



The Dignity Digest

Issue # 289

June 23, 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

"You can't help getting older, but you don't have to get old."

[George Burns](#), American comedian and actor

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

Behavioral Health

- [Success via SNF mental health assistants: How one provider slashed antipsychotics use, problematic behavior and hospitalizations](#) (McKnights Long-Term Care News, June 20, 2026)

Assisted Living

- [Senior living communities charging more for the room, less for the care](#) (McKnights Senior Living, June 28, 2026)
- [Sons sue Boston assisted living facility, claiming father's body was left to rot](#) (10Boston, June 18, 2026)

Aging Topics

- [More Americans Have a Plan to Age in Place](#) (*Wall Street Journal, June 20, 2026)
- [Here's What It's Like to Have Kids in America After Age 40](#) [Printer version title: *Older Parents Encounter New Financial Costs*] (*Wall Street Journal, June 11, 2026)

Disability Topics

- [Disability Groups Fear RFK Jr.'s New Special Education Role](#) (*New York Times, June 20, 2026)
- [CPR Condemns Administration Attack on the Rights of Individuals with Disabilities to be Integrated in their Communities](#) (Center for Public Representation, June 18, 2026)
- [Pressley Unveils Essential Legislation to Streamline Wheelchair Repair Services](#) (Office of Congresswoman Ayanna Presley, June 17, 2026)

Alzheimer's and Other Dementia

- [Shingles vaccine may lower dementia risk, new study finds](#) (*Boston Globe, June 18, 2026 (updated))
- [We're not as helpless against dementia as we think](#) (Vox, June 15, 2026)

	<p>Office of Attorney General Andrea Campbell</p> <ul style="list-style-type: none"> • AG's Office Secures More Than \$460,000 from New Bedford Retail Pharmacy for Submitting False Claims to MassHealth (Office of Attorney General Andrea Campbell, June 16, 2026) <p>Federal Policy</p> <ul style="list-style-type: none"> • The Executive Order To Restrict Vote By Mail (Civil Discourse with Joyce Vance, June 20, 2026) • More Than 770,000 Children Are No Longer Receiving SNAP Benefits After Trump Changes Federal Food Program (ProPublica, June 17, 2026) <p>From Around the Country</p> <ul style="list-style-type: none"> • Rep. Simpson secures \$750,000 in federal funding to bring private rooms to Franklin County Medical Center's long-term care facility (Preston Citizen, June 20, 2026) • Bills aim to strengthen Esther's Law, but advocates see loopholes (21 WFMJ, June 19, 2026) • State reports show years of abuse, neglect and abysmal care at Van Duyn facility (CNY Central, May 27, 2026)
<p>Quotes</p>	<p><i>Older parents tend to be more educated, federal data show, and many describe having more patience, flexibility and financial stability than they would have had a decade earlier. Research has found that children of older mothers score higher on early assessments, a result of the education, income and stability those parents tend to bring.</i></p> <p><i>But older parents also face a financial calculus they hadn't fully anticipated. "When everything starts later in life, you have less time to adjust," said David Lamp, a financial adviser at Brighton Jones in Seattle.</i></p> <p>Here's What It's Like to Have Kids in America After Age 40 [Printer version title: <i>Older Parents Encounter New Financial Costs</i>] (*Wall Street Journal, June 11, 2026)</p> <p><i>"Mobility is a fundamental human right, yet for far too many people with disabilities and older adults, a broken wheelchair is not just a mechanical failure—it is a sentence of isolation. Dignity Alliance Massachusetts is proud to endorse Congresswoman Ayanna Pressley's FAST Repairs for Wheelchairs</i></p>

Act, which addresses the unconscionable and unacceptable delays that currently leave individuals stranded for weeks or even months awaiting simple repairs. By mandating timely service standards and removing the bureaucratic hurdles that hinder independence, this legislation ensures that the equipment meant to provide freedom and the dignity of independence does not become a cage. We applaud Congresswoman Pressley’s leadership in treating wheelchair repair as the critical civil rights issue it is.”

Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts,
[Pressley Unveils Essential Legislation to Streamline Wheelchair Repair Services](#) (Office of Congresswoman Ayanna Presley, June 17, 2026)

“Congresswoman Pressley’s bill is tremendously important. Lengthy delays in repairs to wheelchairs and other medical equipment– and that’s what prior authorizations can cause– endanger the health and compromise the independence of people with disabilities and seniors.”

Bill Henning, Executive Director, Boston Center for Independent Living, [Pressley Unveils Essential Legislation to Streamline Wheelchair Repair Services](#) (Office of Congresswoman Ayanna Presley, June 17, 2026)

“People need to come forward. If they're not going to come forward, these nursing homes are just going to do whatever they want.”

Steve Piskor, founder of Elderly Nursing Home Abuse Advocates, [Bills aim to strengthen Esther’s Law, but advocates see loopholes](#) (21 WFMJ, June 19, 2026)

A [new study](#) found that elderly nursing home residents who received at least [one dose of the shingles vaccine](#) known as Shingrix, the only shot of its kind available in the United States, were 24

percent less likely to develop dementia over a four-year period compared to those who were not vaccinated.

[Shingles vaccine may lower dementia risk, new study finds](#)
(*Boston Globe, June 18, 2026 (updated))

A fundamental and unifying principal of disability rights and disability justice has been the right to live in the community—rather than to be involuntarily placed in institutions.

[CPR Condemns Administration Attack on the Rights of Individuals with Disabilities to be Integrated in their Communities](#)
(Center for Public Representation, June 18, 2026)

“Every health setting — acute, post-acute, outpatient — they all know that people with behavioral health comorbid conditions, it’s forever there and it behooves on us, the healthcare people, no matter what setting, to adjust our care provision that accommodates and adjusts for their needs.”

