianship removes the right to vote, the right to marry, control over medical decisions, financial autonomy, and the right to choose where to live. Once imposed, reversing it is extraordinarily difficult. The veteran loses legal standing to challenge it on their own behalf.

The Memorandum of Understanding between VA and DOJ authorizes VA attorneys to be appointed as Special Assistant U.S. Attorneys to initiate guardianship proceedings in state courts. [The internal slide deck lays out the model](#) as a formal pipeline: outreach and identification, clinical and legal assessment, legal adjudication, guardianship placement, and transition to appropriate care settings. Read that pipeline slowly. It begins with outreach and ends with placement. Guardianship is the mechanism connecting them. This is not a narrow emergency remedy. This is a discharge management tool.

Here is the deepest ethical fault line in these documents: they repeatedly blur the distinction between homelessness, psychiatric vulnerability, service refusal, instability, and legal incapacity. Those are not the same thing. A veteran can be traumatized, mentally ill, cognitively impaired, homeless, and distrustful of institutions without actually requiring plenary guardianship. The disability rights coalition challenging this initiative states it plainly: guardianship should not be used as a substitute for investment in housing and community-based services.

The populations targeted by this initiative are not primarily distinguished by legal incapacity. They are distinguished by system failure. The VA has not provided adequate housing. The mental health infrastructure is insufficient. [Discharge pathways are clogged. In Powers v. McDonough, the Ninth Circuit affirmed major portions of a lower court ruling](#) finding that disabled unhoused veterans were being denied meaningful access to supportive housing and services on the West Los Angeles VA campus, reinforcing longstanding concerns that the federal government has failed to build adequate community-based systems of care for vulnerable veterans

[The Olmstead doctrine](#) holds that people should receive supports in the most integrated setting appropriate to their needs, with maximum autonomy preserved. The Safe Harbor Guardianship Pilot moves in the opposite direction. And history offers a sobering lesson: when guardianship becomes normalized as an operational solution, the threshold for removing rights tends to expand over time. The maturity scales and expansion frameworks in these documents suggest that expansion is already anticipated.

The advocates challenging this initiative are not arguing that guardianship is never appropriate. They are arguing for a framework grounded in autonomy rather than management such as [Supported Decision-Making](#), [Housing First models](#), [Assertive Community Treatment](#), peer supports, and voluntary engagement strategies, all evidence-based, all dignity-preserving, all requiring investment rather than legal action.

The safeguards are straightforward. Before any guardianship petition, documented attempts at less restrictive alternatives

should be required. Veterans must have access to independent legal counsel not representation from the same system seeking to adjudicate their rights. Lack of housing should never function as de facto evidence of incapacity. The VA should publicly report petitions filed, placements, and institutionalization rates.

The principle at stake is simple enough to state and difficult enough to honor incapacity should never be presumed simply because someone is difficult to discharge, homeless, mentally ill, aging, or poor. These are veterans. They were asked to surrender their safety in the service of democratic values, including the rights we extend to all citizens. The least we can offer in return is not the administrative convenience of removing those rights when they become inconvenient to manage.

Thank you for your service. You are entitled to more than that.

The Mental Health Crisis Is a Values Problem, Not Just a Money Problem

By James A. Lomastro, PhD

May 11, 2026

The Boston Globe editorial board is right that Massachusetts' behavioral health system needs more money. ([The mental health system needs more money — but from where?](#); May 11, 2026) But the question "where do we find the money" — however well-intentioned — accepts a frame that obscures the deeper problem. The crisis in behavioral health workforce is not primarily a funding allocation puzzle. It is the predictable outcome of a system organized around the wrong values.

Consider what the data actually shows. A clinical mental health social worker earns a median wage of roughly \$30 an hour after earning a master's degree, passing a licensure exam, and completing more than 4,000 hours of supervised experience. A specialist physician, by contrast, receives more than six times that reimbursement for thirty minutes of work. This is not a market inefficiency. It is a values statement — a collective decision, embedded in payment structures and sustained by institutional inertia, that relational care is worth less than procedural intervention.

The behavioral health workforce does not just treat symptoms. It holds people. It notices. It builds the kind of trust over time

that cannot be replicated in an emergency department visit or an AI-assisted chat session. That work is not legible to the metrics that drive payment decisions. You cannot bill for attunement. There is no procedure code for continuity of relationship. The system doesn't simply underpay care workers — it doesn't know how to see what they do.

This is where the care economy argument becomes essential. Behavioral health is not a social safety net for troubled individuals. It is workforce infrastructure — as foundational to a functioning economy as roads or broadband. The literature on this is substantial and largely ignored in public debate. Untreated depression and anxiety cost Massachusetts employers in absenteeism, turnover, disability claims, and lost productivity at a scale that dwarfs what adequate reimbursement would cost. The Globe asks where we find the money to fix this. The prior question is what the current underinvestment is already costing — and who is paying that bill. The answer, as always, is the people least able to absorb it.

