



The Dignity Digest

Issue # 287

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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

"To care for those who once cared for us is one of the highest honors."

Tia Walke, [The Inspired Caregiver: Finding Joy While Caring for Those You Love](#)

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

Nursing Homes

- [Senators seek immediate relaunch of nursing home ownership validation effort](#) (McKnights Long Term Care News, June 4, 2026)
- [Move over prior auth: Health plans using improved data, care coordination to divert SNF patients](#) (McKnights Long Term Care News, June 2, 2026)

Homelessness

- [The 2025 Annual Homelessness Assessment Report \(AHAR\) to Congress](#) (U. S. Department of Housing and Urban Development, May 2026)

Workforce

- [An Uncertain Future: How the Immigration Crackdown Threatens Massachusetts' Labor Force](#) (Boston Indicators, June 4, 2026)

Office of Attorney General Andrea Campbell

- [AG's Office Secures Up To \\$770,000 in Settlements with Former Whitinsville Applied Behavioral Analysis Provider and Its Co-Owners for Submitting False Claims to MassHealth](#) (Office of Attorney General Andrea Campbell, June 5, 2026)

Federal Policy

- [How sick is sick enough? New Medicaid work rule worries patient advocates, states.](#) (Politico, June 7, 2026)
- [Enforcement Guidance – Assessing Requests for the Use of an Animal as a Reasonable Accommodation Under the Fair Housing Act](#) (U. S. Department of Housing and Urban Development, May 22, 2026)

From Our Colleagues around the Country

- [Justice in Aging](#) (New Justice in Aging Resources, June 5, 2026)

	<ul style="list-style-type: none"> • The Consumer Voice (June 2, 2026) • The Consumer Voice (May 26, 2026) <p>From around the Country</p> <ul style="list-style-type: none"> • Ohio suspends 49 home health providers from Medicaid program over fraud concerns (McKnights Home Care, June 8, 2026)
Quotes	<p><i>“It is critical that CMS swiftly resume collection of the new [ownership, managerial and related party information] forms so that researchers, policymakers, and the public have a better understanding of the relationship between a nursing home’s ownership, its related parties and the quality of care it provides to seniors and people with disabilities. The absence of timely ownership and related party disclosure is particularly concerning given the growing body of evidence that ownership structure and the role of private equity and other private investments are related to quality and safety in SNFs.”</i></p> <ul style="list-style-type: none"> • Sens. Corey Booker (NJ), Elizabeth Warren (MA) and Ron Wyden (OR), Senators seek immediate relaunch of nursing home ownership validation effort (McKnights Long Term Care News, June 4, 2026) <p><i>“The one thing that you want to do during inpatient rounds is identify folks who are at risk for skilled nursing care. You don’t want people to be admitted to the skilled nursing facility, under skill level of care and then they get transitioned to long-term care. You really want to keep them in the community. So any chance that we have to divert institutionalization or to transition patients out from the institutions into the community, we capture it during those rounds and during those conversations.”</i></p> <p>Judy Cua-Razonable, RN, L.A. Care’s senior director of Managed Long-Term Services and Supports, Move over prior auth: Health plans using improved data, care coordination to divert SNF patients (McKnights Long Term Care News, June 2, 2026)</p>

	<p><i>Massachusetts Senior Care Association estimates that 40 percent of Massachusetts nursing facility workers are foreign-born and around 2,000 frontline workers are Haitian TPS recipients. Industry representatives described the uncertainty surrounding TPS as one of the most immediate threats facing the healthcare workforce.</i></p> <p><u>An Uncertain Future: How the Immigration Crackdown Threatens Massachusetts' Labor Force</u> (Boston Indicators, June 4, 2026)</p> <p><i>“Physicians are increasingly being asked to function not simply as clinicians but as arbiters of this very complex bureaucratic eligibility. . . For somebody with COPD or asthma or heart failure, or you name it, any chronic condition, some days are better than others. Some stretches allow for work, other stretches will not allow for work, so how does that jive with the six-month [eligibility checks]?”</i></p> <p>Dr. Vin Gupta, a pulmonologist and the Managing Director of Health Innovation at the health care consulting firm Manatt, <u>How sick is sick enough? New Medicaid work rule worries patient advocates, states.</u> (Politico, June 7, 2026)</p>
<p>Life Well Lived</p>	<p><u>Dr. Frank Hayden, Pioneer of the Special Olympics, Dies at 96</u> Sunday Today June 7, 2026</p> <p>Dr. Frank Hayden, the man whose research changed the way we see people with disabilities and gave birth to the Special Olympics, has died at 96. Dr. Hayden’s work landed in front of Eunice Kennedy Shriver, sister of President John F. Kennedy, who saw Hayden as an ally in the fight for compassionate treatment for people with disabilities, like her sister Rosemary. Sunday TODAY’s Willie Geist remembers a life well lived.</p>
<p>World Elder Abuse Awareness Day</p>	<p>World Elder Abuse Awareness Day and Prayer Weekend: A Call to Protect Older Adults By Richard T. Moore</p> <p>Each year, June 15 marks World Elder Abuse Awareness Day (WEAAD), a global observance dedicated to raising awareness about the abuse, neglect, and exploitation of older adults. Established by the United Nations, WEAAD serves as a</p>



Summary. Please see attached Word or PDF files for complete text.

reminder that every older person deserves to live with dignity, safety, respect, and freedom from harm.

This year, communities across the United States and around the world will once again wear purple, participate in educational events, and join public awareness campaigns to shine a light on a problem that is too often hidden from view. Elder abuse can take many forms, including physical abuse, emotional abuse, neglect, financial exploitation, and abandonment. Experts estimate that millions of older adults experience some form of abuse each year, yet many cases go unreported because victims fear retaliation, are socially isolated, or depend on their abusers for care.

The 2026 United Nations theme, "**Beyond Awareness: Making Elder Abuse Prevention Work,**" challenges policymakers, service providers, advocates, families, and communities to move beyond recognizing the problem and toward implementing effective solutions that prevent abuse before it occurs.

In recognition of World Elder Abuse Awareness Day, faith communities throughout the country are also observing a **Prayer Weekend** during June 13-14 to honor older adults and recommit themselves to protecting vulnerable elders. Congregations are encouraged to include prayers, sermons, educational programs, and moments of reflection focused on the dignity and worth of older persons. Faith communities have long played a critical role in combating isolation, supporting caregivers, and identifying situations where older adults may be at risk.