Ravindra Amin, MD, Coler Skilled Nursing Facility Chief of Psychiatry, [Success via SNF mental health assistants: How one provider slashed antipsychotics use, problematic behavior and hospitalizations](#) (McKnights Long-Term Care News, June 20, 2026)

“This policy and philosophical] shift [away from viewing children with disabilities as having strengths, potential and a right to be integrated into classrooms by] HHS reverts toward an antiquated, ‘medical model’ of disability policy that views disabled children as ‘sick’ and in need of health care, not an education.”

[Disability Groups Fear RFK Jr.’s New Special Education Role](#)
(*New York Times, June 20, 2026)

Spotlight

James A. Lomastro, PhD, is a freelance, international surveyor,

A Wheelchair Is Not Equipment: The Hidden Crisis in Wheelchair Repair

By James A. Lomastro, PhD

and advocate e with Dignity Alliance Massachusetts. He holds a doctorate in Social Welfare Administration from Brandeis University's Heller School and has spent more than four decades working in healthcare administration.

Most non-disabled think of a wheelchair as a piece of medical equipment. They are wrong. A wheelchair is mobility. It is independence. It is employment. It is family. It is community. It is the ability to leave one's home, go to a doctor's appointment, buy groceries, attend church, visit friends, and participate in civic life. For many people, a wheelchair is not equipment at all. It is an extension of the body.

When a wheelchair breaks, the consequences can be catastrophic. [Recently advocates working on wheelchair repair reform heard the story of a Massachusetts woman whose wheelchair malfunction left her improperly positioned for an extended period.](#) The result was a cascade of medical complications, including pneumonia and a prolonged hospitalization. The immediate cause was mechanical failure. The deeper cause was a repair system that failed her when she was most vulnerable.

The public rarely sees these stories because wheelchair repair sounds technical. It sounds like an administrative problem. It is not. It is a civil rights issue.

Imagine if your car broke down and the repair company told you it might take six months before anyone could look at it. Imagine if there were only a handful of authorized repair providers in the state. Imagine if your ability to work, leave your home, or attend medical appointments depended entirely on that repair. That is the reality many wheelchair users face.

[The disturbing part is that Massachusetts has already tried paying providers more.](#) For two years MassHealth has provided incentive payments intended to improve repair performance. Yet advocates report little measurable improvement in repair turnaround times. Why? Because the problem may not be payment levels alone. It may be the structure of the market itself.

Some wheelchair vendors sell chairs costing tens of thousands of dollars while treating repair operations as a separate line of business. This allows companies to argue that repairs are unprofitable while remaining profitable overall. The strategy will sound familiar to anyone who has examined nursing home finance, where ownership structures often separate real estate, management, and operations in ways that obscure where money is being made.

	<p>The pattern is larger than wheelchairs. Across health care and long-term services, public programs frequently pay for access while paying too little attention to accountability. Governments fund systems that are essential to daily life but often lack the leverage or transparency needed to ensure those systems work when people need them most. The result is a quiet form of captivity. No one intends it directly. No one designs it openly. But, they fail to name it for what it is and the outcome is the same. A person becomes trapped not by their disability but by the failure of the systems upon which they depend.</p> <p>The lesson extends beyond people who use wheelchairs. A sledding accident. A stroke. A spinal cord injury. A fall. A neurological illness. Any of us could become dependent on mobility equipment tomorrow. Disability is not a separate category of people. It is a condition that most of us will experience directly or indirectly during our lives especially as we grow older. That reality should change how we think about wheelchair repair.</p> <p>This is not a niche issue. It is a test of whether we are willing to build systems that recognize human dignity, dependence, and vulnerability. The question before Massachusetts is simple. If a wheelchair is an extension of the body, why do we tolerate repair delays that would never be accepted if the body itself were waiting for treatment?</p>
<p>Commentary Offered by DignityMA Participants</p> <p>Caela Hall and Jaime Margolis are staff attorneys at Community Legal Aid, Fitchburg, MA></p>	<p><i>My Turn: World Elder Abuse Awareness Day — Let's end the silence</i> *Greenfield Recorder By Caela Hall and Jaime Margolis June 12, 2026</p> <p>As legal aid attorneys specializing in the unique needs of people age 60 and older, we hear certain phrases from our clients too often, such as:</p> <p>“I thought I could handle the situation myself.”</p> <p>“I am ashamed that my loved ones treat me this way.”</p> <p>“Other people need help more than I do.”</p> <p>“I feel embarrassed that my problems have gotten to this point.”</p> <p>“I don’t want to bother anyone with my issues.”</p>

These clients are telling us that their overwhelmed and overworked caretaker cannot keep up with their needs, or a beloved relative entrusted to manage their care or finances has abused that trust. Often, our clients do not even recognize their mistreatment as abuse, but the harmful effects are clear to advocates. Even when our clients experiencing abuse, neglect, and mistreatment know that something is not right, they may not have the means to address it on their own.

On World Elder Abuse Awareness Day, June 15, Community Legal Aid is once again speaking up to advocate for older adults experiencing abuse.

In its 2017 survey, incorporating statistics from 28 countries, the World Health Organization (WHO) shared that “1 in 6 people aged 60 years and older were subjected to some form of abuse.” Sadly, cases of elder abuse continue to be underreported.

Abuse of elders takes many forms — psychological abuse is the most prevalent, followed by financial abuse, neglect, physical abuse, and sexual abuse, according to the WHO. Financial abuse may take the form of theft or misappropriation of elders’ finances, but it also includes scams in person and online. Neglect, sadly, is frequently the result of an elder living alone and failing to meet their own needs, also known as self-neglect.

Community Legal Aid, and our Elder Unit in particular, fights back against abuse of our older adult clients, especially where it threatens their housing or financial stability, security, or health. Among our priorities as an agency is a mandate to “achieve and preserve autonomy, dignity, independence, and safety for our client communities.”

