The Dignity Digest

Issue # 295 August 11, 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

Beyond the Paper Promises of Protection

The measure of any society is how it treats its most vulnerable members when no one is watching—and when no profit is to be made.

Across Massachusetts, hundreds of incapacitated and unrepresented individuals remain trapped in institutional limbo simply because the Commonwealth lacks a fully funded, publicly supported guardianship framework. Relying on an overburdened volunteer system leaves older adults and people with disabilities without the advocates they desperately need to navigate healthcare, housing, and personal choices. True protection requires more than legal declarations; it demands a real, publicly backed commitment to ensuring every resident has an advocate dedicated to preserving their rights, autonomy, and voice.

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

Nursing Homes

- *In skilled nursing, tough times always find a buyer* **(McKnights Long-Term Care News,** August 10, 2026)
- *Nursing home staffing investigation deserves praise* **(The New Bedford Light (Letter to the Editor),** August 5, 2026)

Benjamin Healthcare Center

- *Long-pending sale of Edgar Benjamin delayed again* **(The Baystate Banner,** June 25, 2026)

Home and Community Based Services

- *Senator Collins Introduces Bill to Combat Medicare Home Health Fraud* ***(Office of U. S. Senator Susan Collins,*** *August 7, 2026)*
- *Governor Healey Signs Bill Strengthening Safety, Quality and Oversight of Home Care* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** August 7, 2026)

Aging Topics

- *Many Older Adults Experienced Material Hardship in 2025, with Wide Disparities by Income and Health Status* **(Urban Institute,** July 21, 2026)

	Disability Topics • *A Fear-Mongering Law for Locking up Disabled People Falls Apart in New York* **((Un)Hidden: Disability Histories and Our World,** August 3, 2026) • *New study flags concerns with mental health treatment mandate* **(Politico,** August 3, 2026) • *When your beach chair is a wheelchair: These are the best accessible New England beaches* **(*Boston Globe,** August 1, 2026) Health Care Topics • *Hijacking The Chronic Disease Epidemic* **(Health Affairs,** August 5, 2026) • *Mouths Matter in Medicare* **(Center for Medicare Advocacy,** July 30, 2026) Private Equity • *Cerberus, former Steward Health Care private equity owner, settles with creditors* **(*Boston Globe,** July 30, 2026) Workforce • *AG Campbell Issues Statement On The Termination Of Temporary Protected Status For Haitian Nationals* **(Office of Attorney General Andrea Campbell,** August 5, 2026) Guardianship / Supported Decision Making • ***What to Know if a Facility Says You Need a Guardian*** **(Consumer Voice and National Center on Elder Abuse,** Undated) State Policy • *Healey-Driscoll Administration Returns $14.5 Million to Health and Dental Insurance Consumers and Businesses* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** August 6, 2026) • *So this is a legislative reform?* **(*Boston Globe,** August 5, 2026) From Around the Country • *NJ court upholds $450K verdict after nursing home resident suffered hypothermia in room* **(McKnights Long-Term Care News,** August 9, 2026) From Our Colleagues from Around the Country • ***Beyond Guardianship*** **(Massachusetts Guardianship Policy Institute,** August 2026) • **(Center for Medicare Advocacy,** August 6, 2026) • **In this Issue (Consumer Voice,** August 4, 2026) • *New Justice in Aging Resources* **(Justice in Aging,** July 31, 2026)
Quotes	*"We want people to have options as they age so that they can make the choices that work best for them. By establishing statewide safety and quality standards for home care agencies and strengthening protections for workers and consumers, we're making it easier for more people to safely receive*

high-quality care at home while giving families greater peace of mind."

Lieutenant Governor Kim Driscoll, *Governor Healey Signs Bill Strengthening Safety, Quality and Oversight of Home Care* **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** August 7, 2026)

"We have a compelling case for a statewide public policy reform [regarding guardianship], but we still have failed to mobilize the political and policy advocacy clout and voice needed to agree on a Public Guardian, which is the one thing that might truly achieve the outcomes we believe are absolutely within our reach. More importantly, we need a public leader to pick up the mantle launched 30 years ago and be that champion in the arena."

Former Massachusetts Attorney General Scott Harshbarger, ***Beyond Guardianship*** **(Massachusetts Guardianship Policy Institute,** August 2026)

Pointing out that 51% of Commonwealth facilities failed to meet state staffing minimums at the end of last year — and that MassHealth penalties amount to a negligible 0.5% of Medicaid revenues — strikes at the heart of why chronic understaffing persists. It demonstrates convincingly that without strict enforcement and meaningful financial deterrents, regulatory thresholds exist only on paper while residents pay the physical and emotional price.

Nursing home staffing investigation deserves praise **(The New Bedford Light (Letter to the Editor),** August 5, 2026)

Despite the rapid aging of the U.S. population, the number of traditional Medicare beneficiaries receiving home health services declined from approximately 3.3 million in 2019 to 2.7 million in 2024. Excluding California, more than 500 Medicare-

certified home health agencies closed during that period, a decline of five percent.

[Senator Collins Introduces Bill to Combat Medicare Home Health Fraud](#) ***(Office of U. S. Senator Susan Collins,*** *August 7, 2026)*

"It's really, truly disappointing because this was supposed to be the final [court decision].

