The Dignity Digest

Issue # 291 July 14, 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

"We do not heal by forgetting; we heal by remembering with honor, carrying the names of those we lost into the light of a safer tomorrow."

The ten residents who lost their lives as a result of the tragic five-alarm fire at the Gabriel House Assisted Living Residence on July 13, 2025, in Fall River, Massachusetts are:

Eleanor Willett, 86
Richard Rochon, 78
Robert King, 78
Joseph Wilansky, 77
Kim Mackin, 71
Halina Lawler, 70
Margaret Duddy, 69
Brenda Cropper, 66
Rui Albernaz, 64
Ronald Codega, 61

May memory of them continue to be a source of strength, comfort, and resolve for their families, the city of Fall River, and all who advocate for the dignity and safety of long-term care residents.

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

FY State Budget

- *Governor Healey Signs Budget That Lowers Costs with No New Taxes or Fees* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** July 9, 2026)
- *Healey signs $63.4 billion budget with no vetoes* **(State House News,** July 9, 2026)

Nursing Homes

- *'Obsolete, Outdated, Excessively Burdensome': Ahead of Potential August CMS Deregulation Rule, Nursing Homes Call for Reform* **(Skilled Nursing News,** July 10, 2026)
- *How Inspection Timing Affects Care Quality in US Nursing Homes* **(National Bureau of Economic Research,** July 8, 2026)

- *Colliding Forces — The Aging of the Baby Boom Generation and Contracting Nursing-Home Supply* **(*New England Journal of Medicine,** July 4, 2026)

Gabriel House Fire

- *Gabriel House fire remains under investigation 1 year after deaths of 10 residents in Fall River* **(WCVB,** July 13, 2026)
- *Almost a year after Gabriel House fire, Fall River officials and national advocates seek stricter sprinkler inspection policies* **(*Boston Globe,** July 10, 2026)
- *Fall River officials call for updated fire codes in wake of Gabriel House blaze that claimed 10 lives* **(7 News Boston,** July 8, 2026)

Assisted Living

- *Healey-Driscoll Administration Finalizes Assisted Living Safety Reforms Ahead of Anniversary of Gabriel House Fire* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** July 10, 2026)

Homelessness

- *AG Campbell Sues HUD To Block New Changes To Funding Addressing Homelessness* **(Office of Attorney General Andrea Campbell,** July 7, 2026)

Aging Topics

- *Why is the 85+ Population Already Growing?* **(Risking Old Age in America,** July 1, 2026)

Ageism

- *Old people aren't the problem. We all are.* **(*Boston Globe,** June 27, 2026)

Medicaid

- *Health Effects of Managed Care Delivery for Medicaid's Long-Term Services and Supports* **(National Bureau of Economic Research,** July 8, 2026)

Workforce

- *Nursing home group asks for exemptions for Haitians working in Florida facilities* **(Florida Phoenix,** July 10, 2026)
- *The hidden workforce pipeline providers can tap to address nursing shortages* **(McKnights Senior Living,** July 9, 2026)
- *Mass. health care faces 'crisis' after Supreme Court ruling ends TPS for Haitians* **(WGBH,** July 8, 2026)
- *Nursing homes add 3,000 jobs in June, reaching pre-pandemic workforce levels* **(McKnights Senior Living,** July 6, 2026)

Alzheimer's and Other Dementia

- *I built a house for my dad with dementia to live in with us. When his health declined, it cost $120,000 to support him.* **(Business Insider,** July 6, 2026)

Office of Attorney General Andrea Campbell

- *MA Attorney General Settles with Nursing Home Chain Over Chronic Understaffing* **(Center for Medicare Advocacy,** July 9, 2026)

	• *AG Campbell Announces $36.5 Million Multistate Settlement with CVS for Allegedly Over-Dispensing Insulin Pens* **(Office of Attorney General Andrea Campbell,** July 9, 2026) State Policy • *Improving Long-Term Care for Seniors in Massachusetts* **(Boston College Center for Retirement Research,** July 2, 2026) Federal Policy • *Jimmo v. Sebelius 15 Years After Filing: It's Still the Law and It Still Matters* **(Center for Medicare Advocacy,** July 9, 2026) • *DOJ Office of Legal Counsel Issues Memo Attempting to Undermine the Integration Mandate for Older People and People with Disabilities* **(Center for Medicare Advocacy,** July 9, 2026) • *The 3-day rule: Complete elimination the only answer* **(McKnights Long-Term Care News,** July 8, 2026) From Around the Country • *Maine nursing home accused of not maintaining safe temperatures during heat wave* **(News Center Maine,** July 9, 2026) • *New York Should Improve Its Oversight of Nursing Homes' Compliance With Background Check Requirements* **(Office of the Inspection General – U. S. Department of Health and Human Services,** July 6, 2026 (posted)) From Our Colleagues from Around the Country • **In this Issue: (The Consumer Voice,** July 7, 2026)
Quotes	*"The Gabriel House fire was a tragedy that must never be forgotten. These reforms, along with others that have been implemented and proposed, represent a shared commitment to protect our most vulnerable residents in the places they should be safest."* Public Safety & Security Secretary Gina K. Kwon, *Healey-Driscoll Administration Finalizes Assisted Living Safety Reforms Ahead of Anniversary of Gabriel House Fire* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** July 10, 2026) *During the first test, with working sprinklers that kicked in after 81 seconds, fire engulfed the recliner and a nearby wall. But room and hallway temperatures never exceeded 80 degrees below 3 feet. Had these been the conditions during an actual*

fire, "The [room] occupant, and the occupants of the rest of the building, would have survived."

Shane Ray, president of the National Fire Sprinkler Association, *Almost a year after Gabriel House fire, Fall River officials and national advocates seek stricter sprinkler inspection policies*
(*Boston Globe, July 10, 2026)

The three-day [prior] stay [in a hospital] has become more than an anachronism; it now prevents physicians from placing vulnerable older adults in the most appropriate setting for their care. . . The absurdity of the three-day rule today has been highlighted by the fact that Medicare patients who spend time under "observation" status, rather than an acute hospital admission, do not qualify for a Part A SNF stay. The focus on eliminating this exception has distracted from the real issue that the entire rule no longer makes any sense. If the goal of Medicare is to provide cost-effective, appropriate care, physicians need the ability to determine where that care should be provided. For many vulnerable older adults, the risks of the acute hospital outweigh the benefits.

