The Dignity Digest

Issue # 292 July 21, 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

Contributed by Judi Fonsh with modifications.

We aspire to universal access and equal participation to all aspects of life, regardless of a person's visible or invisible disability, physical or mental health concerns, or chronic illness. We celebrate that all are made b'tzelem Elohim *– in the image of God - (Genesis 1:26) and we honor the divine in ourselves and others when we remove the stumbling blocks (Leviticus 19:14) that marginalize those with infirmities and disabilities.*

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

Nursing Homes

- *Over 25% of Nursing Homes Reported a Serious Deficiency in 2026, With 5% Linked to IJs, Actual Harm* **(Skilled Nursing News,** July 17, 2026)
- *State Medicaid Bed-Hold Policies and Hospitalizations and ED Visits Among Long-Stay Nursing Home Residents* **(JAMA Health Forum,** July 17, 2026)
- *Cancer rates among nursing home residents, by state* **(Becker's Hospital Review,** July 13, 2026)
- *The government enables nursing-home neglect* **(Washington Examiner,** July 8, 2026)
- *Nursing Homes Must Reevaluate their Emergency Preparedness Plans – Adding Planned Power Outages to the List* **Skilled Nursing News,** June 10, 2026)
- *Ensign's business model relies on delivering inadequate care to patients while gaming data on quality, according to Hunterbrook's five-month investigation. Patients are dying.***(Hunterbrook,** June 8, 2026)

Gabriel House Fire

	• *A year later, Massachusetts' most deadly fire in decades remains an open wound* **(*Boston Globe,** July 14, 2026 (updated)) Health Care Topics • *What Older Adults Should Know About GLP-1s as Medicare Coverage Expands* **(*New York Times,** July 9, 2026) Alzheimer's and Other Dementia • *Politics have no business in Alzheimer's progress* **(Salem News,** July 20, 2026) • *Violence repeatedly erupts in dementia care despite warnings, inspections show* **(NPR Weekend Edition Sunday,** July 19, 2026) • *Alzheimer's Blood Tests Offer New Promise to Diagnose and Predict the Disease* **(New York Times (free access),** July 15, 2026) • *The Strange Phenomenon of 'Terminal Lucidity'* **(*New York Times,** July 14, 2026) Guardianship / Supported Decision Making • *Robert Abela announces entry into force of disability autonomy, vulnerable adults laws* **(Malta Today,** July 17, 2026) • *More Than Spoken Words: How DSPs Help People Find Their Voice* **(Autism Spectrum News,** July 9, 2026) • *The Importance of Good Guardianship* **(Empire Report,** June 1, 2026) Federal Policy • *Ways and Means advances bill ensuring resident and patient access to essential caregivers* **(McKnights Senior Living,** July 16, 2026) • *CMS Modernizes Nursing Home Oversight with New Risk-Based Survey Approach Designed to Highlight High Performance, Encourage Improvement* **(Forth,** July 16, 2026) From Around the Country • *Workers at N.J.'s deadliest nursing homes were 'acceptable losses,' suit says* **(NJ.com,** July 16, 2026) From Our Colleagues from Around the Country • *In this Issue:* **The Consumer Voice,** July 14, 2026)
Quotes	*Over the last 50 years, I have started, led and been part of many coalitions that have made significant programmatic and systemic changes to better the lives of people with disabilities both in Massachusetts and across the nation. I did many of these things for my own survival, and as such they also impacted the survival of others like me.*

I will continue to advocate for the programs that are near and dear to me. And although I can't physically be with you today, please know I will continue the "good fight" and make "good trouble" to those that would oppress us and attempt to roll back our civil rights and I will not lay down my sword until I draw my last breath.

Charlie Carr, **Words from a Disability Rights Revolutionary,** *What Disability Pride Looks Like*

Families who want to keep someone home cannot afford the support they would need to do it safely. Assisted living facilities that could serve as genuine nursing home alternatives remain financially inaccessible to anyone without substantial assets. . . We keep trying to improve the nursing home when we should be asking why so many people end up there in the first place.

James Lomastro, ***Not a Continuum of Care: What We Get Wrong About Housing, Aging, and Dignity*** **(Generations – American Society on Aging.** July 20, 2026)

Guardianship is meant to be a last resort — a carefully tailored legal intervention used only when necessary to protect individuals who cannot safely manage essential decisions about their health, finances, or living arrangements. When it works as intended, it helps people stabilize their lives, access critical services, and live safely in the least restrictive settings possible. But too often, I'm hearing about what happens when no guardian is available.

The Importance of Good Guardianship **(Empire Report,** June 1, 2026)

"They were getting away with murder, and what could a resident do, a consumer do? It's not the Wild West anymore."

John Ford, director of the elder law project at the Northeast Justice Center, Lynn, MA, commenting about assisted living providers, *A year later, Massachusetts' most deadly fire in decades remains an open wound* **(*Boston Globe,** July 14, 2026 (updated))

Kathleen Lynch Moncata, an elder law attorney who played a role in crafting the new rules, has hope that assisted living residences, which house 17,000 people statewide, will be safer and provide better services, but she mourned that death and destruction preceded meaningful change.

A year later, Massachusetts' most deadly fire in decades remains an open wound **(*Boston Globe,** July 14, 2026 (updated))

More than a fourth of nursing homes nationally reported at least one serious deficiency, with 5% of the deficiencies cited in the last survey cycle rising to the level of actual harm or immediate jeopardy (IJ) posed to residents, representing serious risks, including injury, impairment or death.

Over 25% of Nursing Homes Reported a Serious Deficiency in 2026, With 5% Linked to IJs, Actual Harm **(Skilled Nursing News,** July 17, 2026)

"Facility failed to ensure care and services were provided in accordance with professional standards of practice for a resident who was experiencing a change in condition. This failure resulted in a resident's unnecessarily prolonged physical distress and anxiety lasting until the resident made arrangements to be taken to the hospital, where they were diagnosed with pneumonia and influenza."