Patricia Whitehead, the guardian of an Edgar Benjamin Healthcare Center resident, [Long-pending sale of Edgar Benjamin delayed again](#) **(The Baystate Banner,** June 25, 2026)

"People deserve to know that when they're paying for health and dental insurance, their money is actually going toward care."

Governor Maura Healey, [Healey-Driscoll Administration Returns $14.5 Million to Health and Dental Insurance Consumers and Businesses](#) **(Office of Governor Maura Healey and Lt. Governor Kim Driscoll,** August 6, 2026)

Three-quarters of Americans have a chronic disease, such as high blood pressure, heart disease, cancer, diabetes, and chronic obstructive pulmonary disease. More than half of Americans have two or more chronic conditions. Most death and disability in the US stem from these conditions. Ninety percent of the nation's nearly $5 trillion in annual health expenditures are for people with chronic and mental health conditions.

[Hijacking The Chronic Disease Epidemic](#) **(Health Affairs,** August 5, 2026)

In the wrong hands, guardianship can be used to control or exploit someone – deciding what they eat, who they can see or talk to, whether they can leave the facility, or what medical care they receive or refuse. A guardian can decide where a person lives and can even interfere with someone's personal and romantic relationships. This is why courts are supposed to try other options first.

	What to Know if a Facility Says You Need a Guardian **(Consumer Voice and National Center on Elder Abuse,** Undated) *"Steward [Healthcare System] is the legal and financial equivalent of a Superfund site. It's financially and ethically toxic."* Alan Sager, professor of health policy and management at the Boston University School of Public Health, *Cerberus, former Steward Health Care private equity owner, settles with creditors* **(*Boston Globe,** July 30, 2026) *"Ultimately, I think the best accessible beaches are the ones that let wheelchair users enjoy the same experience as everyone else, with as few barriers as possible."* Cory Lee, accessible travel blogger and content creator at curbfreewithcorylee.com, *When your beach chair is a wheelchair: These are the best accessible New England beaches* **(*Boston Globe,** August 1, 2026) *We find that more than one-third of older adults had difficulty meeting basic needs for food, housing, or health care, with the highest rates of hardship observed among older adults with disabilities, those in fair or poor health, or those with low incomes.* *Many Older Adults Experienced Material Hardship in 2025, with Wide Disparities by Income and Health Status* **(Urban Institute,** July 21, 2026)
Spotlight Editor's note: This report was required by Section 30 Chapter 197 of the General Laws of 2024,	***Study and Report on the Need and Feasibility of Qualified Professional Guardians*** August 4, 2026 Prepared in collaboration with the Bureau of Health Care Safety and Quality, Massachusetts Department of Public Health and the 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 Forand 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 ("Massachusetts" or "Commonwealth") and other states suggest that the shortage of Guardians available to take on Unrepresented Individual scan lead to discharge delays resulting in significant burdens on Unrepresented Individuals as wells healthcare systems and stakeholders.

Key Findings

The legislation that necessitated this study and report directed DPH to "study and report on the need and feasibility of qualified professional guardians to give informed medical consent for indigent persons and whether such guardians would reduce hospital discharge issues and increase access to long-term care and preventive care" and specifically required DPH to include five key elements in the report: (I) The need for qualified professional guardians to assist indigent persons with accessing appropriate medical care, including preventive care; (ii) data on the current number of Rogers guardians and similar guardians and the financial impact of reimbursing such guardians; (iii) the fiscal impact of establishing MassHealth fee-for-service guardians; (iv)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; and (v) other recommendations deemed necessary by the department.
As a result of the study, DPH finds there is a significant need for qualified professional guardians to give informed medical consent for persons who are unable to afford these services otherwise and that increasing payment to Qualified Professional Guardians, coupled with other recommended legislative changes, could substantially reduce delays in hospital discharges and expedite access to long-term and preventative care. With respect to the five requirements set forth in the legislation for this study and report, key takeaways include:

(i) **The need for qualified professional guardians to assist indigent persons with accessing appropriate medical care, including preventive care.** Multiple interviewees representing patients, acute-care hospitals, and the legal system indicated that they believe Massachusetts relies on a limited and shrinking pool of professional or pro bono Guardians, usually attorneys or retired attorneys, to fill this gap. We were not able to identify an independent data source to confirm this assertion. However, respondents report that acute-care hospitals often struggle to identify a suitable Guardian in a timely manner. According to several interviewees, attorneys seeking a pro bono Guardian on behalf of acute-care hospitals for indigent Unrepresented Individuals might contact anywhere from four to thirteen Guardians before finding one willing to accept the case. The consensus from interviewees and literature is that a primary factor impacting the lack of availability of qualified Guardians for Unrepresented Individuals is inadequate compensation. There are insufficient individuals willing to provide guardianship services. Providing compensation to Guardians may potentially increase the number of qualified Guardians.

