The Dignity Digest

Issue # 294 August 4, 2026
The Dignity Digest contains information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Tuesday.

***May require registration before accessing the article.**

DignityMA Zoom Sessions

Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.

Reflection

The Standard of Care is Not Optional

True dignity is not measured by the statutes we enact, but by the daily reality of those who depend on them.

Five years after Massachusetts established minimum staffing standards for nursing homes, more than half of the Commonwealth's facilities remain out of compliance. Behind every statistic and every audit is an individual—a person forced to wait hours for basic pain medication, living in conditions that undermine their fundamental humanity. Regulatory standards and Medicaid reimbursements were created to ensure safety and quality of life, yet too often, non-compliance is treated as a routine cost of doing business rather than a systemic failure. As we look ahead, our advocacy must remain unyielding: health, safety, and human dignity cannot be reduced to line items on a corporate ledger.

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

Nursing Homes

- *Ownership changes, regulatory and reimbursement pressures top reasons for nursing home closures, study finds* **(McKnights Senior Living,** August 2, 2026)

Home and Community Based Services

- *Ownership changes, regulatory and reimbursement pressures top reasons for nursing home closures, study finds* **(McKnights Senior Living,** August 2, 2026)
- *Elder Care Costs in 2026: Comparing Home Caregiver Prices Across Different States* **(Investopedia,** July 30, 2026)

Housing

- *Many Owners Cannot Afford to Maintain Aging Homes* **(Harvard University Joint Center for Housing Studies,** July 16, 2026)

Health Care Topics

- *Why patients wait months for care they don't get* **(*Boston Globe,** August 3, 2026)

Environmental Topics

- *Heat waves can leave homes dangerously hot – even for young, healthy adults* **(The Conversation,** June 23, 2026)

	Caregiving • *Taking Care of the Father Who Broke My Heart* **(*The Atlantic,** August 2, 2026) Elder Abuse • *Theories of Elder Abuse* **(*Spring Nature Link,** May 1, 2026) Guardianship / Supported Decision Making • *Former AG: State inaction on guardianship is a major leadership failure* **(*Boston Globe,** August 3, 2026) • *Long overdue recommendations are stalling action on the state's guardianship crisis* **(*Boston Globe,** July 29, 2026) State Policy • *Governor Healey Announces Statewide Launch of EBT Chip Cards to Prevent SNAP Theft, Protect Tax Dollars* **(Office of Maura Healey and Lt. Governor Kim Driscoll,** July 29, 2026) From Around the Country • *The attorney general nursing home crackdown escalates with $111M in fraud allegations* **(McKnights Long Term Care,** July 31, 2026) From Our Colleagues from Around the Country • *The Voice* **(Consumer Voice,** July 28, 2028)
Quotes	*"That nursing home was the worst experience of my life."* Lynette Couture, a 55-year-old woman who was recovering in Plymouth Harborside Healthcare's rehab unit after a car crash which shattered her left leg, ***Half of all nursing homes in Massachusetts understaffed*** (**The New Bedford Light,** July 28, 2026) *"This Massachusetts [staffing] standard is modest, to say the least. Even if you're at 3.58, you're probably not meeting the needs of most of the residents in your nursing home — and that's just based on science."* Sam Brooks, National Consumer Voice for Quality Long-Term Care policy director, ***Half of all nursing homes in Massachusetts understaffed*** (**The New Bedford Light,** July 28, 2026) *Hospitals and nursing homes exist to help people out in some of life's most difficult circumstances. Their ability to help should not be undermined by corporations determined to bleed them dry.*

How Self-Dealing Is Bankrupting Hospitals And Nursing Homes **(Forbes,** July 31, 2026)

While our case is focused on staffing data, there is a real human cost to the defendants' choices and their failure of care. The consequences of chronic understaffing placed vulnerable residents at unnecessary risk of harm, violated their rights and resulted in numerous injuries."