When you need to preserve or obtain housing, medical care, insurance, or other benefits, or to protect your interests and autonomy, Community Legal Aid’s Elder Unit may be able to assist you. Many times, in addition to legal advocacy, this means we are helping clients access community resources already in place and waiting to assist.

We always work with and for our clients. This means we do not substitute our judgment for yours — our work is guided by your stated interests and goals, and not those of a caretaker or

family member. We are committed to giving you back your voice, not simply speaking for you.

Anyone who witnesses abuse or neglect of an older adult in Massachusetts should report it immediately to the Elder Abuse Hotline, open 24 hours a day, at (800) 922-2275. You can also report online at any time at <https://www.mass.gov/info-details/report-abuse-of-adults-aged-60>. Reports can be anonymous and will trigger a rapid response by the Adult Protective Services program of the Executive Office of Aging & Independence.

These agencies will not just act to stop abuse but will also make sure their older adult clients can access community resources like Meals on Wheels, health insurance and medical providers, and other helpers who can meet their needs.

If you or someone you care about is in danger of exploitation, abuse, or neglect, do not hesitate to contact someone who can help. If you know of someone in central or western Massachusetts facing a civil legal issue, please connect them with Community Legal Aid, 855-252-5342 or www.communitylegal.org

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.

The views expressed by individuals are their own and do not necessarily reflect the policy

The Special Commission on Senior Housing Missed One of the Commonwealth's Most Pressing Aging Challenges
 By Richard T. Moore
 June 20, 2026

The Special Commission on Affordable and Healthy Senior Housing was created by the Massachusetts Affordable Homes Act (Chapter 150 of the Acts of 2024) to examine how the Commonwealth could better meet the housing needs of its rapidly growing older adult population. Chaired by Ed Augustus, Secretary of Housing and Livable Communities, the commission brought together legislators, housing developers, aging-service organizations, state agencies, and other stakeholders to develop recommendations for expanding affordable and healthy housing opportunities for older adults.

The commission's final report, *Building for Aging: Recommendations for Creating Affordable and Healthy Senior Housing*, was filed with the Legislature in January 2026. Its recommendations focused on four broad areas: housing finance and development, place-based services, accessibility and home modifications, and housing search assistance. The

position or perspective of Dignity Alliance Massachusetts.

report correctly recognizes that housing is a critical determinant of health and that Massachusetts must expand affordable housing options if older adults are to age in their communities. The report contains many worthwhile recommendations. It calls for greater investment in affordable senior housing, stronger coordination between housing and health services, expanded accessibility modifications, and new approaches to helping older adults navigate an increasingly complex housing market.

Yet for all of its strengths, the report largely overlooks one of the Commonwealth's most significant aging-policy challenges: the lack of affordable assisted living. The commission appears to view the senior housing crisis primarily as a housing production and housing affordability problem. But for many older adults and their families, the crisis is not simply finding an affordable place to live. The challenge arises when an older adult can no longer safely live independently yet does not require nursing home care.

Massachusetts has long struggled with this gap in the continuum of care. Traditional assisted living residences provide housing, meals, medication assistance, personal care, and supervision for individuals who need support with daily activities. However, assisted living remains largely a private-pay model. Monthly costs often exceed the financial reach of middle-income households. While public programs may help cover certain supportive services, they generally do not cover the housing costs that make assisted living unaffordable for many residents. As a result, thousands of older adults find themselves caught in what might be called the "missing middle." They are not poor enough to qualify for substantial public assistance, but they are not wealthy enough to afford private-pay assisted living. Many exhaust savings, rely heavily on family caregivers, remain in unsafe housing situations, or enter nursing facilities earlier than necessary.

Despite the importance of this challenge, the commission devoted little attention to the affordability of assisted living itself. The report discusses service-enriched housing, supportive housing, and aging in place, but it stops short of proposing a comprehensive strategy for expanding affordable assisted living options. This omission is particularly striking because affordable assisted living is not merely a housing issue. It is a long-term care issue, a health care issue, a caregiver issue, and a Medicaid cost-containment issue. For many individuals, assisted living can provide a less restrictive

and less expensive alternative to nursing home placement while preserving independence and quality of life.

The commission could have examined a range of policy options, including assisted living rental subsidies, state-supported affordable assisted living developments, expanded public financing mechanisms, incentives for mixed-income assisted living communities, or reforms designed to make assisted living accessible to moderate-income households. Instead, these issues received relatively little attention. The commission's membership may help explain this gap. The body included substantial representation from housing providers, developers, industry associations, and government agencies. While consumer organizations participated, there was comparatively limited representation from organizations focused on long-term services and supports, resident advocacy, nursing home diversion, and consumer-directed aging policy. As a result, the report reflects a housing-centered perspective more than a long-term care perspective. That distinction matters.

Massachusetts cannot fully address the needs of an aging population by building more affordable housing alone. Housing is essential, but housing without adequate support does not solve the challenges faced by individuals with functional limitations, cognitive impairment, chronic illness, or increasing care needs.

The Commonwealth's aging agenda must move beyond the question of where older adults live and confront the equally important question of how they obtain the assistance necessary to remain there safely, affordably, and with dignity. Until Massachusetts develops a comprehensive strategy for affordable assisted living, one of the most significant gaps in the continuum of care will remain unresolved.

Executive Order 642: A Promise Without Accountability?

By Richard T. Moore
June 18, 2026

On May 8, 2025, Governor Maura Healey signed Executive Order 642, proclaiming Massachusetts' commitment to becoming a more age-friendly Commonwealth. The Executive Order acknowledged a demographic reality that has been evident for years. More than 1.7 million Massachusetts residents are over age 60. The population over age 85 is

growing faster than any other age group. Millions of family caregivers provide unpaid support to loved ones. Older adults and people with disabilities increasingly face challenges related to housing affordability, health care access, transportation, long-term services and supports, and economic security. The Executive Order was greeted with optimism. It directed executive agencies to examine their policies and practices through an age-friendly lens and to recommend changes that would better serve older adults and people with disabilities. It called for coordination across government and contemplated mechanisms to monitor implementation and progress.