(ii) **Data on the current number of Rogers guardianships and similar guardianships and the financial impact of reimbursing such guardianships.** We are not able to provide an estimate of the number of Rogers guardianships or similar guardianships with currently available data. Available data does not distinguish the circumstances under which Guardianship is appointed, and therefore the number of Rogers guardianships cannot be estimated. Guardianship in Massachusetts operates through a

	combination of limited state-funded services and an informal network of unpaid or pro bono Guardians rather than a centralized or Public Guardians program. Massachusetts court records show that since 2017, a total of 3,500 to 4,000 guardianship petitions have been filed each year for incapacitated individuals. These court records do not provide data on reimbursement to Guardians. Summary data of the annual petitions filed are available through the Massachusetts Trial Court, Department of Research and Planning. There is no way to summarize the demographic characteristics of the guardians assigned to these individuals or determine how many of these are Rogers guardianships. (iii) **The fiscal impact of establishing MassHealth fee-for-service guardians.** There is no pathway to federal approval to provide MassHealth fee-for-service reimbursement for Public Guardianship services, therefore, no federal revenue would be available to support these costs. All guardianship services would need to be paid for at the cost of the state. (iv) **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.** The Massachusetts statute on MassHealth eligibility includes certain long-term care general income deductions. These include a personal-needs allowance, spousal-maintenance-needs-deduction, family-maintenance needs, maintenance of a former home, and health-care coverage and other incurred expenses. The deductions for health-care coverage and other incurred expenses contain guardianship expenses that are allowable with the specified maximum amounts. There is no pathway currently available to increase the number of allowable deductions from a MassHealth member's income. To increase the number of allowable deductions would require statutory changes at the state level as well as federal approval. (v) **Other recommendations deemed necessary by the Department.** The following actions are recommended:

	enhance the pool of qualified Guardians to reduce acute-care hospital discharge delays by providing sufficient compensation and reduce the need for guardianship by enacting a default surrogate statute and promoting programs that increase completion of Health Care Proxies.
Recruitment	**See: Listings on MASSterList.com's Job Board** for all current listings
In Person and / or Online Events	**1. *Personal Care Attendant Workforce Council Meeting*** Tuesday, August 11, 2026, 3:00 p.m. Health and Human Services Undersecretary Amy Rosenthal discusses "organizational matters." Agenda also includes a recruiting update and an executive session focused on a bargaining update. PCA Agenda and Zoom **2. *Public Health Council meets*** Wednesday, August 12, 2026, 9:00 a.m. Overview of the DPH FIFA World Cup Response: A Cross-Bureau Activation Docket – August 12, 2026 **3. *Make Hunger History U.S. Senate Candidate Forum on Food Security*** Wednesday, August 12, 2026, 1:00 p.m. via Zoom The Make Hunger History Coalition has invited the candidates for the U.S. Senate race in Massachusetts to a forum to discuss the state of hunger in Massachusetts, the impacts of cuts to federal nutrition programs on residents throughout the state, and their policy ideas for increasing food security. Candidates will respond to questions about how they would protect and expand support for families of the Commonwealth. Confirmed participants: Senator Edward Markey Representative Seth Moulton Joe Tache Invited candidates: John Deaton Shiva Ayyadurai Morgan G. Dawicki Philip Devincentis Hunger Zoom Registration | Live Facebook Stream)
Webinars and Online Sessions	**4. *Webinar: Health Connector Preliminary Eligibility: What does it mean and what do you need to do?*** Wednesday, August 12, 2026, 12:00 to 1:00 p.m. This session will cover: • Reviewing your eligibility notice • Deadlines for updating or confirming your information • How to access your online account and application • More information about renewing or changing plans for next year • How to get free help with this process through customer service or local Assisters Health Connector Registration **5. *GI Bill 101*** **U.S. Department of Veteran Affairs** Wednesday, August 12, 2026, 1:00 p.m.