In Massachusetts, advocates, older adults, caregivers, and community organizations will gather for a public walk to demonstrate their commitment to ending elder abuse. A **World Elder Abuse Awareness Walk**, sponsored by Greater Boston Elder Services will take place in Boston, bringing together residents from across the region to raise awareness and stand in solidarity with older adults who have experienced abuse, neglect, or exploitation. The event, which will start at 2315 Washington Street, is intended not only to educate the public but also to send a clear message that elder abuse is everyone's concern and everyone's responsibility.

Public awareness events such as these are increasingly important as America ages. By 2050, more than 82 million Americans are expected to be age 65 or older, making the

	<p>protection of older adults a growing public health, social justice, and human rights issue. Communities that foster social connections, support family caregivers, strengthen adult protective services, and promote age-friendly policies can significantly reduce the risk factors associated with elder abuse.</p> <p>World Elder Abuse Awareness Day reminds us that older adults are not merely recipients of care; they are valued members of our families, neighborhoods, workplaces, congregations, and communities. Their wisdom, experience, and contributions enrich our society every day.</p> <p>As we observe World Elder Abuse Awareness Day and Prayer Weekend, let us renew our commitment to creating communities where every older adult can age with dignity, security, and respect. Whether by participating in a walk, attending a local awareness event, volunteering, supporting caregivers, checking on an older neighbor, or advocating for stronger protections, each of us has a role to play.</p> <p>The color purple has become the symbol of this movement. This June, wearing purple is more than a gesture—it is a public declaration that elder abuse will not be tolerated and that older adults deserve to live free from fear, neglect, and exploitation. Together, we can build communities where aging is accompanied not by vulnerability, but by dignity, inclusion, and respect.</p> <p>For more information about World Elder Abuse Awareness Day and local events, visit the National Center on Elder Abuse and your local aging services network organization.</p>
<p>Commentary Offered by DignityMA Participants</p>	<p>Risking Old Age in America: <i>On Retirement: How Aging is Transforming American Lives</i>, and Implications for Massachusetts By Richard T. Moore June 5, 2026</p> <p>In Harry Margolis’ most recent Risking Old Age in America podcast, he talked with historian Daniel Horowitz about his new book, On Retirement: How Aging Is Transforming American Lives. Horowitz provides an historian’s perspective to how increased longevity and with it longer retirement have changed both lives and institutions in the United States. For Massachusetts, Horowitz’s observations are more than a</p>



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

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

Summaries. Please see attached Word or PDF files for complete text.

reflection on retirement—they are a warning about the state's future. Massachusetts is one of the oldest states in the nation, and its population age 65 and older is projected to continue growing rapidly over the next two decades. The issues he identified, and community design—are already reshaping public policy across the Commonwealth.

Massachusetts Is Becoming a "Longevity State,"

The most important takeaway is that Massachusetts is no longer preparing for a temporary "senior boom." It is adapting to a permanent reality in which people routinely live into their 80s and 90s. This creates both opportunities and challenges:

- Older adults are healthier, more educated, and more engaged than previous generations.
- Many want to continue working, volunteering, caregiving, and contributing to civic life.
- At the same time, longer lives mean more years needing income, housing, transportation, and health services.

Massachusetts policymakers must increasingly think about aging not as a social service issue but as a major economic and public health issue.

Housing Is Becoming the Central Aging Policy

Challenge. Horowitz's move from a NORC (Naturally Occurring Retirement Community) in Cambridge to a Continuing Care Retirement Community (CCRC) highlights one of Massachusetts' biggest challenges. Many Massachusetts communities already function as NORCs: Cambridge, Brookline, Newton, Somerville, Amherst, Northampton, and many Cape Cod communities

These communities allow older adults to age in place because they offer: walkability, public transportation, nearby healthcare, accessible housing, and social connections. The problem is that Massachusetts has nowhere near enough age-friendly housing.

The Commonwealth faces a shortage of: accessible apartments, middle-income senior housing, affordable assisted living, continuing care retirement communities, and intergenerational housing models. As a result, many older adults remain in homes that no longer meet their needs, while others enter nursing facilities simply because suitable alternatives do not exist.

Retirement Security Is a Growing Threat. Horowitz points to the decline of traditional pensions and the shift to 401(k)-style savings. This issue may be especially important in Massachusetts because of growing wealth inequality. Massachusetts contains some of the wealthiest communities in America, but also large numbers of older adults who rely primarily on: Social Security, small retirement accounts, home equity. The gap between affluent retirees and economically vulnerable older adults is widening.

For many Massachusetts residents: housing costs consume a growing share of retirement income, property taxes continue rising, healthcare expenses remain significant, and long-term care costs can quickly exhaust savings. The result is that retirement security increasingly depends on wealth accumulated during working years rather than universal retirement protections.

Aging Is Becoming a Public Health Issue. One of Horowitz's most important observations concerns "health span"—the years of life spent in good health. Massachusetts consistently ranks among the healthiest states in America. However, significant disparities exist. Residents in affluent suburbs often live substantially longer than residents in lower-income urban and rural communities.

The Commonwealth already sees disparities based on: income, race and ethnicity, geography, and education. These differences affect not only lifespan but also dementia rates, disability rates, and caregiving needs. This suggests that Massachusetts should increasingly view aging policy through a public health lens. Investments in: fall prevention, chronic disease management, dementia care, nutrition, social engagement, and transportation may produce greater benefits than focusing solely on medical treatment.

The Caregiving Crisis May Be the Biggest Challenge. Horowitz notes that multigenerational households and family caregiving arrangements have changed dramatically. Massachusetts faces an especially acute caregiving challenge because: family sizes are smaller, people have fewer children, adult children often live far from parents, and women, who traditionally provided much caregiving, are more likely to be employed full-time. As the population ages, the ratio of potential family caregivers to older adults continues to shrink. This means Massachusetts will need to strengthen: home care services, adult day health programs, respite care, family caregiver supports, and direct care workforce recruitment and retention. Without these

investments, more older adults will face unnecessary institutionalization.