The 3-day rule: Complete elimination the only answer
(McKnights Long-Term Care News, July 8, 2026)

[T]he U.S. Department of Justice's (DOJ) Office of Legal Counsel (OLC) issued a highly controversial memorandum opinion targeting one of the most important civil rights of people with disabilities – the right to live and receive services in their own homes and community and not be unnecessarily confined to institutions. . . [T]he memo declares that long-standing DOJ and Department of Health and Human Services (HHS) regulations enforcing community integration are "unlawful" extensions of federal agency authority.

	DOJ Office of Legal Counsel Issues Memo Attempting to Undermine the Integration Mandate for Older People and People with Disabilities **(Center for Medicare Advocacy,** July 9, 2026) *The law is clear. Medicare coverage is available for maintenance care, but the systemic energy to reverse this truth is pervasive. Since Jimmo many people have obtained necessary care who would previously have been denied coverage, but too many are still told they do not qualify based on some version of an improvement standard.* *Jimmo v. Sebelius 15 Years After Filing: It's Still the Law and It Still Matters* **(Center for Medicare Advocacy,** July 9, 2026) *Nursing homes strategically increase care quality when an inspection is imminent. Making inspections less predictable could save almost 100 lives per year.* *How Inspection Timing Affects Care Quality in US Nursing Homes* **(National Bureau of Economic Research,** July 8, 2026)
Spotlight	**Federal Reserve Bank of Chicago** ***Chicago Fed Insights, May 2026*** *The Landscape of Elder Care in the United States: Part 1—Where Older Americans Live and Why It Matters* By Kelli Marquardt, Aryan Safi, and Anthony Lo Sasso In the first installment of a three-part research series, economists from the Federal Reserve Bank of Chicago analyze the macroeconomic impacts of the United States' shifting demographic landscape, driven primarily by the aging Baby Boomer generation. Currently, just over 2% of Americans are age 85 or older, but that demographic share is projected by the U.S. Census Bureau to roughly double by 2040. As this age structure pivots, the broader economy faces predictable macro-level headwinds, including a pronounced slowdown in labor force growth that could depress overall productivity and output. Additionally, household consumption patterns will inevitably shift away from durable goods toward essential services like medical care, health utilities, and publicly financed long-term care programs, placing intense fiscal pressure on Social Security, Medicare, and Medicaid. Using a decade of national survey data, the authors track a notable multi-year transition toward "aging in place." Between

2011 and 2021, the proportion of Americans age 72 and older residing in traditional community settings rose from 88% to 92.7%. Concurrently, residency rates fell from 7.6% to 5.3% in assisted living facilities and from 4.4% to 1.9% in nursing homes. While independent community living remains dominant for older adults in their seventies, residential arrangements begin to sharply diverge past age 80 as health shocks, physical limitations, or a lack of personal resources necessitate high-intensity, medically supervised, or institutional care settings.

The report highlights that these residential transitions are highly unequal and vary significantly across gender, race, and geographic lines. Women are consistently more likely than men to live in institutional facilities, largely because they have longer life expectancies and frequently outlive spousal caregivers, a primary source of informal home support. Furthermore, non-Hispanic white older adults utilize assisted living facilities at higher rates, whereas non-Hispanic Black older adults are more likely to reside in nursing homes. Geographically, institutionalization rates are heavily concentrated in the Midwest and Northeast, creating asymmetric regional pressures that directly influence local real estate markets, public finance stability, and healthcare workforce requirements.

Summary of Part 1 Report
Download Entire Part 1 Publication

The Landscape of Elder Care in the United States: Part 2—The Cost and Quality of Care

By Kelli Marquardt, Aryan Safi, and Anthony Lo Sasso

In the second part of their series on the economic realities of aging, economists from the Federal Reserve Bank of Chicago analyze the stark cost disparities and geographic variations associated with long-term care settings. Relying on data from Genworth's 2024 Cost of Care Survey, the report documents that the national median monthly cost for nursing home care is $9,825, followed by $5,900 for assisted living, and $3,752 for in-home care (modeled on a moderate 28 hours of care per week). These steep price differentials directly reflect the operational and service intensity of each setting, moving from hourly non-clinical support in private residences to continuous, medically supervised multi-disciplinary care and continuous supervision within institutional nursing facilities.

To properly assess affordability, the authors adjust state-level median pricing against relative household incomes, revealing immense geographical dispersion across the United States.

Even after factoring in localized purchasing power, nursing home care exhibits the most extreme financial variation, ranging from an income-adjusted monthly midpoint of roughly $6,377 in Texas to a staggering $26,321 in Alaska. Remote and island topographies like Alaska and Hawaii face the highest overall facility-based pricing due to severe labor shortages and geographic isolation, while broader regional cost variations across the continental U.S. are heavily shaped by localized labor markets, state certificate-of-need laws, and disparate state Medicaid reimbursement policies.

The final phase of the analysis bridges these pricing metrics with care quality indicators to assist families and policymakers in evaluating the overall economic "value" of regional care. Because Medicaid serves as the primary payer for a vast portion of institutional long-term services, nursing home operators are uniquely exposed to state fiscal structures, which heavily dictate a facility's underlying budget for staff retention and safety compliance. The Chicago Fed's localized mapping demonstrates that regions with higher state-income-adjusted costs do not automatically correlate with superior outcomes, underscoring structural imbalances in the elder care market where localized regulatory constraints and provider concentration can drive up consumer prices without yielding a corresponding increase in clinical quality or resident safety.

Summary of Part 2 of the Report
Download Entire Part 2 Publication

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.

Who's Going to Help Mom Fill Out the Medicaid Forms?

For medically frail people, a federal work requirement may become a paperwork requirement — and paperwork can be just as effective as a locked door in keeping someone out of Medicaid.

By Richard T. Moore

The federal government says medically frail people will be exempt from Medicaid work requirements. That sounds reassuring.

But who's going to help Mom prove she is too frail to work? Who will fill out the forms for the 62-year-old woman with early-onset Alzheimer's disease who no longer understands the mail on her kitchen table? Who will gather medical documentation for the man with a traumatic brain injury who cannot remember yesterday's appointments? Who will help a nursing home resident with advanced Parkinson's disease prove that his illness “significantly impairs” his ability to work?

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

The federal government calls it an exemption. For many frail people and people with disabilities, it may become an obstacle course. And who, exactly, is expected to guide them through it?