The promise was clear: Massachusetts would not merely talk about aging. It would govern differently. More than a year later, that promise remains largely unfulfilled. The most troubling question is not what Executive Order 642 promised. It is what happened afterward.

The Order called upon executive departments and agencies to review policies, identify barriers, and submit recommendations within six months. It envisioned a process of accountability and continuous improvement. Yet there appears to be no publicly available record of the recommendations agencies submitted. There appears to be no public progress report. There appears to be no public dashboard measuring outcomes. There appears to be no evidence that the monitoring structure contemplated by the Executive Order has been convened in a meaningful and transparent manner. The Administration has stated that substantial work has occurred in response to the Executive Order. If so, the public should be able to see it.

Transparency is not optional. It is how citizens determine whether government commitments are being translated into action. Without public reports, neither legislators, advocates, nor the public can answer fundamental questions: What recommendations were submitted? Which agencies participated? What goals were established? What implementation strategies were adopted? What recommendations were funded? What recommendations were rejected? How did the findings influence policy decisions? Most importantly, how did they influence the Governor's budget?

The timing matters. Executive Order 642 was signed in May 2025. The agency recommendations were due before preparation of the FY 2027 budget. If agencies identified

barriers facing older adults and people with disabilities, one would reasonably expect those findings to appear in budget proposals, supplemental spending plans, regulatory initiatives, or legislative recommendations. Yet the FY 2027 budget contains little evidence of a comprehensive age-friendly implementation strategy.

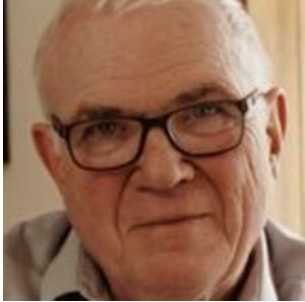
Programs serving older adults and people with disabilities largely received maintenance funding rather than transformative investment. Long-standing affordability challenges remain unresolved. Community-based services remain insufficient to meet growing demand. Family caregivers continue to shoulder enormous burdens. Nursing home residents continue to struggle with inadequate personal needs allowances. Workforce shortages persist. Perhaps these issues were identified in agency reports. Perhaps recommendations were made. The public simply does not know.

The absence of transparency becomes even more significant when viewed alongside the Administration's settlement of the River Terrace Operator LLC litigation. Following the devastating impact of COVID-19 in nursing homes, Massachusetts adopted regulations intended to limit resident rooms to no more than two occupants. The policy reflected not only the painful lessons of the pandemic but decades of evidence-based research demonstrating that crowded nursing home environments compromise infection control, privacy, dignity, quality of life, and resident well-being. COVID-19 did not create these concerns. It exposed and magnified them. Research conducted long before the pandemic consistently found that room occupancy affects health outcomes, resident satisfaction, quality of care, and infection transmission. The pandemic merely provided tragic confirmation at enormous human cost.

Yet the River Terrace settlement allows many three- and four-bed rooms to remain in operation for years to come. The decision raises unavoidable questions. Were the principles embodied in Executive Order 642 considered during settlement discussions? Did the Executive Office of Health and Human Services evaluate the settlement's consistency with age-friendly goals? Did the Executive Office of Aging and Independence provide recommendations regarding resident dignity and quality of life? Did the Department of Public Health advocate for preserving the public health rationale underlying the original regulation? The public has no way of knowing

	<p>because the Administration has not provided the transparency necessary to answer those questions. The issue is not merely one of process. It is one of trust.</p> <p>Massachusetts has long prided itself on leadership in public health and social policy. From Lemuel Shattuck's groundbreaking public health reforms to health care reform and long-term care innovation, the Commonwealth has often demonstrated that evidence, transparency, and accountability matter. Executive Order 642 appeared to continue that tradition. Instead, it increasingly risks becoming another well-intentioned declaration unsupported by measurable action.</p> <p>The Administration cannot simultaneously claim that significant work has occurred and decline to provide the public with evidence of that work. It cannot proclaim age-friendly government while failing to demonstrate how age-friendly principles influenced budgets, regulations, and major policy decisions. Nor can Massachusetts afford symbolic commitments.</p> <p>The challenges facing older adults and people with disabilities are neither new nor unexpected. Policymakers knew the Commonwealth was aging. They knew housing costs were rising. They knew the direct care workforce was under strain. They knew demand for long-term services and supports would increase. They knew federal fiscal pressures could threaten resources upon which vulnerable residents depend. These were not surprises. They were foreseeable realities requiring preparation, planning, and action.</p> <p>An Executive Order is not an accomplishment. It is a commitment. The true measure of Executive Order 642 is not the ceremony at which it was signed but the policies that followed. More than a year later, Massachusetts residents are still waiting to see the evidence. Until the Administration publicly releases the reports, recommendations, implementation plans, benchmarks, and outcomes envisioned by Executive Order 642, an unavoidable question remains: Was Executive Order 642 the beginning of a transformative age-friendly agenda, or was it simply a promise without accountability?</p>
<p>Commentary Offered by</p>	<p><u>When \$10,000 Moves \$200 Million: Why Funding Grassroots Organizing Creates Outsized Impact</u> Non-Profit Quarterly</p>

DignityMA Participants



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

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June 12, 2026
By James A. Lomastro

The article from the *Nonprofit Quarterly* challenges mainstream philanthropy's reliance on funding large institutional, top-down organizations, arguing that small, hyper-local grassroots coalitions offer far greater systemic leverage. By utilizing decentralized, autonomous structures and inexpensive communication tools, these agile networks operate much like modern tech startups—leveraging existing infrastructures to achieve outsized results with minimal financial overhead. Rather than moving slowly to protect institutional relationships, grassroots organizing leans on collective, lived experience to force accountability and drive public policy from the bottom up.

