



The Dignity Digest

Issue # 305

October 20, 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 Power of Local Voice: Building Advocacy from the Ground Up

As we progress through October and our ongoing observance of Residents' Rights Month, our attention naturally turns to the communities we call home. Statewide policy change and legislative reform are essential, but the true heartbeat of the elder justice movement lives at the local level—in our neighborhoods, town halls, local councils on aging, centers for independent living, and grassroots coalitions.

True advocacy begins when neighbors look out for neighbors, when local leaders listen to the lived experiences of older adults and individuals with disabilities, and when communities demand accountability and compassion from local institutions. Every town and city in Massachusetts has unique needs, and every local voice adds vital momentum to our collective mission.

As the organizer and educator Myles Horton once noted:
"The long-term goal is the total democratization of society, and that means people taking control of their own lives and their own communities."

When we organize locally—whether by hosting wellness expos, joining civic leadership forums, speaking up at public hearings, or simply checking in on a neighbor in a long-term care facility—we are actively building a culture of dignity from the ground up.

This week, let us celebrate the power of grassroots action. Thank you for bringing your energy, your local leadership, and your unwavering commitment to making our communities safer, fairer, and more welcoming for everyone.

Guide to news items in this week's <i>Dignity Digest</i>	Nursing Homes • <u>Medline issues urgent recall of all LTC beds, citing fire, entrapment risks</u> (McKnights Long-Term Care News, October 19, 2026) • <u>Senate Democrats plot new course for nursing home staffing rule, spending oversight</u> (McKnights Long-Term Care News, October 16, 2026) • <u>'A Screening Signal': The Link Between Nursing Home Sales, Ownership Changes and Agency Use</u> (Skilled Nursing New, October 16, 2026) • <u>New rules let state scrutinize nursing home owners' finances, records</u> (WBUR, October 16, 2026) • <u>Nearly Half of 1,699 Nursing Homes Eligible for Risk-Based Survey Were Not Eligible a Year Ago</u> (Center for Medicare Advocacy, October 15, 2026) • <u>Mass. moves to strip licenses from a dozen RegalCare nursing homes</u> (WBUR, October 14, 2026) • <u>CMS Releases Data on Nursing Homes Eligible for Risk-Based Surveys</u> (National Consumer Voice for Quality Long-Term Care, Undated) • <u>Amid nursing home shakeup, Massachusetts regulators establish tougher rules</u> (*Boston Globe, October 14, 2026) • <u>Nursing Home Fines Fall Across 49 States Despite More Deficiencies, Report Finds</u> (Skilled Nursing News, October 10, 2026) Home and Community Based Services • <u>With \$20 million gift, Dartmouth Health establishes caregiver institute, at-home primary and palliative care</u> (Valley News, September 29, 2026) Housing • <u>Governor Healey Announces \$5 Million to Make It Easier and More Affordable to Build ADUs</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, October 15, 2026) • <u>He's not moving. How an 82-year-old Gloucester resident created his accessible 'forever home.'</u> (Boston.com, October 14, 2026) Aging Topics • <u>Team of women in their 80s making history as oldest to compete at Head of the Charles Regatta</u> (CBS Boston (via YouTube), October 16, 2026) Health Care Topics • <u>'Long flu' can linger for months. Here's how to reduce your risk.</u> (*Washington Post, September 29, 2026) Medicaid • <u>Dotted lines and a waste of time under new Medicaid rules</u> (Boston Globe, September 30, 2026) Fraud
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	• ‘They’re stealing from the poor’: A major source of SNAP fraud robs recipients of millions (NPR All Things Considered, October 14, 2026) Guardianship / Supported Decision Making • ‘You’re going to wish that doesn’t happen to you’ (*Chicago Tribune, November 23, 2026) • Recorded Webinar: Court visitor programs in three states (National Center for State Courts, September 30, 2026) State Policy • State announces new fire safety regulations after Gabriel House blaze that killed 10 in Fall River (*Boston Globe, October 16, 2026) Federal Policy • Medicare Update: Leading Democrat Releases Plans for Major Changes (Newsweek, October 16, 2026) • SNAP Participation Has Dropped to Its Lowest Point in 17 Years, Even Though Economic Conditions Haven’t Improved (Center on Budget and Policy Priorities, October 14, 2026) From Around the Country • Video shows disturbing conditions at Delmar assisted living facility in forced closure (*Times Union, October 16, 2026) • After death and injuries, two Iowa nursing homes added to federal watchlist (Iowa Capital Dispatch, October 15, 2026) • Connecticut nursing homes see rise in ‘immediate jeopardy’ incidents (*New Haven Register, October 15, 2026) From Our Colleagues from Around the Country • News Briefing (Justice in Aging, October 16, 2026)
Quotes	<i>I ask myself, “Who am I?” and the reply, with increasing frequency, is, “I don’t know.”</i> Lee Pelton, Former President and CEO of the Boston Foundation, ! have Alzheimer’s disease. Here’s what I’d like you to know. (Boston Globe, October 14, 2026) <i>“Long-term care and the decisions that surround it are among the most personal and sensitive any American family must face. Today, those decisions are too often driven by financial considerations rather than what is best for a loved one and their family.</i> Senator Ron Wyden (D-OR), ranking member of the Senate Finance Committee, Wyden Seeks Input on Major Overhaul of Long-Term Care In America ((US Senate Finance Committee, October 16, 2026) <i>“Once a home is accessible and safe, it is less expensive to stay there and to have help come in.</i>

Until you require eight hours of care a day, you spend less than you would in assisted living.”

Lisa Bonneville, interior designer who specializes in homes that accommodate physical limitations and issues of aging, [He's not moving. How an 82-year-old Gloucester resident created his accessible 'forever home.'](#) (Boston.com, October 14, 2026)

“ADUs [accessory dwelling units] are a great way to create more housing in our existing neighborhoods and give residents more options for where and how they live.”

Lieutenant Governor Kim Driscoll, [Governor Healey Announces \\$5 Million to Make It Easier and More Affordable to Build ADUs](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, October 15, 2026)

There's a correlation between agency use and change in ownership (CHOW) among nursing homes, with facilities that rely on agency staff substantially more likely to experience a CHOW within two years.

['A Screening Signal': The Link Between Nursing Home Sales, Ownership Changes and Agency Use](#) (Skilled Nursing New, October 16, 2026)

[Senator Ron] Wyden's [D-Oregon] Finance Committee staff is asking for feedback across three broad areas:

- Making home care more affordable and accessible, particularly for seniors and people with disabilities.*
- Improving the quality of nursing-home care.*
- Strengthening the long-term care workforce.*

[Medicare Update: Leading Democrat Releases Plans for Major Changes](#) (Newsweek, October 16, 2026)

"It seemed to me that we were hitting some parallels in the current situation with some of what we saw in Steward, in terms of the lifting and raising of

exorbitant rents and essentially the sucking out of resource."

Massachusetts Public Health Council member Stewart Landers, [New rules let state scrutinize nursing home owners' finances, records](#) (WBUR, October 16, 2026)

"[The Department of Public Health's focus on ownership suitability] is very, very important in long-term care. In [the] recent past several years, there's been a lot of ownership from out of state not familiar with Massachusetts laws, and they've made some decisions that compromise resident safety, as well as quality of care."