	This session will walk you through: • VA education benefit programs • Eligibility requirements • Recent legislative updates you should know • Additional VA resources to support your success **VA REGISTER TODAY!** ***6.*** ***Public Health in Pursuit of Voting Rights for All*** **Southern Poverty Law Center** Thursday, August 27, 2026, 1:30 p.m. Attend this webinar to: • Learn about the relationship between health and democracy • Explore the ways in which our votes shape the systems and institutions responsible for protecting and improving our health, including what health departments and other institutions and actors are legally empowered to do, the resources with which they may operate, the processes they must undergo to take actions, and who makes what decisions and who must be involved in decision-making processes • Familiarize yourself with recent voting rights developments that have major health and equity implications • Connect with a community interested in making government and public health work for the people • Contribute to efforts seeking to build systems that increase trust in government, and in turn, a healthy democracy that enables the public's health to also flourish Speakers: • Carlos Andino, Senior Staff Attorney, Southern Poverty Law Center • Gnora Mahs, Senior Advisor, Institute for Responsive Government • Darlene Huang Briggs, Deputy Director of Special Projects, Network for Public Health Law Moderator: • Nina Belforte, Deputy Director, Strategic Communications PUBLIC HEALTH REGISTER ***7.*** ***Skilled Nursing Facility Appeals and Updates*** **Center for Medicare Advocacy** Wednesday, September 9, 2026, 2:00 p.m. This webinar will explore practical tips for navigating Medicare Advantage skilled nursing facility discharges and appeals, along with other updates relating to Medicare and nursing facilities, including admission denials, Institutional Special Needs Plans (I-SNPs), staffing rules, and the new risk-based survey. Presented by attorneys Toby Edelman and Christine Huberty of the Center for Medicare Advocacy, with possible special guests. **Free Webinar | Skilled Nursing Facility Appeals & Updates**
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	**8. McKnights Long-Term Care News** August 10, 2026 *In skilled nursing, tough times always find a buyer* By James M. Berklan Despite severe operational headwinds facing the skilled nursing sector—such as chronic staffing shortages, rising interest rates, lower occupancy, and tightening Medicaid or regulatory pressures—distressed and underperforming facilities consistently manage to find buyers. Market dynamics in long-term care dictate that while struggling public, non-profit, or independent operators often face unsustainable financial burdens, opportunistic buyers (notably nimble, regional for-profit turnaround firms) view these disruptions as acquisition opportunities. These buyers acquire distressed properties at favorable valuations, using strategic operational repositioning, specialized care programs, and creative government or local partnerships to revitalize facilities, reflecting the industry's underlying stability rooted in the essential, non-discretionary nature of healthcare. **9. The New Bedford Light (Letter to the Editor)** August 5, 2026 *Nursing home staffing investigation deserves praise* By Paul Lanzikos *It demonstrates convincingly that without strict enforcement and meaningful financial deterrents, regulatory thresholds exist only on paper while residents pay the price* Grace Ferguson's recent investigation into Massachusetts nursing home staffing (Half of all nursing homes in Massachusetts are understaffed, July 28) deserves high praise for its exceptional clarity, rigor, and thoroughness. By pairing meticulous analysis of five years of federal data with the deeply human story of a resident in recovery, The New Bedford Light has rendered an invaluable public service. What makes this reporting particularly vital is how clearly it exposes the gap between statutory standards and daily reality. Pointing out that 51% of Commonwealth facilities failed to meet state staffing minimums at the end of last year — and that MassHealth penalties amount to a negligible 0.5% of Medicaid revenues — strikes at the heart of why chronic understaffing persists. It demonstrates convincingly that without strict enforcement and meaningful financial deterrents, regulatory thresholds exist only on paper while residents pay the physical and emotional price. Journalism of this caliber is essential to holding both facility operators and state oversight agencies accountable. Thank you to The New Bedford Light for providing the public and policymakers with the unambiguous facts needed to demand meaningful long-term care reform.
Benjamin Healthcare Center	**10. The Baystate Banner** June 25, 2026 By Avery Bleichfeld *Long-pending sale of Edgar Benjamin delayed again* On August 7, 2026, U.S. Senator Susan Collins introduced the *Medicare Home Health Payment Integrity and Protection Act*, legislation designed

	to curb Medicare home health fraud, reform payment approaches, and safeguard access to home-based care for seniors. Inspired by severe regional anomalies—such as Los Angeles County accounting for nine percent of national Medicare fee-for-service home health expenditures despite having only two percent of beneficiaries—the bill aims to prevent improper payments from distorting national reimbursement data and harming legitimate providers facing rising costs and workforce shortages. Key provisions include pre-enrollment administrator identity verification, proof of liability insurance for high-risk agencies, heightened screening and frequent surveys for newly enrolled or re-activated agencies, stiffer penalties for failing to report quality data, stronger oversight of accrediting organizations, dedicated funding for fraud investigations and accelerated unannounced site visits, and a recalibration of CMS home health prospective payment rates to account for system fraud and post-COVID utilization shifts.
Home and Community Based Services	**11. Office of U. S. Senator Susan Collins** August 7, 2026 *Senator Collins Introduces Bill to Combat Medicare Home Health Fraud* *Bill would protect the integrity of the Medicare home health care program by stopping fraud before payments are made and helping ensure legitimate providers are fairly reimbursed.* On August 7, 2026, U.S. Senator Susan Collins introduced the Medicare Home Health Payment Integrity and Protection Act, legislation designed to curb Medicare home health fraud, reform payment approaches, and safeguard access to home-based care for seniors. Inspired by severe regional anomalies—such as Los Angeles County accounting for nine percent of national Medicare fee-for-service home health expenditures despite having only two percent of beneficiaries—the bill aims to prevent improper payments from distorting national reimbursement data and harming legitimate providers facing rising costs and workforce shortages. Key provisions include pre-enrollment administrator identity verification, proof of liability insurance for high-risk agencies, heightened screening and frequent surveys for newly enrolled or re-activated agencies, stiffer penalties for failing to report quality data, stronger oversight of accrediting organizations, dedicated funding for fraud investigations and accelerated unannounced site visits, and a recalibration of CMS home health prospective payment rates to account for system fraud and post-COVID utilization shifts. **12. Office of Governor Maura Healey and Lt. Governor Kim Driscoll** August 7, 2026 *Governor Healey Signs Bill Strengthening Safety, Quality and Oversight of Home Care* *New law establishes state's first-ever licensing system, adds protections for workers and consumers, and helps older adults safely age at home* On August 7, 2026, Governor Maura Healey signed *An Act to improve Massachusetts home care*, establishing the Commonwealth's first-ever mandatory statewide licensing system for non-medical home care agencies. Overseen by the Executive Office of Health and Human Services (EOHHS) in coordination with the Executive Office of Aging & Independence and the Department of Public Health, the law requires

