



The Dignity Digest

Issue # 286

June 4, 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

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world . . . The General Assembly [of the United Nations] [p]roclaims this Universal Declaration of Human Rights as a common standard of achievement for all peoples and all nations.

[Universal Declaration of Human Rights](#), adopted by the UN General Assembly on 10 December 1948.

Spotlight

[Family caregivers are now slackers and crooks](#)

McKnights Home Care

By Liza Berger, Editor (liza.berger@mcknights.com)

May 1, 2026

Among the more unconventional and perplexing statements of the second Trump administration was one that surfaced in recent weeks when the secretary of the Department of Health and Human Services pointed a finger at paid family caregivers in the Medicaid program.

During recent testimony before the House Committee on Ways & Means, Robert F. Kennedy Jr. [criticized Medicaid-funded programs](#) that pay relatives or others to serve as caregivers for tasks they “used to do as family members for free.” That includes paying them “for balancing the checkbook, for picking up the groceries, for driving somebody to a doctor’s appointment,” he said.

“And this is rife with fraud,” said Kennedy, at the hearing, according to NBC News.

You could say I experienced a less-than-objective reaction when I read this. In short, I was dumbfounded.

Not only was this statement offensive to the millions of caregivers who are sacrificing their time, finances and, often,

emotional and physical energy, to take care of loved ones, it is just flat-out wrong, as advocates much smarter and knowledgeable than me pointed out.

“Medicaid HCBS programs are much more than supporting an individual with the daily and essential needs that many of us take for granted, like getting dressed in the morning or traveling to a medical appointment,” ANCOR CEO Barbara Merrill said in a statement. “Indeed, for individuals with intellectual and developmental disabilities, these services support skill development towards greater independence, community integration and employment that enable people with I/DD to forego expensive public institutions and live full lives in their homes and communities.”

I was taken with the ignorance of the statement. In recent years, we have been inundated with information about the billions in unpaid work family caregivers perform in this country, often at a steep cost to their own health, finances and well-being. Did Kennedy not find merit in his [predecessor’s first national strategy to support family caregivers](#) in 2022? The widely hailed document offered 350 actions the federal government will take to help family caregivers over the next year and 150 actions that can be adopted by state and local governments, as well as the private sector to build a safety net for family caregivers.

It’s well-documented that family caregivers need help. The Medicaid program has helped to do its part with waivers that allow family members to receive some compensation for taking care of a loved one at home — which is often a win-win-win for the patient, family caregiver and healthcare system. And it’s hardly a killing. Depending on the state, a family member can receive around [\\$18 an hour](#) for doing the tremendously difficult work of caring for a relative.

Sure, there is fraud. Where there are people there is fraud. But, Secretary Kennedy, please leave family caregivers out of this.

<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>Nursing Homes</p> <ul style="list-style-type: none"> • Mapped: Nursing Home Costs Across America (Visual Capitalist, May 28, 2026) • Skilled Nursing Development Remains Frozen, Occupancy Slowly Climbing (Skilled Nursing News, May 27, 2026) <p>Home and Community Based Services</p> <ul style="list-style-type: none"> • After downsizing plan, Braintree nonprofit adds more job cuts (Patch, May 30, 2026) <p>Health Care Topics</p> <ul style="list-style-type: none"> • Baffling. Frustrating. Frightening. What It’s Like To Be Sued Over Medical Debt. KFF Health News, June 1, 2026)
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Behavioral Health

- [Nursing Homes Are De Facto Psychiatric Wards but Lack Care](#) (**Psychology Today**, May 11, 2026)

Assisted Living

- [I Moved My Mom Into Assisted Living For \\$5,400 A Month, But the Bill Hit \\$8,900 By 3 Months Later — And Now They're Threatening To Evict Her](#) (**Benzinga**, May 31, 2026)
- [Chapters Living CEO praises staff after fire at Washington supportive living facility](#) (**25 News**, May 30, 2026)
- [Beware of Hidden Fees in Assisted Living Facilities](#) (**AARP**, November 11, 2025)
- [Defending Evictions from Medicaid-Funded Assisted Living Facilities](#) (**Justice in Aging**, November 7, 2023)

Housing

- [Mass. is getting more granny flats. But it's still hard to build them.](#) (***Boston Globe**, May 31, 2026)
- [Tiny home village for homeless seniors breaks ground in Worcester](#) (***The Worcester Guardian**, May 18, 2026)

Aging Topics

- [A robot is helping an ailing couple stay in their home. Are more to come for an aging population?](#) (**Associated Press**, June 1, 2026)
- [Four types of technology that can help you remain independent as you age](#) (***Washington Post**, May 30, 2026)
- [Many Older Americans Are Drawn to Online Gambling as Industry Booms](#) (***AARP Bulletin**, May 15, 2026 (updated))

Veterans

- [Governor Healey Visits Veterans Home at Holyoke to Highlight Significant Resident Safety and Quality Turnaround](#) (**Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, May 27, 2026)

Alzheimer's and Other Dementia

- [We couldn't afford to pay for my mom's dementia assisted living anymore. She moved into a tiny house next door to me.](#) (***Business Insider**, May 31, 2026)

Medicaid

- [UnitedHealth insurer defrauded MassHealth out of \\$100 million, AG lawsuit alleges](#) (***Boston Globe**, May 29, 2026)

Office of Governor Maura Healey and Lt. Kim Driscoll

- [Governor Healey Issues Statewide Guidance for Schools, Child Care Providers, Higher Ed Campuses, Health Care Facilities and Places of Worship on Interacting with ICE](#) (**Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, May 28, 2026)

Office of Attorney General Andrea Campbell

	<ul style="list-style-type: none"> • <u>AG Campbell Sues United Healthcare for Defrauding MassHealth Out of \$100 Million</u> (Office of Attorney General Andrea Campbell, May 29, 2026) • <u>AG's Office Secures Indictments Against Two West Brookfield Physicians for Illegally Prescribing Controlled Substances and Medicaid Fraud</u> (Office of Attorney General Andrea Campbell, May 26, 2026) <p>From Our Colleagues around the Country</p> <ul style="list-style-type: none"> • <u>The Ensign Group: Cash Flow, Governance, and the Structural Economy of Understaffing</u> (Center for Health Policy & Management, May 30, 2026) • <u>Medicaid Myths Part I: The Nursing Home Industry's "Low Net" Claim Tested with Linear Regression Models</u> (Center for Health Policy & Management, May 11, 2026) <p>From around the Country</p> <ul style="list-style-type: none"> • <u>Florida faces a severe nursing shortage; what's being done to counter the issue?</u> (WCGU Daily Current, June 1, 2026) • <u>New Jersey's \$50 nursing home personal allowance is a disgrace</u> (The Jersey Vindicator, May 31, 2026) • <u>Maine considering 'woefully overdue' changes to nursing home regulations</u> (Maine Public, May 27, 2026) • <u>[Virginia] Governor signs bill mandating research into nursing home care, operations after CBS 6 investigation</u> (WTVR CBS 6 (video report), May 27, 2026) • <u>State Reverses Managed Medicaid for Nursing Homes After \$91M Cost Spike in First Year</u> (Skilled Nursing News, May 11, 2026)
<p>Quotes</p>	<p><i>Massachusetts' health care system is in a crisis. Patients across the Commonwealth are struggling to access timely primary, behavioral health, and specialty care; emergency departments are experiencing sustained boarding; and inpatient and long-term care capacity constraints are burdening families, clinicians, and hospitals. These access breakdowns sit alongside other longstanding structural failures that are driving unsustainable cost growth and worsening affordability for patients, employers, health plans, and providers.</i></p> <p><u>Call to Action: Solutions to Confront Pressing Health Care System Challenges</u> (Blue Cross Blue Shield of Massachusetts Foundation, June 1, 2026)</p>

Maxwell Jones is in his 70s, has advanced Alzheimer's disease, and lives in a nursing home in eastern Massachusetts. Not too long ago, he went three days without a meal because his roommate kept stealing his food, and no one stopped it from happening—either because staff didn't notice or they didn't have the time or training to intervene.

[*Nursing Homes Are De Facto Psychiatric Wards but Lack Care*](#)
(Psychology Today, May 11, 2026)

For the majority of nursing home residents, that monthly allowance is the only money they control. It is what allows them to buy the small items that make life bearable and preserve a sense of identity [Editor's note: In Massachusetts, the allowance is \$72.80.] The nursing home may provide a bed and basic meals, but it does not provide everything that makes a person a person. . .

No one should have to depend on a child to buy them a tube of toothpaste. No one should have to choose between a haircut and toiletries. And no one should spend the final years of their life asking permission for every small personal need because the state has determined that \$50 [or \$72.80] a month is enough. .

. If New Jersey cannot afford to allow a nursing home resident to keep an additional \$90 a month [or Massachusetts, \$40.52], what exactly are our priorities?

The question is not whether the state can afford the increase. The question is whether the state can justify denying it. . .

This is not a luxury or a handout. It is not extravagant. It's about dignity.

[*New Jersey's \\$50 nursing home personal allowance is a disgrace*](#)
(The Jersey Vindicator, May 31, 2026)

[T]he question is not whether a crisis exists within nursing homes. It does. The real question is whether state and federal governmental agencies will modernize rules and regulations to ensure that nursing home residents with mental illness receive the care they need.

*[Nursing Homes Are De Facto Psychiatric Wards but Lack Care](#)
(Psychology Today, May 11, 2026)*

One national study projects that the number of nursing home residents will triple by 2050.^[2] Yet, unbeknownst to many, these institutions have quietly become de facto [psychiatric](#) wards, given the large numbers of residents who experience [depression](#), [bipolar](#) illness, schizophrenia. . . Because of this gradual progression, nursing homes are now second only to prisons and jails as the largest institutional care settings for adults with serious mental illness.