Sample deficiency that rose to actual harm or immediate jeopardy, ***A Closer Look at Deficiencies in Nursing Homes*** (**KFF,** July 16, 2026)

"Families know their loved ones best, and they should never again be shut out of the care process.

During COVID, too many seniors and residents with disabilities were left without the family members who helped feed them, comfort them, advocate for them, and recognize when something was wrong. Advancing this bipartisan bill through the Ways and Means Committee brings us one step closer to protecting patients, preserving dignity, and ensuring no resident is forced to experience a future crisis in isolation from their loved ones."

Rep. Claudia Tenney (R-NY), *Ways and Means advances bill ensuring resident and patient access to essential caregivers* **(McKnights Senior Living,** July 16, 2026)

"Injuries and casualties were viewed as acceptable losses in favor of pacifying the residents — veterans, spouses and gold star parents — into a false sense of security."

Statement in lawsuit filing, *Workers at N.J.'s deadliest nursing homes were 'acceptable losses,' suit says* **(NJ.com,** July 16, 2026)

In 2023, Rhode Island had the highest percentage (24%) and Massachusetts had the second highest (23%) of skilled nursing facility residents on Medicare with one of six cancer types, according to CMS data.

Cancer rates among nursing home residents, by state **(Becker's Hospital Review,** July 13, 2026)

"If we can get it cheaper from somewhere else, let's get it cheaper. It doesn't matter the quality."

One former Ensign administrator in training commenting on corporate policy, *Ensign's business model relies on delivering inadequate care to patients while gaming data on quality, according to Hunterbrook's five-month investigation. Patients are dying.* **(Hunterbrook,** June 8, 2026)

"When you have a multibillion-dollar corporation, there's no excuse for killing people."

Dr. Charlene Harrington, PhD, RN, FAAN, Professor Emerita of Sociology and Nursing at the University of California, San Francisco,

Ensign's business model relies on delivering inadequate care to patients while gaming data on quality, according to Hunterbrook's five-month investigation. Patients are dying. **(Hunterbrook,** June 8, 2026)

With more than 7 million Americans suffering from Alzheimer's and other dementia-related diseases, and tens of millions of friends and family members serving as caretakers, standing by is simply not an option.

Politics have no business in Alzheimer's progress **(Salem News,** July 20, 2026)

"The greatest thing we can give to people with disabilities is to give them autonomy. Wherever possible this law will ensure that they have the right to autonomy in life."

Malta Prime Minister Robert Abela, *Robert Abela announces entry into force of disability autonomy, vulnerable adults laws* **(Malta Today,** July 17, 2026)

"Every person has a voice, even if it doesn't sound the way people expect. When you help someone communicate, you're helping them show the world who they are."

Keshia Bellot, a Direct Support Professional (DSP) at WellLife Network, *More Than Spoken Words: How DSPs Help People Find Their Voice* **(Autism Spectrum News,** July 9, 2026)

"This is our first step to understanding that that is indeed going to be possible for Alzheimer's." The new studies show "what the future could look like, a future that is actually not that far out."

Maria Carrillo, the chief science officer of the Alzheimer's Association, *Alzheimer's Blood Tests Offer New Promise to Diagnose and Predict the Disease* **(New York Times (free access),** July 15, 2026)

Starting July 1, millions of older Americans covered by Medicare will be able to get powerful weight-loss

drugs for just $50 a month through a federal pilot program.

What Older Adults Should Know About GLP-1s as Medicare Coverage Expands **(*New York Times,** July 9, 2026)

Celebrating Disability Pride Month 2026

Illustration for Disability Pride Month showing a person using a powered wheelchair and holding a Disability Pride flag with diagonal stripes in red, gold, white, blue, and green on a black background. Large white text on a dark rounded rectangle reads, "Celebrating Disability Pride Month." The background is a soft peach color.

National Independent Living Council

July is Disability Pride Month

Every July in the United States, we recognize and celebrate Disability Pride Month. During this month, we honor the achievements, identities, history, and contributions of individuals with disabilities, all while advocating for a more accessible and inclusive society. More than a commemorative month, Disability Pride Month is an opportunity to challenge misconceptions, celebrate diversity, and promote accessibility. Disability Pride Month encourages those with disabilities to embrace them, loud and proud.

Disability affects more than one billion people worldwide and approximately one in four adults in the United States. Despite these numbers, disability is continually misunderstood, stigmatized, and viewed primarily through a medical lens. Disability Pride Month encourages us to change that perspective. Instead of seeing disability as something that must be "fixed" or overcome, we view it as an important part of human diversity and identity.

The term "pride" can sometimes raise questions. Disability Pride is not about celebrating pain, illness, or the challenges that disability can so often bring. Rather, it is about embracing disability as part of one's identity and celebrating what makes us different.

Wednesday, July 15, 2026: Charlie Carr Day in Boston

Words from a Disability Rights Revolutionary

What Disability Pride Looks Like
By Alex Green
July 19, 2026

For the 250th anniversary of the United States, the City of Boston is honoring revolutionaries. Boston is where Disability Pride began and for this year's Boston's Disability Pride /ADA Day, I had the great privilege to accept a commemoration from Boston Mayor Michelle Wu on behalf of my friend Charlie Carr, a truly revolutionary leader.
You've read Carr's words here because he is one of the dozen-or-so people responsible for launching **the first**

Charlie Carr (r) with fellow leaders from the Massachusetts activist coalition after the signing of the Americans with Disabilities Act, with Senator Ted Kennedy.