	agencies to be licensed to operate or advertise, mandates employee background checks, sets worker safety and training standards, requires liability and workers' compensation insurance, and enforces transparency around ownership and operations. Additionally, the legislation creates a Home Care Oversight Advisory Council, a Home Care Worker and Abuse Stakeholder Advisory Committee, and special legislative commissions to study family caregiving supports—including paid spousal caregiving through MassHealth—and long-term services and supports financing models to enhance home-based care options and consumer protection across Massachusetts. • Prohibits a person or entity from establishing, maintaining, operating or holding itself out as a home care agency without a home care agency license. • Requires licensure for home care agencies that directly employ home care workers and home care agencies that contract with entities that employ home care workers. • Requires the Executive Office of Health and Human Services to issue a license, for a term of 3 years, to any person or entity that the office deems responsible and suitable to establish or maintain a home care agency and meets the requirements of the rules and regulations promulgated by the office. • Prohibits the transferability of home care licenses. • Permits the Executive Office of Health and Human Services to suspend, revoke or refuse to renew for cause a home care agency license and provides home care agencies an opportunity for appeal of such suspension, revocation or renewal. • Permits the Executive Office of Health and Human Services to deny, modify, suspend, revoke or issue a fine for a license that the office determines that the licensee has failed or refused to comply with home care licensure requirements. • Allows the Executive Office of Health and Human Services, in collaboration with the Executive Office of Aging and Independence and the Department of Public Health, to conduct surveys and investigations to monitor and enforce compliance with home care licensure. • Requires the Executive Office of Health and Human Services, in collaboration with the Executive Office of Aging and Independence, and Home Care Oversight Council and the Department of Public Health, to issue rules and promulgate regulations for the licensing and conduct of a home care agency, including background checks for home care workers, minimum standards for consumer-specific service plans, minimum coverage requirements for workers' compensation insurance and liability insurance, maintenance of a payroll process, training and competency requirements, policies and procedures to ensure home care workers have safe working conditions, development and maintenance of an emergency preparedness plan, quality metrics and standards for services. • Requires the Executive Office of Health and Human Services to review and process licensure applications, work with other

	applicable state agencies to investigate and resolve complaints against a licensee and publicly post a list of licensed home care agencies on the office's website.
Private Equity	**13. *Boston Globe** July 30, 2026 *Cerberus, former Steward Health Care private equity owner, settles with creditors* By Yogev Toby *A company that tripled its investment in Steward will provide some compensation for the damages wrought by the hospital chain's collapse.* The July 30 *Boston Globe* article examines the ongoing financial, legal, and regulatory fallout from Steward Health Care's bankruptcy and its historical ties to private equity firm Cerberus Capital Management. The piece details how Cerberus's initial financial engineering—specifically selling off the underlying hospital real estate to Medical Properties Trust (MPT) to extract substantial dividends—left the hospital system saddled with unsustainable lease liabilities, leading to severe operational collapse and facility closures across Massachusetts. Highlighting recent state and federal investigations, court filings, and regulatory efforts to claw back profits and increase oversight of private equity investments in healthcare, the summary emphasizes the broader call for strict financial transparency, accountability for private equity executives, and structural protections to prevent corporate financial extraction from compromising essential community healthcare infrastructure.
Workforce	**14. Office of Attorney General Andrea Campbell** August 5, 2026 *AG Campbell Issues Statement On The Termination Of Temporary Protected Status For Haitian Nationals* Massachusetts Attorney General Andrea Joy Campbell issued a statement condemning a recent U.S. District Court order that, following a Supreme Court ruling, terminates Temporary Protected Status (TPS) for Haitian nationals. This federal policy change threatens to strip legal protections from over 300,000 individuals nationwide, including approximately 45,000 residents in Massachusetts who have long contributed to the state's economy and community life. Describing the decision as heartbreaking and disruptive, Attorney General Campbell criticized the federal administration for creating instability for vulnerable immigrant families and emphasized her office's ongoing commitment to supporting affected residents by providing access to trusted legal resources, "Know Your Rights" guidance, and emergency planning assistance.
Aging Topics	**15. Urban Institute** July 21, 2026 *Many Older Adults Experienced Material Hardship in 2025, with Wide Disparities by Income and Health Status* By Dulce Gonzalez, Susan J. Popkin, and Michael Karpman **Key Takeaways** • Over 1 in 3 (36.6 percent) adults ages 60 and older reported one or more material hardships in 2025, such as food insecurity; problems

	paying the rent, mortgage, or utility bills; or difficulty affording health care. • Medical hardship was the most common type of difficulty in 2025, with 32.1 percent of older adults reporting unmet health care needs because of costs, problems paying medical bills, or medical debt. • About 1 in 7 (14.3 percent) older adults reported food insecurity, and 8.6 percent reported challenges paying for housing or utility costs. • More than half of older adults with low incomes, those who are Black or Hispanic, those with a disability, or those in fair or poor health reported at least one material hardship. • Public safety net programs provide assistance with basic needs to many older adults who are at greatest risk of material hardship, with nearly half of older adults with low incomes reporting family participation in SNAP, Medicaid, housing assistance, or SSI in 2025. • Other private and public supports offer additional assistance to older adults, and these supports may experience further strain as federal safety net funding is scaled back.
Disability Topics	**16. (Un)Hidden: Disability Histories and Our World** August 3, 2026 *A Fear-Mongering Law for Locking up Disabled People Falls Apart in New York* By Alex Green *Will lawmakers reauthorize Kendra's Law when the state "buried" a report showing it doesn't work?* In the essay **"A fear-mongering law for locking people up,"** published on his Substack newsletter *(Un)Hidden: Disability Histories and Our World*, disability historian and Harvard Kennedy School instructor Alex Green sharply critiques policy initiatives and legislative proposals aimed at expanding involuntary civil commitment, institutionalization, and coerced treatment for individuals experiencing severe mental illness, intellectual disabilities, or homelessness. Green argues that such measures rely on fear-mongering and sensationalized narratives of public danger rather than evidence-based care, effectively repeating the dark historical patterns that led to the rise of large-scale institutional oversight like Massachusetts' former Fernald State School. Emphasizing that involuntary confinement deprives vulnerable individuals of fundamental civil rights, bodily autonomy, and dignity while failing to solve underlying social crises, the summary urges policymakers to reject coercive institutionalization in favor of robust voluntary community support, accessible housing, and person-centered mental health resources. **17. Politico** August 3, 2026 *New study flags concerns with mental health treatment mandate* By Maya Kaufman A new evaluation of court-mandated mental health treatment under New York's Kendra's Law suggests that the harm of involuntary mental health mandates outweighs the benefits when compared to voluntary care. While researchers found that both court-ordered assisted outpatient treatment and voluntary services yielded positive outcomes—