Michigan Attorney General Dana Nessel, *The attorney general nursing home crackdown escalates with $111M in fraud allegations* **(McKnights Long Term Care,** July 31, 2026)

What makes this guardianship crisis particularly frustrating is that it is entirely fixable. Resolving it requires modest public and private resources alongside dedicated political leadership.

Former AG: State inaction on guardianship is a major leadership failure **(*Boston Globe,** August 3, 2026)

As a Boston based Case Manager I agree that waiting for guardianship can delay things from 1-3 months depending on which court the hearing occurs. Patients get stuck in the hospital because they are unable to access MA Health coverage for long term care. Reasons I have seen are financial mismanagement over years of their life, being undocumented, or requiring a specific clinical need that isn't available at most skilled nursing facilities. I wish we weren't so busy spending our tax dollars in a war no one wants and we could spend it on our people.

- Reader's comment (My2cents999), *Why patients wait months for care they don't get* **(*Boston Globe,** August 3, 2026)

Plenty of people my age are beginning to take care of sick or aging parents. It's the natural way; you take care of the people who once took care of you. You

	don't resent it, because now you're the strong one, and they're the vulnerable one, and you owe them everything. But for me, it wasn't like that. Jenisha Watts, *Taking Care of the Father Who Broke My Heart* **(*The Atlantic,** August 2, 2026) *[T]hese findings highlight that [nursing home] policy evaluation should move beyond static facility counts to incorporate dynamic measures of organizational change, ownership instability, and capacity reconfiguration to better reflect the evolving structure of the long-term care system.* ***Trends and Factors in Nursing Home Closures*** **(JAMA Health Forum,** July 31, 2026) *"Evidence also shows that closures are not evenly distributed and disproportionately affect facilities serving Medicaid-dependent, low-income and racial and ethnic minority populations, raising concerns about inequitable access to care. These challenges may intensify as the population aged 75 years and older continues to increase, even as alternative care settings expand."* *Ownership changes, regulatory and reimbursement pressures top reasons for nursing home closures, study finds* **(McKnights Senior Living,** August 2, 2026) *"[The lack of guardians] is harming patients in terms of their health, hurting emergency department patients, hurting the finances of the hospital."* Dr. Eric Dickson, chief executive of UMass Memorial Health, *Long overdue recommendations are stalling action on the state's guardianship crisis* **(*Boston Globe,** July 29, 2026)
Spotlight	***Half of all nursing homes in Massachusetts are understaffed*** **The New Bedford Light** by Grace Ferguson July 28, 2026

Five years after the state introduced staffing standards to improve care in nursing homes, 51% of facilities are out of compliance, a New Bedford Light investigation found. Resident advocates say state penalties are too low.

Summary:

The Light's monthslong investigation uncovered:

• Half of the state's nursing homes failed to meet **one or both of the state's minimum staffing standards** at the end of last year.

• Most for-profit facilities were **out of compliance with staffing standards** at the end of last year. Most nonprofit facilities were in compliance.

• The state's penalties **aren't strong enough** to deter profit-seeking nursing home owners from failing to provide enough staffing, resident advocates say.

• State officials recently **reduced penalties for dozens of understaffed nursing homes** at the request of an industry trade group.

• The state's minimum staffing standard for registered nurses **isn't enforced at all.**

• State health inspectors have only issued a few dozen health violations for inadequate staffing since 2024, even though **251 nursing homes have dipped below the state minimums** in that time.

A monthslong investigation by *The New Bedford Light* revealed that five years after Massachusetts introduced minimum staffing requirements in 2021, 51% of the state's 341 nursing homes remain out of compliance with state standards. Analyzing federal data, the report details how half of all long-term care facilities consistently failed to meet mandated staffing thresholds by the end of last year. The findings underscore widespread operational shortcomings across the sector, with residents frequently facing delayed medical care, unaddressed basic hygiene needs, and heightened risks of falls and pressure ulcers due to a lack of available caregivers. The state's regulatory framework establishes two specific Hours Per Patient Day (HPPD) metrics: facilities must deliver at least 3.58 total nursing HPPD and 0.508 registered nurse (RN) HPPD. At the end of last year, 34% of facilities violated the overall nursing threshold, 32% failed the RN requirement, and 14% failed both. Out of 369 nursing homes operating since 2021, 314 dropped below minimum staffing levels for at least one quarter, and 40 failed to meet standards for every single quarter evaluated.