Disability Pride parade in October 1990, but Carr's impact goes beyond that. In 1974 (while he was an "inmate" of a state hospital because of his disabilities), he co-created the second independent living center for disabled people in America, the Boston Center for Independent Living. And there's more. A lot more…

In this edition of *(Un)Hidden: Disability Histories and Our World*, Carr has graciously allowed me to re-print his remarks from Disability Pride. My hands shook the entire time I read his message for the audience today. Part of that was my anxiety, which I battle every day. Part of it was how much it means to me to carry this story forward so that, as Carr notes in his remarks, generations of young disabled people can build off it.

More than a decade ago, I asked two people if someone like me, someone with mental illness, had a place in the disability rights movements. One was the late, departed Alice Wong. The other was Charlie Carr. Both said, "come on inside. This is your place."

That's disability pride.

Charlie Carr's Statement Read by Alex Green:

Good afternoon everybody. My name is Charlie Carr. Some of you may know me. Alex Green will be reading for me. I am very honored to receive this recognition of my advocacy work over the last 50 years during this Disability Pride month.

Although I have been involved in many advocacy activities, I'd like to mention a few of the advocacy efforts that have been most important to me, the first one being helping to start the PCA [Personal Care Attendant] program back in 1974.

At that time I was "incarcerated" in an institution and wanted desperately to get out because I was only 18. I did some research and saw that an organization called the Berkeley Center for Independent Living in California had started a PCA program there under the direction of Ed Roberts.

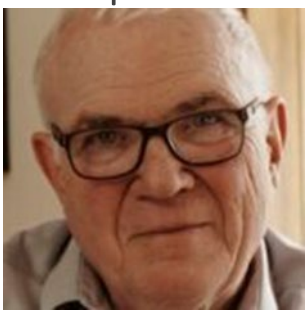
I thought to myself "why can't we do that here"? So me and another "inmate" and a MRC [Massachusetts Rehabilitation Commission] vocational rehab counselor met with Medicaid officials to offer a proposal of how we should start a similar program in Massachusetts. They scratched their heads and what do you think they said?

They said, "no this is too risky".

We decided we didn't mind the risk and didn't want to take no for an answer, so we told them we weren't leaving the building and schlepped ourselves down to the lobby. A couple of hours later they called us back to the meeting room and offered us a pilot project for 15 individuals.

	One stipulation was we had to find an organization that would be the pass-through of the money from Medicaid to the consumer/employer, and then onto the PCA. Thus, BCIL [Boston Center for Independent Living], was founded in 1974, to be that organization and to provide other important independent living services. Just thinking back, it's remarkable to think that a small group of people were able to make such a change that has over time impacted the lives of so many Massachusetts residents with disabilities needing supports to live independently in the community. Right now there are over 58,000 people receiving Medicaid funded PCA services in MA and over 60,000 people working as PCAs. And think of all the people who benefited from the program since 1974. The next thing I would like to mention is the formation of the Northeast Independent Living Program in 1980 that served a truly cross disability population. Modeled after the Berkley Center, it was the first ILC [independent living center] in the state serving people with all types of disabilities. To name a few advocacy actions included working with the deaf community which resulted in the formation of the Mass Commission for the Deaf and Hard of Hearing, which later led to the Deaf and Hard of Hearing Independent Living services contracts. Our team, which included the Lawrence Organizing Voices for Empowerment (LOVE) Group, advocated with the Department of Mental Health to provide NILP funding for people identified as psychiatric survivors to live in the community with appropriate support and that contract led to the creation of Recovery Learning Communities across the state. We also pioneered working with transitioning youth in our A Smoother Transition program. I was appointed by Governor Deval Patrick to be the Commissioner of the Massachusetts Rehabilitation Commission in 2007. Now as a state bureaucrat my advocacy took on a different "behind the scenes" face not only with the Administration but also the staff inside the agency. One of my first orders of business was to phase out sheltered employment. Sub-minimum wages were and are unacceptable to me. Although we had severe opposition from providers, they posted my photo as a bull's-eye on the front of their newsletter as public enemy number one, we were successful in flipping the model from sheltered work to supported employment. In leaving MRC in 2015, I felt good about the changes that we were able to make, including contracts to ILCs for employment

	services to youth that still exist, creation of an employee diversity committee that made changes in the agency hiring and other practices and infusing the independent living philosophy into the agency's programs and services. Over the last 50 years, I have started, led and been part of many coalitions that have made significant programmatic and systemic changes to better the lives of people with disabilities both in Massachusetts and across the nation. I did many of these things for my own survival, and as such they also impacted the survival of others like me. I will continue to advocate for the programs that are near and dear to me. And although I can't physically be with you today, please know I will continue the "good fight" and make "good trouble" to those that would oppress us and attempt to roll back our civil rights and I will not lay down my sword until I draw my last breath. I look to you young adults in the audience to carry the torch to keep us all living in the community. Take pride in the day.
Spotlight	***The Social Model of Disability*** **National Library of Medicine** The medical model views disability as a problem that exists within an individual and focuses on diagnosis, treatment, or cure. The social model offers a different perspective. It suggests that people are often disabled not by their bodies or minds, but by the inaccessible environments around them, harmful policies, and attitudes. Some real-life examples of this concept are: • A wheelchair user is disabled by a building without a ramp, not by using a wheelchair. • A Deaf individual is disabled when interpreters or captioning are not provided. • Someone with a visual impairment encounters barriers when websites are not built to be compatible with screen readers. • An individual with a disability is disabled when a workplace refuses reasonable accommodation. This perspective shifts responsibility from individuals to society as a whole. It encourages communities to remove barriers rather than expecting people with disabilities to adapt to inaccessible environments. How Everyone Can Support Disability Inclusion • Learn from disabled voices. Read books, watch documentaries, follow disability advocates, and listen to people with lived experiences.