To illustrate this "micro-infrastructure" strategy, the article highlights the incredible real-world success of Dignity Alliance Massachusetts. Operating on a budget of less than \$10,000 annually, this volunteer-driven coalition managed to successfully help drive a massive \$200 million public bond authorization through the Massachusetts legislature to build innovative nursing home alternatives for veterans in crisis. Furthermore, the alliance established itself as a trusted voice during public safety crises—such as a tragic care facility fire in Fall River—allowing it to effectively channel community grief and lived perspective into lasting statutory reforms and strict nursing home enforcement rules across the Commonwealth.

Ultimately, the piece calls on philanthropic funders to rebalance their portfolios by pairing large-scale program funding with disciplined microgrants aimed at community organizing. It argues that the individuals closest to systemic vulnerabilities are inherently the most reliable diagnosticians of what needs fixing. Instead of building massive parallel institutions, philanthropy must learn to fund the connective civic neurons that empower local communities to hold public structures accountable, proving that a small, well-placed force can ultimately shift the heaviest institutional weight.

Recruitment

See: [Listings on MASterList.com's Job Board](#) for all current listings

Disability Law Center

[***Disability Law Center Cares What You Think!
Bringing DLC to the Community!***](#)

<p>Community Conversations</p>	<p>Each year, DLC asks the disability community about the legal issues that matter most. They want to hear your concerns and work together to create positive change. This year, they will be hosting three forums:</p> <p>Boston – Wednesday, June 24 from 10 am to 12 pm Massachusetts Continuing Legal Education (MCLE) 10 Winter Street Boston, MA 02108</p> <p>Brockton – Thursday, June 25 from 10am to 12 pm Massasoit Community College Student Center 1 Massasoit Boulevard Brockton, MA, 02302</p> <p>Online – Wednesday, July 8 from 6:30 pm – 8 pm Virtual – participate from anywhere!</p> <p>Registration for each session.</p>
<p>Call for Action</p>	<p>American Association of People with Disabilities (AAPD) <u>Protect Mail Ballots – Submit Comments Today</u></p> <p>The United States Postal Service has proposed a new rule that would allow USPS to control who can receive and vote a mail ballot. This rule violates the Constitution and federal law and would prevent eligible voters from participating in our elections. This policy would hit disabled voters and older voters, who vote by mail at higher rates, the hardest.</p> <p>We have submitted a comment urging the USPS to reject this proposal, and we need your help. Submit a comment by July 2, 2026, 5 p.m. ET.</p> <p><u>Learn more about the rule and how to comment here</u></p> <p>As part of the federal rulemaking process, agencies are legally required to review public comments and they must respond to significant, relevant comments in their final rule. Commenting helps agencies understand on-the-ground experiences, impacts on communities, and the general level of public acceptance of a policy. Comments also become part of the administrative record and act as an important accountability measure.</p>

	<p>Anyone can submit comments, even anonymously. Comments do not need to be long, even one or two sentences can be impactful.</p> <p>Need support submitting a comment or want to talk through the proposal?</p> <p>Join our open office hours on June 24, 2-3 p.m. ET with REV UP, the Autistic Self Advocacy Network (ASAN), and the National Disability Rights Network (NDRN). ASL and CART will be available. This is a space to:</p> <ul style="list-style-type: none"> • Learn more about the proposal • Get support drafting your comment • Use body doubling to stay on track and submit your comment with us <p>Register for the office hours: https://www.mobilize.us/rev-up-aapd/event/974079/</p>
Surveys	<p>American Institutes for Research (AIR) <i>Make Research More Accessible</i></p> <p>The American Institutes for Research (AIR) are looking for people with intellectual or developmental disabilities and their supporters to participate in online research and help us test a new way to take a survey. AIR wants to do a better job including people with disabilities in research. Your input and ideas will help us do that! Take Survey at https://www.surveymonkey.com/r/DMP8T6Y. Distributed on behalf of American Institutes for Research.</p>
In Person and / or Online Events	<p>Executive Office of Health and Human Services</p> <p>Friday, June 26, 2026, 10:00 a.m.</p> <ul style="list-style-type: none"> • Public Hearing on increasing payments for certain adult community mental health services The cost is about \$25.3 million. <p>Friday, June 26, 2026, 11:00 a.m.</p> <ul style="list-style-type: none"> • Public Hearing on boosting payment rates for certain substance-related and addictive disorders programs The specific services up for discussion deal with treatment and education services in 24-hour residential settings for patients with moderate-to-severe substance use and mental health disorders. The cost is about \$476,450. <p>The Massachusetts Commission on the Status of Persons with Disabilities and MassAbility</p> <p>Tuesday, July 14, 2026, 1:00 p.m. to 4:00 p.m.</p>