The Equity Challenge. Perhaps the most significant lesson from Horowitz's interview is that aging is not experienced equally. Massachusetts often ranks highly in health and longevity measures, but those averages can mask enormous disparities. Questions policymakers should ask include:

- Who can afford to age in place?
- Who has access to retirement savings?
- Who can afford assisted living?
- Who receives family caregiving support?
- Which communities have access to age-friendly transportation and housing?

The answers often differ dramatically by race, income, language, and geography.

Implications for Massachusetts Policymakers.

Horowitz's observations suggest five major priorities for Massachusetts: expand age-positive housing and community design, strengthen retirement security for middle- and lower-income residents, treat healthy aging as a public health priority, invest in family caregivers and the direct care workforce, reduce racial, ethnic, and economic disparities in aging outcomes.

A Broader Perspective. Perhaps the most profound lesson for Massachusetts is that aging should no longer be viewed as a problem to manage. It is a demographic transformation that affects every aspect of society—from housing and transportation to workforce development and healthcare. The Commonwealth's future prosperity will increasingly depend on whether it can create communities where people not only live longer, but live well longer. The states that succeed will be those that redesign their institutions around longevity, rather than treating aging as a separate issue affecting only older adults.

In that sense, Horowitz's story of moving from a Cambridge NORC to a Virginia CCRC reflects a question facing Massachusetts itself: Will the Commonwealth build enough age-positive communities to allow residents to remain connected, engaged, and supported throughout longer lives, or will many older adults be forced to leave their communities—or enter higher

levels of care—simply because the right housing and support systems are unavailable?

Massachusetts Cannot Care for an Aging Population Without Immigrant Workers

June 4, 2026

By Richard T. Moore

As Massachusetts confronts the challenges of an aging population, a new report offers a warning that policymakers can no longer afford to ignore: immigration policy has become long-term care policy.

A report released this week by Boston Indicators and the MassINC Policy Center concludes that the Trump administration's aggressive efforts to reduce immigration could have profound consequences for the Commonwealth's economy and labor force. While much of the national debate has focused on border security and enforcement, the report highlights a less discussed reality: Massachusetts depends heavily on immigrant workers to sustain critical industries, including health care and long-term care.

The stakes could not be higher.

Immigrants now comprise roughly one-quarter of Massachusetts' labor force. They work in our hospitals, universities, research laboratories, construction sites, restaurants, and small businesses. They also provide much of the hands-on care that enables older adults and people with disabilities to live safely and with dignity.

According to the report, approximately 40 percent of Massachusetts nursing facility workers are foreign-born. Immigrants serve as certified nursing assistants, home health aides, personal care attendants, nurses, dietary staff, and housekeepers. They are often the workers helping frail older adults get dressed in the morning, administering medications, preparing meals, and providing the daily support that families cannot provide alone.

This workforce was already in short supply before the current immigration crackdown.

Across Massachusetts, nursing homes, home care agencies, and community-based service providers struggle to fill open positions. Providers report chronic vacancies, rising overtime costs, and growing dependence on temporary staffing agencies. Many families already face long waits to secure home care services that would allow loved ones to remain safely at home.

The demographic trends only intensify the challenge.

Massachusetts is aging rapidly. The number of residents over age 65 continues to grow, while the population over age 85—the group most likely to require long-term services and supports—is growing even faster. At the same time, the ratio of working-age adults to retirees is shrinking.

The result is a simple but sobering equation: demand for caregivers is increasing just as the supply of available workers is tightening.

The report estimates that Massachusetts will need approximately 64,000 immigrants entering the state annually by 2030 to stabilize its working-age population. Without that workforce growth, labor shortages are likely to deepen across multiple sectors, including long-term care.

The consequences will be felt by every family, not just immigrant communities.

When providers cannot recruit enough workers, nursing homes may be forced to limit admissions or close units. Home care agencies may be unable to accept new clients. Hospital discharges can be delayed because community services are unavailable. Family caregivers are left to shoulder greater burdens. Older adults who wish to remain at home may instead be forced into institutional settings simply because no caregiver is available.

This outcome would undermine decades of effort to expand home- and community-based services and honor the principle that people should receive care in the least restrictive setting possible.

The report also raises concerns about the future of thousands of immigrant workers currently authorized to work under federal Temporary Protected Status programs. In

Massachusetts nursing facilities alone, an estimated 2,000 Haitian workers hold TPS. Should changes in federal policy threaten their ability to remain employed, the impact on an already fragile workforce could be immediate and severe.

The economic consequences extend beyond staffing.

Immigrant households contribute billions of dollars annually in taxes that support public services, including MassHealth, the state's Medicaid program. MassHealth is the primary payer for nursing home care and a major funder of home- and community-based services. Slower workforce growth and reduced economic activity could ultimately make it more difficult for the Commonwealth to finance the very programs that support older adults and people with disabilities.

None of this means Massachusetts can solve its workforce challenges through immigration alone. The Commonwealth must continue investing in nursing education, direct care workforce development, career ladders, wage improvements, retention initiatives, and technology that supports caregivers. But immigration must be recognized as an essential part of the solution.

For too long, workforce policy, immigration policy, and long-term care policy have been treated as separate conversations. They are not.

The reality is straightforward: Massachusetts cannot meet the needs of a rapidly aging population without a robust caregiving workforce. And it is increasingly clear that we cannot maintain that workforce without immigrants.

The debate over immigration often centers on who gets to enter the country. Massachusetts should also be asking another question: Who will care for us as we grow older?

The answer will shape not only our economy but our ability to age with dignity.

Massachusetts Can Lead the Nation in Helping People Age and Recover at Home

June 3, 2026

By Richard T. Moore

Massachusetts has long recognized a simple but powerful principle: older adults and people with disabilities should have the opportunity to receive services in the least restrictive setting appropriate to their needs. That commitment is reflected in state policy, federal law, and decades of advocacy. Yet for too many residents, the path into institutional care remains easier than the path home.

Every year, thousands of Massachusetts residents enter nursing facilities following a hospitalization, health crisis, or caregiver breakdown. Many genuinely require nursing facility care, whether for rehabilitation, complex medical needs, or long-term support. But others could remain in their homes with the right services or could return to community living after a period of recovery if appropriate assistance were available.