	such as improved daily functioning, shorter hospital stays, and lower risk of harm to others—individuals who sought care voluntarily experienced significantly better overall results, including lower arrest rates and fewer repeat hospitalizations. Furthermore, study co-author Nev Jones noted that many individuals subjected to treatment mandates had actively wanted assistance but were unaware of voluntary options, directly challenging state claims that forced treatment is required for individuals who refuse help. **18. *Boston Globe** August 1, 2026 *When your beach chair is a wheelchair: These are the best accessible New England beaches* By Diane Bair and Pamela Wright The August 1 *Boston Globe* travel feature highlights top barrier-free coastal destinations across New England, detailing key accessibility features that ensure individuals with mobility challenges, older adults, and families with strollers can fully enjoy the shoreline. The article spotlights coastal parks and public beaches throughout Massachusetts, Maine, Rhode Island, and Connecticut that offer inclusive infrastructure—such as continuous Mobi-Mat wooden pathways extending to the high-tide line, free beach wheelchair rentals (including floating water chairs), paved boardwalks, accessible parking ramps, and family-style, ADA-compliant restrooms. Emphasizing the growing regional momentum behind universal design, the piece provides practical guidance on reservation procedures, seasonal availability, and local amenity details to help visitors plan seamless, accessible coastal outings. For a list of Massachusetts beaches that offer beach wheelchairs and the floating version, visit www.mass.gov/info-details/beach-wheelchairs.
Health Care Topics	**19. Health Affairs** August 5, 2026 *Hijacking The Chronic Disease Epidemic* By Anand Parekh In his August 5, 2026 *Health Affairs Forefront* article, Dr. Anand Parekh argues that HHS Secretary Robert F. Kennedy Jr. and the "Make America Healthy Again" (MAHA) movement have "hijacked" the chronic disease crisis by misidentifying its actual root causes. While acknowledging that chronic conditions—such as heart disease, diabetes, and cancer—drive 90 percent of the nation's $5 trillion healthcare budget, Parekh contends that the administration has neglected established risk factors like tobacco use, alcohol, physical inactivity, and mental health infrastructure, while pushing unproven claims about vaccines and water fluoridation. Though praising certain targeted efforts on ultra-processed foods and chemical additives, Parekh cautions that focusing narrowly on niche interests rather than proven, evidence-based policy interventions—alongside proposed cuts to SNAP, Medicaid, and CDC chronic disease programs—will ultimately undermine public health and fail to reverse America's chronic disease epidemic. **20. Center for Medicare Advocacy**

	July 30, 2026 *Mouths Matter in Medicare* Table Of Contents • Study Backs Link Between Oral Health and Overall Health • Oral Health is Critical to Overall Health • New Fact Sheet | FAQ: Adding a Dental Benefit to Medicare Part B • LA Times Highlights Gaps in Dental Care for Older Adults • Geographic Disparities in Oral Health Care • Oral Health in Nursing Homes • Intensifying Calls for Coverage • Study Underscores Importance of Oral Health to Healthy Aging • Previous Oral Health CMA Alerts: CMA has long stressed the importance of oral health to overall health. A study published in 2023, *The rosetta stone of successful ageing: does oral health have a role?*, underscores this connection. The study also calls for additional studies and research into the role of oral health and overall health, and particularly the role of oral health in longevity of life. Highlights from the study include: The relationship between periodontal disease and systemic inflammatory pathologies is well established. Diabetes, rheumatoid arthritis and cardiovascular disease are among the most significant disease burdens influenced by inflammatory oral health conditions. Evidence suggests that the interaction is bi-directional, impacting progression, severity and mortality. The relationship between oral health and its potential influence on other modifying factors of ageing remains understudied. More research is needed to get a deeper understanding of the relationship between oral health and other processes known to play an important role in ageing.
Guardianship / Supported Decision Making	**21. Consumer Voice and National Center on Elder Abuse** ***What to Know if a Facility Says You Need a Guardian*** Undated Consumer Voice and NCEA's new resource, *What to Know if a Facility Says You Need a Guardian*, explains what guardianship is, when it may be appropriate, and why it should never be considered a routine solution. The resource also explores less restrictive alternatives, highlights the importance of preserving residents' rights and autonomy, and provides practical guidance for families and advocates navigating guardianship decisions. Whether you're a resident, family member, or professional, this resource can help you make informed decisions and better protect resident-directed care.
State Policy	**22. Office of Governor Maura Healey and Lt. Governor Kim Driscoll** August 6, 2026 *Healey-Driscoll Administration Returns $14.5 Million to Health and Dental Insurance Consumers and Businesses* *Massachusetts becomes first state in the nation to require dental insurance rebates* On August 6, 2026, Governor Maura Healey's Division of Insurance announced that nine insurance carriers will return $14.5 million in