	• Use respectful language. Different people have different preferences regarding identity-first (“disabled person”) or person-first (“person with a disability”) language. When possible, ask individuals what they prefer and respect their choice. • Advocate for accessibility. Encourage businesses, schools, workplaces, and community organizations to improve accessibility for everyone. Consider getting involved in protests or demonstrations. • Challenge stereotypes. Disability is not synonymous with weakness, dependence, or tragedy. Speak up when you encounter harmful assumptions or misinformation. By doing this, we can change the way society views disability. • Support disability-led organizations. Volunteer, donate, attend community events, or partner with organizations that promote disability rights and independent living. • Create with inclusion in mind. Whether it be designing websites, hosting events, or developing programs, consider accessibility from the beginning rather than treating it as an afterthought.
Commentary Offered by DignityMA Participants  James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia.	***Not a Continuum of Care: What We Get Wrong About Housing, Aging, and Dignity*** **Generations – American Society on Aging** By James Lomastro July 20, 2026 *Nursing homes structurally are total institutions* The article "Not a Continuum of Care: What We Get Wrong About Housing, Aging, and Dignity," published by the American Society on Aging, challenges the pervasive industry "continuum of care" model, arguing that it inherently devalues older adults by framing aging as a series of forced institutional transitions. The author asserts that this framework—which directs individuals from independent living to assisted living and finally to nursing homes—is a social construct that prioritizes facility management over human agency. Instead of fostering autonomy, the current system institutionalizes loss, requiring individuals to forfeit their community connections and personal belongings each time their health needs

The views expressed by individuals are their own and do not necessarily reflect the policy position or perspective of Dignity Alliance Massachusetts.	change, thereby stripping them of their dignity and continuity of self. To rectify this, the piece advocates for a radical shift toward "aging in community," where housing and supportive services are decoupled from rigid, tiered institutional requirements. The author calls for policy and design innovations that integrate social, medical, and long-term care supports directly into inclusive residential settings, allowing individuals to remain in their homes regardless of shifting care needs. By rejecting the "continuum" metaphor in favor of a flexible, person-centered ecosystem, the article argues that society can replace the current model of exclusionary warehousing with one that sustains meaningful social participation and individual identity throughout the entire lifespan.
Reports	***A Closer Look at Deficiencies in Nursing Homes*** **KFF** July 16, 2026 By Priya Chidambaram, Alice Burns, and Robin Rudowitz About 1.2 million older adults and younger people with disabilities live in 14,700 nursing homes in the U.S., and the Department of Health and Human Services (HHS) reports that after age 65, over one-third of adults use some nursing home care, which may include long-term care in a nursing facility or post-acute care provided in a skilled nursing facility. Nursing home quality of care has been a longstanding issue, and the high mortality rate in nursing homes during the COVID-19 pandemic highlighted and intensified the consequences of poor quality of care. Key takeaways include: • The Centers for Medicare and Medicaid Services (CMS) uses unannounced, on-site nursing home inspections (also known as surveys) to identify deficiencies in nursing homes. There are two types of surveys: standard surveys (part of a regular schedule) and complaint surveys (in response to a complaint). • Five percent of all nursing home deficiencies cited in the last survey cycle rise to the level of actual harm or immediate jeopardy posed to residents. These are deficiencies that have caused, or are likely to cause, serious injury, harm, impairment, or death to a resident.

	• The vast majority of nursing home deficiencies did not cause actual harm to residents but had the potential to cause harm. • Nursing homes with lower levels of staffing are more likely to receive deficiencies that cause serious harm or immediate jeopardy to residents when compared to nursing homes with higher levels of staffing.
Recruitment	**See:** **Listings on MASSterList.com's Job Board** for all current listings
In Person and / or Online Events	**1.** ***Public hearing on the Social Services Block Grant Pre-Expenditure Report and Intended Use Plan*** **Department of Children and Families (DCF)** Wednesday, July 22, 2026,11:00 a.m. One Ashburton Place, Boston DCF was awarded nearly $37 million last year. The grant provides a "flexible funding source" as states work to protect children and adults from neglect, abuse and exploitation, among other goals, according to federal officials. Written comments will be accepted through Aug. 7. DCF Hearing More Information
Webinars and Online Sessions	**2.** ***How Unaffordable is Health Care and What Can We Do About It?*** **KFF** Tuesday, July 21, 2026, 12:30 p.m. For decades, the cost of medical care, prescription drugs and health insurance has consistently risen faster than general inflation and wage growth, posing financial challenges for government, businesses and people. KFF polling has found that the cost of health care ranks as the top economic worry for adults and their families and has implications for their financial security and access to care. Even people with insurance say they struggle to afford health care costs, and health care debt is a burden for a large share of Americans. Policymakers and experts across the ideological spectrum define affordability in different ways and have different policy solutions. During the discussion, panelists will consider affordability from a variety of perspectives, including how to define affordability and the question of affordability for whom, how to measure it, and what can be done to address affordability and the underlying cost of health care. Moderator • Larry Levitt, Executive Vice President for Health Policy, KFF Panelists • Sherry Glied, Professor of Public Service, New York University's Robert F. Wagner Graduate School of Public Service • Benedic Ippolito, Senior Fellow in Economic Policy Studies, American Enterprise Institute • Ashley Kirzinger, Director of Survey Methodology and Associate Director of the Public Opinion and Survey Research Program, KFF KFF RSVP

3. ***Promoting Appropriate Transitions to Home investment program***
Health Policy Commission Board
Thursday, July 23, 2026, 12:00 p.m.
The initiative looks to support acute care hospitals and promote hospital-to-home programs, with patients being discharged into their homes rather than skilled nursing facilities. HPC staff will discuss findings from the pending 2026 Health Care Cost Trends Report. Healthcare spending continues to exceed the cost containment benchmark, driven by pharmaceutical spending and hospital outpatient services. The agenda also includes an update on the development of the Office of Health Resource Planning, which was established through the 2024 healthcare market oversight law.
HPC Board agenda and livestream

4. ***When Caregiving Affects Work: New Evidence on Productivity Loss and Effective Interventions***
Long Term Care Discussion Group
Tuesday, July 28, 2026, 11:00 a.m.
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:
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.