Kahoney Anderson, a Public Health Council member and executive director of St. Patrick's Manor Framingham, MA, [New rules let state scrutinize nursing home owners' finances, records](#) (WBUR, October 16, 2026)

"Looking at misrepresentations about [RegalCare CEO Eli] Mirlis's licensure history and looking at a recent settlement involving improper billing of MassHealth and Medicare, our determination is that Mirlis is not suitable nor adequately responsible to operate long-term care facilities in Massachusetts. I want to emphasize, however, that this action is about more than meeting regulatory obligations — it is about protecting people."

Massachusetts Department of Public Health Commissioner Robie Goldstein, [Mass. moves to strip licenses from a dozen RegalCare nursing homes](#) (WBUR, October 14, 2026)

"We must be accountable to the public we serve, willing to examine our own work and [be] honest about where we need to improve. We can do better, and we must do better. We are committed to building a stronger, more effective system of oversight for long-term care facilities, one that identifies concerns

early and responds decisively when there are problems."

Massachusetts Department of Public Health Commissioner Robie Goldstein, [Mass. moves to strip licenses from a dozen RegalCare nursing homes](#) (WBUR, October 14, 2026)

The point is that a golden trophy icon does not ensure that care at a facility will be high quality. The Center urges prospective residents and their families and advocates not to be misled by a golden trophy icon and to look beyond the icon in choosing a nursing home.

[Nearly Half of 1,699 Nursing Homes Eligible for Risk-Based Survey Were Not Eligible a Year Ago](#) (Center for Medicare Advocacy, October 15, 2026)

The operator of a collection of nursing homes should not be able to use companies that are financially connected to that operator, such as affiliated companies that own the real estate or provide any kind of services. This type of interconnection is a red flag and leads to financial abuse by these interlocking companies. Forensic auditors should examine these companies and follow the money. Without forensic audits and in-depth investigations not only will the State be scammed, but also the families of the people in these nursing homes.

Commenter 1234what4, [Amid nursing home shakeup, Massachusetts regulators establish tougher rules](#) (*Boston Globe, October 14, 2026)

In recent years, SNAP has become a fraud magnet for criminals who view both the nation's poorest Americans and the government program's outdated technology as easy to exploit. The [U.S. Department of Agriculture Office of Inspector General](#) projected that, over the past two years alone, \$233 million may have been lost due to food assistance theft — largely

driven by skimming. And in most states, stolen benefits are not replaced.

[‘They’re stealing from the poor’: A major source of SNAP fraud robs recipients of millions](#) (NPR All Things Considered, October 14, 2026)

In June 2026, national SNAP participation dropped to its lowest point since August 2009, when SNAP grew to meet increased need in the aftermath of the Great Recession. Half a million fewer people participated in SNAP in June 2026 compared to February 2020, just before SNAP expanded in response to the recession brought about by the COVID-19 pandemic.

[SNAP Participation Has Dropped to Its Lowest Point in 17 Years, Even Though Economic Conditions Haven’t Improved](#) (Center on Budget and Policy Priorities, October 14, 2026)

“The whole idea is to improve patients’ health outcomes and show that aging at home can provide economic benefits as well, for patients, health systems, and insurers. This is a bet on where healthcare is headed nationally, that we have to help people age successfully in their homes, and that this is especially important in rural areas, and that the work we’re doing here can be a model not just in rural areas but in urban areas across the country.”

Dartmouth College President Sian Beilock, [With \\$20 million gift, Dartmouth Health establishes caregiver institute, at-home primary and palliative care](#) (Valley News, September 29, 2026)

"We are opening the door for women as they get older to continue to compete and participate in these kinds of events, without feeling like when you turn 60 or 70 you're on the couch."

A 80 year woman competitor in the Head of the Charles Regatta, [Team of women in their 80s making history as oldest to compete at Head of the Charles Regatta](#) (CBS Boston (via YouTube), October 16, 2026)

	<i>“They kicked her out of the hospital without telling me. I had been going back and forth to the hospital to see her. I called the hospital looking for her and she was gone.”</i> William Donaldson, whose 76-year-old sister had been placed under guardianship and discharged to a nursing home without his knowledge, <i>You’re going to wish that doesn’t happen to you’</i> (*Chicago Tribune, November 23, 2026)
Spotlight  Lee Pelton retired as president and CEO of The Boston Foundation in the summer. He has served as the president of Emerson College and Willamette University, and as dean at Colgate University and Dartmouth College. He has taught English and American literature at Harvard University, where he received a PhD, and has served on the university’s Board of Overseers. In 2024, he was awarded the Harvard Medal, the highest honor given to an alum.	<u>I have Alzheimer’s disease. Here’s what I’d like you to know.</u> Boston Globe October 14, 2026 By Lee Pelton <i>Former President and CEO of the Boston Foundation</i> I have Alzheimer’s. It’s a disease that feels as hard to accept as it is to defeat. I have always loved writing, reading, and speaking. It’s defined who I am from a very early age. I have built my life around words and ideas, and I have always tried to use them to improve the places that I’ve been fortunate enough to help lead — college campuses, nonprofits, the communities to which I belong. Now I’m writing this because I’ve found myself a member of a new community: Alzheimer’s patients. I’m hoping, through these words, to offer a window into what is a fear and abstraction for many. In describing my own experience, I’m also hoping you may be better able to understand and help those around you with Alzheimer’s. When I look back on my journey, I’m lucky to be able to say that I’ve loved my life — the leadership roles, the speeches, the essays, the opportunity to truly make a difference. And now I’m coming to terms — and not easily — with the fact that this unforgiving disease might take it all away from me. In doing so, I live in fear that it might take my very identity with it. This sounds dire, I know. So lately, I have been thinking often of Alfred Lord Tennyson’s blank verse poem, “Ulysses,” and

the promise it makes that there is something at the core of all of us that endures:

“Tho’ much is taken, much abides; and tho’
We are not now that strength which in old days

Moved earth and heaven, that which we are, we are...”

As an opaque gloom creeps in, beginning to lay waste to who I am and who I hoped I would always be, I’ve been asking myself a question: When Alzheimer’s takes even more, will I still be the person I have tried to be?

A forgetting

Looking back on my memory decline, I believe I experienced it, slight as it may have been, beginning many years ago. At the time, the things I forgot were minor and did not affect my ability to think, write, speak, or lead with clarity and purpose. It didn’t seem to be a significant health issue, or foretell one, even though my mother died of Alzheimer’s at age 87. And so, for a while, I began taking over-the-counter supplements that promised a surer sense of memory.

Little did I know.

More recently, my memory loss has become unmistakable. It began with a descending opaqueness, an unsettlingly new experience for me. It was as if a shadow had fallen across my memories, making it harder to hold onto moments and experiences that were once clear, certain, and an important part of who I am. In recent weeks, these challenges have become more pronounced, particularly with my short-term memory. My connection to my immediate past is often tenuous.

Now I sometimes struggle to recall what happened on a specific day last month or, say, a week ago. In these moments I feel disconnected from my life — and from Lee Pelton, a person whom I once knew quite well. That detachment denies me sleep, peace of mind, and dulls pleasure. It is dark and it can be merciless.