*[Nursing Homes Are De Facto Psychiatric Wards but Lack Care](#)
(Psychology Today, May 11, 2026)*

“In Massachusetts, we’re protecting every community member’s access to health care. People should never have to choose between their health and their safety, and deferred medical care because of immigration-related fears will only put greater strain on our health system down the line.”

Health and Human Services Secretary Kiame Mahaniah, MD, MBA, [Governor Healey Issues Statewide Guidance for Schools, Child Care Providers, Higher Ed Campuses, Health Care Facilities and Places of Worship on Interacting with ICE](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 28, 2026)

Americans rely on their government to oversee both the financing and the quality of nursing home care. Yet while care standards are vague and weakly enforced, there are effectively no financial standards

at all. The relationship between cash extraction and quality of care has been kept out of political discourse — not by accident, but through sustained lobbying that promotes a hardship narrative to justify dehumanizing care. If the United States is to move from a warehousing model of long-term care to one grounded in dignity, transparency and accountability in financial practices must become central to reform.

[The Ensign Group: Cash Flow, Governance, and the Structural Economy of Understaffing](#) (Center for Health Policy & Management, May 30, 2026)

“I didn’t get into it at the casinos. Then I discovered the iPhone. How wonderful the iPhone is! You can sit in your living room or bathroom and gamble away.”

Jack, age 81, who is currently in a recovery program for problem gamblers, [Many Older Americans Are Drawn to Online Gambling as Industry Booms](#) (*AARP Bulletin, May 15, 2026 (updated))

“Wheelchair bound residents, residents on oxygen, and things of that nature. Yes, it is difficult. So definitely a lot of hands needed for an evacuation process like that.”

Tazewell County, Illinois Fire Chief Tyler Gee, [Chapters Living CEO praises staff after fire at Washington supportive living facility](#) (25 News, May 30, 2026)

“She’s 88, and I wanted to keep her there as long as she could. When I got the notice that the rate was going up again, and that they were going to raise her [quality of care](#) cost because her dementia was getting worse, her savings were down to almost nothing. They said that she would be moved to a dementia unit with four other people, and I didn’t want that to happen to her.”

Lori Bufka, 64, who is caring for her mother with dementia in Arizona, [We couldn’t afford to pay for my mom’s dementia assisted living anymore. She moved into a tiny house next door to me.](#) (*Business Insider, May 31, 2026)

Nobody warns adult children that assisted living pricing can feel a little like booking a budget airline ticket. The number on the website looks manageable. Then the add-ons start arriving one after another — medication management, mobility help, care reassessments, laundry services and monthly fees nobody fully noticed during the tour between the piano lounge and the complimentary cookies.

[*I Moved My Mom Into Assisted Living For \\$5,400 A Month, But the Bill Hit \\$8,900 By 3 Months Later — And Now They're Threatening To Evict Her*](#) (Benzinga, May 31, 2026)

“Families can be blindsided with extra costs. Even when families take time to carefully consider their options, they often don’t know what to look for or which questions to ask to fully understand what’s not included.”

Colleen Duewel, an aging life care professional and founder of LionHeart Eldercare & Consulting, [*Beware of Hidden Fees in Assisted Living Facilities*](#) (AARP, November 11, 2025)

“Next thing I know, we’re paying an extra hundred dollars a month. All because she went from five pills to six, and without any warning that there would be an extra cost.”

Peter Stapleton, whose mother is a resident in an assisted living residence in the suburbs of Washington, DC, [*Beware of Hidden Fees in Assisted Living Facilities*](#) (AARP, November 11, 2025)

“Always read the fine print, question every charge, and make sure someone else is double-checking the bill. When you’re in the thick of caregiving, it’s easy to miss the details — but that’s exactly when facilities might take advantage.”

Joleen Hyde, who moved her father-in-law, who had [*early-onset dementia*](#), from a facility in New England to a place closer to her in Virginia, [*Beware of Hidden Fees in Assisted Living Facilities*](#) (AARP, November 11, 2025)

Massachusetts' 2024 Affordable Homes Act legalized accessory dwelling units (ADUs) statewide, taking effect February 2025. The impact was immediate. Municipalities statewide received more than 1,600 permit applications and issued over 1,200 permits in the first year—a clear increase over prior years, but still short of meeting the state's target pace and needs for ADU production.

[ADUs Turn One: Regulatory Barriers to production in Massachusetts and Ideas for Further Reform](#) (Boston Indicators, May 20, 2026)

Patients taken to court described baffling bills, confusing health plan rules, and frustrating and fruitless telephone calls to hospital billing offices and health insurers' customer-service lines. Even when they tried to resolve their outstanding bills, many said they couldn't get answers.

[Baffling. Frustrating. Frightening. What It's Like To Be Sued Over Medical Debt.](#) KFF Health News, June 1, 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.

When Symbolism Replaces Substance in the Commonwealth

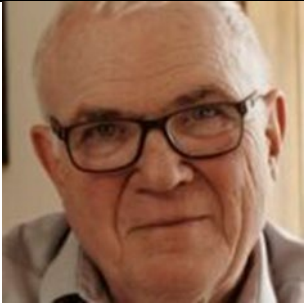
By Richard T. Moore
May 30, 2026

Last week, environmental justice advocates raised an uncomfortable question (Globe 5/27/2026). How can Massachusetts claim to be a national leader in environmental justice while simultaneously cutting funding for the programs designed to advance it? The question emerged after state budget proposals reduced funding for environmental justice initiatives that Governor Healey herself had previously championed. Advocates worried that the Commonwealth's actions no longer matched its rhetoric.

Older adults and people with disabilities should be asking the same question. On May 8, 2025, Governor Healey signed Executive Order 642, declaring Massachusetts an "Age-Friendly State." The Executive Order embraced important principles: dignity, independence, accessibility, community participation, and the ability of people to age in their homes and communities. The announcement generated headlines. It signaled that Massachusetts recognized the profound demographic changes underway and intended to lead the nation in preparing for them.

But nearly a year later, many of the programs that make an age-friendly state possible face reductions, funding pressures, or continued resource shortages. The

<p>The views expressed by individuals are their own and do not necessarily reflect the policy position or perspective of Dignity Alliance Massachusetts.</p>	<p>parallels with environmental justice are difficult to ignore. In both cases, state leaders have articulated compelling values. In both cases, they have created advisory structures, planning frameworks, and public commitments. In both cases, advocates have welcomed the vision. And in both cases, budget decisions have raised legitimate questions about whether those commitments are being translated into reality.</p> <p>The issue is not whether government officials genuinely support environmental justice or age-friendly communities. Most likely they do. The issue is whether Massachusetts is developing a troubling habit of substituting symbolism for substance.</p> <p>An executive order is symbolism. A budget is substance. A strategic plan is symbolism. A funded program is substance. A public commitment is symbolism. A home care worker, a transportation service, an affordable housing unit, a caregiver support program, or a neighborhood protected from environmental hazards is substance.</p> <p>The true test of public policy is not what government says. It is what government sustains when budgets become tight. That is why the environmental justice debate matters far beyond environmental policy. It reveals a larger question confronting the Commonwealth: Are our public commitments genuine priorities, or are they aspirations that disappear when difficult fiscal choices arise?</p> <p>For older adults and people with disabilities, the answer carries enormous consequences. An age-friendly state is not defined by proclamations. It is defined by whether people can remain in their homes, maintain their independence, access transportation, receive needed supports, and participate fully in community life. Those outcomes require investment.</p> <p>Just as environmental justice cannot be achieved through rhetoric alone, neither can age-friendly policy. Massachusetts cannot claim leadership in either arena if the commitments exist primarily in speeches, executive orders, and reports while the resources needed to fulfill them steadily erode. The Commonwealth's challenge is not a shortage of vision. It is the willingness to fund that vision.</p> <p>Until public investments align with public promises, environmental justice and age-friendly government risk becoming two examples of the same phenomenon: admirable goals celebrated in principle but weakened in practice. Massachusetts residents deserve more than symbolism. They deserve substance.</p>
<p>Commentary Offered by DignityMA Participants</p>	<p>We Count Child Abuse. Why Don't We Count Elder Abuse the Same Way? By James A. Lomastro, PhD</p> <p>A recent news report noted that Massachusetts prosecutors received 13,431 reports of child abuse or neglect during the last fiscal year and warned that growing caseloads are stretching available resources. The story was familiar: too many reports, too few investigators, a system struggling to keep pace with demand. The concern is legitimate. Every report represents a child who may be at risk. Few would</p>



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

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dispute that protecting vulnerable children is among government's most important obligations. Yet reading the article raises a harder question: Where is the comparable public discussion about elder abuse? This is not a complaint that child welfare receives too much attention. It is an observation that elder abuse, neglect, and exploitation receive remarkably little—despite affecting a rapidly growing population of vulnerable adults. The contrast reveals something important about how American society allocates moral attention.

A Rapidly Aging State

Massachusetts currently has more than 1.34 million residents age 65 and older—nearly 19 percent of the state's population, slightly above the national rate. [1]

The oldest segment of that population is expanding fastest. The UMass Donahue Institute projects the state's 85-plus cohort will grow by roughly two-thirds in the coming decades—and 85 is, as demographers note, the threshold age at which risks of physical and cognitive disability increase dramatically. [2]

Against that backdrop, consider what we know—and do not know—about elder mistreatment. Nationally, approximately one in ten Americans age 60 and older experiences some form of abuse, neglect, or exploitation each year, according to the federal Elder Justice Roadmap. More troubling still: research cited by both the U.S. Department of Justice and the National Council on Aging estimates that only one in 24 cases is ever reported to authorities. [3]

Twenty-three cases hidden for every one that surfaces. That is not a gap in a system. It is the near-total invisibility of a crisis.

A System Built for Invisibility

When child welfare agencies report rising caseloads, the public generally understands the implications: more reports demand more investigators; more investigators require more funding; failures generate headlines and legislative hearings. The architecture of child protection is legible.