Registration required. Click here:
https://us02web.zoom.us/meeting/register/eEsTDdDASbipLoPw6bVbzw

After registering, you will receive a confirmation email containing information about joining the meeting.

5. ***Webinar on Evidence-Based Program to Address Depression and Social Isolation in Older Adults***

Administration on Community Living – Commit to Connect
Wednesday, July 29, 2026, 1:00 to 2:00 p.m.
This webinar will highlight the Program to Encourage Active, Rewarding Lives (PEARLS), an evidence-based intervention proven to reduce depression and social isolation among older adults. PEARLS uses a seven-step problem-solving approach to help participants create action plans that address social isolation and depression.
Dr. Lesley Steinman of the University of Washington Health Promotion Research Center will present on the relationship between depression and social isolation and the evidence supporting PEARLS.
Representatives from two area agencies on aging (AAAs) will also share their experiences implementing PEARLS and PEARLS Connect with older adults.
Speakers

- Lesley Steinman, PhD, MSW, MPH, Research Scientist, University of Washington Health Promotion Research Center
- Suzet Tave, PEARLS Counselor and AAA Representative, Aging and Disability Services, Seattle-King County
- Jasmin Folan, Director and AAA Representative, The Women's Center, Tarrant County

PEARLS registration

6. ***How ABLE Accounts Work with Supplemental Security Income (SSI)***

Justice in Aging
Wednesday, July 29, 2026, 2:00 to 3:00 p.m.
Achieving a Better Life Experience (ABLE) accounts are a tax-advantaged savings option that allows individuals whose disability began before age 46 to save up to $100,000 without affecting their Supplemental Security Income (SSI) eligibility. The recent expansion to include individuals whose disability began **before age 46** made six million more people eligible for this option, including many individuals who receive SSI. Learning about ABLE accounts will help advocates ensure these newly eligible individuals can save money and keep their SSI.
This webinar, How ABLE Accounts Work with Supplemental Security Income (SSI), will include the basics of ABLE accounts and practical guidance on how they are used. This webinar will be most useful to aging, disability, and legal aid providers and advocates who work with individuals who might be eligible for SSI.
Attendees will learn how to:

- Identify individuals who may be eligible to open an ABLE account
- Assess common uses of ABLE accounts for individuals who receive SSI

- Compare different ABLE plans to help with the selection and opening of an ABLE account
- Use ABLE to address common SSI barriers

Presenters:

- Jody Ellis, Director of the ABLE National Resource Center, National Disability Institute
- Trinh Phan, Director, State Income Security, Justice in Aging
- Marlene Ulisky, Subject Matter Expert, ABLE National Resource Center
- Laurie Schaller, Subject Matter Expert, ABLE National Resource Center

Background Information for Attendees:

- Home - ABLE National Resource Center
- Supplemental Security Income (SSI) Basics

ABLE Account Registration

7. ***Accessible Voting in Tribal and Rural Communities: Strategies and Lessons for Polling Places***

United States Access Board and The Native American Disability Law Center (NADLC)

Thursday, August 6, 2026, 2:30 to 4:00 p.m.

Join the United States Access Board and The Native American Disability Law Center (NADLC) for a collaborative webinar on polling place accessibility. The Native American Disability Law Center is a private nonprofit organization that advocates for the legal rights of Native Americans with disabilities. This webinar will cover NADLC's report of polling place accessibility in Navajo Nation and Hopi Tribal elections, discuss community-led advocacy to affect changes in accessibility, and discuss strategies and lessons for self-advocates, families, and professionals to utilize in their work. Additional resources on polling place accessibility will be provided.

Speakers

- Hoskie Benally, Community and Government Liaison, Native American Disability Law Center
- Austin Moore, Staff Attorney, Native American Disability Law Center
- Amy Nieves, Public Affairs Specialist, U.S. Access Board

Polling Places registration

8. ***Medicaid 101: Basics and Recent Changes***

Justice in Aging

Tuesday, August 11, 2026, 2:00 to 3:15 p.m.

Understanding Medicaid is key to understanding the health and long-term care delivery system for older adults. Every year, over 7 million older adults rely on Medicaid to pay for necessary health services. Over two-thirds of all older adults who receive long-term care in their homes or in a nursing facility participate in the Medicaid program. This webinar will include a basic primer on the Medicaid program and will be most suited to aging or disability advocates, legal aid advocates, and anyone new to Medicaid. During this webinar, presenters will cover: • How Medicaid is funded • Medicaid eligibility • Key Medicaid protections • Medicaid's role in paying for health and long-term care for older adults •

	How Medicaid and Medicare work together • Brief overview on Medicaid cuts in H.R.1 and the impact on older adults Medicaid Basics Registration
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	**9. Skilled Nursing News** July 17, 2026 *Over 25% of Nursing Homes Reported a Serious Deficiency in 2026, With 5% Linked to IJs, Actual Harm* By Amy Stulick A recent report reveals that more than 25% of U.S. nursing homes were cited for a serious deficiency during 2026, highlighting a persistent crisis in quality of care and regulatory compliance across the sector. Most concerning is that 5% of all facilities received citations categorized as "Immediate Jeopardy" (IJ) or causing "actual harm"—designations reserved for the most severe failures in safety and oversight that pose an immediate threat to resident well-being. This data underscores that despite federal efforts to increase transparency and enforcement, a significant portion of the industry continues to struggle with foundational care standards, providing critical evidence for the necessity of the strengthened accountability and staffing measures frequently advocated for by organizations like the Dignity Alliance Massachusetts. **10. JAMA Health Forum** July 17, 2026 *State Medicaid Bed-Hold Policies and Hospitalizations and ED Visits Among Long-Stay Nursing Home Residents* By Hyunkyung Yun, MSc, MSW; Hye-Young Jung, PhD; Cyrus Kosar, PhD; *et al* Key Points **Question** Are state Medicaid bed-hold policies associated with hospitalizations and emergency department visits among nursing home residents receiving long-term care? **Findings** In this cohort study of 219 719 long-stay nursing home residents, states' adoption of Medicaid bed-hold policies was not associated with the likelihood of these residents experiencing hospitalization or an emergency department visit. **Meaning** These findings suggest that bed-hold policies may enhance the continuity of nursing home care without adversely affecting the likelihood of hospital transfers among long-stay residents. Abstract **Importance** Forty-three state Medicaid programs have bed-hold policies that reimburse nursing homes (NHs) to reserve a resident's bed during a hospitalization or other temporary absence. Although bed-hold policies are intended to increase continuity of care, some evidence suggests they may incentivize NHs to hospitalize residents; however, these data are outdated, and the impact of bed-hold policies on resident outcomes remains understudied