A distinct divide exists between profit-driven models and non-profit facilities across the state. A majority of for-profit nursing

	homes were out of compliance with state staffing rules, whereas most non-profit facilities successfully met the requirements. Critics and resident advocates argue that certain corporate owners deliberately maintain low staffing levels to trim labor costs and maximize profit margins, accepting minor regulatory scrutiny as a routine cost of doing business. Legal scrutiny has increasingly targeted major healthcare chains operating in the Commonwealth for systemic understaffing. The Massachusetts Attorney General's Office recently secured a $4 million settlement with Next Step Healthcare and a $2.75 million settlement with Bear Mountain Healthcare over allegations that chronic understaffing led to resident neglect. Despite these high-profile enforcement actions, federal and state inspectors have issued only a few dozen formal health violations for understaffing since 2024, even as 251 facilities fell below state minimums during the same timeframe. Advocates argue that existing financial penalties imposed by state regulators fail to serve as an effective deterrent against chronic understaffing. While MassHealth has collected $58 million in staffing penalties over five years—averaging $11.6 million annually—that figure represents just 0.5% of the $2.3 billion in annual Medicaid revenue flowing to Massachusetts nursing homes. Furthermore, the investigation found that state health officials recently reduced fine amounts for dozens of non-compliant facilities following appeals from an industry trade association, while the specific RN staffing standard remains largely unenforced. In response to the investigation, state regulators maintained that overall staffing compliance has improved since the initial implementation of the 2020 reforms, pointing to penalty collections as evidence of ongoing oversight. However, consumer advocates and policy experts contend that regulatory indifference and modest financial sanctions allow facility operators to ignore statutory mandates. Without stronger enforcement mechanisms, higher baseline penalties, and strict oversight of registered nurse ratios, residents will continue to bear the burden of a systemically understaffed long-term care system.
Spotlight Editor's note: Joohyun Chung and Michael Lepore are currently collaborating with Dignity Alliance	***Trends and Factors in Nursing Home Closures*** **JAMA Health Forum** By Joohyun Chung, PhD, MStat, RN; Michael Lepore, PhD; Tingzhong Xue, PhD; Rachel Broudy, MD; Hyeyoung Park, PhD, RN; Raeanne LeBlanc, PhD, DNP, AGPCNP-BC, CHPN; David L. Chin, PhD

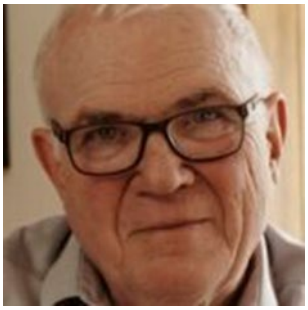
Massachusetts and the Center for Health Information and Policy in Kansas City, MO on a project analyzing the cost, staffing, and quality measures of Massachusetts nursing homes.	July 31, 2026 Key Points **Question** What are the long-term trends in US nursing home closures and ownership transitions and how are facility characteristics associated with different types of operational change? **Findings** In this cohort study of 33 110 US nursing home locations from 1985 to 2025, nearly half of the facilities followed simple entry-exit patterns, while approximately one-fifth remained operational despite ownership changes. Organizational restructuring, including change of ownership and within-facility capacity reconfiguration, became more common over time and was more prevalent than permanent facility closure or market exit. **Meaning** These findings suggest that nursing home closures often reflect broader organizational restructuring rather than true market exit, highlighting the importance of incorporating ownership transitions and capacity changes into nursing home policy and oversight. Abstract **Importance** US nursing home closures, whether planned or unexpected, can disrupt continuity of care, place additional burdens on remaining facilities, and disproportionately affect vulnerable populations. It is important to understand the trends and factors associated with these closures, as such knowledge can inform policy decisions, guide resource allocation, and help develop strategies to mitigate negative effects on both residents and the broader health care system. **Objective** To examine nursing home operational dynamics in the US and to identify how facilities transition through openings, closures, and changes of ownership (CHOW). **Design, Setting, and Participants** A longitudinal cohort study used 40 years of data from the Centers for Medicare & Medicaid Services Provider of Services File, covering the period from 1985 through June 2025. Facility trajectories were examined using physical location identifiers rather than facility names or provider identifiers. **Main Outcomes and Measures** Facility lifecycle status (active, closed, or reopened), CHOW events, net changes in certified bed capacity, facility size, availability of specialized beds for patients with dementia, Medicare and Medicaid participation, and staffing intensity were assessed. Descriptive statistics and multivariate logistic regression were used to analyze trends and differences between closed and active facilities.