Elder protection in Massachusetts, by contrast, is divided among multiple agencies that rarely appear together in public debate. The Executive Office of Aging and Independence administer Adult Protective Services for community-dwelling

adults age 60 and older, investigating physical, emotional, and financial abuse, caretaker neglect, and self-neglect. The Department of Public Health investigates complaints involving nursing homes and licensed healthcare facilities. The Disabled Persons Protection Commission handles many cases involving adults with disabilities. Long-Term Care Ombudsman programs advocate for nursing home and assisted living residents. Local law enforcement may step in where criminal conduct is alleged. [4]

Each agency performs important work. The problem is that no single entity provides the visibility, coherence, or public profile associated with child protection. Complaints are filed in parallel systems. Data are reported separately. No consolidated public count exists for elder abuse comparable to the child welfare caseload figures that appear in annual reports and news coverage.

What remains invisible tends to remain underfunded.

The Moral Logic We Apply Selectively

The moral architecture behind child welfare is straightforward: society recognizes that children cannot always protect themselves, so government assumes a protective role when families or institutions fail. The same logic applies, with equal force, to many older adults.

Individuals living with dementia, severe cognitive impairment, chronic illness, or social isolation face vulnerabilities that can rival those of children. Many depend entirely on family members, caregivers, institutional staff, or state-supported services. Like children, they may have limited capacity to advocate effectively for themselves. Like children, they depend upon systems of protection.

Yet public policy often treats these situations very differently. A 2018 article in *Clinics in Geriatric Medicine* put the structural problem plainly: while children are broadly understood as a vulnerable population requiring protection, there is “less oversight with vulnerable older adults.” Self-determination granted to adults, however diminished in practice by illness or isolation, is routinely invoked as a reason for lighter intervention—even when that logic leaves real people unprotected. [5]

The result is a moral inconsistency we have largely chosen not to examine.

A Governance Problem, not a Services Problem

At its core, this is not simply a healthcare issue or a social services issue. It is a governance issue.

Every society reveals its priorities through the systems it builds to protect vulnerable people. Massachusetts has spent decades building child welfare infrastructure with specialized agencies, trained investigators, mandatory reporting, outcome tracking, and public accountability. The state's Reimagine Aging 2030 plan acknowledges that adults 60 and older now represent roughly one in four Massachusetts residents—but acknowledging a demographic reality and building protective infrastructure equal to it are different things. [6]

The governance questions are not complicated to state. Who investigates allegations of elder abuse with the same consistency that DCF investigates child abuse? Who consolidates data across Adult Protective Services, DPH, DPPC, and Ombudsman programs into a unified public picture? Who monitors institutional performance at nursing homes and assisted living residences with the same public visibility we accept for child welfare? Who protects isolated individuals experiencing cognitive decline—people who, by definition, cannot call a hotline on their own behalf?

These are not secondary questions. They are the central questions of an aging society.

The Obligation Before Us

The lesson from the child welfare story is not that children receive too much attention. The lesson is that elder protection deserves far more.

The U.S. Census Bureau reported in 2025 that the number of Americans 65 and older grew 3.1 percent in a single year, reaching 61.2 million. In Massachusetts, older adults already outnumber children in several metro areas. The demographic shift is not coming. It is here. [7]

Vulnerability does not disappear when people turn 18. It does not disappear when they enter nursing homes. It does not disappear when they develop dementia, when they become dependent on caregivers, or when they lose the ability to

	<p>advocate for themselves. The challenge before policymakers is not whether to protect children or older adults. It is whether we are prepared to protect both with equal seriousness.</p> <p>Building that protection requires naming, at minimum, three specific commitments: consolidated public reporting of elder abuse data across all state agencies; staffing and investigative capacity in Adult Protective Services that is scaled to the state’s aging demographics; and a governance framework for elder protection that carries the same public accountability we have long expected in child welfare.</p> <p>The answer we give in the coming decade will reveal much about how we understand dignity, citizenship, and the obligations we owe one another across the full arc of a human life.</p> <p>Sources</p> <p>[1] USAFacts. “How many people live in Massachusetts?” (March 2026). https://usafacts.org/answers/how-many-people-live-in-the-us/state/massachusetts/</p> <p>[2] CommonWealth Beacon. “Massachusetts has an elder care crisis—and it’s about to get a lot worse.” https://commonwealthbeacon.org/government/state-government/massachusetts-has-an-elder-care-crisis-and-its-about-to-get-a-lot-worse/</p> <p>[3] U.S. Department of Justice, Elder Justice Initiative. “World Elder Abuse Awareness Day.” https://www.justice.gov/archives/elderjustice/world-elder-abuse-awareness-day; National Council on Aging. “Get the Facts on Elder Abuse” (2024). https://www.ncoa.org/article/get-the-facts-on-elder-abuse/</p> <p>[4] Massachusetts General Laws c. 19A (Elder Abuse Reporting and Protective Services); Executive Office of Aging and Independence, Protective Services Program. https://www.mass.gov/reporting-elder-abuse-neglect</p> <p>[5] Journalists’ Resource. “Elder abuse: Research on prevalence, assessment and prevention” (2022). https://journalistsresource.org/politics-and-government/elder-abuse-research-prevalence/ (citing Clinics in Geriatric Medicine, 2018).</p> <p>[6] Mass.gov. “Building for Aging: Understanding the Challenge.” https://www.mass.gov/info-details/building-for-aging-understanding-the-challenge; “Reimagine Aging 2030: The Massachusetts Plan.” https://mass.gov/doc/reimagine-aging-2030-the-massachusetts-plan/download</p> <p>[7] U.S. Census Bureau. “Older Adults Outnumber Children in 11 States and Nearly Half of U.S. Counties.” Press Release CB25-99, June 26, 2025. https://www.census.gov/newsroom/press-releases/2025/older-adults-outnumber-children.html</p>
Recruitment	See: Listings on MASterList.com’s Job Board for all current listings
Reports	<p><i>Call to Action: Solutions to Confront Pressing Health Care System Challenges</i></p> <p>Blue Cross Blue Shield of Massachusetts Foundation</p> <p>June 1, 2026</p> <p>A combination of longstanding systemic failures and recent federal policy changes threaten to exacerbate health care access challenges and unravel Massachusetts’</p>

near universal health insurance coverage. The harms of the status quo and of recent federal policy changes fall disproportionately on low-income people and on Black and brown communities, who already face inequitable access to coverage, culturally and linguistically responsive care, and reliable community-based services.

In response to this crisis, the Foundation convened a work group of business and health leaders to align on the core health care system problems facing the state and to identify policy solution areas to address the identified system challenges. This report summarizes the outcomes of that work group.

The report outlines five core, interconnected problems that the work group agreed must be solved to protect coverage and improve access to care: 1) coverage loss, 2) system cost growth, 3) consumer affordability, 4) workforce shortages, and 5) administrative burden. It highlights five work group-identified policy solution areas to address these challenges, and it offers a framework for decision-making on these policies that lays the groundwork for continued collaboration among Massachusetts policymakers and stakeholders.

This report is intended to guide a second phase of work, in which public and private partners collaborate to develop, model, and implement policies that will end systemic barriers to care, address health care affordability, and put the health care system on a sustainable path as a critical next chapter in health reform.

- [Executive Summary: Call to Action - Solutions to Confront Pressing Health Care System Challenges](#)
- [Report: Call to Action - Solutions to Confront Pressing Health Care System Challenges](#)

[ADUs Turn One: Regulatory Barriers to production in Massachusetts and Ideas for Further Reform](#)

Boston Indicators

By Amy Dain

May 20, 2026

Executive Summary

Massachusetts' 2024 Affordable Homes Act legalized accessory dwelling units (ADUs) statewide, taking effect February 2025. The impact was immediate. Municipalities statewide received more than 1,600 permit applications and issued over 1,200 permits in the first year—a clear increase over prior years, but still short of meeting the state's target pace and needs for ADU production. The shortfall does not reflect a lack of interest from homeowners or renters. High construction costs and limited financing options are real challenges—that are compounded by a regulatory system that adds unnecessary costs, delays, and uncertainty to ADU projects. The regulatory system was not designed to support small housing projects at scale.

This report looks back at the first year of implementation and recommends paths for future reform.

Massachusetts' experience with ADU legalization offers two main lessons for housing reform generally:

- State-level legalization of housing via zoning law unlocks housing production, yielding results in a time frame that would be impossible for municipality-by-municipality reform to accomplish, even under a state mandate. State-level zoning reform accomplished more in one year than 50 years of local reform did.
 - Zoning reform alone is insufficient to meet the scale of need for housing production. A comprehensive agenda is needed to address regulatory barriers to housing production, spanning building, fire, energy, septic system, wetlands, and stormwater rules. The barriers include the fragmented complexity of the regulatory system itself.
The first round of state ADU reform is already producing results, but it is not enough on its own. Sustained gains will require follow-up work on multiple fronts, which are outlined in this report:
 - **There should be clear, uniform state regulatory standards for ADUs, with minimal opportunities for municipal-level variation.** While the Affordable Homes Act legalized ADU's statewide, it did so in a way that preserved municipal authority to apply unique dimensional standards to ADUs, within some confusing parameters. It left in place a level of variation and haze that is beyond comprehension. There is no up-to-date inventory of local septic, wetlands, stormwater, and other requirements that apply to ADU construction, but a 2004 study showed that 109 communities in eastern Massachusetts had septic system rules that exceed the state's Title 5 and 131 communities had adopted local wetlands standards that exceed the state's Wetlands Protection Act. If anything, the restrictions have multiplied since 2004. Each local requirement is unique. The unmanageable complexity calls for pulling back local authority to proliferate rules that apply to ADUs.
 - **State regulatory standards for ADUs should be reviewed and revised to support ADU production while protecting health, safety, and the environment.** Some state requirements are unnecessary barriers to ADU production; others may need strengthening as the local authority to augment them is rolled back.
 - **Permit review processes should be regionalized.** Massachusetts has 351 cities and towns, most of them small, each with its own staffing, boards, inspection schedules, logistical demands, and informal enforcement norms. Many municipalities lack the staff and technical expertise to run the project reviews, especially if permitting activity were to pick up. Franklin County offers a model of regionalized permitting.
 - **Cross departmental coordination at the local and state levels should be increased.** Applicants often have to navigate multiple departments, boards, and regulatory frameworks sequentially, with significant time and money committed to each step before the next constraint appears. Responses to one board or inspector's conditions can lead to more expensive conditions downstream in the process.
The report also makes specific recommendations for state-level reforms across regulatory domains. Some of the reforms are legislative, and some are regulatory or administrative.
- Zoning:**
- Allow up to 1,200 square feet for any protected use ADU, regardless of the size of the principal structure.
 - Define clear dimensional requirements for ADUs, such as minimum setbacks and maximum height, and allow municipalities to be more permissive with zoning requirements, but not more restrictive.
 - Adopt statewide standards for site plan review.
- Building and fire:**