Massachusetts has made important investments in home- and community-based services and has long embraced the principle that people should receive support in the least restrictive setting appropriate to their needs. Yet significant challenges remain. Community-based services are often difficult to access, housing options remain limited, workforce shortages persist, and recent budget debates have highlighted concerns about the sustainability of programs that help individuals remain in their homes and communities. Even when services exist, we often fail to identify individuals at risk of unnecessary institutionalization before placement occurs, and we lack a consistent statewide system for helping nursing facility residents who want to transition back to community living. As a result, individuals can become trapped in a system that was never intended to be permanent.

A nursing facility admission often begins during a vulnerable moment: a fall, a stroke, a hospitalization, or the sudden loss of a family caregiver. Decisions are made quickly. Discharge planners face intense pressure. Families are overwhelmed. Once someone enters a nursing facility, however, the barriers to returning home can become significant. Housing may be unavailable. Community services may be difficult to coordinate. Individuals and families may not fully understand their options. What begins as a short-term placement can become a long-term stay by default rather than by choice.

The decision about where someone goes after a hospitalization often determines whether a temporary health crisis becomes a long-term institutional placement.

Massachusetts should provide MassHealth and hospital discharge planners with better tools to identify community alternatives before that decision is made.

This is not merely a theoretical concept. Across the country, health plans are increasingly using real-time data, predictive analytics, interdisciplinary care teams, and care coordination tools to identify individuals at risk of unnecessary institutionalization and connect them with home- and community-based services before nursing facility placement occurs. These efforts recognize a simple reality: once individuals enter long-term institutional care, returning to the community becomes significantly more difficult. Massachusetts should apply these same principles to ensure that residents receive meaningful opportunities to recover and receive support in their homes whenever appropriate.

This outcome is costly—not only in financial terms, but also in human terms. Most people, when given a meaningful choice and adequate support, prefer to live in their own homes and communities. Community living often promotes greater independence, stronger social connections, and a higher quality of life. Massachusetts already possesses many of the building blocks needed to address this challenge. The Commonwealth supports a network of Aging Services Access Points, Independent Living Centers, housing agencies, home care providers, disability organizations, and community-based service providers with deep expertise in helping people remain independent.

What is missing is a coordinated statewide system that proactively identifies individuals at risk of unnecessary institutionalization and connects them with available resources before nursing facility placement becomes the default outcome. The Commonwealth should establish a statewide Community Transition and Diversion Program within MassHealth.

Such a program would use real-time data and partnerships among MassHealth, hospitals, managed care plans, Aging Services Access Points, Independent Living Centers, housing agencies, and discharge planners to identify individuals who may be at risk of unnecessary nursing facility placement or prolonged institutional stays. It would provide independent options counseling so individuals and families understand the full range of available choices. It would support person-

centered care planning that reflects individual goals rather than system convenience. Most importantly, it would coordinate the services, housing supports, and community resources necessary to make those choices real.

The program would also give MassHealth and hospital discharge planners an important tool to support what most individuals prefer: recovering at home whenever it can be done safely. By identifying patients at risk of unnecessary institutionalization before discharge and rapidly coordinating home- and community-based services, Massachusetts could help ensure that nursing facility placement is driven by clinical necessity and informed choice rather than the absence of organized alternatives.

Massachusetts is already positioning itself as a national leader in the responsible use of data, advanced analytics, and technology to improve government services. A Community Transition and Diversion Program would build on that vision by using modern analytics and real-time information to identify individuals at risk of unnecessary institutionalization and connect them with community-based supports before a nursing facility placement becomes the default outcome. Technology should not replace human judgment, but it can help ensure that individuals and families receive timely information, meaningful choices, and the assistance they need to remain in the setting they prefer.

This is not a proposal to reduce access to nursing facilities. Nursing facilities remain an essential component of Massachusetts' long-term care system and provide critical care for individuals whose needs cannot be met safely in community settings. The objective is not to eliminate institutional care but to ensure that it is used when clinically appropriate and chosen by informed individuals—not simply because alternatives were never presented or organized. Several states have demonstrated that proactive diversion and transition programs can reduce unnecessary institutionalization while improving individual satisfaction and controlling public expenditures. Massachusetts should build on those lessons and create a model tailored to the Commonwealth's unique network of aging and disability services.

The timing could not be more important. Massachusetts is aging rapidly. The number of residents age 65 and older

	<p>continues to grow, while demand for long-term services and supports is expected to increase significantly in the coming decades. At the same time, the Commonwealth faces workforce shortages, housing challenges, and mounting pressure on public budgets. Recent budget debates have highlighted the difficult choices policymakers face in sustaining the programs that help older adults and people with disabilities remain in their homes and communities. Those fiscal pressures make it even more important that Massachusetts use its long-term care resources strategically and efficiently.</p> <p>A system that helps individuals avoid unnecessary institutionalization and supports those who wish to return to community living can advance both personal choice and fiscal stewardship. We cannot afford a system that defaults to the most restrictive and often most expensive setting when a less restrictive alternative may be available. The question is not whether nursing facilities are necessary. They are. The question is whether every person residing in one truly needs to be there, and whether every person entering one has been given a meaningful opportunity to consider alternatives.</p> <p>Massachusetts has already embraced the principle that people should receive services in the setting that best supports their independence, dignity, and quality of life. A statewide Community Transition and Diversion Program would transform that principle from an aspiration into a reality. For older adults and people with disabilities, where they live is more than a policy question. It is a matter of autonomy, dignity, and choice.</p> <p>Massachusetts has the opportunity to lead the nation by ensuring that every individual receives a meaningful opportunity to recover, receive support, and live in the setting they prefer whenever it can be done safely. A statewide Community Transition and Diversion Program would help make that promise a reality.</p>
<p>Recruitment</p>	<p><u>Public Guardian Services</u> Executive Director</p> <p>Public Guardianship Services (PGS) is a non-profit organization that offers low- or no-cost guardianship and conservatorship services to indigent, isolated persons in Massachusetts who need support making medical, financial or other personal decisions. It has operated for six years and presently serves 80 clients, primarily in Eastern Massachusetts.</p> <p>Position Summary: This is a leadership position with an innovative pilot project that presently has six employees at its offices in</p>