Will already understaffed nursing homes have to find employees trained in the federal exemption process to help residents complete forms, obtain medical records, and meet deadlines? Will nurses and social workers, already stretched thin, now become Medicaid eligibility specialists?

What about hospitals? Massachusetts hospitals already have patients stuck in beds because they cannot be safely discharged. Some are waiting for guardianship. Others have no family member, health care agent, or other legally responsible person available to act for them. Will hospital discharge planners now determine whether these patients qualify for a Medicaid work exemption? Who will gather the documentation, complete the forms, and challenge an incorrect denial for a patient who cannot act for himself? And what happens when no one does?

Suppose a 62-year-old nursing home resident loses MassHealth because an exemption form was not filed, was late, or lacked the right documentation. The resident may suddenly face thousands of dollars a month in nursing home costs. Who pays? Will MassHealth restore coverage retroactively? Will the nursing home absorb the loss? Will the resident's family be pressured to pay? Could a discharge or transfer be threatened because the resident is suddenly considered a nonpaying resident?

These are not theoretical questions. MassHealth finances care for a substantial share of Massachusetts nursing home residents. The Healey administration deserves credit for trying to blunt the impact of the new federal requirements. Massachusetts is investing millions in outreach and assistance and developing systems to match MassHealth enrollment information with other government data so some people can be automatically identified as complying with or exempt from work requirements. But outreach and computer matching will not solve the entire problem.

The people most at risk of losing coverage may be precisely those least able to navigate a complicated eligibility system. They may have dementia, an intellectual or developmental disability, serious mental illness, or a brain injury. They may have no family member, guardian, or advocate to open the

	mail, understand the notice, find a physician, obtain documentation, and meet a deadline. Congress said medically frail people and people with serious or complex medical conditions should be exempt. Yet the Centers for Medicare and Medicaid Services is requiring some to demonstrate that their condition significantly impairs their ability to work. Think about that. A person may be sick enough to live in a nursing home and still face a bureaucratic process to prove why he or she cannot work. Massachusetts Attorney General Andrea Campbell and 25 other states are challenging the federal rule. They are right to do so. But Massachusetts cannot wait for the courts. MassHealth should automatically and presumptively exempt people whose existing records clearly demonstrate medical frailty or serious disability. Nursing home residents should not have to prove the obvious. Neither should people receiving intensive home- and community-based services when the state's records already establish their condition. No medically frail person should lose MassHealth solely because an exemption form was missed, late, or completed incorrectly. Coverage should continue while an exemption is reviewed. And Massachusetts must decide who is responsible for helping people who cannot act for themselves. Nursing homes and hospitals should not discover that an unfunded federal administrative responsibility has quietly been dropped on their nurses, social workers, and discharge planners. The federal government may call this a work requirement. For a woman with early-onset Alzheimer's disease, it is a paperwork requirement. And paperwork can be just as effective as a locked door in keeping someone out of Medicaid. If Mom is too frail to work, who's going to help her prove it? The answer cannot be: nobody — and then we cancel her Medicaid.
Recruitment	**See: Listings on MASSterList.com's Job Board** for all current listings
In Person and / or Online Events	1. *MassAbility Conversation* Tuesday, July 14, 2026 Northampton Senior Services, 67 Conz St., Northampton **Massachusetts Permanent Commission on the Status of Persons with Disabilities, in partnership with MassAbility,** A "community conversation and resource fair" as a part of a statewide series of gatherings of people with disabilities and their families. This session will focus on issues affecting the disability community, including

	housing, employment, transportation, long-term services and supports, and health equity. The event will also have a resource fair with over 30 organizations offering information and services. **2. ADA DAY 2026** Wednesday, July 15, 2026, 12:00 to 2:00 p.m. Copley Square Park 560 Boylston Street, Boston, MA ADA Day is a yearly celebration of the signing of the Americans with Disabilities Act. The event is held in Boston every July around the anniversary of the ADA signing. This two hour lunchtime event includes a brief speaking program, disability resource fair, food, and fun! The event is for people of all ages to come together to celebrate disability community, access, inclusion, and rights. Charlie Carr, former Commissioner of the Massachusetts Disability Commission and a DignityMA participant, will be honored at the event. He will be represented by Alex Green, also a DignityMA supporter, who will give remarks on Charlie's behalf.
Webinars and Online Sessions	*3. Medicaid and the Road Ahead: Spending Cuts, Work Requirements and What's Next for States, Providers and Families* **KFF and States Newsroom** Thursday, July 23, 2026, 12:00 p.m. ET Passed last year, President Trump's One Big Beautiful Bill Act made significant changes to Medicaid—the primary insurance provider for health and long-term care for people with low incomes. These changes are expected to lead to coverage loss for many current enrollees and will reduce federal funding for Medicaid, placing new financial pressures on states and health care providers. The impacts of the changes will vary across states and will be especially significant for states that have expanded Medicaid under the Affordable Care Act and will be required to implement new Medicaid work requirements starting next year. **Moderator:** • David DeWitt, Ohio Capital Journal Editor in Chief **Presenters:** • Robin Rudowitz, Senior Vice President at KFF and Director of the Program on Medicaid and the Uninsured • Jennifer Tolbert, Deputy Director of KFF's Program on Medicaid and the Uninsured and the Director of State Health Policy and Data • Kyle Pfannenstiel, Idaho Capital Sun Reporter • Anna Claire Vollers, Stateline Staff Writer ***4. When Caregiving Affects Work: New Evidence on Productivity Loss and Effective Interventions*** **The Long Term Care Discussion Group** Tuesday, July 28, 2026, 11:00 a.m. to12:00 p.m. **About the Session:** This session presents findings from IBI's analysis of the National Study of Caregiving (NSOC) combined with real-world data from over 5,700 caregivers receiving comprehensive support services. The research quantifies the relationship between caregiver strain and workplace productivity, finding that caregivers experiencing high strain face 40