	Results A total of 39 449 records were analyzed, representing 33 110 unique physical locations and 80 257 event records. Nearly half of all entities followed an entry-exit trajectory without any CHOW, accounting for 46.29% (n = 15 328). A substantial proportion of entities remained active while experiencing at least 1 CHOW (20.48% [n = 6780]). CHOW events accounted for 13 053 occurrences (16.26%) of lifecycle activity, and capacity changes were increasingly concentrated in recent years in select states. Overall, organizational restructuring and within-facility capacity adjustment became more prominent over time than entry or exit. **Conclusions and Relevance** This study found that nursing home markets were characterized by continuous organizational change, with ownership transitions and capacity reconfiguration increasingly substituting for entry and exit. Examining the location-based life cycle of the facility shows that closure often reflects restructuring within evolving ownership structures rather than a single terminal event. These findings suggest that nursing home policy and oversight should attend to ownership transitions and capacity reconfiguration, alongside measures of facility entry and exit.
Spotlight	***How Self-Dealing Is Bankrupting Hospitals And Nursing Homes*** **Forbes** By Peter Ubel, a physician and behavioral scientist at Duke University July 31, 2026 Community hospitals and nursing homes face an insidious threat: "related-party earnings," where owners deliberately bankrupt facilities for profit. This involves private equity firms buying a hospital, then selling its land to a related company at a discount, only to rent it back at inflated rates. Owners also control "independent" management firms, siphoning funds until the facility fails, while their related entities profit. A New England Journal of Medicine study revealed two-thirds of Illinois nursing home profits were redirected this way, exemplified by Genesis Healthcare's bankruptcy. Experts urge states to demand ownership transparency, audit for profit siphoning, and pursue legal action against fraudulent financial claims to protect these vital institutions.
Reports	***Study and Report on the Need and Feasibility of Qualified Professional Guardians*** Bureau of Health Care Safety and Quality, Massachusetts Department of Public Health and Eastern Research Group, Inc. **Executive Summary** The Massachusetts Department of Public Health's (DPH) Bureau of Health Care Safety and Quality contracted with