The structural dimension goes beyond wages. Commercial insurers operating in Massachusetts have maintained behavioral health reimbursements below inflation for years — not through neglect but through deliberate rate-setting, enabled by market power and inadequate regulatory pressure. The federal Mental Health Parity and Addiction Equity Act has been law since 2008. Massachusetts has its own parity statute. The editorial never asks why those laws have not solved what they were designed to solve. That is the uncomfortable question that serious reform requires.

The Globe editorial board suggests that policymakers "get serious" about solutions beyond spending. That is exactly right, but the solutions need to be named. Full enforcement of parity law, with real penalties for noncompliance. Minimum reimbursement floors for behavioral health that are indexed to actual cost — not historical rates compounded by inflation lag. Structural pressure on the ownership and financing arrangements that extract value from care settings rather than investing in them. And a public reckoning with the fact that we have organized an entire sector of the economy around the assumption that people who care for other people should expect to be compensated less for doing it.

Pope Leo XIV, in a recent address that deserves more attention in policy circles than it has received, described the organizing logic of our moment as "extractivism" — treating people, communities, and relationships not as ends but as inputs, costs to be minimized, value to be harvested and moved elsewhere. That description fits the behavioral health payment system precisely. The therapist who makes you feel seen, the case manager who keeps a fragile person from cycling through the emergency department, the peer specialist who has been where you are — these workers are not overhead to be managed down. They are the point.

Massachusetts has the policy tools. What has been missing is the willingness to name the values problem underneath the money problem — and to act as if the care economy is infrastructure worth protecting, not a residual expense to be rationalized.

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

[The arc of care: Honoring mothers as givers and receivers](#)

***Salem News**

By Paul Lanzikos
May 11, 2026

For generations, mothers have served as the backbone of our care economy. As primary managers of our homes and first responders to illness, they provide unpaid labor valued at over \$22 billion annually in [Massachusetts](#) alone. Yet, as the "longevity revolution" continues, these lifelong caregivers are becoming care receivers, often entering a system that prioritizes corporate profit over human dignity.

[Dignity Alliance Massachusetts \(DignityMA\)](#) advocates for a fundamental transformation of this landscape. Many mothers in the "[club-sandwich generation](#)" sacrifice their own health and retirement savings to care for others. While the **Caregiver Tax Credit (H.3159 / S.1938)** is a necessary step, we must also eliminate waiting lists for home care services and shift funding toward [Home and Community-Based Services \(HCBS\)](#) to allow mothers to age in place.

The transition to needing assistance should not mean losing autonomy. Currently, 30,000 women in Massachusetts nursing homes—most of them mothers—must surrender their income to facilities, keeping a **Personal Needs Allowance (PNA)** of only \$72.80 per month. This meager \$2.40 per day for clothing and essentials has remained stagnant for twenty years.

	<p>DignityMA supports legislation sponsored by Senator Joan Lovely (D-Salem) (S.887 / H.1411) to increase the PNA and establish an annual cost-of-living adjustment.</p> <p>True long-term care reform requires prioritizing empathy over institutional efficiency. We must enforce strict staffing ratios, ensure ownership transparency, and integrate behavioral health support along with medical care.</p> <p><i>"Do what you can to show you care about others, and you will make our world a better place."</i> Rosalyn Carter</p> <p>Honoring mothers means ensuring the care they gave so freely is returned with respect and empathy. We urge everyone to contact their legislators to advance these reforms before the session concludes in July. We owe our mothers a future defined by dignity and compassion, not just survival.</p>
Recruitment	<p>See: Listings on MASterList.com's Job Board for all current listings</p>
Transitions	<p><i>Governor Healey, Attorney General Campbell and Auditor DiZoglio Announce Andrew Jackmauh as Executive Director of Center for Health Information and Analysis</i></p> <p>Office of Governor Maura Healey and Lt. Gov. Kim Driscoll May 7, 2026</p> <p>Andrew Jackmauh brings extensive experience in health policy, data analysis and public sector leadership. He previously served for eight years as Chief of Staff at CHIA, where he played a key role in advancing the agency's work to promote transparency, affordability and equity across the Massachusetts health care system.</p>
DignityMA Study Session	<p><u>Guardianship Issues, Needs and Impact in Massachusetts</u></p> <p>Wednesday, May 13, 2026, 1:00 to 2:00 p.m. Register: <u>https://tinyurl.com/DignityMA-StudySessionMay13</u></p> <p>Presenter: Wynn Gerhard, Esq, Guardian Community Trust and the Massachusetts Guardianship Policy Institute</p> <p>Topics covered:</p> <ul style="list-style-type: none"> • What is Guardianship • History of Guardianship and Guardianship Reform in Massachusetts • Obligations of Guardians • Guardianship as Last Resort