	times greater odds of significant productivity loss, and that 44% of working caregivers -- even those not facing significant strains -- experience measurable productivity impacts. The findings identify which caregiving tasks (personal care, medical management, and care coordination) drive the steepest productivity losses, and present evidence from real-world interventions showing meaningful reductions in caregiver stress and improvements in work engagement and absence avoidance. This session will walk through the research, its implications, and a recommended three-tiered intervention model that employers can use to identify and support their employee caregivers before strain escalates into productivity loss, leave utilization, or workforce exit **About the Speaker:** *Sera-Leigh Ghouralal, PhD, MSc., Director of Research at the Integrated Benefits institute (IBI)* Dr. Sera-Leigh Ghouralal , PhD, MSc. is the Director of Research at the Integrated Benefits Institute (IBI), where she leads the organization's research agenda on workforce health, employee benefits, and productivity. She holds a Ph.D. in Administration and Leadership Studies from Indiana University of Pennsylvania and a Master of Science in Mental Health Psychology from the University of Liverpool. Dr. Ghouralal leads high-impact studies on leave and absence management, mental health in the workplace, disability and return-to-work, early disease detection, and employee well-being, drawing on large-scale datasets and advanced analytics. Her peer-reviewed research has been published in the Journal of Occupational and Environmental Medicine and cited by over 100 organizations, with coverage in HR Dive, BenefitsPro, and ESG Dive. She presents regularly at national industry forums and webinars, bringing data to life for benefits leaders and HR professionals across the country. Accessing the Meeting: REGISTRATION IS REQUIRED. Click here: https://us02web.zoom.us/meeting/register/eEsTDdDASbipLoPw6bVbzw After registering, you will receive a confirmation email containing information about joining the meeting.
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
FY 2027 State Budget	**5. Office of Governor Maura Healey and Lt. Governor Kim Driscoll** July 9, 2026 *Governor Healey Signs Budget That Lowers Costs with No New Taxes or Fees* Governor Maura Healey has signed the fiscally conservative Fiscal Year 2027 state budget, which delivers a balanced spending plan designed to lower residents' costs without introducing any new taxes or fees. The budget utilizes available revenues to fully fund the final year of the

	Student Opportunity Act with $7.66 billion in school aid, dedicate nearly $10 billion to municipal aid, and advance a multi-billion dollar plan to upgrade public transportation networks like the MBTA. Key affordability initiatives inside the legislation include the continuation of free community college and universal school meals, expanded access to affordable health insurance via ConnectorCare, and local permitting reforms intended to accelerate housing production. Additionally, the budget enacts major public safety provisions championed by Governor Healey, most notably eliminating the statute of limitations for rape cases when DNA evidence identifies a suspect and closing a loophole to criminalize sexual relationships between adults in positions of authority and the minors under their supervision. The full budget can be viewed here: www.mass.gov/gaa. **6. State House News** July 9, 2026 *Healey signs $63.4 billion budget with no vetoes* By Alison Kuznitz Governor Maura Healey has officially signed the state's $63.4 billion Fiscal Year 2027 budget into law, taking the rare step of passing the expansive annual spending plan without enacting a single line-item veto. This lack of executive vetoes demonstrates strong alignment between the administration and legislative leadership on key funding priorities despite an climate of national economic uncertainty. The finalized $63.4 billion plan targets long-term affordability and local support by delivering nearly $10 billion in total municipal aid to Massachusetts cities and towns, fully funding the final phase of K-12 school aid under the Student Opportunity Act, and making historic stabilization investments in public transportation networks like the MBTA. Key structural policies integrated into the budget also remain entirely intact, including expanding middle-income health insurance subsidies via ConnectorCare, providing universal free school meals, and implementing local zoning and permitting reforms to accelerate state housing production.
Nursing Homes	**7. Skilled Nursing News** July 10, 2026 *'Obsolete, Outdated, Excessively Burdensome': Ahead of Potential August CMS Deregulation Rule, Nursing Homes Call for Reform* By Zahida Siddiqi In response to the White House's Executive Order 14192, "Unleashing Prosperity Through Deregulation," nursing homes and long-term care advocacy organizations have aggressively called on the Centers for Medicare & Medicaid Services (CMS) to dismantle a series of rules they categorize as obsolete, outdated, and excessively burdensome. Ahead of a highly anticipated federal deregulation package expected in August 2026, providers are leveraging a CMS Request for Information (RFI) to target redundant quality-reporting frameworks, rigid K-12 style training guidelines, and lingering pandemic-era reporting mandates that collectively drain critical staff time and financial resources away from patient care. Industry groups like LeadingAge and the American Health Care Association (AHCA) argue that rolling back these bureaucratic administrative hurdles is vital to protecting the economic viability of

	facilities—especially small and rural providers—amid historic operational strain and severe workforce shortages. Conversely, consumer advocacy groups express deep concern over this aggressive regulatory rollback, warning that sweeping deregulation compromises resident safety, particularly following the federal rollback of the landmark 24/7 registered nurse and minimum daily direct-care staffing mandates. **8. National Bureau of Economic Research** July 8, 2026 *How Inspection Timing Affects Care Quality in US Nursing Homes* By Ashvin Gandhi, Andrew Olenski & Maggie Shi Inspections are a common tool for acquiring information and incentivizing compliance. Though typically unannounced, they often follow a predictable schedule. We study how this predictability shapes firm effort and patient outcomes in U.S. nursing homes. Nursing homes "slack" in the low-risk period following an inspection and ramp up effort as their next inspection approaches. Patient survival mirrors this pattern, suggesting meaningful consequences for care quality. We embed these estimates in a dynamic model capturing how inspection regimes incentivize effort and reveal quality. Unpredictability induces as much additional effort as increasing inspection frequency by 10%, with minimal loss of informational value. **9. *New England Journal of Medicine** July 4, 2026 *Colliding Forces — The Aging of the Baby Boom Generation and Contracting Nursing-Home Supply* Mark A. Unruh, Ph.D., Vincent Mor, Ph.D., and Hye-Young Jung, Ph.D. Abstract A rapid growth in the population of older Americans has long been anticipated. But projections didn't anticipate that this transition would coincide with a sustained reduction in nursing-home services.
Gabriel House Fire	**10. WCVB** July 13, 2026 *Gabriel House fire remains under investigation 1 year after deaths of 10 residents in Fall River* By ĸaren Anderson The city of Fall River is marking the one-year anniversary of the devastating five-alarm fire at the Gabriel House assisted living facility, which occurred on July 13, 2025, and resulted in ten resident fatalities and more than thirty injuries. As Massachusetts' deadliest blaze in over forty years, the tragedy has catalyzed substantial policy changes, including a localized push for stricter sprinkler-inspection compliance and the recent finalization of sweeping state-level assisted living safety reforms by the Healey-Driscoll Administration. To honor the victims, recognize the resilience of the survivors, and commend the first responders who battled the accidental flames, Fall River Mayor Paul Coogan is hosting a community remembrance ceremony outside the Oliver Street building on the evening of the anniversary. **11. *Boston Globe** July 10, 2026