	Eastern Research Group, Inc. (ERG) to conduct a study to evaluate the need for and feasibility of establishing access to Qualified Professional Guardians within the Commonwealth. This Executive Summary provides a high-level overview of issues and findings of the research conducted under this project, with details provided in the body of this Study and Report on the Need and Feasibility of Qualified Professional Guardians ("The Report"). In the context of this Report, Unrepresented Individuals are those who lack the capacity to make their own medical decisions but do not have a surrogate decision maker. These Unrepresented Individuals were either admitted to an acute care hospital without a surrogate decision maker (e.g., because of a medical emergency) or lost their surrogate decision maker while in the hospital (e.g., the family member acting as surrogate decision maker died). When an Unrepresented Individual no longer needs to be in an acute care hospital setting to receive appropriate care, they cannot be discharged from the acute care hospital to a more appropriate healthcare setting until a surrogate decision maker, such as a family member or friend, is found to consent. In the absence of an appropriate surrogate decision maker, the Unrepresented Individual cannot be discharged until a Guardian is appointed by the court to consent. Research in the Commonwealth of Massachusetts and other states suggest that the shortage of Guardians available to take on Unrepresented Individuals can lead to discharge delays resulting in significant burdens on Unrepresented Individuals as well as healthcare systems and stakeholders. **Key Findings** With respect to the five requirements set forth in the legislation for this study and report, key takeaways include: • The need for qualified professional guardians to assist indigent persons with accessing appropriate medical care, including preventive care. • Data on the current number of Rogers guardians and similar guardians and the financial impact of reimbursing such guardians. • The fiscal impact of establishing MassHealth fee-for-service guardians. • Consideration of the benefits to an individual and cost to the Commonwealth of deducting from an applicant for MassHealth or a MassHealth member's income for

guardianship fees and related expenses when the appointment of a guardian is essential to enable an applicant or member to gain access or consent to medical treatment and an estimation of reasonable costs for such a deduction.
- Other recommendations deemed necessary by the Department.

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.

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

When Full Nursing Homes Mean Fewer Choices

Generations Now

By James Lomastro

July 31, 2026

Occupancy in nursing care communities keeps increasing. Is that a sign of recovery or scarcity?

Summary:

Although high nursing home occupancy rates are often celebrated as signs of post-pandemic industry recovery, Jim highlights that these rising figures primarily mask systemic capacity contraction driven by widespread facility closures and acute staffing shortages. While nominal capacity exists on paper, many beds remain unstaffed and unusable, forcing residents into alternative care environments like private-pay assisted living or leaving them stranded in acute-care hospital settings for months. This structural bottleneck narrows consumer choices, creates severe care delays, and exacerbates healthcare inequities for low-income and Medicaid-dependent older adults.

To address this crisis, the article calls for a fundamental shift in how long-term care accessibility is evaluated and regulated. Rather than relying solely on surface-level occupancy percentages, state and federal policymakers must measure operational availability by tracking staffed-bed capacity, geographic distribution, affordability, and hospital discharge bottlenecks. Establishing a standardized national metric to monitor medically cleared patients waiting for post-acute placement is an essential first step toward ensuring equitable access and preserving meaningful choices for aging populations.

Recognition

National Health Center Week

August 2-8, 2026

Highlights the critical role Community Health Centers play in providing accessible primary care, chronic disease

	management, and aging-in-place support to low-income, elderly, and disabled populations.
Recruitment	**See: Listings on MASSterList.com's Job Board** for all current listings
REV UP Massachusetts	**1.** ***Next Meeting*** **REV UP Massachusetts** Thursday, August, 2026, 11:00 a.m. to 12:00 p.m. Topics: • Disability Voting Rights Week • Voter Registration Drive Updates and Signups • Signups for Polling Place Accessibility Surveys ASL & CART have been requested Registration Required Register for REV UP's Next Meetings!
In Person and / or Online Events	**2.** **Conversation on Aging with James Fuccione, Executive Director of the Massachusetts Healthy Aging Collaborative (MHAC)** **Department of Gerontology, University of Massachusetts, Boston** Wednesday, August 5, 2026, 7:00 p.m. James will begin by sharing an overview of the Massachusetts Healthy Aging Collaborative's work advancing healthy, equitable, age- and dementia-friendly communities across Massachusetts. Together, James and Caitlin will then share examples of how they have partnered with older adults, particularly "super users" of services, to inform research, shape advocacy, and develop community ambassadors who help ensure programs, policies, and initiatives are grounded in the lived experiences of those they are designed to serve. They will also discuss how this work addresses information equity, recognizing that while many valuable programs, services, and resources exist for older adults, awareness of and access to them often do not. By empowering trusted community ambassadors and engaging older adults as partners, they are helping bridge gaps in knowledge, improve access to resources, and ensure information reaches those who need it most. Zoom link: https://umassboston.zoom.us/j/96818511612 **3.** **Community Behavioral Health Promotion and Prevention Commission Meeting** Thursday, August 6, 2026, 3:00 p.m. Agenda and Access
Webinars and Online Sessions	***4.*** ***Public Charge Final Rule: What Advocates Need to Know*** **Justice in Aging** Wednesday, August 26, 2026, /2:00 p.m. to 3:00 p.m. The Department of Homeland Security (DHS) published a new rule regarding public charge determinations, which will negatively impact certain older immigrants and their families. Public charge determinations are relevant for people seeking admission to the United States and people seeking to adjust their immigration status to Lawful Permanent Resident (LPR), also known as "green card" holders. The new rule enables immigration officers to consider a wide variety of factors when determining if someone may depend on the government