- Conduct an ADU-focused code review with the explicit goal of reducing costs and barriers to ADU production while maintaining safety. Change the threshold between residential and commercial codes so more ADU projects stay within the residential code.
- Develop and publish statewide guidance on fire code requirements for ADUs.

Energy: Develop ADU-specific guidance clarifying how energy codes apply to different ADU types and evaluate opportunities to reduce requirements for internal ADUs, as the use of existing structures for new housing has climate-emissions benefits.

Septic systems: Exempt ADUs from local septic regulations that exceed Title 5, or update Title 5 to prohibit more stringent local rules for residential septic systems statewide.

Wetlands: Strengthen the state Wetlands Protection Act and remove local authority to adopt requirements that exceed it.

Stormwater: Establish state standards to preempt municipality-by-municipality rulemaking on stormwater requirements. Include a presumptive soil drainage capacity and eliminate mandatory pre-construction soil analysis. Define thresholds below which ADU projects are exempt from full stormwater engineering requirements, absent proximity to sensitive areas.

Utilities: Consolidate utilities connection rules into a centralized guide. Together, these changes would reduce uncertainty for property owners, enable builders to operate more efficiently across jurisdictions, and allow the ADU market to grow.

[Accountable Health Communities \(AHC\) Model](#)

RTI International
February 2026

Final Evaluation Report (2018 - 2023)

The Accountable Health Communities (AHC) Model served people with core needs related to upstream drivers of health. The AHC model focused on five core needs: housing instability, transportation problems, food insecurity, utility difficulties, and interpersonal violence. The model tested if navigation services that connect people to community resources could reduce health care expenditures and utilization.

This final evaluation report includes the final impact results for Medicaid, Original Medicare, and Medicare Advantage beneficiaries through December 2023. This report also includes final lessons learned, drawing from both the new analyses and previous reports.

Key Findings:

- Overall, AHC generated more than **\$200 million in savings**. This demonstrates the **value in providing navigation services for core needs**.
- By screening over a million beneficiaries, the AHC Model further demonstrated that it is feasible to **screen for needs on a large scale**.
- We also found that **core needs are prevalent** in Medicaid and Medicare.
- The AHC Model's **targeted navigation services** found patients who could benefit significantly from these patient-centered services, as indicated by high navigation acceptance rates and **reduced**

expenditures and utilization. Patients with complex needs particularly benefited from navigation. AHC navigation services also complemented other efforts to improve health care.

The Two Page Overview:

- [Findings At-a-Glance \(PDF\)](#)

The Report:

- [Final Evaluation Report \(2018 - 2023\) \(PDF\)](#)
- [Executive Summary \(PDF\)](#)

Additional Supporting Materials:

- Model Page: [Accountable Health Communities \(AHC\) Model](#)

[Medicare Advantage Value-Based Insurance Design Model \(MA VBID\)](#)

RAND Health

March 2026

Fourth Evaluation Report (2020 - 2024)

Phase II of the Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model test was designed to improve care quality and reduce costs in MA plans. This voluntary model provided participating insurers, known as parent organizations (POs), a path to offering expanded benefits, such as reduced cost sharing or supplemental benefits, to enrollees targeted based on socioeconomic status (SES) or one or more chronic conditions. VBID was designed to encourage beneficiaries to use high-value care, engage in healthy behaviors, and take proactive steps to support their health. VBID was terminated in 2025. The Fourth Evaluation Report contains an evaluation of the implementation and available outcomes of Phase II of VBID General model component from 2020-2024.

Key Findings:

VBID continued to be associated with increased costs to CMS.

- As of 2023, the increase in total costs to CMS due to VBID was entirely attributed to Part D.
- VBID also continued to be associated with increases in targeted beneficiary risk scores, adherence, and rebates, as well as declines in bids and out of pocket costs associated with VBID participation.
- We observed no association of VBID with Star ratings and inpatient stays in 2023. This finding was a departure from results in prior years, in which there was a positive and statistically significant association.

Findings reinforce combination of dramatic growth in model participation and sustained costs that led to previous decision to terminate VBID at the end of 2025.

- Participation among plans increased ten-fold from 2020 to 2024, including substantial entry by Dual Eligible Special Needs Plans (D-SNPs).
- More than 90% of plans in VBID offered a Part D cost-sharing intervention.
- Adherence improvements associated with the model may lead to longer-term positive benefits that are not observed at this stage.

The Report:

- [Fourth Evaluation Report \(2020 - 2024\) \(PDF\)](#)
- [Executive Summary \(PDF\)](#)

Additional Supporting Materials:

- [Appendix: Data and Methods \(PDF\)](#)

	<ul style="list-style-type: none"> Model Page: Medicare Advantage Value-Based Insurance Design Model (MA VBID) <p><u>MassHealth Performance Measure Reports/Quality Reports</u></p> <p>In accordance with CFR 438.340, MassHealth annually reports performance on a slate of quality measures identified in its managed care plan (MCP) contracts. Most of the measures are reported by more than one MassHealth program, with 6 measures being reported by three or more MassHealth programs. Measure rates reflect performance in calendar year 2024, with data collection occurring in calendar year 2025.</p> <p>Managed Care Plan Quality Performance 2025: PDF Word</p>
<p>FY 2027 State Budget</p>	<p>Budget Negotiations Start</p> <p>Wednesday, June 3, 2026, 10:00 a.m. Room 212, State House, Boston</p> <p>Fiscal 2027 budget conference committee meets to begin negotiations, with just less than a month left until the new budget year begins. The House (H 5501) and Senate (S 3100) passed roughly \$63.4 billion budgets that differ by \$49.6 million (the House supported the higher bottom line). In addition to reconciling spending differences across scores of line items, the panel will also have to reach compromise on a slew of policy proposals supported by one branch or the other, including a study of MassHealth dental benefit levels, a second chance for long-tenured teachers to opt into an enhanced retirement program, an expansion of the Department of Transportation board, a transfer of interest earned on the Stabilization Fund to the General Fund, a study of GLP-1 coverage loss, the removal of candidate street addresses from the ballot, and the repeal of the policy that strips low-income families of certain benefits if a student in the household has too many unexcused school absences. Negotiators are Reps. Michlewitz, Diggs and Smola, and Sens. Rodrigues, Comerford and O'Connor.</p> <p>Agenda and More Info</p>
<p>In Person and / or Online Events</p>	<p>Health Equity Trends Summit 2026</p> <p>Tuesday, June 2, 2026, 9:15 a.m. to 4:00 p.m.</p> <p>Event Overview</p> <p>The 2026 Health Equity Trends Summit convenes leaders from government, health care, business, and community organizations at a critical moment for Massachusetts. Federal policies are reshaping access to coverage, funding, and even the data we rely on to understand and address health disparities. These shifts are forcing urgent decisions about the future of the Commonwealth's health system and the role each of us must play in shaping it.</p> <p>Equity Summit virtual registration</p> <p>Massachusetts Commission for the Blind</p> <p>Statutory Advisory Board Meeting</p> <p>Tuesday, June 2, 2026, 12:00 p.m.</p> <p>Agenda includes a report from Commissioner John Oliveira and program updates. Access</p> <p>Adult Foster Care Awareness Day</p> <p>Massachusetts Council for Adult Foster Care</p> <p>Wednesday, June 3, 2026, 10:00 a.m.</p>

	<p>Nurses' Hall, State House, Boston, MA Rep. Kushmerek sponsors Commission on the Status of Persons with Disabilities Meeting Wednesday, June 3, 2026, 11:00 a.m. to 12:30 p.m. Hearing Room 222, State House, Boston and virtual Zoom link: Registration link</p> <p>Massachusetts Commission for the Blind Rehabilitation Council meets Wednesday, June 3, 2026, 12:00 p.m. Agenda includes a commissioner's update and a budget update. MassCommBlindAccess</p>
<p>Webinars and Online Sessions</p>	<p>1. Understanding the Connection Between Oral Health and Cognitive Function National Center for Equitable Care for Elders Tuesday, June 2, 2026, 2:00 p.m. 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"> 1. Describe key oral health risk factors contributing to cognitive decline in later life. 2. Explain how dental coverage influences oral health risk and clinical outcomes in older adults. 3. Apply shared strategies for improving interprofessional communication and collaboration in health center settings. <p>Speakers:</p> <ul style="list-style-type: none"> • Dr. Christine Riedy, MA, PhD, MPH, NCECE Director and Principal Investigator; Delta Dental of Massachusetts Associate Professor in Oral Public Health and Epidemiology at the Harvard School of Dental Medicine • Lisa Thompson, DMD, Assistant Professor of Oral Health Policy and Epidemiology, Harvard School of Dental Medicine <p>Oral Health / Dementia registration</p> <p>2. Elder Justice Awareness Month Webinar Series Elder Justice Coordinating Council Tuesday, June 2, 2:00 p.m. FCC Consumer Protections: Scams and Frauds Hosted by the U.S. Federal Communications Commission Wednesday, June 3, 2:00 p.m. Introducing a Toolkit for Law Enforcement and Emergency Medical Services When Called to a Long-Term Care Facility Hosted by the U.S. Department of Justice Thursday, June 4, 2:00 p.m. Shielding Seniors From Scams: Awareness, Prevention, and Resources Hosted by the Social Security Administration and HHS Office of the</p>

Inspector General

Thursday, June 11, 1:00 p.m.