	<ul style="list-style-type: none"> • Rights of adults impacted by Guardianship • Alternatives to Guardianship
<p>FY 2027 State Budget</p>	<p>Dear Senator, Dignity Alliance Massachusetts is reaching out to encourage you to co-sponsor our priority amendments to the Senate Ways and Means version of the FY 2027 Budget. We are grateful to Senators Joan Lovely, Julian Cyr, and Williams Driscoll for their willingness to sponsor our proposals. Please consider adding your name and support to each of the following amendments. DignityMA has four priority amendments for the Senate to consider:</p> <p><u># 529 - Personal Needs Allowance (Senator Joan Lovely)</u></p> <ul style="list-style-type: none"> · Outside section · Does not seek dollar increase (i.e., no impact on FY 2027 budget) · Establishes an annual COLA effective July 1, 2027 <p><u># 839 - Enhancing Elder Care Services (Senator Joan Lovely)</u> <u>REDRAFT</u></p> <ul style="list-style-type: none"> · Outside section · Reform via a new Medicaid Waiver · Eliminates waiting list (currently at 1000) · Intended to keep folks out of nursing homes · Generates net positive impact of \$38.5 million <p><u># 572 - Improving Transparency in Nursing Home Closures and Transfers (Senator William Driscoll)</u></p> <ul style="list-style-type: none"> · Outside Section · Does not seek any new funding · Improves opportunities for residents, family, and public input · Intended to provide more notice if residents need to relocate. <p><u>#413 - Personal Care Attendant Program</u></p> <ul style="list-style-type: none"> · Section 2 line item · Mirrors language in House Budget · Preserves a program vitally important to people with disabilities · Intended to help avoid institutionalization
<p>Joint Committee on Aging and</p>	<p>Joint Committee on Aging and Independence <u>Public Hearing</u> May 11, 2026 Bills considered:</p>

Independence Public
Hearing

Bill

Bill Title

- [H.5243](#) An Act relative to medication administration in rest homes
[H.5376](#) An Act relative to assisted living residences in the Commonwealth
[S.3056](#) An Act relative to medication administration in rest homes
[S.3057](#) An Act relative to assisted living residences in the Commonwealth

[Recording of hearing](#)

Written testimony can be submitted up to Friday, May 15, 2026 via email to [Joint Committee on Aging & Independence](#) or physically mailed to:
Senate Chair Patricia Jehlen
Joint Committee on Aging & Independence
ATTN: Tara Christian, Legislative Aide
24 Beacon St., Room 424
Boston, MA 02133

Dignity Alliance Massachusetts Testimony presented by John Ford, Chair, DignityMA Assisted Living Workgroup

Re: Support for S 3057/H 5376 (“An Act Relative to Assisted Living Residences in the Commonwealth”)

Dear Chairs Jehlen and Stanley and Members of the Committee:

On behalf of Dignity Alliance Massachusetts and the Massachusetts Guardianship Policy Institute, I am writing in support of the above referenced bills relative to needed reforms in our Assisted Living Residence (ALR) industry and in appreciation of the Chairs’ leadership roles in the drafting of the bills and their longstanding history of support for the industry and its 17,000 consumers.

I note that the bills are an effective response to the recommendations of last year’s ALR Commission, whose deliberations were greatly influenced by both chairs, and the ALR Commission’s final report is a call to the Legislature to make meaningful reforms to the ALR industry.

The history of the ALR industry is marked by a lack of transparency and accountability where residents and prospective residents are not informed of information relative to their operations and the AGE ALR Ombudsman is not sufficiently funded to address the number of complaints received or to be able to inform the public as to the nature or seriousness of the complaints received.

The proposed legislation contains several essential changes, including the creation of an Assisted Living Residence Trust Fund, designed to provide the resources to support AGE’s responsibilities in certifying and recertifying ALRs , so that AGE can not only

respond to and address complaints, but also develop procedures for collecting and reporting significant data in order to make the ALR industry more accountable.

The bills if enacted would establish an ALR Affordability Task Force, a recommendation of last year's ALR Commission. The Task Force will tackle issues of affordability- designation of "affordable ALRs" by standards that will guide the industry – it is a recognition of the necessity of preventing tragedies like the deadly fire at Gabriel House that claimed eleven lives. Affordability standards will no doubt feature comprehensive safety standards. The Committee should consider designating some additional crucial stakeholders to the proposed Task Force membership, notably the AGE ALR Ombudsman, a representative from Dignity Alliance, and any authoritative person or group representing the perspective of the consumer side of the ALR industry.

The provisions addressing a registration requirement for ALR executive directors and a certification process for ALR medication aides represent sound policy and reflect a good faith effort to implement the recommendations of the 2025 ALR Commission and will truly improve the quality of life of the residents of ALRs throughout the Commonwealth.

Thank you for your commitment to these important issues.

Written testimony regarding [H.5376](#) / [S.3057](#) – An Act relative to assisted living residences in the Commonwealth

Dear Chair Jehlen, Chair Stanley, and Distinguished Members of the Committee:

On behalf of Dignity Alliance Massachusetts, I am expressing our strong support for H.5376 and S.3057, "An Act relative to assisted living residences in the Commonwealth."