	as their main source of support in the future. The new rule takes effect September 18, 2026. **In this webinar, Public Charge Final Rule: What Advocates Need to Know, presenters will provide an overview of the new public charge rule**, including what has changed from the previous rule, and provide advocates with resources to stay up-to-date on public charge changes. This webinar will be most important for legal and aging services providers who work with older immigrants and immigrants with disabilities on public benefits issues or immigration-related matters. **After attending this presentation, participants will:** • Understand the federal laws and new regulation on the public charge grounds of inadmissibility; • Gain strategies on how to advise older immigrant clients who may have questions about public charge determinations and use of benefits; and • Access resources to learn more about public charge as the new rule is implemented. **Presenters:** • Sahar Takshi, Senior Attorney, Equity Advocacy, Justice in Aging • Denny Chan, Managing Director, Equity Advocacy, Justice in Aging • Protecting Immigrant Families (PIF) Coalition **Background Information for Attendees:** • PIF Coalition, Public Charge Toolkit • Justice in Aging, Statement on Public Charge Public Charge 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	**5. McKnights Senior Living** August 2, 2026 *Ownership changes, regulatory and reimbursement pressures top reasons for nursing home closures, study finds* By Kathleen Steele Gaivin A cohort study examining long-term operational trends across more than 33,000 U.S. nursing home locations reveals that apparent facility closures are frequently driven by internal organizational restructuring—including ownership transitions, transitory leadership, and facility capacity reconfigurations—rather than permanent market exits. Compounding these internal shifts are persistent external headwinds, including low Medicaid reimbursement rates that fail to cover rising care costs, strict regulatory compliance demands, and ongoing workforce challenges. The findings demonstrate that operational disruptions often reflect broader corporate restructuring, highlighting an urgent need for state and federal policymakers to incorporate ownership transfers and bed capacity re-alignments directly into long-term care policy and regulatory oversight.

Home and Community Based Services	**6. Investopedia** July 30, 2026 *Elder Care Costs in 2026: Comparing Home Caregiver Prices Across Different States* By Peter Gratton In an August 2026 report titled *"Elder Care Costs in 2026: Comparing Home Caregiver Prices Across Different States," Investopedia* examines the sharp geographical disparities in non-medical in-home care rates across the United States. Highlighting that national averages can mask significant local variation, the report reveals that hourly caregiver prices range from a low of $25 in Mississippi to a high of $44 in South Dakota—a spread driven primarily by state minimum wage laws, local cost-of-living indices, and severe regional caregiver shortages. Massachusetts is reported at $39. The analysis underscores that while part-time home care remains a cost-effective alternative to institutional care, the financial equation shifts dramatically for families requiring near-round-the-clock support, as full-time or 44-hour weekly care in higher-cost states can quickly rival or exceed the annual cost of a nursing home placement.
Housing	**7. Harvard University Joint Center for Housing Studies** July 16, 2026 *Many Owners Cannot Afford to Maintain Aging Homes* By Sophia Wedeen A July 2026 post by the Harvard Joint Center for Housing Studies, titled *"Many Owners Cannot Afford to Maintain Aging Homes,"* reveals a growing divide in the nation's housing stock, which reached a record median age of 44 years in 2023. Analyzing American Housing Survey data, the authors find that while older homes (built before 1960) require significantly higher expenditures focused on essential maintenance and major component replacements—such as roofing, siding, and HVAC systems—these aging properties are disproportionately occupied by lower-income households lacking the financial capacity to keep pace. In 2023, high-income homeowners living in pre-1960 structures spent an average of $12,700 on improvements and repairs—three times the $3,400 spent by low-income owners in similarly aged homes—and even outspent low-income owners living in brand-new construction. This persistent investment gap leaves lower-income households facing severe cost burdens and driving up rates of physical housing inadequacy (5.4% for pre-1960 homes versus 1.3% for post-2010 homes), underscoring an urgent need for targeted public subsidies and repair assistance to prevent structural decay and protect affordable homeownership.
Caregiving	**8. *The Atlantic*** August 2, 2026 *Taking Care of the Father Who Broke My Heart* By Jenisha Watts *I barely knew him. But in the last years of his life, he needed me.* In an August 2026 essay for *The Atlantic* titled *"When a Parent Grows Old, the Family Dynamic Shifts,"* the author reflects on the emotional and psychological evolution that occurs when an aging father transitions