Elder Fraud & Scams: Communication Strategies To Promote Recovery and Reduce Recidivism

Hosted by the U.S. Department of Justice's Elder Justice Initiative
Tuesday, June 16, 2:00 p.m.

Voices Unheard: Turning Awareness Into Action Against Abuse and Exploitation

Hosted by the U.S. Administration for Community Living
Tuesday, June 23, 2:00 p.m.

From Frontline Training to Legal Innovation: Interdisciplinary Approaches To Prevent Elder Mistreatment

Hosted by the Health Resources and Services Administration at HHS
Thursday, June 25, 2:00 p.m.

Civil Legal Interventions in Elder Abuse

Hosted by the Legal Services Corporation
Tuesday, June 30, 2:00 p.m.

Money Smart for Older Adults Fraud Prevention Webinar

Hosted by the U.S. Federal Deposit Insurance Corporation and U.S. Securities and Exchange Commission

[Elder Justice Awareness Month Webinar Series Registration](#)

3. [**Permanent Supportive Housing at a Crossroads: Strengthening Resident Outcomes Amid Growing System Challenges**](#)

Terner Center for Housing Intervention

Thursday, June 4, 2026 1:00 p.m.

Permanent supportive housing (PSH) remains one of the most effective tools for ending chronic homelessness, yet providers across the country are facing growing operational and financial pressures. Rising costs—including insurance, maintenance, staffing, and security—are outpacing available subsidies, while federal policy and funding shifts are further straining the health care and homelessness systems that support long-term housing stability. This webinar will present forthcoming Terner Center research on the financial sustainability of PSH and explore the broader national trends reshaping the sector. Panelists will discuss the implications of these trends for the future of PSH, and highlight emerging policy and implementation strategies to expand and preserve supportive housing, strengthen services, and improve long-term resident outcomes. Panelists include:

- Carolina Reid, Faculty Research Advisor, Terner Center (Presenter)
- Chris Block, Senior Advisor, Supportive Housing; San Francisco Housing Accelerator Fund
- Dora Leong Gallo, Chief Executive Officer; A Community of Friends
- Meaghan McCarthy, Vice President, Affordable Housing and Consumer Empowerment; Housing Partnership Network
- Dhakshike Wickrema, Deputy Secretary, Homelessness; Business, Consumer Services, and Housing Agency, State of California
- Doug Shoemaker, Affiliate, Terner Center (Moderator)

[Terner Center for Housing Intervention Registration](#)

4. [**Federal Fair Housing Basics**](#)
Justice in Aging

	<p>Wednesday, June 24, 2026, 2:00 p.m.</p> <p>The federal Fair Housing Act (FHA) prohibits housing discrimination against protected classes, such as people with disabilities. For older adults protected under the FHA, the FHA is critical for ensuring equal access to housing and defense against evictions. In addition, unlike some other civil rights laws, the FHA includes relatively strong enforcement mechanisms.</p> <p>In this webinar, Federal Fair Housing Basics, presenters will provide a broad overview of the FHA and why it is crucial for older adult renters in particular. Presenters will discuss how the FHA can be used to promote housing stability. The information in this webinar will be most helpful for aging, disability, and legal services advocates who work with older adult renters and want an introduction to the FHA.</p> <p>Attendees will:</p> <ul style="list-style-type: none"> • Learn about the basics of who and what the FHA covers; • Learn to spot common fair housing issues affecting older adult renters; and • Learn about how the FHA is enforced and where to refer people with fair housing problems. <p>Presenters:</p> <ul style="list-style-type: none"> • Jennifer Kye, Director, Federal Housing Advocacy, Justice in Aging • Lauren Carden, Director, California Housing Advocacy, Justice in Aging <p>Federal Fair Housing Basics Registration</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>5. Visual Capitalist May 28, 2026 Mapped: Nursing Home Costs Across America By Dorothy Neufeld</p> <p>Utilizing data from the 2025 Genworth Cost of Care Survey, Visual Capitalist mapped the median annual cost of a semi-private room in a skilled nursing facility across all 50 states, revealing an immense geographic price gap driven by localized labor shortages and varying operating environments. Alaska ranks as the most expensive state in the nation by a wide margin, with annual costs reaching nearly \$334,000 (roughly \$28,000 per month)—nearly five times higher than Texas, which remains among the least expensive states at approximately \$68,000 per year. Several coastal and geographically isolated states follow Alaska near the top of the list, with annual costs exceeding \$180,000 in Oregon (\$201,115), New York (\$186,332), Hawaii (\$185,679), and Massachusetts (\$173,375). The publication emphasizes that these skyrocketing expenses are propelled by severe shortages of caregivers and nurses, forcing facility operators nationwide to aggressively raise wages to compete for staff, which subsequently</p>

	<p>feeds a growing retirement cost crisis that leaves older adults facing six-figure financial differences depending entirely on where they age.</p> <p>6. Skilled Nursing News May 27, 2026 Skilled Nursing Development Remains Frozen, Occupancy Slowly Climbing By Amy Stulick According to a May 2026 report by <i>Skilled Nursing News</i> utilizing National Investment Center for Seniors Housing & Care (NIC) data, the U.S. skilled nursing sector is experiencing a stark divergence between rising demand and frozen physical expansion. While national nursing home occupancy rates have steadily climbed for 19 consecutive quarters—on track to surpass 90% by the end of the year—new facility construction and development have ground to a near-total halt, falling to their lowest levels since 2012. This freeze in new development is driven by a combination of high construction costs, tight capital lending markets, and severe, ongoing workforce shortages that have forced many existing operators to decertify beds or limit admissions because they cannot safely staff them. Consequently, as the aging Baby Boomer generation drives up the necessity for post-acute care, the convergence of rising patient censuses and stagnant facility supply is creating significant market tightness, effectively restricting placement options for older adults and accelerating a backlog in hospital discharge pipelines.</p>
<p>Home and Community Based Services</p>	<p>7. Patch May 30, 2026 After downsizing plan, Braintree nonprofit adds more job cuts By William Hall Braintree-based home-care provider South Shore Elder Services (SSES) has significantly expanded its downsizing plans, announcing on May 29, 2026, that it will lay off 131 employees in June. This massive escalation follows an April disclosure that initially projected 52 job cuts and means that nearly the entirety of the nonprofit’s estimated 160-person workforce will be eliminated. While SSES CEO Sandra Lindsey previously stated that the initial downsizing was unrelated to the organization’s ongoing efforts to explore a strategic partnership with Brockton-based Old Colony Elder Services, the 48-year-old home-care agency has faced escalating financial pressure, ending 2023 more than \$1 million in the red despite bringing in \$37 million in revenue.</p>
<p>Health Care Topics</p>	<p>8. KFF Health News June 1, 2026 Baffling. Frustrating. Frightening. What It’s Like To Be Sued Over Medical Debt. By Katy Golvala, CT Mirror, Jenna Carlesso, CT Mirror, and Noam N. Levey <i>As part of a yearlong investigation, the Connecticut Mirror and KFF Health News interviewed more than three dozen patients in Connecticut who were sued by hospitals and physician groups over medical bills. A yearlong joint investigation by the Connecticut Mirror and KFF Health News profiles the distressing experiences of dozens of Connecticut patients facing aggressive medical debt lawsuits from local hospitals</i></p>

	<p>and healthcare providers, exposing severe vulnerabilities in the consumer protection landscape. The report outlines a systemic billing pipeline where patients—the vast majority of whom are fully employed and insured—receive unexpected, massive balance bills months after completing medical procedures, despite having checked with their insurers and paid their quoted out-of-pocket expenses in advance. When patients attempt to dispute or clarify these confusing five-figure balances, facilities frequently bypass further negotiation and file formal collection lawsuits, resulting in devastating financial consequences such as wage garnishments, property liens, and deep psychological distress. While healthcare providers blame these aggressive legal measures on the national proliferation of high-deductible health plans that leave consumers directly responsible for thousands of dollars in baseline costs, patient rights advocates contend that the practice traps families in a terrifying financial cycle, prevents individuals from seeking necessary follow-up medical services, and deeply erodes public trust in the state's clinical infrastructure.</p>
Behavioral Health	<p>9. Psychology Today May 11, 2026 <u><i>Nursing Homes Are De Facto Psychiatric Wards but Lack Care</i></u> By Amanda Buster and J. Wesley Boyd, MD, PhD <i>Nursing homes lack the staff, training, or oversight to keep their residents safe.</i></p> <p>Key points</p> <ul style="list-style-type: none"> • Nursing homes house numerous people with mental illness, yet lack adequate psychiatric staffing and oversight. • Structural barriers and weak regulations trap people in long-term care, violating autonomy and civil rights. • Government agencies need to raise staffing standards, payments for services, and community housing options. <p>An essay in <i>Psychology Today</i> contends that U.S. nursing homes have quietly evolved into the nation's largest institutional care settings for adults with serious mental illness second only to prisons and jails, yet they completely lack the specialized staff, training, and regulatory oversight required to manage psychiatric needs. Driven by a historic disinvestment in community-based mental health resources, hundreds of thousands of residents suffering from severe depression, schizophrenia, bipolar disorder, and Alzheimer's disease face prolonged, unnecessary institutionalization that systematically erodes their autonomy and exacerbates behavioral dysregulation. The article highlights severe structural barriers to discharge—such as families' financial strain, a lack of supportive housing options, and unreliable transportation for outpatient psychiatric exams—which trap individuals in facilities where state oversight metrics remain narrowly fixated on physical and infection care while ignoring mental health services. Consequently, the author calls on state and federal regulators to modernize long-term care frameworks and align Medicaid and Medicare reimbursement structures so that facilities can build the specialized workforce and training capacity necessary to deliver dignified, comprehensive mental health care.</p>