On a recent trip to New York City, one of my children reminded me of a visit our family took there for Christmas three years ago. When he recounted the holiday, how much fun we had,

how joyous a chapter it was in the story of our family, I was taken by surprise. I have no memory of it.

Where a warm mental image should be is, instead, a stark and empty space. I have no attachment to it — no emotions, not even the residue of memories. In moments like these, I am overcome with a deep sadness over the loss of something precious. It is all gone now to some unknown place out of my reach. I am fortunate to have people I love around me, but much of my recent life has become solitary, too often without even a patina of happiness.

My most precious memories are being stolen from me, and I am left with a series of blank pages that seems to grow longer by the day.

And so, in my increasing confinement, I weep tears of loneliness borne by the loss of memories that were once dear to me. I take comfort that they live on in my loved ones, kindling feelings of joy, but they no longer do that for me. And I ask, time and again, how do you have an identity without a resonant past or a hoped-for future?

I ask myself, “Who am I?” and the reply, with increasing frequency, is, “I don’t know.”

The long and short paradox

And yet.

As I began taking several prescribed drugs, my world seemed less opaque. I could again feel deeply engaged. I cogitate, speak, and write as if I were the same person I was several years ago. At times, my long-term memory seems to be stronger now than it was before.

But there is one significant exception: In the past several weeks, my short-term memory has all but abandoned me.

The paradox is bewildering: to remember so well, and then not remember at all.

Dementia affects approximately 57 million people worldwide, and Alzheimer’s disease is the most common form. One in 10 people older than 65 have it, and nearly 1 in 3 people older than 85. Today, in the United States, about two-thirds of

people living with Alzheimer's are women, principally because women tend to live longer than men. Black and African-Americans are about twice at risk of developing dementia than white adults.

As we know, Alzheimer's is stigmatized, which leads to negative stereotypes, misunderstandings, and dehumanizing behaviors, such as avoiding someone with Alzheimer's, excluding people from social, work, and community activities. We also know that the stigma that accompanies Alzheimer's disease often causes shame, isolation, depression, and a reluctance to seek help.

My own experience says that all of this can be reduced by using respectful language, focusing on the person rather than the disease, including them in conversations and decisions, and recognizing that abilities and identity remain even as symptoms progress. It is my hope that my very personal story will help correct some of this stigmatization.

Because of the medication, I can continue to live and work comfortably, even robustly, in the present without the immediacy of a past or a future. I spend time with friends, family, and others, and I am able to engage at what feels like a high level. I live as if I had no disease.

Happily, I recall some of my past engagements with my friends, children, and some of the people that I once worked with over the years. These memories come and then disappear. It often seems like I am more likely to remember people, places, events in the distant past.

For instance, today I am still able to recite, in Middle English, many verses of Chaucer's "The Canterbury Tales," which I have not read in several decades:

"Whan that Aprille with his shoures soote / The droghte of March hath perced to the roote ... Thanne longen folk to goon on pilgrimages ... The hooly blisful martir for to seke."

More recently, when I was watching the film, "The Odyssey," I was strangely inspired to quietly recite the opening Latin lines of Virgil's epic poem, "The Aeneid" — about the Trojan hero Aeneas who wanders after Troy's fall, much like Odysseus:

"Arma virumque cano, Troiae qui primus ab oris..."

“Of arms and the man I sing, who first from the shores of Troy...”

Sometimes when I am re-watching films I had seen even decades ago, I can recite the actors’ memorable lines before they are spoken. I am told that the rekindled memories of past events that I haven’t thought of in many years are not uncommon.

The journey home

Recently, I’ve been recalling in great detail a trip I took home to see my mother.

In 2015, I traveled to Wichita, Kansas, where I was born and where my siblings and many childhood friends still live. My mother was staying in what we called the spare room in the house where she and my father lived. By then, she had developed advanced Alzheimer’s disease. It had taken root, seized her life, and stolen her speaking voice.

There is a Vietnamese proverb that says: “When drinking clear water, remember who dug the well. When eating fruit, remember who planted the seed.” This is my mother’s legacy: She dug the well and planted the seed for her children and grandchildren to become the people we are today. It will last forever as it is passed on from one generation to the next.

She taught us in word and her own actions to be not boastful, but to live life with humility and with an attitude of gratitude. She taught us to do our best. She taught us to love others. She taught us sympathy, to keep an open mind and heart and to resist judging too quickly because you could never really know another person until you had walked around in their shoes for a while.

When I walked into the room to see my mother, her head was propped up on big, fluffy pillows, leaned against the headboard. She turned her head to me, watching me, in silence. She didn’t say anything when I sat beside her, and I didn’t expect her to. But then she spoke. In a clear, crystalline voice, she said, “You are a good man.” I knew in an instant, in my head and my heart, that she knew me.

	My mother died shortly after my visit. Every day I am grateful for that moment with her. Her recognition was a precious gift then, and it is a precious gift now. If she could see me, then there was still a recognizable me — a me tied to my heart, not my head. And if I have managed to be a good person, that is something that not even Alzheimer’s can take from me. And there is this: A few of my colleagues in our Alzheimer’s club have and continue to live with joy and happiness. And on a recent and brilliant autumnal afternoon, the air is sweet and radiant, the sky an azure blue and the sun, warm with the promise of hope. In these moments, I realize that I have lived a charmed life, for which I am truly thankful. My mother taught me and my family gratitude, and so much more. She taught us where you see a wrong, right it; where you see a hurt, soothe it; where you see a broken heart, mend it. She taught us to seek out the best, not the worst, in people. She didn’t understand meanness and she didn’t understand mean people. Her goodness was authentic. It was not something that she put on in the morning and took off at night, like clothes. It was who she was. Pure and simple. In honor of her, and her radical belief to never give up, I return to the life-affirming lines Tennyson gives us in “Ulysses”: “... Come, my friends, ’T is not too late to seek a newer world ... To strive, to seek, to find, and not to yield.” It is enough, after all. My mother’s lessons of living have guided my life and my work. I’m grateful, sincerely grateful, to remember them, and be defined by them now.
Request for Information	<u>Wyden Seeks Input on Major Overhaul of Long-Term Care In America</u> Latest Request for Information Moves Toward an Affordable Home Care Guarantee for All Americans October 16, 2026