Dignity Alliance is a state-wide coalition of advocates, organizations, and experts committed to systemic transformation in long-term care, ensuring that older adults and individuals with disabilities can live with dignity, autonomy, and the support they require.

As the landscape of long-term care shifts toward more residential and community-based settings, the regulatory framework must evolve to protect the health, safety, and rights of residents.

This legislation represents a critical step forward in several key areas:

1. Enhanced Oversight and Enforcement Capacity The establishment of the Assisted Living Residences Trust Fund is a vital provision. By directing certification fees, fines, and civil

penalties back into oversight—specifically for staffing the certification unit, conducting compliance reviews, and expanding ombudsman services—this bill ensures that the Executive Office of Aging and Independence (AGE) has the sustainable resources necessary to hold providers accountable. Oversight is only as effective as the resources dedicated to it and this dedicated fund ensures that safety is not subject to annual budgetary fluctuations.

2. Access to Affordable Care One of the greatest challenges facing the Commonwealth is the lack of affordable assisted living options. The creation of a task force to study and make recommendations on "affordable assisted living residences" is timely and necessary. Defining "affordable" in this context and identifying the target populations will help bridge the gap for low- and moderate-income residents who currently have few options between aging at home without support and entering a skilled nursing facility.

3. Permanent Authorization of Basic Health Services The permanent codification of "basic health services"—such as the administration of eye drops or oxygen management—reflects the practical reality of modern assisted living. Making these services permanent, while ensuring they are governed by strict regulatory frameworks and qualified staffing, allows residents to age in place longer and avoids unnecessary transitions to higher levels of care for simple clinical needs.

4. Transparency and Suitability We strongly support the provisions that lower the ownership disclosure threshold and require a review of the financial capacity and litigation history of applicants. Greater transparency regarding the corporate structures and financial health of providers is essential to preventing the instability often seen when private equity interests prioritize profit over resident care.

5. Protections for Vulnerable Populations The inclusion of LGBTQ+ protections and whistleblower safeguards for staff and residents aligns directly with our mission to ensure that every individual in a care setting is treated with respect and is free from discrimination or retaliation when reporting safety concerns.

H.5376 and S.3057 provide a comprehensive and modern framework for assisted living in Massachusetts. By strengthening oversight, prioritizing affordability, and ensuring transparency, this legislation will significantly improve the quality of life for thousands of residents.

Dignity Alliance Massachusetts urges the Committee to report this legislation favorably. Thank you for your leadership and for the opportunity to provide testimony on this important matter

Written testimony regarding [H.5243](#) / [S.3056](#) – An Act relative to medication administration in rest homes

Dear Chair Jehlen, Chair Stanley and Distinguished Members of the Committee:

On behalf of **Dignity Alliance Massachusetts**, I am writing to express our strong support for **H.5243** and **S.3056**, which seek to amend Section 7 of Chapter 94C of the General Laws. This legislation is a vital step in preserving the stability of the Commonwealth's rest home sector and ensuring that residents in these Level IV facilities can continue to receive care in the community-based settings (i.e., non-medical) of their choice.

The Role of Rest Homes in the Continuum of Care

Rest homes serve a unique and essential role in the Massachusetts long-term care continuum. They provide a residential, lower-cost, and less restrictive environment for older adults and individuals with disabilities who require assistance but do not yet need the clinical intensity of a skilled nursing facility (SNF).

For many decades, these facilities have relied on "**Responsible Persons**"—unlicensed but trained staff—to assist residents with medication administration. This model has allowed rest homes to remain financially viable while preventing the "institutional drift" that occurs when residents are forced into more expensive nursing homes simply because they require assistance with daily medications.

Addressing the Regulatory Crisis

This legislation is timely and necessary. Recent regulatory proposals from the Department of Public Health (DPH) to eliminate the use of unlicensed personnel for medication administration threatened to destabilize the entire rest home sector. Without the statutory clarity provided by H.5243 and S.3056, many facilities would face an unfunded mandate to provide 24/7 licensed nursing coverage—a cost that could lead to widespread closures and the displacement of vulnerable residents.

By codifying the registration of rest homes and the role of "Responsible Persons" within the **Controlled Substances Act (Chapter 94C)**, the Legislature provides a firm legal foundation for a practice that is essential to the survival of these community resources.

Proposed Amendment: Ensuring Safety and Accountability

While Dignity Alliance Massachusetts fully supports the intent of this bill, we believe that the transition to a formal registration system presents an opportunity to enhance resident safety and professionalize the workforce.

We respectfully recommend that the Committee include an amendment to this legislation requiring a formal study on the advisability of implementing a standardized training and certification program for "Responsible Persons."

Specifically, we propose that the Department of Public Health, in consultation with the Executive Office of Aging and Independence, evaluate the feasibility of adapting the Commonwealth's existing [Medication Administration Program \(MAP\)](#) for use in rest homes.

MAP is a proven, rigorous certification model used successfully for decades in community residential programs (DMH/DDS). A study would determine:

- The curriculum required to ensure competency in medication administration for Level IV settings.
- The oversight mechanisms necessary to align rest home practices with statewide safety standards.
- The impact of such a certification on workforce retention and resident outcomes.