10. Benzinga

May 31, 2026

[*I Moved My Mom Into Assisted Living For \\$5,400 A Month, But the Bill Hit \\$8,900 By 3 Months Later — And Now They're Threatening To Evict Her*](#)

By Ivy Grace

A May 2026 article in *Benzinga* highlights the widespread financial shock families face due to the aggressive pricing structures and hidden "add-on" fees prevalent in the U.S. assisted living industry. The piece profiles a family that was initially quoted a seemingly manageable base rate of \$5,400 a month to care for their elderly mother, only to watch the bill skyrocket to \$8,900 just three months later after a routine facility health reassessment triggered extensive new charges for medication management, incontinence supplies, and mobility assistance. Because assisted living is classified as custodial care rather than acute medical care, it is entirely excluded from traditional Medicare coverage, leaving the resident's fixed Social Security income and finite retirement savings completely overwhelmed by the 65% cost spike. Ultimately, elder-care advocates warn that this situation is an increasingly common systemic trap; under loose state-level regulations, corporate assisted living facilities can legally issue involuntary discharge and eviction notices after a minimum of 30 days for nonpayment, forcing families into sudden, high-stakes emotional and financial crises as they scramble to relocate vulnerable loved ones with dementia or severe physical limitations.

11. 25 News

May 30, 2026

[*Chapters Living CEO praises staff after fire at Washington supportive living facility*](#)

By Howard Packowitz, Andrew Harvey and Angeles Ponpa

On Saturday night, May 30, 2026, numerous volunteer fire departments were called to a major structure fire at a supportive retirement community located on Newcastle Road in Washington, Illinois. The large-scale blaze heavily damaged the facility and displaced approximately 40 elderly residents, requiring a coordinated emergency response to safely evacuate and relocate the vulnerable occupants. Strikingly, this incident occurred less than 24 hours before Washington firefighters were forced to battle a second major fire on Sunday morning at a nearby apartment complex on School Street, emphasizing the intense, back-to-back operational strain placed on the city's local emergency service infrastructure over a single weekend.

12. AARP

November 11, 2025

[*Beware of Hidden Fees in Assisted Living Facilities*](#)

By Paull Wynn

Family caregivers need to stay vigilant to protect family members from unexpected costs

An article from AARP warns families that the true cost of assisted living frequently surpasses the advertised base rate due to complex, tiered pricing structures and an array of unexpected a la carte fees. According

to eldercare experts, including Lori Smetanka of the National Consumer Voice for Quality Long-Term Care, facilities routinely charge extra for essential daily services such as personal laundry, in-room meal delivery, and local transportation, as well as baseline household and hygiene supplies like toilet paper and incontinence products. A major source of financial shock is tiered medication management fees, which often scale up based on the total number of pills administered per day, meaning basic over-the-counter multivitamins and supplements can inadvertently push a resident into a much more expensive care bracket. Because these cumulative, unexpected costs can quickly drain a senior's retirement savings and potentially lead to forced relocation or eviction, advocates urge families to obtain a comprehensive, written breakdown of all secondary fees, clarify exactly what clinical metrics trigger a mandatory transition to a higher-priced care tier, and explore cost-saving measures like bringing in outside toiletries or handling a loved one's laundry personally

Hidden costs often include added fees for higher levels of care:

- Assistance with daily activities (dressing, bathing, eating)
- Dementia or memory care

Hidden costs of these goods and services vary by facility:

- Hygiene products such as deodorants and shampoos
- Household supplies such as paper towels, toilet paper, cleaning supplies, plastic cutlery, paper plates
- Incontinence supplies (often not included in the base price, or provided with an additional fee)
- Medication management and delivery
- Meal brought to a room (vs. a meal eaten in a dining area)
- Personal laundry
- Salon services
- Cable TV
- Therapy copayments (speech, occupational, physical)
- Transportation to appointments
- Meals or refreshments for visitors

13. Justice in Aging

November 7, 2023

[Defending Evictions from Medicaid-Funded Assisted Living Facilities](#)

Table of Contents

- [Can Medicaid pay for care in an assisted living facility?](#)
- [How do Medicaid programs pay for care in an assisted living facility?](#)
- [Is this Medicaid coverage option limited to assisted living, or can Medicaid also cover care in facilities designed for persons under age 65?](#)
- [What led the federal government to issue a regulation limiting evictions?](#)
- [What types of housing does the Medicaid eviction regulation cover?](#)
- [How does Medicaid law affect assisted living evictions?](#)
- [What qualifies as “comparable” protections?](#)

	<ul style="list-style-type: none"> • What factors might contribute to states and facilities being out of compliance with the federal eviction regulation? • How have states implemented the HCBS eviction protections? • How can an assisted living resident use the HCBS eviction protections in an eviction defense? • Are attorneys and other advocates essential in protecting assisted living residents against improper evictions?
Housing	<p>14. *Boston Globe May 31, 2026 Mass. is getting more granny flats. But it's still hard to build them. By The Editorial Board <i>Zoning reform is a great start, but it's time to standardize building regulations.</i> An opinion piece in <i>The Boston Globe</i> examines the ongoing rollout of Massachusetts' statewide legalization of accessory dwelling units (ADUs), often called "granny flats," concluding that while the policy has sparked high demand, it remains constrained by a convoluted network of local ordinances. Enacted through the 2024 Affordable Homes Act and implemented in early 2025, the law permits homeowners to build these small secondary residences by-right in single-family zones, driving more than 1,600 permit applications and 1,200 approvals within its first year alone as families look to secure multi-generational housing or extra rental income. However, a new report by the Boston Indicators project warns that the state's projected creation of 10,000 units over five years is actively threatened by a fractured, 351-municipality patchwork of local land-use, fire, energy, septic, and environmental regulations that drive up construction costs and cause lengthy delays. To truly unleash the potential of ADUs to mitigate the state's severe housing shortage and support independent elder care, the authors advocate for a comprehensive streamlining of these secondary rules, suggesting regionalized permitting reviews and unified statewide standards for setbacks, heights, and square footage.</p> <p>15. *The Worcester Guardian May 18, 2026 Tiny home village for homeless seniors breaks ground in Worcester By Charlene Arsenault <i>A new four-unit "Seeds of Hope" tiny home village on Claremont Street aims to provide permanent supportive housing for homeless seniors while testing a lower-cost housing model Worcester leaders hope can expand elsewhere</i> On May 19, 2026, city leaders, nonprofit coalitions, and community partners officially broke ground on the "Seeds of Hope" Tiny Home Village at 6 Claremont Street in Worcester, Massachusetts, establishing an innovative pilot project aimed at combating the rising local crisis of senior homelessness. Spearheaded by the United Way of Central Massachusetts alongside state housing leaders and municipal agencies, the four-unit, modular-construction initiative transforms a narrow, awkwardly shaped urban parcel previously considered unusable into permanent supportive housing tailored specifically for vulnerable older adults on fixed incomes. Each single-level, ADA-accessible cottage is</p>

	<p>engineered by Worcester-based Integrity Modular Design to bypass weather delays and minimize material waste, coming in significantly below the state's traditional affordable housing development baseline of \$500,000 to \$850,000 per unit. Operating as a crucial "demonstration" model that local advocates hope to eventually scale into a 100-unit framework, the village directly couples low-maintenance, cost-efficient housing with comprehensive, on-site wraparound support, including integrated medical and mental health care coordination and localized transportation assistance to help residents safely age in place when they move in this fall.</p>
<p>Aging Topics</p>	<p>16. Associated Press June 1, 2026 <i><u>A robot is helping an ailing couple stay in their home. Are more to come for an aging population?</u></i> By Matt O'Brien</p> <p>An investigative report by the Associated Press explores the rapidly expanding deployment of artificial intelligence-driven companion robots, such as Intuition Robotics' ElliQ, across state-funded elder care programs, highlighting both its profound success in mitigating senior isolation and the complex ethical questions it raises. Deployed through state agencies on aging in places like New York, Washington, and Florida, these tablet-mounted, voice-activated devices proactively check on vulnerable older adults living alone, offering daily health tracking, cognitive games, and empathetic conversation that participants credit with significantly reducing chronic loneliness and improving behavioral outcomes. However, the technology's widespread adoption triggers intense debate among bioethicists and consumer advocates who warn that reliance on AI-generated empathy risks creating "deceptive relationships" that mask a severe, systemic deficit in human caregiving infrastructure. While state officials and developers emphasize that companion robots are designed as a supportive supplement to—rather than a replacement for—human connection, the trend underscores a major national push toward utilizing high-tech automation to manage the skyrocketing care demands of a rapidly aging population facing a critical shortage of professional home health aides.</p> <p>17. *Washington Post May 30, 2026 <i><u>Four types of technology that can help you remain independent as you age</u></i> By Kathleen Felton</p> <p><i>It's not too early to start thinking about the things that can make it easier to remain in your home.</i></p> <p>n article in <i>The Washington Post</i> outlines four key categories of "aging-in-place" technology designed to help older adults maximize their safety and preserve their daily autonomy at home. The piece highlights the evolution of modern tech beyond traditional, stigmatized emergency buttons, focusing instead on smart home automations like automated lighting and smart locks that reduce fall risks and ease physical strain, health and vital monitoring tools such as wearable sensors and smart scales that track metrics like sleep patterns and gait changes to predict</p>