	<u>Text of the RFI (PDF)</u> Washington, D.C. – Senate Finance Committee Ranking Member Ron Wyden, D-Ore., today released a comprehensive request for information on a range of policy proposals aimed at improving long-term care for all Americans, including creating an affordable home care guarantee. “Long-term care and the decisions that surround it are among the most personal and sensitive any American family must face,” Wyden said. “Today, those decisions are too often driven by financial considerations rather than what is best for a loved one and their family. Senate Democrats are determined to deliver an equitable and affordable home care guarantee for all Americans in need, improve the quality of long-term care across the board, and make sure there are workers in good jobs to meet that need. That starts by hearing from all corners of the country on the ideas put forward in this document. I look forward to creative, robust and thorough responses that put Americans who need long-term care at the center.” The request for information seeks feedback on a range of policy proposals that create universal, simple and flexible access to long-term care for Americans in every circumstance, while investing in a strong workforce and creating safeguards that protect people and taxpayer dollars alike. Three general areas for feedback include: • Making home care affordable and accessible especially for Americans with disabilities and seniors. • Improving the quality of care in nursing homes • Strengthening the long-term care workforce This year, Wyden and Senate Democrats have launched an initiative to reimagine the American health care system in light of Republicans’ historic, devastating health care cuts, as well as the march of corporate greed that has increased costs while reducing the quality of care in every aspect of the health care system. This summer, Wyden released similar requests for information on <u>prescription drug pricing</u> and <u>health insurance</u>. The text of the request for information is <u>at this link</u>. Share your story <u>at this link</u>.
Reports	<u>The Rented Shift</u> 3G Healthcare Real Estate September 14, 2026 Seven findings: • Higher agency use was associated with more subsequent Medicare ownership changes. The recorded two-year rate was 7.46% below 2% agency and 11.79% at 15% or more: 1.6 times the unadjusted

	rate. These are facility-year observations, not counts of properties sold. • The comparison varies by year. Giving both groups the same observation-year weights reduces the ratio to 1.35. That adjusts for year composition only; it does not establish causation or an individual facility's sale probability. • Across eight pooled agency bands, the recorded rate ranges from 6.98% in the rounded-zero band to 14.87% at 40% or more. The pooled pattern does not demonstrate a threshold or a uniform relationship within every year. • Heavy agency use appears across nursing roles. The recorded ownership-change rates were 10.96% for heavy registered-nurse agency use, 11.29% for practical nurses and 11.58% for aides. Those groups overlap. • Rating and occupancy comparisons are descriptive. We show both agency groups within broad bands, including separate unknown categories. Those cuts do not hold all other facility or market characteristics constant. • In the latest observed trailing year, ending March 2026, 1,580 of 14,095 qualifying facilities, 11.2%, averaged at least 15% agency. This is the latest published staffing window, not a September headcount. • Agency use fell in both descriptive before-and-after groups. Heavy users with a recorded change went from 28.43% to 17.07%; heavy users without a change in the held record went from 26.44% to 20.46%. The comparison cannot tell us how much a new owner caused. In plain terms. We observed nursing homes that reported a full year of staffing in 2018, 2019, 2021, 2022 and 2023 (2020 is left out because reporting was optional for part of it) and followed each building for the next two years. Heavy agency use means at least 15% of a building's nursing hours were worked by agency staff; light means under 2%. Buildings that leaned heavily on agency nurses went on to have a Medicare ownership change recorded about 1.6 times as often as buildings that barely used them, and about 1.35 times as often once the years are lined up. That is a pattern in the records. It does not prove that agency use causes a sale, an ownership change in the Medicare file is not the same as a building being sold, and it says nothing about any one building. The staffing figures run through the quarter ending March 2026, the latest CMS has published; that is about six months old, which is normal for these files.
Commentary Offered by DignityMA Participants	<u>New nursing home regulations are just the first step</u> Boston Globe October 17, 2026 By Richard T. Moore The new nursing home regulations approved by the Massachusetts Public Health Council are a welcome



Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a former Massachusetts State Senator.

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

improvement ([“State sets tougher rules on nursing homes,”](#) Metro, Oct. 16). But they are also a reminder of how much time has been lost implementing the Legislature’s long-term care reforms, enacted in Chapter 197 of the Acts of 2024. Why did Massachusetts residents have to wait nearly two years for these protections? More importantly, how many nursing home ownership transfers were approved — or effectively rubber-stamped — by the Department of Public Health during that delay, allowing operators with troubling records to acquire facilities and put residents at risk? The Boston Globe’s Spotlight investigation of RegalCare exposed the consequences of inadequate oversight: declining care, reduced staffing, and business arrangements that can divert nursing home resources into the pockets of owners and their affiliated companies. These are not merely financial or regulatory failures. They affect the safety, dignity, and lives of vulnerable people who depend on nursing homes for their daily care.

Commissioner Robbie Goldstein’s acknowledgment that the department’s oversight raised serious questions is appropriate. His promises of urgency, transparency, and accountability are also welcome. But promises are not protection, and regulations do not enforce themselves.

The real measure of success will be whether DPH conducts meaningful inspections, scrutinizes prospective owners and their affiliated businesses, imposes penalties when warranted, and takes decisive action against operators who put profits ahead of residents. The public also deserves a clear accounting of the ownership applications approved during the two-year delay and whether those decisions adequately considered the applicants’ records and the risks to residents. The Legislature established a framework for stronger oversight. The Healey administration and DPH must now demonstrate that they will carry it out. For residents who have endured years of neglect and indifference, meaningful enforcement is not an administrative detail. It is a matter of justice.

Recruitment

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

In Person and / or Online Events

1. [Care, Connection, and AI: Building Humane Intelligence Together](#)
Boston Bridge: MIT Sloan School of Management
 Wednesday, October 21, 2026, 6:00 to 8:00 p.m.
 MIT's Sloan School of Management, 5th floor, Room 550
 And Virtual
 Boston Bridge is hosting **Dr. Helen Kyomen** for the October meeting. **Helen H. Kyomen, MD, MS**, is a geriatric psychiatrist,

clinician-educator, and leader whose work focuses on healthy aging, human connection, and the responsible integration of artificial intelligence into healthcare. She is Medical Director of the Geriatric Psychiatry Program at Boston Medical Center–Brighton, Assistant Professor at Boston University Chobanian & Avedisian School of Medicine, and Chair of the Group for Advancement of Psychiatry Committee on Aging. She is also on the faculty of Harvard Medical School and Tufts University School of Medicine. **Dr. Kyomen** is the lead author of *Humane Intelligence in Geropsychiatric Care*, which proposes a framework for bringing relational AI and clinical wisdom together with practical ethical safeguards in AI-enabled care. Her current work explores AI literacy, healthy aging, and approaches to ensuring that emerging technologies strengthen—rather than displace—human judgment, agency, connection, and care.

[RSVP here for Boston Bridge Oct 2026](#)

2. *White Cane Awareness Day*

Massachusetts Commission for the Blind

Friday, October 23, 2026, 11:00 a.m.

Great Hall, State House, Boston

Massachusetts Commission for the Blind hosts an event to raise awareness of the state's White Cane Law, which requires drivers to yield to pedestrians using a white cane or guide dogs at street crossings. White Cane Day is celebrated nationally on Oct. 15, and October is White Cane Awareness Month. Commissioner John Oliveira holds a meet and greet with students at 10 a.m., followed by a speaking program at 11 a.m.

3. *Home Care Alliance of Massachusetts* (Link available October 23)

Boston Bridge: MIT Sloan School of Management

Wednesday, November 18, 2026, 6:00 to 8:00 p.m.

MIT's Sloan School of Management, 100 Main Street Cambridge, MA

And Virtual

Boston Bridge will welcome Jake Krilovich for the November meeting. Jake has served as CEO of the Home Care Alliance of Massachusetts since January 2022, bringing more than a decade of experience in health policy, legislative advocacy, and healthcare leadership. In his role, he works closely with the Alliance's Board of Directors to establish strategic priorities, advance policy initiatives, and strengthen the role of home care within the healthcare delivery system.