	<ul style="list-style-type: none"> • <u>Meeting the Moment: A Community Hearing and Resource Fair at Northampton Senior Center</u> <p>This gathering will focus on key issues including housing; employment; transportation; and long-term services and supports and health equity.</p> <p>Community members are encouraged to participate by sharing their experiences, challenges, and ideas related to these topics either in person or virtually via Zoom. Individuals interested in speaking during the community conversation should register and submit written comments by July 9 to cspwdinfo@mass.gov.</p> <p>The event will also provide an opportunity to connect with local organizations, state agencies, and disability commissions through an in-person resource fair.</p>
<p>Webinars and Online Sessions</p>	<p>1. <u>Social Security Benefits for Older Adults</u> Justice in Aging Tuesday, July 14, 2026, 2:00 p.m. 10 3:15 p.m. Social Security benefits are an important source of economic security for millions of older adults. Currently, over 54 million retired workers receive Social Security retirement benefits, two million spouses of retired workers receive benefits on that worker’s record, and three and a half million widows or widowers receive benefits on the record of their deceased spouse each month.</p> <p>Beneficiaries aged 65 and older make up more than 80% of those receiving Social Security benefits. Half of older adults rely on Social Security for the majority of their income; for 25% of older adults, Social Security makes up at least 90% of their income.</p> <p>In this webinar, <u>Social Security Benefits for Older Adults</u>, presenters will introduce important concepts for retirement, spousal, and survivor benefits, and will provide advocates with the ins and outs of the rules covering these benefits. The information in this webinar will cover the basics of Social Security benefits and will be most useful for those who are new to these benefits, or those who would like a refresher on these concepts.</p> <p>The webinar will cover:</p> <ul style="list-style-type: none"> • Calculations for Social Security retirement benefits • Eligibility for spousal and widow/widower benefits, including for divorced spouses • Earnings test for those who continue to work after claiming retirement or dependent benefits early • Interactions between early retirement and Social Security disability benefits • Interactions with Medicare benefits <p>Presenters:</p> <ul style="list-style-type: none"> • Kate Lang, Director, Federal Income Security, Justice in Aging • John S. Whitelaw, Advocacy Director, Community Legal Aid Society, Inc. (Delaware) <p><u>Social Security Registration</u></p>

Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Behavioral Health	<p>2. McKnights Long-Term Care News June 20, 2026 <u>Success via SNF mental health assistants: How one provider slashed antipsychotics use, problematic behavior and hospitalizations</u> By Kimberly Marselas</p> <p>The 815-bed NYC Health + Hospitals/Coler skilled nursing facility is expanding its innovative behavioral health initiatives, offering a successful model for long-term care facilities nationwide as they admit a growing number of patients with serious mental illness and complex diagnoses. Despite serving a population where 90% of residents have a behavioral health diagnosis and 22% suffer from severe conditions like schizophrenia, Coler has reduced its antipsychotic medication usage to just 7%—roughly half the national average—and nearly eliminated psychiatric re-hospitalizations. This success is heavily driven by the facility's investment in a new, specialized "mental health assistant" (MHA) role, consisting of non-clinical staff trained by LeadingAge New York to provide intensive personal attention, therapeutic activities, and de-escalation support that traditional nursing staff lack the time to deliver. By combining these dedicated assistants with a newly opened indoor activity space designed for residents who struggle with traditional group therapy, Coler demonstrates that prioritizing resident autonomy, outdoor time, and individualized, person-centered care can drastically improve quality of life, minimize aggressive behaviors, and reduce the need for costly one-on-one supervision and hospital transfers.</p>
Assisted Living	<p>3. McKnights Senior Living June 28, 2026 <u>Senior living communities charging more for the room, less for the care</u> By Kimberly Bonvissuto</p> <p>A recent market analysis or industry update reported by McKnight's Senior Living highlights a shifting pricing strategy among senior living providers, who are increasingly structuring their rates to charge more for real estate (room and board) and less for the actual direct care services. This pricing adjustment reflects an effort by operators to balance escalating operational expenses, real estate overhead, and labor costs while attempting to keep baseline health and personal care packages seemingly more affordable or transparent for incoming residents. By shifting a larger portion of the financial burden onto the physical living space rather than the variable cost of care assistance, communities are adjusting to post-pandemic economic pressures, though the model continues to present affordability challenges for seniors managing fixed incomes alongside escalating long-term care needs.</p> <p>4. 10Boston June 18, 2026 <u>Sons sue Boston assisted living facility, claiming father's body was left to rot</u></p>

	<p>By Asher Klein and Griffin Gonzalez <i>A spokesperson for Benchmark Senior Living, which operates Chestnut Park at Cleveland Circle, said it disputes the way the lawsuit characterized what happened.</i></p> <p>Two men say in a new lawsuit that their father's death at Boston assisted living facility went unnoticed for over a week, and his body was badly decomposed by the time it was discovered.</p> <p>The sons of Felipe Dip say the Brighton facility, Chestnut Park at Cleveland Circle, and a staffer in charge of Dip's welfare were negligent for not checking on the man, resulting in severe emotional distress. The civil lawsuit, filed Tuesday in Suffolk Superior Court, seeks \$1 million in damages.</p>
Aging Topics	<p>5. *Wall Street Journal June 20, 2026 More Americans Have a Plan to Age in Place A recent report in <i>The Wall Street Journal</i> examines how skyrocketing real estate costs, inflation, and high mortgage rates are fundamentally reshaping the housing choices of older Americans, forcing a massive rise in non-traditional living arrangements. According to data from Harvard University's Joint Center for Housing Studies, the number of older U.S. adults living with unrelated roommates or housemates has officially topped 1 million—nearly doubling over the past two decades. This trend, which experts call the "boommates" phenomenon, is driven by the reality that an increasing number of middle-income seniors are carrying mortgages into later life or facing rents that drastically outpace fixed incomes, all while living in older U.S. housing stock that requires expensive, unavoidable maintenance. For millions of aging, single Americans who find themselves "house rich but cash poor," opening up their homes to roommates or constructing dedicated "in-home suites" has evolved from a low-cost novelty into an essential strategy to preserve financial stability, maintain independent living, and stave off the rising public health crisis of isolation.</p> <p>6. *Wall Street Journal June 11, 2026 Here's What It's Like to Have Kids in America After Age 40 [Printer version title: <i>Older Parents Encounter New Financial Costs</i>] By Dalvin Brown</p> <p>This article explores the unique financial and emotional reality of the growing number of Americans choosing to have children after age 40, a demographic that made up 4.3% of U.S. births in 2025 compared to just 1.2% in 1990. While these older parents often benefit from greater patience, life flexibility, and established financial stability, they face a complex set of trade-offs. Many find themselves juggling the steep costs of raising young children—including expensive fertility treatments like IVF or embryo storage—while simultaneously trying to turbocharge their retirement savings and manage age-related health issues. Furthermore, these parents are frequently forced to weigh stepping back from their careers right as they reach their peak earning years, compressing the timeline they have to secure their own long-term financial future.</p>

7. *New York Times

June 20, 2026

[Disability Groups Fear RFK Jr.'s New Special Education Role](#)

By Michael C. Bender and Sheryl Gay Stolberg

Alienated by Secretary Robert F. Kennedy Jr.'s claims about autism, advocates for disabled students are sounding the alarm about the Trump administration's shifting special education programs to his department.