	from being the family's pillar of strength to someone requiring care. The piece explores the delicate renegotiation of roles between adult children and aging parents, examining how old family patterns resurface alongside the practical burdens of caregiving, medical decision-making, and decline. Blending personal narrative with broader cultural reflections on aging, the essay underscores that caring for an aging parent is rarely just a logistically complex task, but a profound emotional journey that forces adult children to confront their own mortality, grief, and the enduring complexity of filial love.
Health Care Topics	**9. *Boston Globe** August 3, 2026 *Why patients wait months for care they don't get* By Tessa Adžemović *Capacity bottlenecks, insurance delays, and legal complexities can trap otherwise stable patients.* In an August 3, 2026 opinion column published by *The Boston Globe*, health policy experts examine the growing crisis of "hospital boarding," where medically stable patients remain stuck in acute care hospital beds for weeks or months because they cannot secure appropriate post-acute placements. The authors emphasize that this bottleneck is primarily driven by systemic shortages in community-based long-term care, specialized behavioral health beds, and long-term care facility staffing, alongside bureaucratic delays in securing legal guardians or Medicaid authorizations for complex patients. This logjam not only deprives patients of the specialized rehabilitative or home-based care they actually need, but it also creates severe emergency department backlogs and strain throughout the healthcare system, prompting an urgent call for state leaders to invest in post-acute care capacity, streamline guardianship and discharge procedures, and strengthen community support networks.
Environmental Topics	**10. The Conversation** June 23, 2026 *Heat waves can leave homes dangerously hot – even for young, healthy adults* By Zoltan Nagy During extreme heat waves, residential buildings can trap solar radiation and heat, driving indoor temperatures to unsafe levels that pose significant physiological risks even for young, healthy adults. Because many modern homes—particularly in cooler or temperate regions—lack active air conditioning, proper external shading, or heat-resilient design, indoor air often remains trapped at elevated temperatures long after outside conditions begin to cool. This persistent indoor thermal stress hinders the body's natural heat-dissipation mechanisms, such as sweating and evaporative cooling, which can rapidly lead to heat exhaustion and cognitive impairment regardless of age or physical fitness. Consequently, the article highlights the critical need to adapt residential infrastructure and public health interventions to address indoor overheating as a universal health hazard rather than one limited solely to vulnerable populations.