	<p>health declines, and cognitive and medication support systems like digital pill dispensers and voice-activated reminders that assist with memory challenges. Additionally, the author emphasizes the importance of communication and social connectivity platforms to combat the severe public health threat of isolation. To successfully integrate these tools, experts advise families to prioritize devices that offer high physical and digital accessibility standards, focus on a user's specific functional needs rather than tech novelty, and introduce new systems gradually to prevent overwhelming the user, ultimately transforming home environments into proactive, dignified care settings.</p> <p>18. *AARP Bulletin May 15, 2026 (updated) <u>Many Older Americans Are Drawn to Online Gambling as Industry Booms</u> By John Rosengren <i>With new ways to bet from home, retirees are getting hooked — and losing their savings</i> An investigative cover story in the <i>AARP Bulletin</i> explores the rapid rise of app-based gambling—including mobile sports betting, online slots, and digital casino games—and its increasingly devastating impact on older Americans. While public attention heavily focuses on younger men getting hooked on internet betting, experts warn that retirees over the age of 65 have become a highly coveted and aggressively targeted market for online operators who deploy custom marketing, deceptive game designs, and personal "concierge" calls to exploit vulnerable seniors. Older adults are uniquely susceptible to developing compulsive online gambling habits as they look for ways to escape the acute life stressors associated with aging, such as social isolation, boredom, chronic physical pain, or the grief of losing a spouse. Because older gamblers are frequently living on fixed incomes, the consequences of this modern digital trap are uniquely catastrophic; once app-based platforms wipe out a lifetime of retirement savings, older adults have no structural or timeline ability to recoup their financial losses, precipitating an invisible retirement savings crisis that often ends in severe mental health decline or bankruptcy.</p>
Veterans	<p>19. Office of Governor Maura Healey and Lt. Governor Kim Driscoll May 27, 2026 <u>Governor Healey Visits Veterans Home at Holyoke to Highlight Significant Resident Safety and Quality Turnaround</u> On May 27, 2026, Governor Maura Healey, Veterans Services Secretary Eric Goralnick, and local officials visited the Massachusetts Veterans Home at Holyoke to celebrate a major operational, safety, and clinical turnaround following years of crisis and mismanagement. The facility has achieved full state and federal licensure and certification from the Department of Public Health, CMS, and the VA, posting a perfect recent inspection score alongside some of the strongest clinical outcomes in the nation. Since the creation of the Executive Office of Veterans Services in 2023, the Home's registered nurse hours per patient day (1.36) and certified nursing assistant hours (4.43) now more than double national averages, resulting in a 27.4 percent decline in falls</p>

	<p>with major injury since 2021, zero restraint use throughout 2025 and 2026, and hospitalization rates that are nearly half the national baseline. These data-driven quality and workforce improvements coincide with ongoing construction on a historic, \$482 million state-of-the-art facility at the Holyoke site, which will feature 234 long-term care beds, a specialized memory care unit, and a 40-person adult day health program when it welcomes its first residents this fall.</p>
<p>Alzheimer’s and Other Dementia</p>	<p>20. *Business Insider May 31, 2026 We couldn't afford to pay for my mom's dementia assisted living anymore. She moved into a tiny house next door to me. By Noah Sheidlower This "as-told-to" essay in <i>Business Insider</i> outlines the personal experience of 64-year-old Lori Bufka, who turned to an unconventional long-term care alternative in Arizona after sky-high assisted living costs became entirely unaffordable for her mother with dementia. To preserve her mother’s savings and maintain family support, Bufka purchased a low-five-figure, 700-square-foot model trailer located just a one-minute walk away from her own tiny home in a managed community park. By modifying the space for maximum safety—installing porch railings, lowering the step-in height of the bathtub, and utilizing an electric stove to eliminate open-flame fire risks—the physical narrowness of the trailer layout actually functions as a structural fall-prevention tool that allows her mother to safely maneuver a walker. Because the local mountainous region completely lacks home health organizations that accept her mother's insurance, Bufka and her partner manage the daily caregiving hours and remote tech monitoring themselves, proving that localized, family-driven tiny home setups can bypass institutional financial crises while actively preserving consumer independence and dignified elder care.</p>
<p>Medicaid</p>	<p>21. *Boston Globe May 29, 2026 UnitedHealth insurer defrauded MassHealth out of \$100 million, AG lawsuit alleges By Bob Herman On May 29, 2026, Massachusetts Attorney General Andrea Joy Campbell filed a lawsuit in Suffolk Superior Court against UnitedHealthcare Insurance Company, alleging the company defrauded the state's Medicaid program, MassHealth, of at least \$100 million through systematic manipulation of member health assessments. The complaint fields a "growth at all costs" corporate strategy from 2014 through 2025 where UnitedHealthcare—the state’s largest provider of Senior Care Options (SCO) plans—incentivized field nurses to over-classify elderly, dual-eligible enrollees into high-acuity payment tiers to extract larger state capitation payments. Specifically, the state's Medicaid Fraud Division alleges that United assigned members to Level 2 by fabricating non-existent behavioral health conditions like depression, improperly pushed enrollees into the severe-illness Level 3 category while ignoring internal audit warnings to return the overpayments, and falsely claimed members required daily skilled</p>

	<p>nursing care when they did not. While UnitedHealthcare has fired back that the lawsuit is entirely meritless and fails to accurately reflect the design of its managed care program, this major litigation directly underscores Massachusetts' aggressive regulatory push to enforce fiscal transparency, contract compliance, and strict corporate accountability among insurers operating within its integrated long-term care frameworks.</p>
<p>Office of Governor Maura Healey and Lt. Governor Kim Driscoll</p>	<p>22. Office of Governor Maura Healey and Lt. Governor Kim Driscoll May 28, 2026 Governor Healey Issues Statewide Guidance for Schools, Child Care Providers, Higher Ed Campuses, Health Care Facilities and Places of Worship on Interacting with ICE On May 28, 2026, Governor Maura Healey and Lieutenant Governor Kim Driscoll announced new statewide operational guidance detailing how Massachusetts schools, child care providers, higher education campuses, healthcare facilities, and places of worship should interact with U.S. Immigration and Customs Enforcement (ICE) agents. Required under a previous Executive Order, the guidance clarifies that administrative warrants issued by ICE or the Department of Homeland Security do not grant access to nonpublic spaces, and it explicitly prohibits federal immigration officers from conducting warrantless civil arrests in private areas of state facilities or using state property for enforcement staging. To protect access to essential services and alleviate community fear, the administration recommends that local organizations route all federal interactions through designated administrators, require strict legal reviews of all requests, decline access to nonpublic areas without a valid judicial warrant, and safeguard confidential student, family, and patient information. Recommendations for Health care providers and facilities:</p> <ul style="list-style-type: none"> • Prioritize patient care above all else • Protect confidential health information and ensuring private communication between patients and providers • Establish internal reporting and escalation pathways • Document any interactions that could affect the delivery of care
<p>Office of Attorney General Andrea Campbell</p>	<p>23. Office of Attorney General Andrea Campbell May 29, 2026 AG Campbell Sues United Healthcare for Defrauding MassHealth Out of \$100 Million On May 29, 2026, Massachusetts Attorney General Andrea Joy Campbell filed a lawsuit in Suffolk Superior Court against UnitedHealthcare Insurance Company, alleging the company defrauded MassHealth of at least \$100 million by intentionally manipulating and inflating the health statuses of members in its Senior Care Options (SCO) plan. The complaint contends that United Healthcare pursued a "growth at all costs" strategy that incentivized field nurses to misrepresent enrollees as sicker or more functionally impaired than they actually were to systematically trigger higher, tier-adjusted state capitation payments. Specifically, the state's Medicaid Fraud Division</p>

	<p>alleges that United falsely assigned members to Level 2 based on unverified behavioral health or substance use diagnoses, over-classified ineligible individuals into the high-acuity Level 3 category while failing to report or repay known internal audit discrepancies, and falsely claimed members required daily skilled nursing services when they did not. Supported by data analytics and substantial assistance from MassHealth, the lawsuit underscores the state's heightened regulatory focus on contract compliance, fiscal transparency, and direct corporate accountability among managed care entities operating within the Commonwealth's integrated long-term care frameworks.</p> <p>24. Office of Attorney General Andrea Campbell May 26, 2026 <u>AG's Office Secures Indictments Against Two West Brookfield Physicians for Illegally Prescribing Controlled Substances and Medicaid Fraud</u></p> <p>On May 26, 2026, the Massachusetts Attorney General's Office announced that a Worcester County Grand Jury indicted Dr. Jeffrey J. Jones, Dr. James C. Wilson III, and their shared practice, West Brookfield Family Practice (WBFP), on charges of illegally prescribing controlled substances and committing Medicaid fraud. The state alleges that the physicians routinely failed to meet baseline standards of care by prescribing dangerous combinations of opioids, stimulants, and benzodiazepines without legitimate medical purpose and without executing required pain contracts, pill counts, or prescription monitoring checks. Furthermore, the doctors are accused of continuing to write these prescriptions for patients with known histories of substance use disorder, positive illicit drug tests, and prior overdose events, while concurrently billing MassHealth and MassHealth managed care entities for the corresponding office visits. Following an investigation supported by the Drug Enforcement Administration (DEA) and MassHealth, the DEA officially suspended both physicians' abilities to prescribe controlled substances on May 6, 2026, marking this case as the state's latest high-profile effort to enforce direct medical accountability within the ongoing opioid crisis.</p>
<p>From Our Colleagues around the Country</p>	<p>25. Center for Health Policy & Management May 30, 2026 <u>The Ensign Group: Cash Flow, Governance, and the Structural Economy of Understaffing</u> By Dave Kingsley, PhD</p> <p>This article examines the financial management strategies and corporate structure of The Ensign Group, a massive, publicly traded holding company that operates hundreds of skilled nursing and post-acute care facilities across multiple states. The analysis highlights how corporate nursing chains systematically utilize a highly decentralized operating model paired with intricate "related-party" real estate transactions to optimize investor returns and levered free cash flow. Critics argue that by separating the real estate ownership (Property Companies) from the daily care delivery entities (Operating Companies), corporate chains can structurally redirect public Medicare and Medicaid reimbursement away from frontline labor budgets. The publication</p>