	11. Becker's Hospital Review July 13, 2026 *Cancer rates among nursing home residents, by state* The six cancer types included in the measure were breast, colorectal, endometrial, lung, prostate and urological. In 2023, Rhode Island had the highest percentage (24%) and Massachusetts had the second highest (23%) of skilled nursing facility residents on Medicare with one of six cancer types, according to CMS data. Data files **12. Washington Examiner (video)** July 8, 2026 *The government enables nursing-home neglect* By Michael F. Cannon **13. Skilled Nursing News** June 10, 2026 *Nursing Homes Must Reevaluate their Emergency Preparedness Plans – Adding Planned Power Outages to the List* By Amy Stulick In June 2024, the Centers for Medicare & Medicaid Services (CMS) updated its emergency preparedness guidance to explicitly mandate that nursing homes include "planned" power outages—such as Public Safety Power Shutoffs (PSPS) implemented by utilities to prevent wildfires—within their comprehensive risk assessments and emergency plans. Previously, regulations primarily focused on unforeseen natural disasters; this shift acknowledges that proactive, utility-led service interruptions now pose a predictable, recurring threat to resident safety, particularly for those relying on life-sustaining, electrically-powered medical equipment. Facilities are now required to demonstrate specific communication protocols, staff training, and backup power strategies that account for these non-emergency shutdowns, ensuring continuity of care even when the disruption is intentional and scheduled. **14. Hunterbrook** June 8, 2026 *Ensign's business model relies on delivering inadequate care to patients while gaming data on quality, according to Hunterbrook's five-month investigation. Patients are dying.* By Michelle Cera, Andrew Ford, and Laura Wadsten The Hunterbrook Media investigation, titled *"Ensign: The Nursing Home Empire Built on Fatal Neglect,"* published in June 2026, alleges that The Ensign Group—the largest skilled nursing operator in the U.S.—maintains high profit margins by systematically understaffing facilities and "gaming" government quality metrics. Through an analysis of millions of CMS data points, investigators identified a five-million-hour gap between the care residents required and the hours actually provided by Ensign. The report further asserts that the company engages in "tunneling," a practice of funneling hundreds of millions of dollars in taxpayer-funded revenue to its own internal affiliates for rent, insurance, and management fees, effectively hiding profits while frontline care is starved of essential resources.

	The findings have triggered widespread legal and regulatory scrutiny, including multiple securities fraud investigations into whether the company misled investors regarding its business practices and regulatory compliance. Following the report, a secondary investigation by Muddy Waters Research alleged that Ensign maintains a "systematic scheme" at approximately 20% of its facilities by "renting" nursing home administrator licenses—listing individuals as administrators who are rarely on-site and do not substantively manage operations. These revelations, coupled with whistleblower accounts of falsified medical records and neglected residents, have caused significant volatility in Ensign's stock price and prompted calls from U.S. Senators for increased transparency regarding complex nursing home ownership structures.
Gabriel House Fire	**15. *Boston Globe** July 14, 2026 (updated) *A year later, Massachusetts' most deadly fire in decades remains an open wound* By Jason Laughlin One year after a devastating July 13, 2025, fire at the Gabriel House assisted living facility in Fall River, Massachusetts—which claimed the lives of 10 residents—the state has finalized a comprehensive package of new safety regulations aimed at preventing future tragedies. Taking effect on July 31, 2026, these reforms address critical oversight gaps highlighted by the disaster by mandating annual fire inspections by local fire departments, quarterly fire drills, yearly simulated evacuation exercises on every shift, and enhanced emergency preparedness planning for all assisted living residences. While officials continue to debate the broader issue of replacing millions of recalled sprinkler heads nationwide, these new state rules—alongside recent consumer protection measures from the Attorney General—represent a significant shift toward holding assisted living facilities to higher safety and accountability standards comparable to those of nursing homes.
Health Care Topics	**16. *New York Times** July 9, 2026 *What Older Adults Should Know About GLP-1s as Medicare Coverage Expands* By Dani Blum *A Medicare pilot has broadened access to medications like Wegovy and Zepbound. There are unique risks for those over 65.* As of July 1, 2026, the Centers for Medicare & Medicaid Services (CMS) has launched the **Medicare GLP-1 Bridge**, a temporary, 18-month demonstration program that provides eligible beneficiaries with access to specific weight-loss medications—including **Wegovy® (injection or pill)**, **Zepbound® (KwikPen®)**, and **Foundayo® (tablet)**—for a flat copayment of **$50 per month**. This initiative marks a significant policy shift, as Medicare previously lacked the legal authority to cover drugs prescribed solely for weight loss under the Part D benefit. To qualify, beneficiaries must be enrolled in a Medicare Part D plan, be diagnosed with obesity (BMI ≥ 35, or BMI ≥ 27–30 with qualifying comorbidities like heart disease, prediabetes, or hypertension), and must not already