Jake first joined the Alliance in 2017 as Director of Legislative & Public Affairs, where he helped advance legislative initiatives and build relationships with key stakeholders. Prior to that, he served as Director of Advocacy and Public Policy at the National MS Society's Greater New England Chapter and worked in

	government relations at ZERO – The End of Prostate Cancer. His early career included legislative experience in the U.S. House of Representatives and the Massachusetts State Senate. The Home Care Alliance of Massachusetts is a nonprofit trade association founded in 1969 that represents home care agencies and allied professionals across the Commonwealth. With more than 200 agency members and nearly 100 allied and individual members as of May 2025, the Alliance works to connect people and organizations to advance community health through equitable access to quality care and services at home. Jake’s work focuses on advancing policies and partnerships that support home care providers and strengthen access to care for individuals and families across Massachusetts.
Webinars and Online Sessions	4. <u>Medicaid Estate Recovery: State Strategies to Mitigate Harm Justice in Aging</u> Tuesday, October 20, 2026, 11:00 a.m. Federal law requires states to seek repayment for certain Medicaid benefits from an individual's remaining property after they die through a process known as estate recovery. Because Medicaid enrollees have limited incomes and few assets, the primary source of collection is often the family home. This policy perpetuates inequities and deepens existing disparities by deterring access to essential services, worsening intergenerational poverty, and exacerbating financial and housing instability for surviving family members. Despite these federal requirements, states have options to limit the scope of collection and strengthen protections for families. Recent state mitigation efforts offer opportunities for advocates to advance similar changes in their own states. This webinar, <u>Medicaid Estate Recovery: State Strategies to Mitigate Harm</u>, will include an overview from Justice in Aging of estate recovery, the policy's harms, differences in state approaches, and messaging guidance. The Aging & Disability Health Policy Lab will present model state policies that advocates can use to advance reforms in their states. Participants will leave with a clearer understanding of estate recovery and practical tools to mitigate harm. Who Should Attend: • State aging and disability advocates • Elder law and housing attorneys and advocates • Stakeholders working to address poverty and strengthen economic security for marginalized communities Key Takeaways: • Understand the harmful impact of estate recovery on Medicaid recipients and surviving family members. • Identify advocacy opportunities to mitigate harm, informed by recent state efforts. • Learn how to use model state policies to advance estate recovery reforms. Presenters: • Hannah Diamond, Director of State Partnerships, Justice in Aging

- Gelila Selassie, Director of Health Advocacy, Justice in Aging
- Tim Engelhardt, Executive Director, Aging & Disability Health Policy Lab

[Recovery Register Now](#)

5. [Oh, What a Tangled Web They Weave: Nursing Home Ownership, Transparency, and Accountability.](#)

Long Term Care Community Coalition

Tuesday, October 20, 2026, 1:00 p.m.

Alissa Halperin, founder and principal of [Halperin Health Policy Solutions](#), will explore the increasingly complex ownership structures behind today's nursing homes, how a lack of transparency undermines oversight and accountability, and what policymakers and advocates can do to address these challenges.

[Register for Tuesday's Webinar](#)

6. ["One Big Beautiful Bill" Act \(OB3\): Key Health Care Provisions and Impacts in Massachusetts - October 2026](#)

Massachusetts Blue Cross Foundation

Thursday, October 22, 2026, 1:00 p.m.

Interested in learning more about the "One Big Beautiful Bill" Act (OB3) and its impacts in Massachusetts? The Foundation will be hosting a webinar on Thursday, October 22nd from 1-2pm that will provide an overview of the public coverage programs in Massachusetts and explain the key Medicaid and Marketplace provisions in OB3, including their implementation status as of October 2026. The webinar will also include a discussion of how these provisions are impacting the coverage landscape, health care financing, and the health care delivery system in Massachusetts.

[OB3 REGISTER HERE](#)

7. [Supplemental Security Income \(SSI\) Resources](#)

Justice in Aging

Wednesday, October 28, 2026, 11:00 a.m.

Supplemental Security Income (SSI) provides critical cash assistance for low-income older adults and individuals with disabilities to pay for housing, food, health care, transportation, and other essentials. Under the current rules, which were last updated in 1989, SSI has an exceptionally low resource limit of \$2,000 for an individual, and \$3,000 for a married couple.

In this webinar, [Supplemental Security Income \(SSI\) Resources](#), presenters will explain the SSI resource rules, strategies to address common problems, and policy solutions.

Who Should Attend:

- Aging, disability and legal aid providers
- Aging and disability advocates
- Other professionals who work with individuals who may be eligible for SSI

Key Takeaways:

- Understand how resources and the resource limit can affect SSI eligibility;
- Identify what does not count toward the resource limit;
- Identify strategies to resolve common SSI resource problems; and

	- Gain knowledge on poverty traps and identify policy solutions that would help older adults and people with disabilities save money and plan for the future. Presenters: - Trinh Phan, Director, State Income Security, Justice in Aging - Emily James, WIPA Project Manager, Disability Rights California SSI Register Now
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 October 19, 2026 Medline issues urgent recall of all LTC beds, citing fire, entrapment risks By Lola Offenback The Action: On October 14, 2026, Medline Industries announced an urgent, sweeping market removal and recall of all Medline-brand beds—including long-term care, homecare, and bariatric beds—along with their hand-control pendants, accessories, and replacement parts. Primary Risks: <i>Electrical System Safety:</i> Electrical components can overheat, malfunction, spark, or cause fire hazards. <i>Entrapment Hazards:</i> The potential for patient entrapment, heightened by the use of certain bed accessories and side rails. Immediate Recommended Safety Precautions: - Unplug the bed from the wall and disconnect any battery packs when electric adjustments are not actively needed. - Avoid using electric functions unless it is an emergency (such as CPR or choking). - Stop using bed accessories, including side rails, until further guidance is provided. 9. McKnights Long-Term Care News October 16, 2026 Senate Democrats plot new course for nursing home staffing rule, spending oversight By Lola Offenback New Long-Term Care Reform RFI: Senate Democrats—led by Senate Finance Committee Ranking Member Ron Wyden (D-OR)—released a Request for Information (RFI) seeking stakeholder feedback on reforming the U.S. long-term care system, including federal staffing mandates, financial oversight, and quality metrics. Reviving Staffing Standards: Building on the Nurses Belong in Nursing Homes Act, the proposals aim to re-establish federal minimum staffing rules requiring 24/7 on-site registered nurse coverage and an initial minimum of 3.5 care hours per resident per day, alongside workforce investments (wages, benefits, and training). Financial Transparency and Spending Oversight: The initiative explores extending Medicaid-style direct-care spending

requirements to Medicare, mandating that a specific share of reimbursements goes directly to patient care, and increasing scrutiny over related-party transactions (such as property leases and management services).

- **Revisiting Quality Ratings:** The RFI requests recommendations to overhaul the Five-Star Quality Rating System and the Special Focus Facility (SFF) program to better weigh staffing indicators, account for historical compliance/ownership, and accurately reflect residents' actual experiences.
- **Stakeholder Feedback:** While resident advocates and labor unions support the push for higher staffing and transparency, industry trade groups (like AHCA/NCAL and LeadingAge) caution about the practical challenges and compliance costs facing facilities amid ongoing workforce shortages. Public comments remain open through December 18.