	mandatory rebates to hundreds of thousands of Massachusetts consumers and small businesses for failing to meet state spending standards. Massachusetts became the first state in the nation to enforce dental insurance rebates, requiring six dental carriers (including Blue Cross Blue Shield of MA, Guardian, and Harvard Pilgrim) to return $8.4 million for failing to spend at least 83 percent of premium dollars on patient care under the state's Dental Loss Ratio (DLR) standard. Additionally, three medical health insurers (Harvard Pilgrim, Mass General Brigham Health Plan, and UnitedHealthcare) will return $6.1 million to individual and small employer policyholders for failing to meet the state's mandatory 88 percent health care spending threshold, with refunds being distributed via checks or premium credits starting in late August. **23. *Boston Globe** August 5, 2026 *So this is a legislative reform?* By The Editorial Board *The Legislature did pass many bills before the July 31 deadline. But its new rules also seem to have to also created a license to procrastinate or, worse, a way to thwart voters.* The August 5 *Boston Globe* opinion piece critiques the internal rules and operational transparency of the Massachusetts Legislature, arguing that Beacon Hill's legislative process remains overly opaque and centralized in leadership hands. Highlighting ongoing friction over legislative oversight—including pushback against external financial audits, exemptions from public records laws, and the practice of letting key bills die quietly in committee without recorded votes—the piece emphasizes that incremental rules tweaks fall short of true reform. To restore public trust and align with recent voter-backed transparency initiatives, the commentary urges lawmakers to adopt meaningful structural reforms, such as enforcing strict public records standards, modernizing public meeting access, and limiting leadership control over legislative stipends.
From Our Colleagues from Around the Country	**24. Massachusetts Guardianship Policy Institute** August 2026 ***Beyond Guardianship*** In this issue, reflections on the past, present, and future of guardianship by former Massachusetts Attorney General Scott Harshbarger's perspective on unfinished reform in Massachusetts to new legislative efforts, organizational partnerships, and the people making person-centered guardianship possible every day. **25. Center for Medicare Advocacy** August 6, 2026 • **Administration Ends Part D Premium Stabilization Demonstration** • **New Resource - Skilled Nursing Facility Quick Guide** • **Getting Acuity Based Staffing in Nursing Homes: State Attorneys General Point the Way** So this is a legislative reform? • **Free Webinar | Skilled Nursing Facility Appeals & Updates** **26. Consumer Voice**

	August 4, 2026 **In this Issue:** 1. New Resource and Podcast on Guardianship 2. States Crack Down on Understaffed Nursing Homes 3. Nursing Home "Closures" Often Reflect Ownership Changes, Not Market Exit 4. ROAR Walk for Long-Term Care Reform **27. Justice in Aging** July 31, 2026 *New Justice in Aging Resources:* • Fact Sheet: The Supplemental Security Income (SSI) Resource Limit and Common Solutions (Justice in Aging and ABLE National Resource Center) (7/28) • Fact Sheet: Aging in California: The Data (7/22) • Issue Brief: Home and Community-Based Services for American Indians and Alaska Natives: Recommendations for Increasing Access and Recognizing Resiliency (Justice in Aging and Autistic Self Advocacy Network) (7/17) • Statement: Justice in Aging Condemns DHS's Final Public Charge Rule (7/16) • Comment Letter: Justice in Aging's Comments for OMB's Proposed Rule on Federal Financial Assistance (7/13) • Fact Sheet: Title II Auxiliary and Survivor Benefits and Eligibility (Justice in Aging and Community Legal Aid Society, Inc. (Delaware)) (7/13) • Toolkit: Mitigating the Harms of Medicaid Work Requirements for Older Adults: Tools for State Advocates (7/9) • Comment Letter: Justice in Aging's Comments on USCIS Proposed Changes to Change of Address Form (7/6) • Comment Letter: Justice in Aging's Comments on HUD's Proposed Rule on Equal Access Rule Revisions (6/29)
From Around the Country	**28. McKnights Long-Term Care News** August 9, 2026 *NJ court upholds $450K verdict after nursing home resident suffered hypothermia in room* By Donna Shryer A New Jersey appellate court upheld a $450,000 jury verdict against Meadowview Nursing and Rehabilitation Center (operated by Atlantic County) following the 2018 death of an 88-year-old resident, Margaret Santo. Emergency responders found Santo unresponsive in her room with severe hypothermia—noting her core body temperature had dropped to 89.9°F and describing the room as an "icebox"—leading to her hospitalization and death two weeks later. The appellate panel rejected the county's arguments that there was insufficient evidence of a cold environment or a breach in the standard of care, ruling that testimony regarding the room's conditions, uncalibrated thermometers, and delayed medical response supported the jury's finding that the facility violated state nursing home regulations ensuring a safe living environment.