Conclusion

Dignity Alliance Massachusetts is committed to systemic transformation that respects the choice and self-determination of every resident. H.5243 and S.3056 protect the "home" in rest homes. We urge the Committee to report these bills favorably and to consider our recommendation for a study to further strengthen the quality of care provided to our seniors and neighbors with disabilities.

Thank you for your leadership and for your consideration of our testimony.

Life Well Lived

[**Bob Hall, Wheelchair Racing Pioneer, Dies at 74**](#)
Sunday Today
 May 10, 2026

Bob Hall, the man who made history as the first wheelchair racer at the Boston Marathon and blazed a trail for people with disabilities around the world, has died at 74. He established Hall's Wheel's which pioneered the design and production of custom racing chairs for athletes across the country and grew to include basketball, tennis and skiing chairs.

[**Bob Hall, Boston Marathon's first official wheelchair champion, dies at 74**](#)
WGBH



April 13, 2026

Bob Hall, a trailblazing athlete and innovator who became the first person to officially complete the Boston Marathon in a wheelchair, passed away recently at the age of 74. His historic 1975 finish in under three hours paved the way for the formal establishment of the race's wheelchair division, and he spent much of his life advancing the sport by designing and fabricating cutting-edge racing chairs that incorporated bicycle technology and individualized ergonomic designs. Remembered as a pioneer of inclusion, Hall's legacy is celebrated by generations of adaptive athletes who credit his vision and technical expertise with transforming wheelchair racing from a personal pursuit into a globally recognized professional discipline.

In Person and / or Online Events

Editor's Note:

DignityMA participants who are presenting:

- Wynn Gerhard
- Frank Baskin
- Brianna Zimmerman

National Association of Social Workers – Massachusetts Chapter **[Advocating for Older Adults & People with Disabilities Conference \(4.5 CEUs\)](#)**

Thursday, June 11, 2026, 8:00 a.m. to 2:00 p.m.

Virtual via Zoom

AGENDA:

8:00am Welcome Remarks

8:00am - 9:30am Keynote Workshop: Liberty, Justice & The Aging or Disabled Adult, with Wynn Gerhard Esquire and Dr. Heather Connors (1.5 CEUs)

9:30 - 10:00am Call for Papers Presentation

10:00 - 10:45am Policy Updates Workshop with Frank Baskin (1 CEUs)

10:45 - 11am Screen Break

11:00 - 12:00pm Morning Workshops (1 CEU per workshop)

- **MassHealth: Recent And Planned Changes, with speaker Kate Symmonds.** The so-called "One Big Beautiful Bill Act" (also known as OB3, or HR1), signed last July, enacted the largest cuts to Medicaid in history. At the same time, MassHealth is facing significant budgetary constraints, brought on by a rapid rise in healthcare spending and a decrease in federal revenue. In response to these challenges, MassHealth is making significant changes that will negatively impact many MassHealth members. This workshop will review these changes and how social workers can help their clients navigate them.
- **Optimal Nutrition for Older Adults, with speaker Leigh Hartwell MS, RDN, LDN.** Join registered dietitian, Leigh Hartwell, from AgeSpan for a discussion on optimal nutrition for older adults. We will outline the importance of nutrition related to Nutrition & Aging, Specific Dietary Needs, Hydration, Skin Integrity, and Food Safety.
- **Empowering the Disability Vote: A Guide for Social Workers, with speaker Brianna Zimmerman.** Americans widely think of voting as a hallmark of good citizenship. Despite being equally interested in voting, people with disabilities are less likely to vote and more likely to encounter barriers to voting than their

nondisabled peers. This interactive workshop will equip participants with an overview of the rights of voters with disabilities; strategies for empowering disabled clients to exercise the right to vote; and tools to overcome potential challenges. (All are welcome to join, whether you are a seasoned professional or new to getting out the vote!)

12:00 - 1:00pm Lunch break

1:00 - 2:00pm Afternoon Workshops (1 CEU per workshop)

- **What to Know About Medicare in 2026, with Alice Bers, Director, Massachusetts Medicare Advocacy Project, Community Legal Aid.** This presentation will provide a practical overview of Medicare in 2026, including recent policy and coverage developments that affect older adults and people with disabilities. It will cover program eligibility and benefits, and will provide information relevant to those who help Medicare beneficiaries understand their coverage, navigate their options, and appeal denials when necessary, whether in inpatient or community settings.
- **Scaling the Elephant: Strategies to Protect Older Adults from Losing SNAP Nutrition Benefits due to Harmful Federal Cuts, with Patricia Baker, Senior Economic Justice Advocate, Mass Law Reform Institute.** This workshop will include an overview of the harmful cuts to SNAP included in the July 2025 Big Ugly Bill (H.R.1) including restrictions impacting legal immigrants, expanded work rules and increased verification barriers. Participants will learn strategies to help older adults and persons with disabilities protect access to SNAP and minimize the harmful H.R. 1 provisions. The workshop will also include information on pending federal and state legislation to protect and defend SNAP.
- **Social Workers as Narrative Leaders: Addressing Ableism in Literature and Pop Culture, with Dr. Kate Benson, EdD.** How do novels, comic books, films, and media portray disability, and how do these portrayals influence the assumptions clients and professionals bring into social work spaces? This workshop examines common ableist tropes in literature and popular culture and explores how social workers can critically engage and reshape disability narratives in practice. Participants will leave with practical strategies for identifying bias, facilitating informed discussions, and advancing disability-affirming approaches in their work.