10. Skilled Nursing News

October 16, 2026

[‘A Screening Signal’: The Link Between Nursing Home Sales, Ownership Changes and Agency Use](#)

By Amy Stulick

- **Link Between Agency Use and Ownership Changes:** [A report by 3G Healthcare Real Estate](#) reveals a strong correlation between heavy reliance on temporary agency staffing and nursing home changes of ownership (CHOWs). Facilities where agency staff accounted for 15% or more of nursing hours experienced a Medicare change of ownership within two years 11.8% of the time, compared to 7.5% for facilities using less than 2%.
- **An Early Indicator of Operational Stress:** Industry experts note that turning to temporary labor is typically the first sign of a breaking schedule or financial strain—appearing months before survey deficiencies, cost report problems, or lender alarms surface. Heavy agency use is driven primarily by labor, cost, and culture/retention challenges rather than low occupancy.
- **Screening Signal, Not a Forecast:** While not an absolute predictor of a sale, high agency reliance acts as a vital screening signal for buyers, lenders, and investors. In certain states like North Carolina and Pennsylvania, heavy-agency facilities changed hands at rates two to three times higher than light-users.
- **Buyer Strategy and Risks:** Incoming buyers often view high agency expenses as an opportunity to cut costs post-sale, but lenders look for credible labor plans. Experts warn that abruptly cutting agency staff without establishing permanent replacement or stable workforce reliability can backfire, driving up turnover, hurting survey results, and forcing facilities right back into high-cost agency reliance.
- **National Trends and Benchmarks:** Although agency usage has declined from its pandemic peak (reaching roughly 5.3% in recent quarters), it remains above pre-pandemic baselines. Analysts suggest that tracking agency hours by specific role (such as Director

of Nursing) over four consecutive quarters serves as a practical benchmark for evaluating a facility's stability and operational health.

11. WBUR

October 16, 2026

[New rules let state scrutinize nursing home owners' finances, records](#)

By Alison Kuznitz, State House News Service

The Massachusetts Public Health Council unanimously adopted major amendments to state long-term care regulations (105 CMR 150 and 105 CMR 153), implementing key oversight mandates from the 2024 state long-term care law. The new rules significantly tighten state scrutiny on nursing home licenses, ownership transfers, and management companies by evaluating operators' suitability across their entire portfolios, incorporating out-of-state compliance history, and requiring strict financial transparency regarding bankruptcies, liens, or loan defaults. Additionally, the regulations establish updated operational standards—including new safety requirements, small house nursing home guidelines, and deadlines for nurse aide training in CPR, naloxone, and AED use.

12. Center for Medicare Advocacy

October 15, 2026

[Nearly Half of 1,699 Nursing Homes Eligible for Risk-Based Survey Were Not Eligible a Year Ago](#)

By Tobey Edelman

The Center for Medicare Advocacy highlights concerns regarding the Centers for Medicare & Medicaid Services' (CMS) new Risk-Based Survey (RBS) system, which awards a "golden trophy" icon on Care Compare to [1,699 eligible nursing homes](#) for abbreviated, reduced-scope inspections.

[An analysis by the National Consumer Voice for Quality Long-Term Care](#) reveals that no more than 54% of these currently eligible facilities met the criteria a year prior, demonstrating extreme volatility in nursing home status and oversight qualification.

- "27 have had an abuse icon on Care Compare since September 2025.
- "31 have a payment denial on record in CMS's penalty data, which covers the last three years.
- "478 have not had a standard inspection in over a year, as of September 1, 2026."

Furthermore, the RBS-eligible list includes facilities with troubling records, such as active abuse icons, recent payment denials, and uninspected periods exceeding a year.

Advocacy organizations—including the Center for Medicare Advocacy, the Long Term Care Community Coalition, and Consumer Voice—strongly oppose the RBS policy, arguing it reduces necessary oversight, bypasses critical compliance standards despite recent civil money penalties or safety deficiencies, and risks endangering vulnerable nursing home residents.

13. WBUR

October 14, 2026

[Mass. moves to strip licenses from a dozen RegalCare nursing homes](#)

By Alison Kuznitz, State House News Service
Following a Boston Globe Spotlight investigation, the Massachusetts Department of Public Health (DPH) issued a Notice of Intended Agency Action to strip RegalCare CEO Eli Mirlis of his nursing home licenses and ban him from operating facilities in the state. The action found Mirlis legally "unsuitable and irresponsible" due to misrepresentations regarding out-of-state licensure, widespread substandard care and safety violations across RegalCare's 12 Massachusetts facilities, and a recent federal and state settlement resolving Medicare and Medicaid fraud allegations. In response, DPH has deployed state monitors and enhanced oversight to safeguard residents while pursuing the permanent revocation.

14. Center for Medicare Advocacy

September 10, 2026

[Half of Nursing Homes Lose Eligibility for Risk-Based Survey in a Year](#)

By Tobey Edelman

- **High Turnover in Risk-Based Survey Eligibility:** [An analysis by the National Consumer Voice for Quality Long-Term Care](#) highlights that nursing home qualifications for CMS's Risk-Based Survey (RBS) program fluctuate rapidly. Looking at historical data for facilities that would have qualified for RBS, only 52% still met the strict eligibility criteria just one year later, with 20% losing eligibility within the first three months.
- **Primary Reasons for Disqualification:** The most frequent drivers for facilities losing their "high-performing" RBS status were a drop in their overall 5-star rating or their staffing rating falling below 3 stars.
- **Concerns Over Reduced Oversight:** Under the RBS protocol, eligible facilities receive abbreviated inspections focused primarily on infection control while bypassing routine reviews of nine other care requirements (such as staffing, medication administration, and resident assessments) unless specific triggers occur. Advocacy groups point to this volatility as proof that facility performance is too unstable to justify reducing regulatory oversight.

15. National Consumer Voice for Quality Long-Term Care

Undated

[CMS Releases Data on Nursing Homes Eligible for Risk-Based Surveys](#)

- **Introduction of Risk-Based Surveys (RBS):** Beginning September 8, 2026, CMS replaced full standard inspections with abbreviated "Risk-Based Surveys" for nursing homes meeting specific high-performance standards, granting them a "golden trophy" icon on Care Compare and significantly lowering regulatory oversight.
- **Reduced Survey Scope & Resident Protection:** RBS inspections focus almost exclusively on infection control, eliminating mandatory reviews of resident rights, staffing levels, medication errors, and dining conditions unless explicitly triggered. Furthermore, initial resident room visits are cut in half, and closed record reviews of discharged or deceased residents are eliminated.
- **High Volatility in "High-Performing" Status:** An analysis tracking nursing homes over time revealed that performance is highly unstable; only 52% of facilities meeting qualifying criteria retained

their status a single year later, with 20% losing eligibility within just three months.

- **Drivers of Disqualification:** The most frequent reason facilities lost their high-performing designation was a drop in their 5-star Overall Rating (accounting for 74.1% of dropouts), followed by staffing ratings falling below 3 stars and delayed standard surveys exceeding 18 months.
- **Guidance for Families:** Because a "high performer" label represents only a fleeting point-in-time snapshot, families are urged not to rely on the golden trophy icon alone, but rather to verify current star ratings on Care Compare, consult local Long-Term Care Ombudsmen, and conduct in-person visits to evaluate care quality.