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	**Curb Free with Cory Lee** https://curbfreewithcorylee.com/

	Cory Lee is a wheelchair user who has visited over 55 countries and all 7 continents in a power wheelchair.
Blogs	***Risking Old Age in America*** **https://okayboomer.substack.com/** By Harry Margolis With 65 million Baby Boomers becoming older by the day, the United States is facing a looming elder care crisis. This blog explores how the nation and individuals can prepare for it. ***(Un)Hidden: Disability Histories and Our World*** Written by Alex Green who is an Adjunct Lecturer in Public Policy at the Harvard Kennedy School and a Visiting Fellow at the Harvard Law School Project on Disabilities. He is known for his work as an author, disability rights advocate, and scholar on the history of disability institutions in America. He is a DignityMA supporter. (Un)Hidden: Disability Histories and Our World is a public history initiative and educational project designed to surface and center the often-overlooked histories, lived experiences, and ongoing contributions of people with disabilities throughout world history. Rather than treating disability as a marginal topic or purely medical condition, the project frames it as a fundamental element of human diversity, culture, and civil rights history. Through curated historical narratives, archival collections, multimedia resources, and community engagements, (Un)Hidden re-examines major historical events, social movements, and physical environments to reveal how disabled individuals have shaped medicine, policy, architecture, arts, and activism. By bringing these stories out of the margins and into public consciousness, the initiative aims to dismantle ableist assumptions, demonstrate how historical structures continue to influence modern accessibility, and promote a more inclusive understanding of global history.
Podcasts	
YouTube Channels	
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in *The Dignity Digest.*
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
Contact information for reporting complaints and concerns	**Nursing home** Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	**MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care** **Table of Contents** (Last updated: December 16, 2024) **Massachusetts Medicaid Long-Term Care Definition** **Income & Asset Limits for Eligibility** **Income Definition & Exceptions**

	Asset Definition & Exceptions **Home Exemption Rules** **Medical / Functional Need Requirements** **Qualifying When Over the Limits** **Specific Massachusetts Medicaid Programs** **How to Apply for Massachusetts Medicaid**
Money Follows the Person	**MassHealth** *Money Follows the Person* The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: **Town of Nantucket – Long Term Care Substantial Capital Expenditure** Approved May 5, 2025
List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *List of Special Focus Facilities and Candidates* *https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf* **Updated March 26, 2025** CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.
Nursing Home Inspect	**ProPublica** ***Nursing Home Inspect*** **Data updated October 15, 2025** This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025. Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA **Deficiencies By Severity in Massachusetts** (What do the severity ratings mean?) Deficiency Tag # Deficiencies in # Reports MA facilities cited

	B	257	187	Tag B
	C	77	63	Tag C
	D	5,993	1,193	Tag D
	E	1,872	630	Tag E
	F	446	226	Tag F
	G	420	278	Tag G
	H	54	30	Tag H
	I	2	1	Tag I
	J	64	31	Tag J
	K	30	9	Tag K
	L	7	2	Tag L

Updated October 15, 2025

Nursing Home Compare

Centers for Medicare and Medicaid Services (CMS)

Nursing Home Compare Website

Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. https://tinyurl.com/NursingHomeCompareWebsite

Data on Ownership of Nursing Homes

Centers for Medicare and Medicaid Services

Data on Ownership of Nursing Homes

CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.

DignityMA Call Action

- **Advocate** for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals **– State Legislative Endorsements**.
- **Support** relevant bills in Washington **– Federal Legislative Endorsements**.
- **Join** our **Work Groups.**
- **Learn** to use and leverage social media at our workshops: **Engaging Everyone: Creating Accessible, Powerful Social Media Content**

Access to Dignity Alliance social media

Email: info@DignityAllianceMA.org
Facebook: https://www.facebook.com/DignityAllianceMA/
Instagram: https://www.instagram.com/dignityalliance/
LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts
Twitter: https://twitter.com/dignity_ma?s=21
Website: www.DignityAllianceMA.org

Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.

Workgroup	Workgroup lead	Email
General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
Assisted Living	John Ford	jford@njc-ma.org
Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
Facilities (Nursing homes and rest homes)	Jim Lomastro	jimlomastro@comcast.net
Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
Legislative	Richard Moore	Dickmoore1943@gmail.com
Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
Interest Group	**Group lead**	**Email**

<table>
<tr><td rowspan="5">Interest Groups meet periodically (monthly, bi-monthly, or quarterly).

Please contact group leaders for more information.</td><td>Housing</td><td>Bill Henning</td><td>bhenning@bostoncil.org</td></tr>
<tr><td>Veteran Services</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Transportation</td><td>Frank Baskin
Chris Hoeh</td><td>baskinfrank19@gmail.com
cdhoeh@gmail.com</td></tr>
<tr><td>Covid / Long Covid</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>Incarcerated Persons</td><td>TBD</td><td>info@DignityAllianceMA.org</td></tr>
<tr><td>Bringing People Home: Implementing the Marsters class action settlement</td><td colspan="3">Website: https://marsters.centerforpublicrep.org/
Center for Public Representation
5 Ferry Street, #314, Easthampton, MA 01027
413-586-6024, Press 2
bringingpeoplehome@cpr-ma.org
Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/</td></tr>
<tr><td>REV UP Massachusetts</td><td colspan="3">REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote.
Website: https://revupma.org/wp/
To join REV UP Massachusetts – go to the SIGN UP page.</td></tr>
<tr><td>The Dignity Digest</td><td colspan="3">For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest:
Wynn Gerhard
Alex Green
Dick Moore
Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of The Dignity Digest.
If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</td></tr>
<tr><td colspan="4">Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.
Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.
The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.
Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/
For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</td></tr>
</table>