	<p>Braintree (four Social Workers, a Clinical Director, an Operations Manager and an Administrative Assistant), but which is expected to grow over the next few years to provide services from additional office locations in Massachusetts. The Executive Director must be able to focus on current operations in the Braintree office, including office management, data systems, professional resources, vendor relationships, staff development and the other usual tasks of leading a non-profit, while at the same time anticipating the logistical and administrative challenges of growing the organization, and while participating in education, advocacy and networking with both public and private-sector leaders to build support for the public guardianship mission. The Executive Director will report to the Executive and Board of Directors of PGS's parent company, Guardian Community Trust, Inc., of Andover, Massachusetts. This is a full-time position that cannot be performed remotely, but may involve travel among multiple office locations.</p> <p>More information and application</p> <p>See: Listings on MASterList.com's Job Board for all current listings</p>
<p>Transitions</p>	<p><u>Schwarz to lead MassHealth as agency braces for federal overhaul</u></p> <p>*State House News</p> <p>By Alison Kuznitz June 3, 2026</p> <p>Dr. Ryan Schwarz has been appointed as the new Medicaid Director and Assistant Secretary for MassHealth, taking over the role from Mike Levine. A practicing internal medicine and pediatrics physician with extensive experience in state health leadership, Dr. Schwarz steps into the position at a critical juncture as the agency braces for significant federal healthcare overhauls and navigates the renewal process for its multi-billion-dollar Section 1115 demonstration waiver. State health officials praise his proven track record of shifting the state toward comprehensive, outcome-focused accountable care models, which will be essential as MassHealth works to protect core community programs, expand behavioral health resources, and maintain its historically low uninsured rate despite a highly challenging and shifting federal landscape.</p> <p><u>Secretary of Health and Human Services Kiame Mahaniah Appoints Dr. Ryan Schwarz as Massachusetts' Medicaid Director and Assistant Secretary for MassHealth</u></p> <p>Executive Office of Health and Human Services</p> <p>June 3, 2026</p> <p>Secretary of Health and Human Services Kiame Mahaniah, MD, MBA, has announced the appointment of Dr. Ryan Schwarz as Massachusetts' Medicaid Director and Assistant Secretary for MassHealth, effective Monday, June 8, 2026. Dr.</p>

	<p>Schwarz, who is also a practicing internal medicine and pediatrics physician at a community health center in Chelsea, succeeds Mike Levine following Levine's decision to step down and relocate to the West Coast. A member of the MassHealth executive team since 2019, Dr. Schwarz most recently served as Chief of the Office of Accountable Care and Behavioral Health, where he led the agency's transition toward outcome-focused, whole-person accountable care models and oversaw primary care, behavioral health, nutrition, and 1115 Demonstration waiver initiatives. His appointment arrives during a challenging transitional period for Medicaid nationwide, drawing widespread support from state healthcare leaders who praise his dual perspective as both a frontline clinician and an equity-driven policy expert capable of navigating complex federal changes while protecting access for the two million residents covered by MassHealth.</p>
<p>In Person and / or Online Events</p>	<ol style="list-style-type: none"> 1. <u>The 2026 Medicaid Summit</u> The Council of State Governments, the Massachusetts Developmental Disabilities Council, and CSG East Tuesday, June 9, 2026 Room 428, State House, Boston and virtual Sessions will explore the implementation of new work requirements and more frequent redeterminations, the \$50 billion Rural Health Transformation Program, and Medicaid-funded home and community-based services and direct care workforce challenges. Another panel will dive into the financial impact of the One Big Beautiful Bill Act on state budgets, potential tax code changes, and which Medicaid programs to keep and which states can no longer afford. Leslie Darcy, chief of MassHealth's Office of Long-Term Services and Supports, in January pointed out the office delivers care that is not required by the federal government. Officials may make further cuts to the personal care attendant program, and also trim spending for adult foster care and day habilitation. "I think we all just need to have some honest conversations about what the commonwealth is going to be able to support over the next 10 years, so that we are being thoughtful and good public stewards of taxpayer dollars," she had said. <u>Summit Zoom</u> 2. <u>Quarterly Meeting</u> Commission on LGBTQ Aging Tuesday, June 9, 2026, 11:00 a.m. The commission is tasked with studying the health, housing, financial, psychosocial and long-term care needs of older LGBTQ adults and their caregivers, and make recommendations. <u>LGBTQZoom</u> 3. <u>Supportive Housing Meeting</u> Interagency Council on Housing and Homelessness' Committee for Supportive Housing Production and Services Tuesday, June 9, 2026, 1:00 p.m.

	<p>Supportive Housing Zoom</p> <p>4. PHC Monthly Meeting Public Health Council Wednesday, June 10, 2026, 9:00 a.m. Public Health Commissioner Robbie Goldstein gives an update, which will likely touch on World Cup preparations and newly released data that show opioid-related fatalities in 2025 fell below 1,000 deaths for the first time in more than a decade. There will also be an update on Alpha gal syndrome, after Goldstein said the Department of Public Health is ramping up monitoring for the tickborne illness. The council will also have a roundtable discussion on various topics. Docket - June 10, 2026 PHC Agenda and Access</p> <p>5. Public Hearing Long Term Residential Services Friday, June 12, 2026, 10:30 a.m. Public hearing on proposed rates for adult long-term residential services. The state is expanding from four to five geographic regions to create a new Cape and Islands region to help "agencies and providers service their communities more effectively," according to the hearing notice. The proposed change will cost nearly \$190 million. Public Hearing MORE Info and Access</p> <p>6. Public Hearing Developmental and Support Services Executive Office of Health and Human Services Friday, June 12, 2026, 11:30 a.m. Public hearing on updating rates for certain developmental and support services. The change will cost about \$265,000. Link Public Hearing Developmental and Support Services</p>
<p>Webinars and Online Sessions</p>	<ul style="list-style-type: none"> • WEAAD 2026 Webinar Elder Fraud & Scams: Communication Strategies to Promote Recovery and Reduce Revictimization National Center on Elder Abuse Thursday, June 11, 2026, 1:00p.m. Fraud and scams can have serious and lasting effects on older adults, affecting their finances, emotional well-being, and sense of security. In a 2025 report to Congress, the Federal Trade Commission estimated that, after accounting for underreporting, older adults lost up to \$81.5 billion to fraud in 2024. This webinar will highlight underlying factors and communication strategies that support recovery, rebuild trust, and help reduce the risk of repeat victimization. This webinar is co-hosted by the National Center on Elder Abuse, U.S. Department of Justice's Elder Justice Initiative, National Clearinghouse on Abuse in Later Life, and National District Attorneys Association. Speakers <ul style="list-style-type: none"> • Amy Nofziger, Director of Fraud Victim Support AARP Fraud Watch Network • Pete Staffell, Principal Roll and Flow (Break the Spell Program) • Jennifer Lawrence, DSW, LICSW, Director of Clinical Programs and Trauma Recovery FightCyberCrime.org

- Miles McNeely, LCSW, Vice President, Elder Abuse Prevention WISE & Healthy Aging
- Older Adult with Lived Experience

[WEADD registration](#)

- [Medicare Savings Programs](#)

Center for Medicare Advocacy

Tuesday, June 16, 2026, 2:00 p.m.