	Almost a year after Gabriel House fire, Fall River officials and national advocates seek stricter sprinkler inspection policies By Bryan Hecht On the eve of the one-year anniversary of the fatal Gabriel House fire, Fall River municipal leaders and national fire protection advocates have intensified their push to reform both state and national fire codes, focusing heavily on modernizing standard sprinkler system inspections. Prompted by revelations that the assisted living facility's life-safety infrastructure contained recalled, malfunctioning O-ring components that went undetected during routine, distant visual checks, officials are arguing that current building safety codes are dangerously insufficient. The coalition is urging regulatory bodies to eliminate loopholes by mandating close-up, physical examinations of fire suppression equipment rather than relying on ground-level observations. By introducing these rigorous oversight mechanisms, safety advocates aim to enforce the systematic replacement of millions of defective sprinkler units still operational in residential and care facilities nationwide, hoping to prevent another catastrophic multi-casualty fire. **12. 7 News Boston** July 8, 2026 *Fall River officials call for updated fire codes in wake of Gabriel House blaze that claimed 10 lives* By Jonathan Hall Nearly one year after the tragic fire at the Gabriel House assisted living facility that claimed ten lives and injured twenty others, Fall River fire officials are actively campaigning to update state and national fire codes to address critical gaps in sprinkler system regulations. During a recent live safety demonstration, Fire Chief Jeff Bacon and the National Fire Sprinkler Association highlighted how a single chair cushion can rapidly generate lethal smoke and heat exceeding 1,500 degrees Fahrenheit if a suppression system fails. Investigators revealed that while Gabriel House's system had passed routine ground-level visual checks, multiple sprinkler heads had been recalled but left unreplaced due to a loophole: current regulatory standards do not require the close-up, ladder-based inspections necessary to identify specific defective equipment. In response, local fire marshals and safety engineers are collaborating with state and federal regulators to mandate hands-on annual testing and enforce the immediate replacement of millions of outdated, O-ring style sprinkler units remaining in service nationwide.
Assisted Living	**13. Office of Governor Maura Healey and Lt. Governor Kim Driscoll** July 10, 2026 *Healey-Driscoll Administration Finalizes Assisted Living Safety Reforms Ahead of Anniversary of Gabriel House Fire* *New regulations strengthen fire safety, emergency preparedness and accountability to better protect assisted living residents across Massachusetts* Following key recommendations from the Assisted Living Residences Commission, the Healey-Driscoll Administration has finalized comprehensive new safety regulations for assisted living facilities across Massachusetts, a move prompted by the tragic fire at Gabriel House in

	Fall River. The incident resulted in ten resident fatalities and dozens of injuries. Developed by the Executive Office of Aging & Independence (AGE) in collaboration with safety officials, advocates, and families, the updated rules represent the most substantial changes to state assisted living oversight in years. The reforms seek to close critical emergency preparedness gaps and elevate accountability across the industry, ensuring that facilities remain safe, supportive environments for vulnerable older adults. Taking effect upon official publication on July 31, 2026, the finalized regulations mandate annual fire inspections by local departments, annual staff fire safety training, and quarterly fire drills on all shifts. Facilities must also establish enhanced emergency plans, equip their properties with automated external defibrillators (AEDs) and overdose-reversal medications, and provide around-the-clock access to CPR-certified staff. Additionally, the guidelines implement overnight safety checks in Special Care Units and outline a certification framework for properties opting to offer Basic Health Services, which will require on-site nursing coverage for at least 16 hours a day. **14. *Boston Globe** July 10, 2026 *State introduces new rules for assisted living homes ahead of fatal Gabriel House fire anniversary* On July 10, 2026, ahead of the one-year anniversary of the catastrophic Gabriel House assisted living facility fire in Fall River, Massachusetts, the Healey-Driscoll administration announced the finalization of major safety reforms for the state's assisted living industry. The tragic five-alarm accidental blaze, which occurred on July 13, 2025, resulted in 10 deaths and more than 30 injuries—marking it as the state's deadliest fire in over four decades. Investigations later revealed that the rapid spread of the fire was fueled by a medical oxygen device and worsened by the failure of recalled, unreplaced fire sprinkler heads. In direct response to these regulatory and equipment gaps, the newly finalized rules mandate annual local fire department inspections for all Massachusetts assisted living facilities, enforce strict emergency response standards, and require overnight safety checks to prevent future tragedies.
Homelessness	**15. Office of Attorney General Andrea Campbell** July 7, 2026 *AG Campbell Sues HUD To Block New Changes To Funding Addressing Homelessness* Massachusetts Attorney General Andrea Joy Campbell, leading a multistate coalition of 22 attorneys general and governors, has filed a lawsuit against the U.S. Department of Housing and Urban Development (HUD) to block a newly issued notice of funding opportunity that unlawfully limits federal financial support for permanent housing projects. The legal challenge alleges that HUD's creation of a $1.3 billion set-aside for new and transitional programs acts as a de facto cap on permanent housing, moving away from the long-established "Housing First" framework that secures stable shelter for chronically homeless individuals with severe mental health conditions, substance use disorders, and other disabilities. According to data from

	the National Alliance to End Homelessness, this funding shift threatens the housing security of at least 97,000 vulnerable residents nationwide, shifting the resulting financial and social burdens onto state and local governments. Filed under the Administrative Procedure Act, the lawsuit argues that HUD's restrictive measures are arbitrary, capricious, and legally invalid, especially coming just one month after the coalition successfully struck down an explicit 30% permanent housing funding cap imposed by the agency in a separate federal court victory.
Workforce	**16. Florida Phoenix** July 10, 2026 *Nursing home group asks for exemptions for Haitians working in Florida facilities* By Christine Sexon The Florida Health Care Association (FHCA), the state's largest nursing home organization representing more than 650 facilities, has formally petitioned the U.S. Department of Homeland Security (DHS) to grant an exemption allowing Haitian nationals with Temporary Protected Status (TPS) to remain employed in the long-term care sector. This urgent request follows a 6-3 U.S. Supreme Court ruling that cleared the way for the federal government to terminate removal protections and work permits for roughly 350,000 Haitian immigrants nationwide. Because approximately half of those TPS holders reside in Florida—with an estimated 35,000 working across the state's broader healthcare network—FHCA Chief Executive Officer J. Emmett Reed warned that losing even a small fraction of these experienced caregivers would severely compromise the continuity of care for elderly residents and individuals with disabilities. While DHS recently implemented a brief emergency extension to delay the enforcement of the ruling, the FHCA is heavily advocating for a stable, long-term variance to prevent the compounding of critical staffing shortages currently plaguing the state's residential healthcare facilities. **17. McKnights Senior Living** July 9, 2026 *The hidden workforce pipeline providers can tap to address nursing shortages* By Kimberly Bonvissuto The senior living industry is increasingly focusing on innovative workforce pipelines to mitigate severe, chronic nursing shortages, with a strong emphasis on cultivating and upskilling talent from within existing operations. Industry analysts highlight that entry-level, non-clinical personnel—such as certified nursing assistants (CNAs), dietary staff, and resident care aides—represent an underutilized internal pool of candidates who are already acclimated to the unique operational realities and resident populations of long-term care facilities. By establishing structured professional development pathways, such as employer-sponsored tuition assistance, flexible scheduling, and formal mentorship programs, senior living and post-acute care providers can successfully transition these dedicated employees into licensed practical nursing (LPN) and registered nursing (RN) roles. This targeted strategy not only creates a more stable.