2:00pm Conference Ends

REGISTRATIONS RATES:

- Member: \$65
- Retired Member/Student Member: \$45
- Non-member: \$115

Full event information available

here: <https://www.naswma.org/page/OlderAdultsConf2026>



REV UP the Vote Webinar 2026

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

**Thursday, May 14, 2026
1:00 pm - 2:30 pm via Zoom**

- 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

ASL and CART have been requested

Registration is Required!
[Register for REV UP's 2026 Webinar!](#)

Webinars and Online Sessions

1. [Nursing Home Emergency Preparedness Can't Wait Moving Forward Coalition's Coalition Conversations](#)
Tuesday, May 12 , 2026, 4:00 to 5:00 p.m.
Description:
What would it take for nursing homes to fully prepare for emergencies? This Coalition Conversation will explore national opportunities to strengthen nursing home emergency preparedness and response in the United States. Grounded in one state's experience, the session will also highlight what effective implementation and cross-sector collaboration look like in practice—and why nursing home emergency preparedness can't wait.
Participants will gain a clearer understanding of why nursing homes require specialized emergency preparedness and response approaches, including resident-specific risks, staffing and operational challenges, and regulatory requirements. The discussion will also examine how coordination among nursing home teams, public safety officials, and health and human services leaders can strengthen preparedness and response efforts.
Finally, participants will leave with takeaways to help identify what is needed to implement effective emergency preparedness and response in their own state's or community's nursing homes.
Learn about our speakers [here](#).
[Emergency Preparedness Registration](#)
2. [Supplemental Security Income \(SSI\) Basics](#)
Justice in Aging
Wednesday, May 20, 2026 2:00 p.m.
Supplemental Security Income (SSI) is a vital benefit for extremely low-income older adults or people with disabilities who cannot work enough to meet their basic needs. The eligibility requirements and rules governing the program are complicated and confusing. Becoming

	<p>familiar with the rules will help advocates ensure eligible clients can get benefits and keep them. This webinar will explain the benefits SSI provides, how SSI differs from other Social Security benefits, the eligibility requirements for the program, and strategies to prevent individuals from having their benefits incorrectly reduced or terminated. This webinar will be most useful to aging, disability, and legal aid providers and advocates who work with individuals who might be eligible for SSI. After viewing this training, attendees will be able to:</p> <ul style="list-style-type: none"> • Recognize and explain the difference between SSI and Social Security benefits; • Identify individuals likely to qualify for SSI; and • Assess potential obstacles to SSI eligibility. <p>SSI Registration</p> <p>3. The Future of Housing + Health: Where Systems Converge Center for Housing & Health Thursday, June 4, 2026, 1:30 p.m. to 3:00 p.m. Across the country, housing and health systems are undergoing profound shifts. With rising homelessness, escalating behavioral health needs, and the growing recognition that housing stability is foundational to health, states and communities are experimenting with new policy, financing, and service delivery models. At the same time, the organizations and people that make them up are under exceptional stress. This presents opportunity and complexity: sectors that have historically operated in parallel are now being asked to work in alignment. This thought leadership series brings together some of the nation’s most innovative thinkers from across the housing, healthcare, behavioral health, and policy systems to explore what’s next. Through candid conversations with researchers, health system executives, Medicaid leaders, community-based health providers, affordable housing providers, and people directly impacted by health and housing systems, the series elevates forward-looking ideas and sparks cross-sector collaboration. Over the series, we’ll examine emerging models, shared challenges, and breakthrough opportunities that can reshape outcomes for people with complex needs—and reimagine how systems work together. Health and Housing Registration</p> <p>4. H.R.1 Series: SNAP Benefits and H.R.1 Changes Center for Housing & Health 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</p>
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	5. Traction Law Group May 9, 2026

[University of Pennsylvania Researchers: Repealed Staffing Rule Would Have Saved 13,000 Lives a Year](#)

A recent video by Traction Law Group highlights a critical calculation made by two University of Pennsylvania researchers, who published a cost-benefit analysis concerning the 2024 CMS federal nursing home staffing rule [00:15]. Their independent academic study estimated that the rule—which would have mandated a minimum of 3.48 hours of nursing care per resident per day—would have prevented approximately 13,000 nursing home resident deaths annually once fully implemented [00:22].