Elder Abuse	**11. *Spring Nature Link** May 1, 2026 *Theories of Elder Abuse* **Abstract** Elder abuse is a global term that refers to any “knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.” Elder abuse can occur in communities, facilities, or both. According to the World Health Organization, each year, one in six adults 60 years of age and older experiences some kind of abuse. In this chapter, we discuss three highly relevant theories that have guided and informed the study of elder abuse: the Socio-Ecological Systems Theory, Life Course Theory, and the Contextual Theory of Elder Abuse. These theories have been used in numerous studies and have in common recognizing individual relationships, formal and informal support systems, societal values and cultures, and the effect of historical changes over time and place.
Guardianship / Supported Decision Making	**12. *Boston Globe** August 3, 2026 *Former AG: State inaction on guardianship is a major leadership failure* By Scott Harshbarger In a letter to the editor published by *The Boston Globe* on August 3, 2026, the former state attorney general sharply decries political and legislative inaction surrounding Massachusetts's guardianship crisis. The letter highlights how vulnerable, incapacitated, and unrepresented individuals remain trapped in limbo—often stuck in hospital beds or lacking necessary care—because the state continues to rely on an underfunded, unsustainable volunteer guardianship system rather than establishing a comprehensive, publicly funded public guardian framework. Pointing to long-standing policy failures and systemic delays in appointing guardians, the piece urges state leaders and lawmakers to immediately enact meaningful legislative reforms to protect the rights, health, and dignity of at-risk residents. **13. *Boston Globe** July 29, 2026 *Long overdue recommendations are stalling action on the state’s guardianship crisis* By Jason Laughhlin In Massachusetts, an ongoing shortage of legal guardians leaves hundreds of decisionally impaired, unrepresented older adults stranded in hospital beds long after they are medically cleared for discharge. The crisis stems from heavy reliance on an underfunded volunteer guardian network, bureaucratic delays in MassHealth coverage approvals, and lagging implementation of state recommendations to establish a formal, publicly funded professional guardianship program. This severe bottleneck not only consumes vital acute-care capacity across hospital systems but also prevents vulnerable seniors from transitioning to appropriate long-term care settings, highlighting an urgent need for legislative action to fund dedicated public guardianship infrastructure.
State Policy	**14. Office of Maura Healey and Lt. Governor Kim Driscoll** July 29, 2026

	Governor Healey Announces Statewide Launch of EBT Chip Cards to Prevent SNAP Theft, Protect Tax Dollars Governor Maura Healey announced the statewide rollout of chip and tap-enabled Electronic Benefit Transfer (EBT) cards in Massachusetts to combat fraud and protect Supplemental Nutrition Assistance Program (SNAP) benefits. Following a successful pilot in the Worcester area that distributed 35,000 cards, Massachusetts became the fourth state in the nation to implement this enhanced security feature. The Department of Transitional Assistance (DTA) is mailing the new cards to clients across the Commonwealth throughout August—with recipients required to activate their cards within 60 days—and has collaborated with retailers to update point-of-sale systems alongside existing security measures like card locking and PIN changes.
From Our Colleagues from Around the Country	**15. Consumer Voice** *The Voice* July 28, 2028 **In this Issue:** 1. New National Long-Term Care Ombudsman Resource Center Website 2. New Continuing Education Courses Now Available in the On-Demand Training Center 3. "Improvement Standard" Quick Guide from the Center for Medicare Advocacy
From Around the Country	**16. McKnights Long Term Care** July 31, 2026 *The attorney general nursing home crackdown escalates with $111M in fraud allegations* By Kimberly Marselas In a reporting update on state enforcement trends, *McKnight's Long-Term Care News* outlines how state attorneys general across the nation are intensifying legal actions against long-term care chains and facility operators over chronic understaffing, resident neglect, and systemic Medicaid fraud. Highlighting multi-million-dollar enforcement settlements and civil complaints—such as historic actions brought by state prosecutors against major regional chains—the report illustrates a growing regulatory shift where law enforcement authorities are increasingly stepping in to enforce care standards, penalize intentional understaffing designed to maximize profit margins, and mandate court-ordered operational monitoring.
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/	
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

<table>
<tr><td></td><td>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
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td>Thanks to the contributors to this issue of The Dignity Digest:
Judi Fonsh
Wynn Gerhard
Dick Moore
Brianna Zimmerman
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="2">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.</td></tr>
</table>

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.