This webinar will outline the vital role Medicare Savings Programs (MSPs) play in the health and financial security of millions of Medicare beneficiaries, the current obstacles to enrollment and access, and will highlight state policy opportunities and advocacy strategies to improve access to these critical programs in the wake of HR1.

Presented by Melanie Lambert (Center for Medicare Advocacy), Tim Engelhardt (Aging & Disability Health Policy Lab) and Jess Maurer (Maine Council on Aging), and moderated by Kata Kertesz (Center for Medicare Advocacy).

[Medicare registration](#)

- [Voices Unheard: Turning Awareness Into Action Against Abuse and Exploitation](#)

U.S. Administration for Community Living

Tuesday, June 16, 2026, 2:00 p.m.

- [Caring Across Cultural Differences](#)

American Society on Aging

Wednesday, June 17, 2026, 1:00 p.m.

- [Learning Community Session: Panel Discussion with Dr. Joseph Crumbley](#)

Grandfamilies & Kinship Support Network

Wednesday, June 17, 2026, 2:00 p.m.

- [Care and Work: Improving the Livelihoods of Family Caregivers and Care Workers](#)

The Care for All with Respect and Equity Fund and The John A. Hartford Foundation

Thursday, June 18, 2026, 3:00 p.m.,

- [From Frontline Training to Legal Innovation: Interdisciplinary Approaches To Prevent Elder Mistreatment](#)

Health Resources and Services Administration at HHS

Tuesday, June 23, 2026, 2:00 p.m.

- [Making Medicare Affordable: What Every I&R Specialist Should Know](#)

Advancing States

Tuesday, June 23, 2026, 3:00 p.m.

- [Actuarial Work on the WISH Act](#)

Long Term Care Discussion Group

Wednesday, June 24, 2026, 10:00 a.m.

Cong. Tom Suozzi introduced the WISH Act [Well-Being Insurance for Seniors to be at Home Act] originally in 2021. The WISH Act (HR 2082) has been re-introduced in 2025 and is now a bipartisan proposal. A successful round of Hill visits in support of the WISH Act has just taken place. The bill proposes a catastrophic backstop for long term care expenses.

	<p>The WISH Act has generated growing interest as a potential approach to addressing long-term care financing needs. Are the goals of designing a plan that reduces the burden on Medicaid, keeps families from impoverishment, and enhances the private LTC insurance market feasible or "WISHful" thinking?</p> <p>The speakers highlight key features of the WISH Act, share their actuarial analysis and cost estimates of the WISH Act. They present alternatives and discuss possible implications for the LTC insurance landscape.</p> <ul style="list-style-type: none"> • Caregiver Training Services in Practice National Alliance for Caregiving Wednesday, June 24, 2026, 1:00 p.m. • Strategies for Using Data to Prioritize Kinship Care Grandfamilies & Kinship Support Network Wednesday, June 24, 2026, 2:00 p.m. • Federal Fair Housing Basics Justice in Aging Wednesday, June 24, 2026, 2:00 p.m. • Successful Public Health Approaches in Dementia Caregiving: Virginia - A Virtual Roundtable Series University of Minnesota Thursday, June 25, 2026. 12:00 p.m. • Civil Legal Interventions in Elder Abuse Legal Services Corporation Thursday, June 25, 2026. 2:00 p.m. • Money Smart for Older Adults Fraud Prevention Webinar U.S. Federal Deposit Insurance Corporation and U.S. Securities and Exchange Commission Tuesday, June 30, 2026, 2:00 p.m. • Navigating End-of-Life Care American Society on Aging Wednesday, July 15, 2026, 1:00 p.m. • Nonprofit Grant Funding in 2026: Trends, Priorities, and Smarter Ways to Compete Association of Fundraising Professionals Wednesday, July 15, 2026, 1:00 p.m. • Caregiver Nation Summit The National Alliance For Caregiving November 17-19, 2026
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	<ol style="list-style-type: none"> 1. McKnights Long Term Care News June 4, 2026 Senators seek immediate relaunch of nursing home ownership validation effort By Kimberly Marselas

	<p>Three Democratic senators, led by Senator Cory Booker of New Jersey and joined by Senators Elizabeth Warren of Massachusetts and Ron Wyden of Oregon, are urging the Centers for Medicare & Medicaid Services (CMS) to swiftly resume its nationwide nursing home ownership validation initiative. The transparency program, which mandates that federally funded facilities disclose comprehensive data regarding controlling interests, private equity backing, and related-party transactions, was suspended indefinitely by CMS in December following widespread provider complaints over technical glitches and ambiguous reporting criteria. In a formal letter to CMS Administrator Mehmet Oz, the lawmakers emphasized that the prolonged delay creates critical information gaps that undermine public trust and regulatory oversight, particularly as federal cost reports reveal that nursing home revenues funneled to related parties climbed to nearly 20% in 2023. While provider advocacy groups like LeadingAge and the American Health Care Association support transparency goals, they continue to push for a more streamlined, less administratively burdensome reporting process, citing ongoing confusion regarding how far down the line facilities must trace the shareholders of large financial lenders to remain compliant.</p> <p>2. McKnights Long Term Care News June 2, 2026 <u>Move over prior auth: Health plans using improved data, care coordination to divert SNF patients</u> By Kimberly Marselas</p> <p>Health plans are increasingly utilizing advanced care management tools and near-real-time data analytics to actively manage hospital discharge planning and divert patients away from skilled nursing facilities (SNFs), according to industry experts at an AHIP webinar. Facing growing scrutiny over traditional prior authorization hurdles and rising cost pressures, managed care organizations like L.A. Care Health Plan are leveraging interdisciplinary care teams to identify high-risk members early during their inpatient stays. By assessing a member's full clinical context and social determinants of health alongside hospital rounds, plans are aggressively coordinating transitions directly back into the community—utilizing options such as home care, social supports, or assisted living waiver programs—and conducting strict concurrent reviews on necessary SNF stays to prevent patients from permanently transitioning into long-term institutional care.</p>
Homelessness	<p>3. U. S. Department of Housing and Urban Development May 2026 <u>The 2025 Annual Homelessness Assessment Report (AHAR) to Congress</u></p> <p>Newly released federal data shows that homelessness among older adults increased between 2024 and 2025 despite a decrease in overall homelessness.</p> <p><u>According to the 2025 Annual Homelessness Assessment Report (AHAR) Part I</u>, overall homelessness across the country fell by around 3%, while homelessness among older adults age 65 and over increased by nearly 7%. In total, almost 149,000 older adults age 55 and over</p>