Despite this staggering projection already existing in the public record, the Department of Health and Human Services (HHS) proceeded to repeal the life-saving standard [00:31]. The repeal was issued in December 2025 and became fully effective on February 2, 2026 [00:37]. The host emphasizes that the decision to discard a mandate with such immense, well-documented value serves as a grim reflection of the current, troubling state of long-term care facilities in America [01:05].

6. Investopedia

May 8, 2026

[\\$10,000 a Month for Long-Term Care Is Now Typical—How It Impacts Family Finances](#)

By Isabel O'Brien

The cost of long-term care in the United States has reached a staggering average of \$10,000 per month, heavily burdening families who are often caught off guard by the financial reality of elder care. The sticker shock is compounded by a common misconception: many people mistakenly believe that Medicare will cover nursing home costs, but the program is designed only for short-term rehabilitation, covering 100% of costs for only the first 20 days after a hospital stay. As a result, adult children frequently face sudden gaps they never budgeted for, forcing them to balance immense out-of-pocket costs and unpaid caregiving duties with their own mortgages, children's education, and retirement planning.

7. Morningstar

May 7, 2026

[Nursing homes are in trouble - and there's a good chance you'll end up in one](#)

By Brendt Arend

Brett Arends' analysis highlights a critical "domino effect" within the U.S. healthcare system, where chronic **staffing shortages** in nursing homes are forcing hospitals to retain patients longer due to a lack of discharge capacity. Citing a study in the *Journal of the American Medical Association*, the article illustrates how these shortages drive up hospital costs and jeopardize resident safety, particularly following the successful industry-led **repeal of federal staffing mandates** in late 2025. With 1.2 million Americans currently in long-term care and demand expected to surge as the baby boomer generation ages, the piece serves as a stark warning about the lack of transparency and regulatory oversight in an industry that **one-in-three Americans** will eventually utilize.

	<p>8. McKnights Long-Term Care News May 7, 2026 Nearly half of nursing home turnover going unreported: study By Kimberly Marselas A recent study by researchers from Virginia Commonwealth University and the University of Maryland School of Pharmacy reveals that current federal reporting metrics are missing nearly half of all nursing home staff turnover. The discrepancy stems from a Centers for Medicare & Medicaid Services (CMS) policy that excludes employees working fewer than 120 hours during their first 90 days from turnover calculations. Because short-term and contract workers now make up a large, rapidly growing segment of the long-term care workforce, this loophole allows facilities with severe "staffing churn" to paradoxically report low turnover rates. Researchers warn that these omissions artificially inflate many facilities' public Five-Star quality ratings and are urging CMS to close the reporting gap to improve transparency and accurately reflect modern workforce volatility for consumers.</p>
Private Equity	<p>9. Scheerpost May 8, 2026 Private Equity Is Taking Over Nursing Homes — And Seniors Are Paying the Price By Scott Doerr <i>When corporations take over public health care, quality decreases, and patients suffer. Medicaid cuts could lead to the same result.</i> Scott Doerr highlights the detrimental effects of private equity taking over public nursing homes, warning that prioritizing corporate profit over patient care is endangering vulnerable seniors. Using the recent privatization of his local county-owned facility, Pine Crest, as a stark example, Doerr notes that the transition to a for-profit entity quickly resulted in reduced staffing, medication neglect, and lower quality ratings—a trend mirrored nationally as for-profit chains and private equity firms acquire an increasing share of care facilities. Compounding this crisis are recent legislative actions, specifically significant cuts to Medicaid funding, which threaten the financial stability of long-term care and Home and Community-Based Services. Ultimately, Doerr urges communities to push back against corporate consolidation and elect local representatives committed to prioritizing human well-being over corporate power to protect the public healthcare institutions that families have relied upon for generations.</p>
Ageism	<p>10. AOL April 19, 2026 Republican Wisconsin Senate candidate says he doesn't oppose elderly people voting By Scott Bauer Eric Hovde, the Republican candidate for the U.S. Senate in Wisconsin, recently faced criticism after claiming that "almost nobody in a nursing home" is capable of voting, suggesting they lack the mental capacity. These remarks drew sharp rebukes from Democrats, including his opponent, Senator Tammy Baldwin, who emphasized that thousands of Wisconsinites live in such facilities. Hovde later clarified his stance,</p>