	18. WGBH July 8, 2026 *Mass. health care faces 'crisis' after Supreme Court ruling ends TPS for Haitians* By Liz Neisloss The Massachusetts healthcare sector is facing a severe staffing crisis following a U.S. Supreme Court ruling that enables the termination of Temporary Protected Status (TPS) and corresponding work authorizations for Haitian nationals. State data and provider advocates emphasize that Haitian immigrants represent a vital backbone of the frontline workforce, making up a significant portion of caregivers in a sector already struggling with a 26% nursing vacancy rate in long-term care facilities. The Massachusetts Senior Care Association estimates that as many as 2,000 vital elder care staff members across the state will lose their legal right to work, forcing some operators to consider halting new admissions or reducing capacity. Industry leaders warn that this abrupt contraction of the workforce will trigger a critical bottleneck in post-acute and long-term care, leaving vulnerable seniors stranded in acute care hospital beds and severely gridlocking local emergency rooms. **19. McKnights Senior Living** July 6, 2026 *Nursing homes add 3,000 jobs in June, reaching pre-pandemic workforce levels* By Kathleen Steele Gaivin New employment data from the Bureau of Labor Statistics (BLS) reveals that the U.S. nursing home workforce has officially exceeded its pre-pandemic employment levels for the first time since February 2020, adding 3,300 jobs in June 2026 to bring the industry's total headcount to 1,586,600. The American Health Care Association (AHCA) celebrated the milestone as a testament to providers' intense, four-year recruitment and retention efforts, noting that the sector was the hardest hit by the pandemic-era worker exodus, losing 14% of its entire workforce by 2022. Federal data points to an increasingly stabilized environment, with notable declines in both employee turnover rates and reliance on temporary staffing agencies over the past two years. However, AHCA leadership emphasizes that recovering lost jobs does not fully resolve the underlying long-term care workforce crisis; acute labor shortages are projected to persist through 2038 as the aging Baby Boomer demographic expands, prompting ongoing industry advocacy for federal policy reforms to accelerate clinical training pipelines and expand pathways for international caregivers.
Aging Topics	**20. Risking Old Age in America** July 1, 2026 *Why is the 85+ Population Already Growing?* By Harry Margolis In this July 2026 article, Harry Margolis resolves the demographic puzzle of why America's 85-and-older population began surging post-2020—years before the oldest baby boomers reach that milestone—by tracing U.S. natality trends back to a steady rebound in births that

	actually began in 1940 as the nation started climbing out of the Great Depression's trough. Highlighting historical CDC data, Margolis notes that annual births rose from a 1933 low of 2.3 million to nearly 2.6 million by 1940, meaning a pre-boom expansion is already hitting the oldest-old bracket today. Sounding an urgent alarm on an impending elder care crisis, he uses population projections to show that this 44% growth in the 85-plus cohort during the 2020s is just the prelude to a massive 58% explosion in the 2030s when the actual baby boom generation crosses the threshold, eventually leaving the nation with over four times as many seniors aged 85 and older by 2050 than it had at the turn of the century.
Ageism	**21. *Boston Globe** June 27, 2026 *Old people aren't the problem. We all are.* Letters to the Editor in response to samuel Moyn essay ("Old people run America. And that's a problem," Opinion, June 22) The letters to the editor responding to Samuel Moyn's arguments on aging and "gerontocracy" in America strongly push back against the narrative that the country's central conflict is a zero-sum generational war between the young and the old. Writers argue that framing the elderly as wealthy gatekeepers who are "hoarding power and wealth" is a form of blatant ageism that misrepresents reality and manufactures another dangerous social divide. Instead, the letters emphasize that the true crisis is systemic economic inequality, pointing out that the vast majority of older Americans are financially insecure, struggle to make ends meet on fixed incomes, and face severe age discrimination in the workforce. Included in the letters are these responses by Dick Moore, DignityMA Co-Founder and Chair, Legislative Work Group, and Margaret Gulltette, DignityMA Coordinating Committee Member: **Competency should be the standard, not age** By Richard T. Moore Samuel Moyn's essay raises legitimate concerns about leadership succession, housing affordability, wealth concentration, and opportunities for younger generations. But he mistakes age for the problem when the real issue is competence, accountability, and the concentration of power. Age alone is a poor measure of a person's ability to lead. Some individuals remain highly effective into their 80s and beyond, while others may struggle much earlier. Many of the challenges Moyn identifies are not the result of older people exercising influence; they are the result of institutions that fail to create opportunities for younger generations. The solution is not to diminish the voices of older Americans but to strengthen the participation and opportunities of younger ones. Older adults are not merely politicians, executives, or homeowners. They are volunteers, caregivers, taxpayers, mentors, and voters who continue to contribute to their communities. Their experience and institutional memory can be valuable assets, just as the energy and innovation of younger generations are essential to our future.