The *New York Times* reports that a Senate committee is considering a bipartisan vote in July 2026 to block a controversial Trump administration plan to transfer core functions of federal special education programs from the Department of Education to the Department of Health and Human Services (HHS), currently led by Secretary Robert F. Kennedy Jr. Part of a broader executive push to dissolve the Education Department by shifting its duties—such as transferring special education to HHS and civil rights enforcement to the Justice Department—the plan has provoked swift condemnation from disability rights groups and educators. Advocates argue that treating the Individuals with Disabilities Education Act (IDEA) as a healthcare matter rather than an educational mandate risks isolating students with disabilities under a restrictive, medicalized framework. Critics also express deep alarm over Kennedy’s oversight due to his history of harmful, scientifically inaccurate statements about autism. While administration officials maintain that these interagency agreements merely streamline administration and will not erode individual student rights, key legislative pushback—led by Senator Tim Kaine (D-VA) and supported by Senate Education Committee Chairman Bill Cassidy (R-LA)—aims to legally halt the restructuring, setting up a major separation-of-powers clash over whether the executive branch can dismantle cabinet-level departments without formal congressional authorization.

8. Center for Public Representation

June 18, 2026

[CPR Condemns Administration Attack on the Rights of Individuals with Disabilities to be Integrated in their Communities](#)

The Center for Public Representation (CPR) has issued a strong condemnation of a June 18, 2026, slip opinion from the Office of Legal Counsel to the President, which attempts to disavow decades of established federal case law—including the Supreme Court’s landmark *Olmstead v. L.C.* decision—that protects the rights of individuals with disabilities to live and receive services in their own homes and communities rather than being unnecessarily institutionalized. While the opinion binds Executive Branch agencies, CPR clarifies that it does not alter federal law or overturn Supreme Court precedent. The organization warns that this move represents a broader assault on the disability community, threatening the critical community-based supports and integration mandates guaranteed by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act that have been essential for

	<p>ensuring safety, independence, and inclusive living for people with disabilities for over 30 years.</p> <p>9. Office of Congresswoman Ayanna Presley June 17, 2026 <u>Pressley Unveils Essential Legislation to Streamline Wheelchair Repair Services</u> On June 17, 2026, Congresswoman Ayanna Pressley (MA-07), along with other leaders of the House Task Force on Aging and Families, introduced the Facilitating Access to Service and Timely (FAST) Repairs for Wheelchairs Act. This essential legislation aims to eliminate the harmful, months-long delays wheelchair users experience by removing prior authorization requirements for maintenance and minor repairs within Medicare Advantage plans, aligning them with traditional Medicare policies. By cutting this redundant administrative red tape, the bill ensures that the more than 5.5 million wheelchair users in the United States can secure swift, necessary equipment fixes to preserve their health, daily mobility, and fundamental independence.</p>
<p>Alzheimer’s and Other Dementia</p>	<p>10. *Boston Globe June 18, 2026 (updated) <u>Shingles vaccine may lower dementia risk, new study finds</u> By Allyson Chiu <u>A new study</u> published in the <i>Annals of Internal Medicine</i> suggests that older adults, specifically vulnerable nursing home residents, who received at least one dose of the Shingrix shingles vaccine were 24 percent less likely to develop dementia over a four-year period compared to unvaccinated peers. Led by researchers at Brown University, the study analyzed health records from more than half a million older adults entering nursing homes between 2017 and 2022, finding that the vaccine could potentially prevent about one in 17 cases of dementia in this high-risk population. While the exact underlying mechanism remains unclear, scientists hypothesize that the varicella-zoster virus may cause cognitive decline by inducing chronic inflammation, damaging brain cells, or harming cerebral blood vessels, meaning the vaccine may offer protection either by preventing shingles outbreaks or boosting neuroimmune function. Although geriatric experts caution that these findings show an association rather than definitive proof and that it is too early to prescribe Shingrix solely for dementia prevention, they emphasize that the research strongly reinforces current public health recommendations to get vaccinated to prevent both the painful nerve conditions associated with shingles and potential cognitive decline.</p> <p>11. Vox June 15, 2026 <u>We’re not as helpless against dementia as we think</u> By Bryan Walsh <i>The shingles vaccine may protect your brain. The bigger story is even more hopeful.</i> A detailed ProPublica analysis reveals that more than 776,000 American children have been dropped from the Supplemental Nutrition Assistance Program (SNAP) over the past year, acting as "collateral</p>