	receive GLP-1 coverage through their standard plan for conditions like Type 2 diabetes. Operated separately from standard Part D benefits via a central CMS processor, the program runs through December 31, 2027, and is intended to bridge the gap toward sustainable, evidence-based obesity management while officials gather data on long-term clinical and fiscal outcomes.
Alzheimer's and Other Dementia	**17. Salem News** July 20, 2026 *Politics have no business in Alzheimer's progress* Editorial While medical researchers have achieved a breakthrough with a new blood test capable of predicting Alzheimer's symptoms years in advance, this progress faces a severe threat from new federal rules set to take effect October 1. These regulations, promulgated by the Office of Management and Budget under the Trump Administration, empower political appointees to terminate research grants at will, specifically targeting projects that rely on international collaboration or do not align with executive branch political priorities. By shifting decision-making authority away from the scientific community and restricting the global data-sharing essential to dementia research, these policies risk derailing life-saving innovation for the more than 7 million Americans currently living with Alzheimer's, necessitating urgent, bipartisan congressional intervention to protect the integrity of bedrock scientific inquiry. **18. NPR Weekend Edition Sunday** July 19, 2026 *Violence repeatedly erupts in dementia care despite warnings, inspections show* By Jordan Rau A July 19, 2026, report by NPR and KFF Health News reveals that nursing homes and assisted living facilities across the United States are increasingly becoming sites of preventable violence between residents with dementia. Through an examination of court records and state inspection reports, the investigation found that fatal assaults and recurring physical attacks are occurring even after facilities have been warned by regulators to implement better safeguards. Experts and investigators attribute these systemic failures to chronic understaffing, a lack of specialized dementia training for frontline workers, and inadequate facility-wide risk assessments. Despite documented patterns of aggression, facilities often fail to intervene effectively, leaving vulnerable residents—and the staff tasked with their care—at persistent risk in an environment where safety protocols frequently prioritize institutional convenience over individual resident well-being. **19. New York Times (free access)** July 15, 2026 *Alzheimer's Blood Tests Offer New Promise to Diagnose and Predict the Disease* By Dana G. Smith and Pam Belluck *New studies are shedding light on how the tests could eventually transform treatment.*

	A study published in *JAMA* on July 15, 2026, and presented at the Alzheimer's Association International Conference, reveals that a blood test measuring levels of the protein **p-tau217** can accurately predict the risk of cognitive impairment in healthy older adults years before symptoms emerge. Researchers from Mass General Brigham analyzed data from nearly 2,700 cognitively normal participants and found that those with the highest levels of p-tau217 faced a 38% risk of developing cognitive impairment within five years and a 78% risk within a decade. While experts view this as a potential "game-changer" for accelerating clinical trials and identifying high-risk candidates for preventative therapies, they caution that the test is not yet precise enough for routine clinical use, stressing that healthy individuals should wait for further validation and standardized treatment protocols before seeking screening. **20. *New York Times** July 14, 2026 *The Strange Phenomenon of 'Terminal Lucidity'* By Billy Brennan *As they near death, some dementia patients recover mental faculties assumed to be long lost. Researchers want to know why.* The *New York Times Magazine* article explores the mysterious and profoundly moving phenomenon of "terminal lucidity"—often referred to as an end-of-life rally—where patients suffering from advanced dementia, Alzheimer's, or severe neurological damage suddenly and temporarily regain their memories, personality, and full cognitive clarity shortly before death. This unexpected burst of coherence allows dying individuals to recognize family members, express deep emotional intelligence, and say their final goodbyes, offering profound closure to loved ones but leaving scientists with deep medical and philosophical questions. Because these episodes occur without any physical repair to heavily damaged brain tissue, they are driving a wave of new international clinical research that challenges traditional materialist models of consciousness, prompting researchers to investigate whether the dying brain releases a unique surge of neurochemicals or if human personhood is far more resilient to physical decay than previously understood.
Guardianship / Supported Decision Making	**21. Malta Today** July 17, 2026 *Robert Abela announces entry into force of disability autonomy, vulnerable adults laws* By Jade Bezzina On July 17, 2026, Maltese Prime Minister Robert Abela announced the official entry into force of two landmark pieces of legislation—the Personal Autonomy Act and the Protection of Vulnerable Adults Act—marking a significant shift in how the state manages disability rights and social care. The Personal Autonomy Act dismantles the traditional, restrictive systems of "interdiction" and "incapacitation" (where guardians made decisions on behalf of individuals), replacing them with a Supported Decision-Making framework that ensures persons with disabilities retain the right to make their own choices with necessary

	assistance. Concurrently, the Protection of Vulnerable Adults Act establishes a robust legal infrastructure to safeguard elderly individuals and adults with disabilities from abuse or neglect, reinforcing the government's commitment to aligning national law with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Together, these laws replace the old Guardianship Board with a new Personal Autonomy Safeguards Board, ensuring that individuals are supported rather than superseded in managing their personal, financial, and medical affairs. **22. Autism Spectrum News** July 9, 2026 *More Than Spoken Words: How DSPs Help People Find Their Voice* By: #MoreThanWork In the article "More Than Spoken Words: How DSPs Help People Find Their Voice," featured in the Summer 2026 issue of *Autism Spectrum News*, the author explores the essential, evolving role of Direct Support Professionals (DSPs) as vital partners in facilitating communication and self-determination for individuals with autism. Moving beyond the outdated view of DSPs as mere caregivers, the piece highlights how these professionals serve as mentors, advocates, and communication bridges by mastering diverse, non-traditional methods of expression—ranging from gestures and digital assistive technology to body language and intuition. By prioritizing a person-centered approach, DSPs empower those they support to express their unique needs, preferences, and goals, effectively dismantling barriers to community inclusion and ensuring that every individual has the opportunity to be heard, respected, and autonomous in their daily lives. **23. Empire Report** June 1, 2026 *The Importance of Good Guardianship* By Assemblymember Charles Lavine In this op-ed, New York Assemblymember Charles Lavine highlights a critical "guardianship gap" in the state, explaining that a severe shortage of qualified nonprofit guardians is leaving vulnerable, low-income New Yorkers without legally authorized decision-makers. This shortage forces courts to struggle with timely appointments and leaves medically stable patients stranded in expensive hospital beds for months because no one is cleared to arrange their discharge, home care, or benefits—causing significant taxpayer expense and harming patient well-being. To address this systemic strain on courts and healthcare infrastructure, Lavine is sponsoring the Good Guardianship Act (A09295B) to establish a statewide initiative that expands and funds nonprofit guardianship services, ensuring that when this legal intervention is required as a last resort, it can protect rights and promote independence responsibly and equitably.
Federal Policy	**24. McKnights Senior Living** July 16, 2026 *Ways and Means advances bill ensuring resident and patient access to essential caregivers* By Kathleen Steele Gaivin