	The problem is wealth distribution, not age By Margaret Morganroth Gullette Only 10 percent of people ages 62 to 70 are financially able to retire and do, according to Teresa Ghilarducci's sobering new book, "Work, Retire, Repeat: The Uncertainty of Retirement in the New Economy." Twenty-eight percent must keep working until they drop — or are dropped out. If later-life poverty is a surprise to provocateur Samuel Moyn, it's because he's overlooked for ageist purposes how America's billionaires skew published data about old wealth. It's simply false to suggest the money is spread equally. US billionaires have an average age of 67. Millions of us in our 60s and older are in deep trouble. For us, the fear of financial ruin from a chronic or final illness or disability is not theoretical. Meanwhile, Trump's congressional supporters are cutting the programs that older adults need and deserve — Meals on Wheels, Medicaid, home care, and hours of care for indigent and ailing residents of nursing homes — while Congress gives immense tax breaks to wealthy people like themselves. This is not an old vs. young story. It is a rich vs. everyone else story.
Alzheimer's and Other Dementia	**22. Business Insider** July 6, 2026 *I built a house for my dad with dementia to live in with us. When his health declined, it cost $120,000 to support him.* By Noah Sheidlower In this personal narrative published by Business Insider, a son details the immense emotional and financial calculations that led his family to custom-build a multi-generational home to care for her aging father following his progressive dementia diagnosis. Faced with astronomical private-pay senior living quotes and the prospect of exhausting his life savings on corporate memory care, the family chose to pool their assets into a specialized residential layout designed for long-term independent aging. While constructing an accessible living space allowed them to maintain full control over his daily environment and avoid standard facility institutionalization, the author highlights the hidden, compounding tolls of modern caregiving—including navigating volatile construction costs, managing private home-health aides, and absorbing the intense physical and emotional burnout of around-the-clock family care.
Medicaid	**23. National Bureau of Economic Research** July 8, 2026 *Health Effects of Managed Care Delivery for Medicaid's Long-Term Services and Supports* By Ajin Lee, Maya Rossin-Slater, Becky Staiger & Amanda Su An aging US population has raised important questions regarding the organization, delivery, and funding of long-term services and supports (LTSS), prompting many state Medicaid programs to shift from fee-for-service to managed care models for LTSS delivery. We analyze the effects of transitioning to managed LTSS (MLTSS) on health outcomes among dual-eligible Medicare-Medicaid beneficiaries aged 65 and older in Florida and New York. Using Medicare claims data and a differences-in-differences design leveraging county-by-county MLTSS rollouts, we

	find that MLTSS leads to a 4.2 percent increase in hospitalizations in Florida, but no significant change in New York. Analysis of preventive care suggests that declining flu vaccination rates in Florida may have contributed to increased hospitalizations from respiratory causes. These findings highlight important differences in MLTSS effects across states and underscore the value of Medicare data for measuring health effects in the dual-eligible population. Download PDF
Office of Attorney General Andrea Campbell	**24. Center for Medicare Advocacy** July 9, 2026 *MA Attorney General Settles with Nursing Home Chain Over Chronic Understaffing* By Toby Edelman The July 2026 article highlights a $2.75 million settlement secured by Massachusetts Attorney General Andrea Campbell with Bear Mountain Healthcare LLC and its affiliates, resolving severe allegations of systematic understaffing across its long-term care facilities. An investigation launched by the AG's Medicaid Fraud Division—prompted by Department of Public Health referrals—revealed that the provider knowingly maintained inadequate staffing levels, directly resulting in resident neglect and serious medical complications including pressure ulcers, fractures from falls, malnutrition, and dehydration. While residents suffered from a lack of care, facility owners concurrently extracted substantial personal salaries and financial distributions. Under the terms of the settlement, Bear Mountain will allocate $1 million specifically to improve care at its sole remaining Massachusetts facility, Timberlyn Heights in Great Barrington, and the chain will be placed under a strict three-year compliance monitoring program overseen by an independent, state-approved monitor. **25. Office of Attorney General Andrea Campbell** July 9, 2026 *AG Campbell Announces $36.5 Million Multistate Settlement with CVS for Allegedly Over-Dispensing Insulin Pens* *Massachusetts To Receive $1.3 Million From Settlement* Massachusetts Attorney General Andrea Joy Campbell, partnering with the U.S. Department of Justice and a bipartisan coalition of 35 other state attorneys general, has finalized a $36.5 million settlement with CVS Pharmacy, Inc. to resolve allegations of healthcare fraud. The agreement addresses claims that between January 2010 and December 2020, CVS systematically over-dispensed insulin pens to government healthcare program beneficiaries and underreported the days' supply to bypass tracking systems, resulting in unauthorized, premature refills billed to programs like MassHealth. CVS has accepted responsibility for the underlying conduct, admitting that it dispensed unnecessary quantities of insulin and received substantial, ineligible state and federal reimbursements. Under the terms of the multi-jurisdictional settlement, the recovery funds will be distributed across the federal government and coalition states, with Massachusetts directly receiving $1.3 million to restore taxpayer-funded Medicaid resources.

State Policy	**26. Boston College Center for Retirement Research** July 2, 2026 *Improving Long-Term Care for Seniors in Massachusetts* Interview with Rep. Thomas Stanley by Harry Margolis In a recent *Risking Old Age in America* podcast interview summarized by the Center for Retirement Research, Massachusetts Representative Thomas M. Stanley detailed the state's ongoing legislative effort to reform senior care, highlighted by the landmark 2024 long-term care reform bill that brought the first major oversight updates to nursing homes and assisted living facilities in over 25 years. To protect residents without forcing struggling facilities into foreclosure, the law grants the Department of Public Health (DPH) stronger, early-intervention tools—such as stricter owner suitability reviews and the authority to appoint temporary management—while establishing a dedicated workforce fund to combat staffing shortages and allowing assisted living residences to offer basic healthcare services. Looking forward, lawmakers are working to expand consumer protections by licensing home health agencies, establishing a family caregiver commission, and exploring a public, payroll-tax-funded universal long-term care insurance program modeled after the Washington Cares Fund to help residents afford the escalating costs of home care and institutional support.
Federal Policy	**27. Center for Medicare Advocacy** July 9, 2026 *Jimmo v. Sebelius 15 Years After Filing: It's Still the Law and It Still Matters* By J. Stein The Jimmo v. Sebelius settlement, now fifteen years since its inception, remains a critical milestone in protecting the rights of Medicare beneficiaries. The landmark 2013 agreement formally ended the widespread, unauthorized practice where Medicare contractors denied coverage for skilled nursing and therapy services simply because a patient was not "improving." The settlement clarified that Medicare coverage is determined by a patient's need for skilled care to maintain their current condition or to prevent or slow physical or mental deterioration, rather than a restoration of function. Despite this victory, ongoing advocacy remains necessary, as many health care providers, contractors, and even Medicare Advantage plans continue to operate under the erroneous "improvement standard," leading to the persistent and wrongful denial of medically necessary care for individuals with chronic, progressive, or debilitating conditions. **28. Center for Medicare Advocacy** July 9, 2026 *DOJ Office of Legal Counsel Issues Memo Attempting to Undermine the Integration Mandate for Older People and People with Disabilities* By J, Norris The Center for Medicare Advocacy and other disability rights organizations have strongly criticized a June 2026 Department of Justice (DOJ) Office of Legal Counsel (OLC) memorandum that challenges the "integration mandate" established by the Americans with