	<p>were unhoused in 2025, accounting for about 20% of all people experiencing homelessness.</p> <p>The latest AHAR data underscores the need for more investments in federal rental assistance and other programs serving low-income older adults. As Congress considers new spending bills for fiscal year 2027, advocates should urge Congress to provide the highest level of funding possible for housing and homelessness programs.</p>
<p>Workforce</p>	<p>4. Boston Indicators June 4, 2026 An Uncertain Future: How the Immigration Crackdown Threatens Massachusetts' Labor Force By Luc Schuster, Kimberly Goulart, Kelly Harrington. Boston Indicators. And Ben Forman, MassINC's Policy Center Published in June 2026 by Boston Indicators and the MassINC Policy Center, this report outlines how federal immigration restrictions under the second Trump administration heavily threaten the Massachusetts labor force and broader economy. Facing low native-born birth rates and an aging population, Massachusetts increasingly relies on immigrants, who make up roughly one-quarter of its total workforce; in fact, the state projects it needs 60,000 net new immigrants annually by 2030 just to prevent economic contraction. Despite these demographic needs, net immigration to the U.S. has fallen sharply—with projections estimating a near 90% drop from its 2024 peak by mid-2026—and state-level arrivals have cut in half. The report highlights severe vulnerabilities across key sectors: higher education and research face deep financial losses and high-skilled visa denials; healthcare support risks losing thousands of critical frontline nursing and home health workers due to the uncertainty of Temporary Protected Status (TPS); and the construction industry faces project delays and rising costs driven by workplace instability and fear of ICE activity. These rapid shifts are felt most acutely in the state's "Gateway Cities," which serve as population hubs for over half of all new arrivals and harbor the children of immigrant families who are projected to make up more than a third of the state's new labor force entrants over the next decade.</p>
<p>Office of Attorney General Andrea Campbell</p>	<p>5. Office of Attorney General Andrea Campbell June 5, 2026 AG's Office Secures Up To \$770,000 in Settlements with Former Whitinsville Applied Behavioral Analysis Provider and Its Co-Owners for Submitting False Claims to MassHealth <i>Settlements Resolve Allegations that Flexible Fundamentals and Owners Billed MassHealth Managed Care Entities for Services Not Provided and Failed to Provide Adequate Supervision to Staff</i> The Massachusetts Attorney General's Office has reached settlements totaling up to \$778,703 with Flexible Fundamentals, Inc., a former Whitinsville-based Applied Behavioral Analysis (ABA) provider, and its co-owners, Jennifer McGee and Errion McGrath. The agreements resolve allegations that the company fraudulently billed MassHealth for autism treatment services that were either never provided, poorly documented, or delivered by paraprofessional behavioral technicians</p>

	<p>who lacked the legally required supervision of a Licensed Applied Behavioral Analyst. In addition to the financial penalties, the co-owners and their respective new companies must implement strict compliance and monitoring programs, including three years of staff training and annual independent on-site audits, to ensure full adherence to state and federal healthcare laws.</p>
<p>Federal Policy</p>	<p>6. Politico June 7, 2026 How sick is sick enough? New Medicaid work rule worries patient advocates, states. By Alice Miranda Ollstein and Robert King <i>Trump administration wants ill recipients to prove they can't work every six months. Doctors, advocates and state officials wonder how.</i> The Trump administration's final rule implementing the "One Big Beautiful Bill Act" mandates that Medicaid recipients exempted from work requirements due to being "medically frail" must re-verify their inability to work every six months. While Centers for Medicare & Medicaid Services (CMS) Administrator Mehmet Oz advocates for the policy as a pathway to self-sufficiency, patient advocates, doctors, and state officials express profound concern over the logistical and health implications. Critics warn that the frequent six-month recertification cycle creates a steep administrative hurdle that could mistakenly stripe healthcare coverage from the sickest and most vulnerable patients, who may struggle to continuously secure medical documentation, ultimately threatening their access to essential care.</p> <p>7. U. S. Department of Housing and Urban Development May 22, 2026 Enforcement Guidance – Assessing Requests for the Use of an Animal as a Reasonable Accommodation Under the Fair Housing Act The Department of Housing and Urban Development (HUD) recently issued a memo rescinding its fair housing guidance on assistance animals for people with disabilities. Under the Fair Housing Act, people with disabilities are entitled to reasonable accommodations (RAs), such as waivers of no-pet policies, for assistance animals. HUD's new memo, however, seeks to limit this right to RAs. HUD will no longer consider untrained emotional support animals (ESAs) as assistance animals and will change its fair housing enforcement policies accordingly. The memo also notes that HUD will engage in future rulemaking around animal-related RAs. While HUD's memo itself does not change fair housing law, it reflects the Trump Administration's ongoing efforts to undermine fair housing enforcement and civil rights protections. Learn more about the Fair Housing Act and its importance for older adults in our upcoming webinar, Federal Fair Housing Basics. The Department of Housing and Urban Development (HUD) recently issued a memo rescinding its fair housing guidance on assistance animals for people with disabilities. Under the Fair Housing Act, people with disabilities are entitled to reasonable accommodations (RAs), such as waivers of no-pet policies,</p>