	The bipartisan Essential Caregivers Act has advanced through the House Committee on Ways and Means, bringing the legislation one step closer to permitting designated essential caregivers to enter some long-term care settings to provide care and support to patients and residents during public health emergencies. **25. Forth** July 16, 2026 *CMS Modernizes Nursing Home Oversight with New Risk-Based Survey Approach Designed to Highlight High Performance, Encourage Improvement* Starting in September 2026, the Centers for Medicare & Medicaid Services (CMS) will implement a new **Risk-Based Survey (RBS) process** designed to optimize state oversight by streamlining inspections for approximately 12% of the nation's highest-performing nursing homes. By reducing the frequency and intensity of standard recertification surveys for facilities that maintain five-star ratings, zero harm citations, and consistent data accuracy, CMS aims to strategically reallocate limited state survey resources toward higher-risk facilities. While qualified homes will be identified on the *Care Compare* website to assist consumer decision-making, all facilities remain subject to mandatory surveys at least every 15 months and can be reverted to the traditional, more rigorous survey process at any time if safety concerns or complaints arise. CMS Memo
From Our Colleagues from Around the Country	**26. The Consumer Voice** July 14, 2026 *In this Issue:* • GAO Report Finds $12 billion in Federal Spending on Assisted Living Facilities • Paper Suggests that Making Nursing Home Annual Inspections Less Predictable Would Save Lives • My Personal Directions for Quality Living • Consumer Voice in Action
From Around the Country	**27. NJ.com** July 16, 2026 *Workers at N.J.'s deadliest nursing homes were 'acceptable losses,' suit says* By Ted Sherman A new lawsuit filed against the operators of several New Jersey veterans' nursing homes alleges that facilities were managed with a rigid, "military-style" hierarchy that prioritized administrative control over resident safety and staff well-being. According to the complaint, frontline employees were routinely threatened with disciplinary action for raising concerns about life-threatening conditions, such as the lack of personal protective equipment (PPE) and chronic understaffing. The plaintiffs contend that leadership viewed both residents and staff as expendable, explicitly characterizing employees who pushed for safer working conditions as "acceptable losses." This litigation builds on previous Department of Justice findings of "dysfunctional management" and systemic failures at state-run veterans' facilities, further underscoring

	the lethal consequences of prioritizing institutional optics over basic infection control and humanitarian standards during the COVID-19 pandemic.
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		
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/	

<table>
<tr><td>Determination of Need Projects</td><td>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</td></tr>
<tr><td>List of Special Focus Facilities</td><td>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.</td></tr>
<tr><td>Nursing Home Inspect</td><td>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?)
<table>
<tr><th>Deficiency Tag</th><th># Deficiencies</th><th>in # Reports</th><th>MA facilities cited</th></tr>
<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>
</table>
Updated October 15, 2025</td></tr>
<tr><td>Nursing Home Compare</td><td>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</td></tr>
<tr><td>Data on Ownership of Nursing Homes</td><td>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</td></tr>
</table>

<table>
<tr><td></td><td>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.</td></tr>
<tr><td>DignityMA Call Action</td><td>• 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</td></tr>
<tr><td>Access to Dignity Alliance social media</td><td>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</td></tr>
<tr><td>Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.

Interest Groups meet periodically (monthly, bi-monthly, or quarterly).

Please contact group leaders for more information.</td><td>
<table>
<tr><th>Workgroup</th><th>Workgroup lead</th><th>Email</th></tr>
<tr><td>General Membership</td><td>Bill Henning
Paul Lanzikos</td><td>bhenning@bostoncil.org
paul.lanzikos@gmail.com</td></tr>
<tr><td>Assisted Living</td><td>John Ford</td><td>jford@njc-ma.org</td></tr>
<tr><td>Behavioral Health</td><td>Frank Baskin</td><td>baskinfrank19@gmail.com</td></tr>
<tr><td>Communications</td><td>Lachlan Forrow</td><td>lforrow@bidmc.harvard.edu</td></tr>
<tr><td>Facilities (Nursing homes and rest homes)</td><td>Jim Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Home and Community Based Services</td><td>Meg Coffin</td><td>mcoffin@centerlw.org</td></tr>
<tr><td>Legislative</td><td>Richard Moore</td><td>Dickmoore1943@gmail.com</td></tr>
<tr><td>Legal Issues</td><td>Stephen Schwartz</td><td>sschwartz@cpr-ma.org</td></tr>
<tr><th>Interest Group</th><th>Group lead</th><th>Email</th></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>
</table>
</td></tr>
<tr><td>Bringing People Home: Implementing the Marsters class action settlement</td><td>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>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>For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack</td></tr>
</table>

	MailChimp Specialist: Sue Rorke
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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.*	