	Disabilities Act (ADA) and the Supreme Court's *Olmstead v. L.C.* decision. The memo argues that federal law does not inherently mandate community-based care for individuals with disabilities, a stance that advocates warn undermines decades of established civil rights precedent and could provide states with a legal justification to reduce funding for home and community-based services. By suggesting that institutionalization is a permissible solution rather than a last resort, critics fear the DOJ's interpretation encourages a return to the segregation and warehousing of people with disabilities in high-cost, restrictive institutional settings, effectively rolling back the progress made toward autonomy and community integration. **29. McKnights Long-Term Care News** July 8, 2026 *The 3-day rule: Complete elimination the only answer* By Michael Wasserman In this editorial, industry expert Dr. Wasserman argues that the complete, permanent elimination of Medicare's outdated "3-day inpatient hospital stay rule" is the only logical solution to protecting senior care continuity and financial stability. The policy, which requires a three-night consecutive hospital admission before Medicare will cover post-acute care in a skilled nursing facility (SNF), has long faced criticism for trapping patients in costly hospital beds or shifting massive rehabilitation bills onto unsuspecting families. While federal waivers during public health emergencies temporarily suspended the rule—proving that patients could safely and effectively transition directly to skilled nursing care based on clinical necessity rather than arbitrary timelines—the return to strict enforcement post-pandemic has renewed operational friction. Wasserman asserts that completely abolishing the rule is vital to modernizing patient transitions, supporting physician autonomy, and ensuring that older adults receive timely, appropriate post-acute services without facing unnecessary bureaucratic hurdles.
From Our Colleagues from Around the Country	**30. The Consumer Voice** July 7, 2026 **In this Issue:** 1. CMS Proposes Expanded Authority to Remove Problem Providers from Medicare 2. New Podcast Episode on Utah's Upper Payment Limit Program & How Money Intended for Nursing Home Resident's Was Diverted Away 3. Participate in the 2026 Resident's Voice Challenge
From Around the Country	**31. News Center Maine** July 9, 2026 *Maine nursing home accused of not maintaining safe temperatures during heat wave* Kayli Peterson's great grandfather lives at Cummings Healthcare Facility in Howland. She said the temperature in his room was 87 degrees last week. **32. Office of the Inspection General – U. S. Department of Health and Human Services** July 6, 2026 (posted)

	New York Should Improve Its Oversight of Nursing Homes' Compliance With Background Check Requirements An audit by the U.S. Department of Health and Human Services Office of Inspector General (OIG) revealed that New York failed to ensure that six out of ten selected nursing homes complied with federal background check and license verification requirements during calendar year 2023. The investigation uncovered that out of 100 employee records reviewed across these facilities, eight workers were permitted to provide direct resident care before their background screenings were completed, or, in one instance, before their professional license was verified. OIG attributed these safety lapses to inadequate state-level monitoring and a failure by the individual facilities to adhere to their own internal compliance procedures, ultimately leaving vulnerable, long-term care residents at an elevated risk of abuse, neglect, mistreatment, or exploitation. To correct these oversight deficiencies, OIG recommended that New York improve its state monitoring procedures and reinforce strict compliance guidance; while state officials did not explicitly concur or nonconcur with the findings, they detailed several corrective actions already underway. Full Report (PDF, 2.6 MB) Report Highlights (PDF, 344.9 KB)
A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)	***The Campaign to Increase the Personal Needs Allowance (PNA)*** 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. Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message. 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. **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.*
Books by DignityMA Participants	***A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled*** By Alex Green **Buy the book here** 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. ***American Eldercide: How It Happened, How to Prevent It*** By Margaret Morganroth Gullette **Buy the book here.** **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 *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.
Bringing People Home: The Marsters Settlement	Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/ Marsters data for the calendar year 2025: • 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. 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.
Support Dignity Alliance Massachusetts **Please Donate!**	Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.

	As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month. **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.** **https://dignityalliancema.org/donate/** Thank you for your consideration!
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.
Websites	
Blogs	***Risking Old Age in America*** **https://okayboomer.substack.com/** By Harry Margolis With 65 million Baby Boomers becoming older by the day, the United States is facing a looming elder care crisis. This blog explores how the nation and individuals can prepare for it.
Podcasts	
YouTube Channels	
Previously recommended websites	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 *The Dignity Digest.*
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
Contact information for reporting complaints and concerns	**Nursing home** 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
MassHealth Eligibility Information	**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**

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

	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 **Updated October 15, 2025**
Nursing Home Compare	**Centers for Medicare and Medicaid Services (CMS)** *Nursing Home Compare Website* 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
Data on Ownership of Nursing Homes	**Centers for Medicare and Medicaid Services** *Data on Ownership of Nursing Homes* 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.
DignityMA Call Action	• **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	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

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
Legislative	Richard Moore	Dickmoore1943@gmail.com
Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org

<table>
<tr><td rowspan="6">Interest Groups meet periodically (monthly, bi-monthly, or quarterly).

Please contact group leaders for more information.</td><td>Interest Group</td><td>Group lead</td><td>Email</td></tr>
<tr><td>Housing</td><td>Bill Henning</td><td>bhenning@bostoncil.org</td></tr>
<tr><td>Veteran Services</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Transportation</td><td>Frank Baskin
Chris Hoeh</td><td>baskinfrank19@gmail.com
cdhoeh@gmail.com</td></tr>
<tr><td>Covid / Long Covid</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Incarcerated Persons</td><td>TBD</td><td>info@DignityAllianceMA.org</td></tr>
<tr><td>Bringing People Home: Implementing the Marsters class action settlement</td><td colspan="3">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/</td></tr>
<tr><td>REV UP Massachusetts</td><td colspan="3">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.</td></tr>
<tr><td>The Dignity Digest</td><td colspan="3">For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest:
Wynn Gerhard
Dick Moore
Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of The Dignity Digest.
If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</td></tr>
<tr><td colspan="4">Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.
Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.
The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.
Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/
For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</td></tr>
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