16. *Boston Globe

October 14, 2026

[*Amid nursing home shakeup, Massachusetts regulators establish tougher rules*](#)

By Kay Lazar

- **Adoption of New Long-Term Care Regulations:** The Massachusetts Public Health Council unanimously approved new rules implementing the 2024 state long-term care law, granting the Department of Public Health (DPH) expanded authority to scrutinize operators and take swift enforcement action.
- **Targeting Affiliated Companies and Profit Extraction:** Set to take effect in November, the regulations require rigorous DPH review of related-party entities (such as management companies and landlords) used by operators to extract profits, drawing direct parallels to the financial extraction seen in the Steward Health Care collapse.
- **Crackdown Prompted by Spotlight Investigation:** The vote followed the state's dramatic action to revoke the 12 licenses held by RegalCare CEO Eli Mirlis. DPH cited substandard care across Massachusetts facilities, a federal/state fraud settlement, and Mirlis's failure to disclose the permanent revocation of his New Jersey nursing home administrator license in 2018.
- **Evaluating Staffing and Suitability:** Health Commissioner Dr. Robbie Goldstein acknowledged past oversight shortcomings and noted that the new rules allow the state to factor historical staffing trends and portfolio-wide performance into suitability decisions for new license applicants.
- **Next Steps:** While RegalCare plans to appeal the license revocations—a process that could take months—state officials emphasized that the strengthened regulations and enhanced inspection requirements will provide critical oversight tools moving forward. Residents and families can report issues to the DPH call center at 617-468-2189 or 833-305-2070.

17. Skilled Nursing News

October 10, 2026

[*Nursing Home Fines Fall Across 49 States Despite More Deficiencies, Report Finds*](#)

By [Zahida Siddiqi](#)

	• Decline in Fines Despite Rising Deficiencies: A report by the Long Term Care Community Coalition (LTCCC) reveals that while cited nursing home deficiencies increased between 2022 and 2024, monetary penalties fell dramatically by 56.5%, with 49 states imposing fewer fines in 2024. • Per-Resident Analysis: When evaluated on a per-resident basis, average fines dropped from \$186 in 2022 to \$153 in 2024, with wide state variance (Illinois recording the highest at \$465 per resident and Arizona the lowest at \$35). • Low Severity Classification: The analysis found that 94% of all nursing home deficiencies cited nationwide from 2022 to 2024 were classified below the level of actual harm. • Inconsistent State Enforcement: The report highlights significant discrepancies across states in penalizing major care issues—such as infection control, nurse staffing, pressure ulcers, antipsychotic drug use, and resident rights—with many states failing to cite any harm-level violations in these critical categories. • Call for Greater Accountability: LTCCC points to these findings as evidence of a persistent accountability gap in nursing home oversight, urging stronger, more consistent, and resident-centered enforcement.
Home and Community Based Services	18. Valley News September 29, 2026 <u>With \$20 million gift, Dartmouth Health establishes caregiver institute, at-home primary and palliative care</u> By Rachel Wachman • Historic \$20 Million Philanthropic Gift: Funded by alumnus Richard Levy '60 and tied to expansion milestones, Dartmouth Health and the Geisel School of Medicine launched "Dartmouth Health at Home," a major initiative designed to redefine and scale home-based healthcare. • Core Program Focus: The program aims to support aging and chronically ill patients by providing at-home primary care, palliative care, and dedicated resources and training for family caregivers. • Building on Previous Innovation: The initiative expands upon the framework established by the Susan and Richard Levy Health Care Delivery Incubator (launched in 2020), leveraging interdisciplinary collaboration across Dartmouth's medical, engineering, business, and arts/sciences programs. • Evaluation & National Blueprint: The Dartmouth Institute will rigorously evaluate the project—tracking clinical outcomes, patient and family satisfaction, and cost-effectiveness—with the ultimate goal of establishing a scalable delivery model and toolkit that other healthcare systems nationwide can replicate.
Housing	19. Office of Governor Maura Healey and Lt. Governor Kim Driscoll October 15, 2026 <u>Governor Healey Announces \$5 Million to Make It Easier and More Affordable to Build ADUs</u> <i>New investment builds on more than 2,000 ADUs already approved and expands support for homeowners and affordable housing developers</i>

Governor Maura Healey and Lt. Governor Kim Driscoll announced an additional **\$5 million investment** to make Accessory Dwelling Units (ADUs) easier and more affordable to build across Massachusetts, bringing the administration's total financial commitment to ADU development to **\$15 million**.

Key highlights from the announcement include:

- **Community ADU Pilot Program:** This new \$5 million program (funded by the Executive Office of Housing and Livable Communities and administered by the Massachusetts Housing Partnership) will provide financial assistance to qualified affordable housing developers to build income-restricted ADUs, expected to yield 20 to 30 new units.
- **Expansion of the ADU Incentive Program (ADUIP):** Building on the first phase (which provided low-cost feasibility studies—over 350 of which are underway or completed), the second phase will use those insights to provide direct financial assistance to homeowners to help cover persistent construction and development costs.
- **Statewide Momentum:** The announcement builds on the landmark **Affordable Homes Act of 2024**, which established a consistent statewide standard allowing "by-right" construction of ADUs (up to 900 square feet) on single-family lots, leading to over 2,000 approved units so far.
- **Streamlined Regulations:** The state is also working to update statewide regulations to further clarify local permitting requirements, reduce construction hurdles, and streamline the development process based on recent public feedback.

20. Boston.com

October 14, 2026

[He's not moving. How an 82-year-old Gloucester resident created his accessible 'forever home.'](#)

By Regina Cole

Merging Style with Accessibility: Tom Baker (82) transformed his three-story Gloucester townhouse into a "forever home" that blends global art, furniture, and personal mementos with seamless Universal Design, allowing him to age in place safely and in style.

Universal Design Features:

- A custom-aligned three-story home elevator links the levels.
- Wide doorways, zero sills, and trip-hazard removal to accommodate walkers.
- Gutted, accessible kitchen and bathrooms featuring curbless showers, multilevel shower heads, and clever camouflage (such as chair rails doubling as grab bars and under-vanity nightlighting).

Personal History Preserved: The home prominently displays Baker's extensive collection of books, global art, sentimental items (like New Hampshire barn board that traveled from California and back), and iconic Martinique "Banana Leaf" wallpaper nodding to his advertising career.