	<p>damage" to a signature federal domestic policy bill despite repeated assurances from congressional Republicans that vulnerable families would remain unaffected. Across 12 states tracking age-specific data, children represented a staggering 46% of all individuals removed from the program—with Arizona experiencing a nation-leading 55% drop in child participation—while total nationwide SNAP enrollment plummeted by 4.3 million people between 2025 and 2026. Experts attribute this drastic decline to aggressive new administrative burdens, state-level staffing shortages, and looming federal penalties tied to state "error rates," which food economists note incentivize state agencies to remove low-income working families whose volatile monthly incomes are harder to document accurately. As understaffed state agencies struggle to handle the complex regulatory shift—highlighted by Massachusetts, where unanswered applicant calls jumped to nearly 81%—local non-profit food banks are reporting massive spikes in demand, while pediatric public health experts warn that stripping food security from millions of children creates a severe long-term developmental and health crisis.</p>
<p>Federal Policy</p>	<p>12. Civil Discourse with Joyce Vance June 20, 2026 The Executive Order To Restrict Vote By Mail By Joyce Vance In her <i>Civil Discourse</i> Substack newsletter, legal analyst Joyce Vance breaks down an executive order signed by President Trump on March 31, 2026, titled "Ensuring Citizenship Verification and Integrity in Federal Elections." Vance argues that while mail-in voting is widely trusted and heavily utilized across the political spectrum—including by one in five registered Republicans, 40% of voters over age 65, and nearly a million military members and overseas citizens—the administration is leveraging persistent voter fraud narratives to systematically dismantle the practice. She contends that this latest executive order serves as an unconstitutional power grab, attempting to strip states of their traditional authority to administer federal elections and transfer that control to the federal government under the guise of citizenship verification. Ultimately, Vance warns that these administrative tactics act as a powerful form of voter suppression designed to make voting significantly more burdensome for millions of eligible Americans.</p> <p>13. ProPublica June 17, 2026 More Than 770,000 Children Are No Longer Receiving SNAP Benefits After Trump Changes Federal Food Program By Nicole Santa Cruz <i>Republican backers of Trump's signature domestic policy bill repeatedly claimed that revisions to the food benefits program wouldn't affect the most vulnerable. But reports from a dozen states show children are losing access.</i> A ProPublica analysis reveals that more than 770,000 children in the United States have lost access to the Supplemental Nutrition Assistance Program (SNAP) following sweeping changes made to the federal food</p>

	<p>benefits initiative under a signature domestic policy bill. Although congressional proponents originally maintained that the safety-net revisions would solely "restore integrity" and target resources toward the neediest Americans while leaving benefits for vulnerable children untouched, state-level data demonstrates significant collateral damage. In a review of twelve states that track SNAP participation by age, children accounted for 46% of the individuals dropped from the rolls, with Arizona and Louisiana suffering the sharpest declines. Policy experts and economists note that the legislation's stricter penalties regarding state eligibility "error rates" have inadvertently disincentivized state agencies from accommodating working families, whose volatile monthly incomes are harder to assess accurately, leading to a mounting public health and development crisis for low-income children nationwide.</p>
<p>From Around the Country</p>	<p>14. Preston Citizen June 20, 2026 <u>Rep. Simpson secures \$750,000 in federal funding to bring private rooms to Franklin County Medical Center's long-term care facility</u> By Preston Citizen Staff presentative Mike Simpson has successfully secured \$750,000 in federal funding to modernize the Franklin County Medical Center in Preston, Idaho, by supporting the construction of new, private patient rooms. This investment is designed to replace aging, multi-occupancy wards with modern facilities that significantly improve patient privacy, comfort, and infection control standards. By upgrading the hospital's infrastructure, this project directly enhances the quality of care for the community, ensuring that local residents have access to a dignified and patient-centered healing environment that meets contemporary healthcare expectations.</p> <p>15. 21 WFMJ June 19, 2026 <u>Bills aim to strengthen Esther's Law, but advocates see loopholes</u> By Ally Ross Ohio lawmakers are considering new legislative proposals, including <u>House Bill 809</u> and <u>Senate Bill 154</u>, aimed at strengthening and expanding Esther's Law—the landmark 2022 statute that granted nursing home residents and their families the right to install in-room monitoring cameras to deter elder abuse. While these updates intend to expand these critical transparency protections to nearly 60,000 Ohioans living in assisted living and residential memory care facilities, prominent patient advocates, including original law advocate Steve Piskor, have raised serious alarms over newly introduced language. Critics contend that the bills contain dangerous loopholes that could inadvertently shift authority away from families by granting long-term care facilities unprecedented control over device selection, internet connectivity, and recorded footage. Advocates argue that independent, family-controlled oversight is the bedrock of the law's ability to provide accountability, and that allowing facilities to regulate these monitoring systems risks undermining the very protections the law was originally designed to establish.</p> <p>16. CNY Central</p>

	<p>May 27, 2026 <u>State reports show years of abuse, neglect and abysmal care at Van Duyn facility</u> By Rachel Culver, Matthew Benninger A damning New York State Department of Health report reveals years of severe abuse, neglect, and abysmal care at the Van Duyn Center for Rehabilitation & Nursing, resulting in the facility accumulating 56 standard health citations between 2021 and 2025—nearly triple the statewide average of 19. The documented violations detail a horrific pattern of systemic operational failures, including staff ignoring isolation and sanitation protocols during active viral outbreaks, neglecting two deaf residents to the point of causing documented psychological harm by failing to provide translation services, and failing to protect a cognitively impaired resident with a feeding tube from a sexual assault by another resident. Most tragically, a February 2025 inspection uncovered that staff delayed contacting emergency services for a full hour after a resident exhibited labored breathing, resulting in the patient's death from respiratory arrest. In response to this history of profound non-compliance, the Centers for Medicare & Medicaid Services designated Van Duyn as a "Special Focus Facility"—marking it as one of the 88 worst nursing facilities in the country—and New York Attorney General Letitia James secured a massive \$12 million penalty against its owners after an investigation proved they had misappropriated millions in taxpayer funds meant for resident care while leaving the facility dangerously understaffed.</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 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,</p>

<p>Please Donate!</p>	<p>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 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</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 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)</p>	

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

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

Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group leaders for more information.	Legislative	Richard Moore	Dickmoore1943@gmail.com
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<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 • Caela Hall • Jim Lomastro • Jaime Margolis • Dick Moore • Brianna Zimmerman Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</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>			