	<p>for assistance animals. HUD’s new memo, however, seeks to limit this right to RAs.</p> <p>HUD will no longer consider untrained emotional support animals (ESAs) as assistance animals and will change its fair housing enforcement policies accordingly. The memo also notes that HUD will engage in future rulemaking around animal-related RAs.</p> <p>While HUD’s memo itself does not change fair housing law, it reflects the Trump Administration’s ongoing efforts to undermine fair housing enforcement and civil rights protections.</p> <p>Learn more about the Fair Housing Act and its importance for older adults in our upcoming webinar, Federal Fair Housing Basics.</p>
<p>From Our Colleagues around the Country</p>	<p>8. Justice in Aging June 5, 2026 New Justice in Aging Resources</p> <ul style="list-style-type: none"> • Alert: Comment on New Medicaid Work Requirements Interim Final Rule (6/2) • Blog: People with Medicare Need Comprehensive Dental Care: Medicare Advantage Isn’t the Answer (6/1) • Special Report: IMPACT Committee Report: Master Plan for Aging’s Year 5 In Review (5/26) • Comment Letter: Prioritize Health Care and Programs for Older Adults and Stop Further Funding Harmful Immigration Enforcement Policies (5/20) • Statement: Broken Promises: Governor’s May Budget Revision Would Strip Coverage from Tens of Thousands of Older Californians (5/14) • Statement: Trump Administration’s Attacks Put Home Care at Risk (5/14) • Blog: Why the Supplemental Security Income (SSI) Asset Limit Must Go (5/13) • Series: Protecting and Expanding California’s Home and Community-Based Services (5/4) • Comment Letter: Justice in Aging’s Comments on HUD’s Proposed Rule on Work Requirements and Time Limits (5/1) <p>9. The Consumer Voice June 2, 2026</p> <ul style="list-style-type: none"> • Consumer Voice Submits Comments in Response to NPRM on Updated Medicare Payment and Quality Oversight Measures • New Podcast on Dining with Dignity: Food Matters in Long-Term Care • Participate in the 2026 Resident’s Voice Challenge • Elder Justice Awareness Month Webinar Series • Consumer Voice in Action <p>10. The Consumer Voice May 26, 2026</p> <ul style="list-style-type: none"> • Senate Democrats Announce New Initiative to Improve Access and Affordability for Long-Term Care • Fact Sheet and Podcast on Retaliation in Long-Term Care

	<ul style="list-style-type: none"> • Register for a Webinar Introducing a Toolkit for Law Enforcement and Emergency Medical Services When Called to a Long-Term Care Facility • Launch of a New HCBS Impacts Tracker • Register for the 2026 Consumer Voice Conference • Consumer Voice in Action
<p>From Around the Country</p>	<p>11. McKnights Home Care June 8, 2026 Ohio suspends 49 home health providers from Medicaid program over fraud concerns By John Roszkowski</p> <p>Following an executive order by Governor Mike DeWine to establish emergency regulatory oversight, the Ohio Department of Medicaid has suspended payments to 49 "high-risk" home health providers due to billing anomalies that indicate potential fraud. This administrative action aligns with a broader state and federal crackdown, which includes a simultaneous six-month state moratorium on Medicaid enrollments for new home health and hospice agencies mirroring recent federal Medicare restrictions. To further reinforce program integrity, Ohio state officials are accelerating the deployment of GPS-based Electronic Visit Verification (EVV) systems and increasing revalidation frequency for high-risk entities, while the U.S. Department of Justice has simultaneously leveled criminal charges against 14 individuals in Ohio involved in separate \$57 million healthcare fraud schemes.</p>
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator</p>

	<p>and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>	<p><u><i>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</i></u> By Alex Green <u>Buy the book here</u></p> <p>Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p> <p><u><i>American Eldercide: How It Happened, How to Prevent It</i></u> By <u>Margaret Morganroth Gullette</u> <u>Buy the book here.</u></p> <p>Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>
<p>Bringing People Home: The Marsters Settlement</p>	<p>Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/</p> <p>Marsters data for the calendar year 2025:</p> <ul style="list-style-type: none"> • 499 people who have returned and are active in the community • Efforts to validate status of 63 others who are in the community • Target for 2025 and 2026 is 600 transitions • 1,369 currently enrolled • 100 AHVP vouchers issued for transitions: 71 used, 10 in process. <p>The Alternative Housing Voucher Program (AHVP) is a state-funded rental assistance program in Massachusetts specifically designed for non-elderly (under age 60) people with disabilities who have low incomes.</p>
<p>Support Dignity Alliance Massachusetts</p>	<p>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-</p>

<p>Please Donate!</p>	<p>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 Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>	
<p>Websites</p>		
<p>Blogs</p>		
<p>Podcasts</p>		
<p>YouTube Channels</p>		
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>	
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>	
<p>Websites of Dignity Alliance Massachusetts Members</p>	<p>See: https://dignityalliancema.org/about/organizations/</p>	
<p>Contact information for reporting complaints and concerns</p>	<p>Nursing home</p>	<p>Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program</p>
<p>MassHealth Eligibility Information</p>	<p>MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility</p>	

	<p>Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid</p>
Money Follows the Person	<p>MassHealth 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: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning</p> <p>Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version</p>
Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</p> <p>Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025</p> <p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p>
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect Data updated October 15, 2025</p> <p>This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p>

	<p>Deficiency Tag # Deficiencies in # Reports MA facilities cited</p> <p>B 257 187 Tag B</p> <p>C 77 63 Tag C</p> <p>D 5,993 1,193 Tag D</p> <p>E 1,872 630 Tag E</p> <p>F 446 226 Tag F</p> <p>G 420 278 Tag G</p> <p>H 54 30 Tag H</p> <p>I 2 1 Tag I</p> <p>J 64 31 Tag J</p> <p>K 30 9 Tag K</p> <p>L 7 2 Tag L</p> <p>Updated October 15, 2025</p>																														
Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. https://tinyurl.com/NursingHomeCompareWebsite</p>																														
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>																														
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 																														
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>																														
Participation opportunities with Dignity Alliance Massachusetts	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncouncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td>jford@njc-ma.org</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Jim Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>Dickmoore1943@gmail.com</td> </tr> <tr> <td>Legal Issues</td> <td>Stephen Schwartz</td> <td>sschwartz@cpr-ma.org</td> </tr> <tr> <td>Interest Group</td> <td>Group lead</td> <td>Email</td> </tr> </tbody> </table>	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
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Most workgroups meet bi-weekly via Zoom.																															

Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group leaders for more information.	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<i>Bringing People Home: Implementing the Marsters class action settlement</i>	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/		
<i>REV UP Massachusetts</i>	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none"> • Wynn Gerhard • 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>			