	<p>contends that this financial engineering creates a deliberate, systemic economy of understaffing at the bedside—minimizing direct-care nursing hours to insulate corporate margins—while simultaneously shielding the parent organization's broader real estate portfolio from localized regulatory liabilities and clinical noncompliance claims.</p> <p>26. Center for Health Policy & Management May 11, 2026 <u>Medicaid Myths Part I: The Nursing Home Industry's "Low Net" Claim Tested with Linear Regression Models</u> By David Kingsley In a May 2026 report published by the <i>CHIP Bulletin</i>, researcher David Kingsley challenges the long-standing financial narrative pushed by the nursing home industry lobby, which claims that high Medicaid patient volumes underfund facilities and legally force low-quality care and understaffing. By constructing five distinct linear regression models utilizing 2024 CMS Cost Reports and ProviderInfo data—spanning a national dataset, trimmed outlier models, state-specific profiles of Kansas and New York, and an evaluation of the large, publicly traded Ensign Group chain—Kingsley reveals that the proportion of Medicaid bed days has a statistically nonsignificant effect on a facility's Net Operating Income (NOI). Controlling for variables like Medicare share, scale of operations, per-patient expenditures, and related-party allocations, the structural null effect of Medicaid persists across all models, proving that high Medicaid enrollment does not inherently trigger financial distress. Instead, the analysis reveals that a high Medicaid census functions as a predictable, stabilizing revenue floor that keeps commercial real estate values high, spreads fixed operational costs across more occupied beds, and actually generates the highest net profit margins for facilities sitting at the lowest one- and two-star federal staffing tiers.</p>
<p>From around the Country</p>	<p>27. WCGU Daily Current June 1, 2026 <u>Florida faces a severe nursing shortage; what's being done to counter the issue?</u> This report by WCGU explores the intensifying nursing shortage in Florida, examining how the convergence of a rapidly aging population, high turnover rates, and systemic burnout has strained the state's healthcare infrastructure. While Florida's hospitals and long-term care facilities face a desperate need for frontline nurses, local nursing schools are paradoxically forced to turn away thousands of qualified applicants each year due to a critical shortage of nursing faculty and limited clinical training placements. The piece underscores that without aggressive state intervention—such as expanding public funding for nurse educators, boosting competitive pay, and creating streamlined career pipelines—the widening gap between patient demand and nursing supply will continue to compromise patient safety, drive up healthcare costs, and threaten the overall sustainability of care delivery across the state.</p> <p>28. The Jersey Vindicator May 31, 2026</p>

[New Jersey's \\$50 nursing home personal allowance is a disgrace](#)

By Krystal Knapp

One paragraph summary: <https://jerseyindicator.org/2026/05/31/new-jerseys-50-nursing-home-personal-allowance-is-a-disgrace/>
An opinion piece in the *Jersey Vindicator* strongly criticizes New Jersey's static \$50 monthly personal needs allowance (PNA) for Medicaid-subsidized nursing home residents, labeling the rate an outdated and unconscionable disgrace. For over three decades, the state has required long-term care residents to surrender their entire Social Security checks and pension incomes to their facilities to offset care costs, permitting them to retain just \$50 a month to purchase essential personal items not covered by Medicaid, such as clothing, shoes, haircuts, phone plans, electronics, and favorite snacks. Pointing to the compounding effects of decades of inflation, the author emphasizes that this meager allowance strips older adults and individuals with disabilities of their basic human autonomy and financial dignity, effectively trapping them in an invisible layer of poverty. Consequently, the column urges state lawmakers to immediately support pending legislative measures aimed at indexing the personal allowance to modern inflation rates, arguing that New Jersey must reform this restrictive fiscal policy to align with more progressive states and restore fundamental comfort to its most vulnerable institutionalized citizens.

29. Maine Public

May 27, 2026

[Maine considering 'woefully overdue' changes to nursing home regulations](#)

By Patty Wight

The Maine Department of Health and Human Services has proposed comprehensive updates to regulations governing the state's assisted living and residential care facilities, marking the first major overhaul of these standards in over 15 years. While long-term care advocates in Maine universally agreed that updates to the state's archaic, 15-year-old residential care regulations were woefully overdue, they expressed deep frustration and concern that the final version of the legislation was heavily compromised. Spearheaded by groups like the Long-Term Care Ombudsman Program, advocates pointed out that an explosive media investigation had already proven a direct link between inadequate medical standards and hundreds of severe resident violations, including widespread medication errors and dangerous, unsupervised wandering (elopements). Consequently, advocates strongly condemned state lawmakers for folding under industry pressure and stripping out the proposed overnight direct-care staffing ratios—the exact "medical-model" teeth required to protect residents. Their primary concern is that by replacing immediate, mandatory staffing minimums with toothless quarterly data disclosures and a collaborative study group, the state has effectively kicked the can down the road, leaving a rapidly aging population, including the nearly 50% of residential care residents suffering from dementia, exposed to ongoing, understaffed, and potentially life-threatening care conditions.

	<p>30. WTVR CBS 6 (video report) May 27, 2026 [Virginia] Governor signs bill mandating research into nursing home care, operations after CBS 6 investigation On May 27, 2026, Virginia Governor Abigail Spanberger signed legislation mandating a comprehensive state study into the nursing home industry following an investigative report by WTVR CBS 6 that exposed widespread abuse, neglect, severe staffing shortages, and record-high consumer complaints across the commonwealth's facilities. The new law directs the Joint Commission on Healthcare to evaluate quality outcomes, enforcement protocols, ownership transparency, and the financial tracking of public Medicaid funds to ensure those dollars are directed toward bedside care rather than corporate profit. While the measure received endorsements from nonprofit providers and consumer advocates, other patient rights groups criticized the initiative, arguing that a lengthy study group with a December 2027 reporting deadline fails to deliver the immediate, binding regulatory changes and staffing minimums desperately needed to protect vulnerable residents today.</p> <p>31. Skilled Nursing News May 11, 2026 State Reverses Managed Medicaid for Nursing Homes After \$91M Cost Spike in First Year By Zahida Siddiqi According to a May 2026 report by <i>Skilled Nursing News</i>, Indiana Governor Michael Braun signed a landmark reform bill into law that completely reverses the state's managed Medicaid program for older adults in nursing homes and long-term care settings, shifting them back to a traditional Fee-for-Service (FFS) framework. This drastic policy reversal was triggered by a staggering, unexpected \$91 million cost spike during the managed care program's very first year of implementation. State lawmakers and budget analysts determined that the capitated managed care model failed to deliver its promised fiscal predictability and administrative efficiencies, instead generating massive budgetary overruns that threatened the state's financial stability. By abandoning managed care and dismantling the insurance-intermediated structure for this high-acuity population, Indiana's swift pivot back to Fee-for-Service highlights the growing national volatility and structural challenges states face when attempting to privatize and manage long-term services and supports through commercial insurance entities.</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> 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</p>

	<p>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/ 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

	<ul style="list-style-type: none"> • 1,369 currently enrolled • 100 AHVP vouchers issued for transitions: 71 used, 10 in process. The Alternative Housing Voucher Program (AHVP) is a state-funded rental assistance program in Massachusetts specifically designed for non-elderly (under age 60) people with disabilities who have low incomes.
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>
<p>Websites</p>	<p>MassHealth Performance Measure Reports/Quality Reports https://www.mass.gov/info-details/masshealth-quality-reports-and-resources#masshealth-performance-measure-reportsquality-reports</p> <p>Summarizes and reports managed care entity (MCE) performance on select quality indicators in accordance with CFR 438.340. Managed Care Entities include (Accountable Care Organizations, Managed Care Organizations, One Care Plans, Senior Care Option Plans, the MassHealth Behavioral Health Partnership, and the Primary Care Clinician Program.</p> <p>Human Factors and Aging Laboratory (HFA) https://hfaging.ahs.illinois.edu/</p> <p>The Human Factors and Aging Laboratory is Directed by Wendy Rogers, with support from Assistant Director Megan Nickrent.</p>

	<p>Their research focuses on understanding the fundamentals of human behavior in the context of technology interactions. They engage older adults of varying abilities and experiences in our projects related to healthcare; design for aging; technology acceptance; training and instructional support; and human-robot interaction. The overall goal of the laboratory is to improve the quality of life for older adults.</p>	
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</p> <p>49 transitions in January and February 2025</p> <p>910 currently in transition planning</p> <p>Open PDF file, 1.34 MB, MFP Demonstration Brochure</p> <p>MFP Demonstration Brochure - Accessible Version</p> <p>MFP Demonstration Fact Sheet</p>	

	MFP Demonstration Fact Sheet - Accessible Version																																																
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/																																																
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025																																																
List of Special Focus Facilities	Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.																																																
Nursing Home Inspect	ProPublica <i>Nursing Home Inspect</i> 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?) <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> Updated October 15, 2025	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	Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i>																																																

	<p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. 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> <p>Please contact group leaders for more information.</p>	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncouncil.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@bostoncouncil.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
<i>Bringing People Home: Implementing the Marsters class action settlement</i>	<p>Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/</p>		

<i>REV UP Massachusetts</i>	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"> • Wynn Gerhard • Scott Harshbarger • Dick Moore 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.</i></p> <p><i>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>	