	<p>stating he does not oppose elderly people voting, but rather is concerned about reports from the 2020 election where families questioned how their severely ill relatives cast ballots. The issue of nursing home voting has been highly contested in Wisconsin since 2020, following allegations by supporters of former President Donald Trump regarding election integrity, though no charges have been filed and investigations have continually upheld the election results.</p>
Guardianship	<p>11. The Japan News May 7, 2026 <u>Adult Guardianship System: Provide Seamless Support for the Elderly</u> Editorial The <i>Yomiuri Shimbun</i> editorial highlights the urgent need to reform Japan’s adult guardianship system as the nation’s aging population leads to a surge in individuals living with dementia or cognitive impairments. Following a Cabinet-approved bill to revise the Civil Code, the article emphasizes that the current system must be fundamentally reviewed to provide more flexible and seamless support for asset management and daily life decisions. According to the revision bill, the three types of appointed persons — guardians, curators and assistants — would be unified under the single title of “assistants,” with family courts individually determining the specific actions assistants can perform on behalf of users. Furthermore, users would be able to terminate the service if that is approved by family courts. Under the current system, family courts select either a “guardian,” “curator,” or “assistant” based on the capacity of the elderly person to make judgments, and that person acts on their behalf in procedures such as the sale of real estate and the use of welfare services. Eighty percent of guardians and others are nonfamily members such as lawyers or judicial scriveners. The number of people currently using the system stands at 260,000. With over 10 million elderly people estimated to be affected by cognitive decline, the editorial argues that the government must prioritize creating a more accessible framework that alleviates the anxieties of the elderly and their families, ensuring that those with diminished judgment are not left vulnerable.</p>
From around the County	<p>12. The Jersey Vindicator May 10, 2026 <u>Nursing home residents and advocates urge New Jersey to raise long-stagnant \$50 personal needs allowance</u> By Krytsal Knapp <i>Lawmakers unanimously advanced a bill that would raise the monthly personal needs allowance for Medicaid residents to \$140.</i> New Jersey lawmakers have unanimously advanced a bipartisan bill (<u>Assembly Bill 2691</u>) that would increase the monthly personal needs allowance for Medicaid-enrolled nursing home residents from a long-stagnant \$50 to \$140, while tying future increases to annual Social Security cost-of-living adjustments. During a recent Assembly Aging and Human Services Committee hearing, advocates and residents testified that the current \$50 limit—the only discretionary money residents are allowed to keep from their pensions and Social Security to pay for basic necessities like clothing, haircuts, and toiletries not provided by</p>

	<p>facilities—is woefully inadequate and strips individuals of their dignity. Noting that 32 other states already offer a higher allowance, committee members pledged strong support to push the legislation across the finish line after a similar measure stalled last year, aiming to improve the quality of life for the state's approximately 28,000 Medicaid-reliant nursing home residents.</p> <p>13. KSNT.com May 8, 2026 Kansas exits 'Money Follows the Person' program, leaving nursing home residents hung out to dry By Brayden Day The Kansas Department for Aging and Disability Services (KDADS) is eliminating a Medicaid program that helps nursing home residents' transition back into community living.</p>
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>

<p>Books by DignityMA Participants</p>	<p><u><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</i></u> By Alex Green <u>Buy the book here</u></p> <p>Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p> <p><u><i>American Eldercide: How It Happened, How to Prevent It</i></u> By <u>Margaret Morganroth Gullette</u> <u>Buy the book here.</u></p> <p>Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>
<p>Bringing People Home: The Marsters Settlement</p>	<p>Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/</p> <p>Marsters data for the calendar year 2025:</p> <ul style="list-style-type: none"> • 499 people who have returned and are active in the community • Efforts to validate status of 63 others who are in the community • Target for 2025 and 2026 is 600 transitions • 1,369 currently enrolled • 100 AHVP vouchers issued for transitions: 71 used, 10 in process. <p>The Alternative Housing Voucher Program (AHVP) is a state-funded rental assistance program in Massachusetts specifically designed for non-elderly (under age 60) people with disabilities who have low incomes.</p>
<p>Support Dignity Alliance Massachusetts</p> <p><u>Please Donate!</u></p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, <u>www.DignityAllianceMA.org</u>, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone.</p>

	<p>The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>	
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>	
Websites		
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>	
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>	
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>	
Contact information for reporting complaints and concerns	<p>Nursing home</p>	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
MassHealth Eligibility Information	<p>MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care</p> <p>Table of Contents (Last updated: December 16, 2024)</p> <p>Massachusetts Medicaid Long-Term Care Definition</p> <p>Income & Asset Limits for Eligibility</p> <p>Income Definition & Exceptions</p> <p>Asset Definition & Exceptions</p> <p>Home Exemption Rules</p> <p>Medical / Functional Need Requirements</p> <p>Qualifying When Over the Limits</p> <p>Specific Massachusetts Medicaid Programs</p> <p>How to Apply for Massachusetts Medicaid</p>	
Money Follows the Person	<p>MassHealth</p> <p>Money Follows the Person</p> <p>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.</p> <p>Statistics as of March 31, 2025:</p>	

	<p>344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version</p>																																																
Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>																																																
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>																																																
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p>																																																
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect Data updated October 15, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated October 15, 2025</p>	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. https://tinyurl.com/NursingHomeCompareWebsite</p>		
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <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 data.cms.gov and updated monthly.</p>		
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
<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>	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	Facilities (Nursing homes and rest homes)	Jim Lomastro	jimlomastro@comcast.net
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	Dickmoore1943@gmail.com
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org

Please contact group leaders for more information.			
<i>Bringing People Home: Implementing the Marsters class action settlement</i>	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/		
<i>REV UP Massachusetts</i>	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none"> • Margaret Gullette • Jim Lomastro • Dick Moore • Brianna Zimmerman Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><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: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			