Financial & Lifestyle Value: Interior designer [Lisa Bonneville](#) emphasizes that while custom accessibility renovations require

	investment, staying safely at home with brought-in assistance is ultimately more cost-effective than moving to an assisted living facility.
Aging Topics	21. CBS Boston (via YouTube) <i>Team of women in their 80s making history as oldest to compete at Head of the Charles Regatta</i> October 16, 2026 The Head of the Charles Regatta kicks off in Boston, Massachusetts today, where athletes from around the world travel to leave their mark on the Charles River between Boston and Cambridge. There's one special team making history this year. Members from the Marin Rowing Association have an average age in their 80s and they have been rowing and training together for decades. One competitor tells WBZ's Amanda Callahan, "We are opening the door for women as they get older to continue to compete and participate in these kinds of events, without feeling like when you turn 60 or 70 you're on the couch."
Health Care Topics	22. *Washington Post September 29, 2026 <i>'Long flu' can linger for months. Here's how to reduce your risk.</i> By Richard Sima • The Reality of "Long Flu": Similar to long COVID, influenza can trigger prolonged post-viral complications ("long flu") that affect organs throughout the body—including the brain, heart, and kidneys—with long-term health consequences that often eclipse the severity of the initial infection. • Research Findings: A 2024 <i>Lancet Infectious Diseases</i> study tracking patients up to 18 months post-infection found that long flu is particularly hard on the lungs (causing chest pain, shortness of breath, and cough) and has notable neurological and psychiatric impacts, such as cognitive impairment and memory issues. Experts estimate that roughly 3% to 5% of people who catch the flu may develop long-term symptoms. • Historical Context & Mechanisms: Post-viral chronic illness is not new; historical pandemics (such as the 1918 flu) also left waves of chronic fatigue and neurological symptoms in their wake. Researchers note that infections trigger inflammatory cytokines that cross the blood-brain barrier, causing neuroinflammation and impairing areas like the hippocampus. Animal studies show that more severe strains (like H3N2) cause long-term memory and neuronal changes, and older individuals recover less effectively. • Prevention & Vaccination: Because viral infections can cause lasting organ and neurological damage, experts emphasize preventing infection. Getting the annual flu vaccine—ideally in October—primes the immune system, reduces the risk of serious acute illness, and has been linked to lowered risks of heart disease and dementia.
Fraud	23. NPR All Things Considered October 14, 2026 <i>'They're stealing from the poor': A major source of SNAP fraud robs recipients of millions</i> By Juliana Kim

	• Massive Losses from SNAP Skimming: EBT card skimming scams have robbed struggling families of \$233 million in food assistance benefits, disproportionately targeting low-income households when monthly benefits are distributed. • Vulnerability of Outdated Technology: While most commercial banks transitioned to secure microchip cards years ago, the Supplemental Nutrition Assistance Program (SNAP) has been slow to upgrade, leaving magnetic stripe EBT cards highly vulnerable to illicit skimming devices placed on retail payment terminals. • Transnational Crime Rings: Federal law enforcement, including the Secret Service, note that organized criminal rings (frequently international groups) explicitly target the welfare system to drain funds within hours, often reselling purchased items like baby formula. • Barriers to Modernization: Upgrading to secure chip cards is costly—with GAO estimates showing chip cards cost about 10 times more to produce than magnetic stripe cards. Furthermore, recent federal funding cuts to states' SNAP administrative costs are straining local budgets, making it even harder for states to invest in fraud prevention and security upgrades. • Impact on Recipients: Victims of EBT skimming frequently face severe hardship, often being forced to skip meals, cut back on groceries, or go into debt, while most states do not reimburse stolen benefits.
Medicaid	24. *Boston Globe September 30, 2026 <i>Dotted lines and a waste of time under new Medicaid rules</i> By Dr. Jeffrey Kaufman Re "Some states are taking a tougher stance on Medicaid" (Page A9, Sept. 27): These documentation requirements become a huge make-work waste of time for physicians and other health care providers. The need for repeated documentation ignores the reality that many disabling conditions are permanent. If a person has a severe medical condition that prevents them from working, such as black lung or severe arthritis, a physician should be able to define it once and be done with the issue. Recertification should be unnecessary.
Guardianship / Supported Decision Making	25. *Chicago Tribune November 23, 2026 <i>You're going to wish that doesn't happen to you'</i> By Emily Hoerner, Christy Gutowski, and Lisa Schencker Based on the Chicago Tribune investigation published on November 23, 2025 (titled "'You're going to wish that doesn't happen to you'"), the article examines how Chicago-area hospitals have increasingly turned to the state's legal guardianship system to manage and discharge vulnerable patients. Key takeaways from the investigation include: • The "Hospital-to-Guardianship" Pipeline: Chicago-area hospitals initiated hundreds of guardianship petitions over an 18-month review period to deal with patients—often older adults or those with

	complex medical, cognitive, or social needs—who face delayed discharges or lack readily available family decision-makers. • Impact on Families and Autonomy: The reporting highlights how these hospital-initiated petitions can bypass or cut off family members and friends, frequently placing vulnerable adults into restrictive, long-lasting private guardianships that strip them of personal autonomy and control over their assets and living situations. • Systemic Strains and Criticisms: Gerontology experts, legal aid advocates, and elder-law specialists cited in the article warn that high stakes are attached to these "close call" decisions. Critics argue that initiating guardianship is sometimes used as a convenient mechanism to clear hospital beds rather than exploring less restrictive alternatives, ultimately driving legislative pushback and reform efforts in Illinois. 26. National Center for State Courts September 30, 2026 Recorded Webinar: Court visitor programs in three states Court visitor programs play a vital role in adult guardianship proceedings and ongoing guardianship oversight. By gathering independent information, meeting with individuals subject to guardianship, and providing courts with objective assessments, court visitors help ensure that judicial decisions and monitoring efforts are informed, person-centered, and responsive to individual needs.
State Policy	27. *Boston Globe October 16, 2026 State announces new fire safety regulations after Gabriel House blaze that killed 10 in Fall River By Travis Andersen • Background: The new rules follow the tragic October 2024 fire at Gabriel House, an assisted living residence in Fall River, Massachusetts, which claimed 10 lives and displaced over 50 residents. Investigations revealed that recalled, faulty sprinkler heads failed to activate during the blaze. • New Sprinkler Requirements: The Massachusetts Board of Fire Prevention Regulations approved an annual check requirement for sprinkler systems specifically to identify and report recalled sprinkler heads. Property owners who find recalled equipment must promptly notify their local fire department and replace it. • Hot Work Restrictions: The updated fire code bans hazardous "hot work" (such as welding and grinding) when winds exceed 15 mph, and mandates that workers renew their hot work safety training every three years. • Streamlining & Standardization: The updated code consolidates permitting and certification rules, making them simpler to understand while aligning state codes closer to national standards without sacrificing Massachusetts-specific protections.
Federal Policy	28. Newsweek October 16, 2026

	<u>Medicare Update: Leading Democrat Releases Plans for Major Changes</u> By Suzanne Blake Senate Finance Committee Ranking Member Ron Wyden and Senate Democrats have launched a sweeping policy initiative through a new Request for Information (RFI) targeting major overhauls to the nation's long-term care, Medicare, and Medicaid systems. The proposed framework aims to revive federal minimum staffing requirements—including 24/7 registered nurse coverage and 3.5 care hours per resident daily—while implementing stricter financial transparency, expanding direct-care spending mandates, increasing regulatory scrutiny on private equity and related-party transactions, and reforming the federal Five-Star Quality Rating system. 29. Center on Budget and Policy Priorities October 14, 2026 <u>SNAP Participation Has Dropped to Its Lowest Point in 17 Years, Even Though Economic Conditions Haven't Improved</u> • 17-Year Low in Enrollment: Participation in the Supplemental Nutrition Assistance Program (SNAP) has plummeted to its lowest level in nearly two decades, dropping by millions of recipients nationwide. • Impact of Federal Policy Changes: The sharp decline has been heavily driven by policy shifts and funding cuts enacted in the federal budget/reconciliation law, which introduced stricter eligibility rules, cost-sharing, and administrative hurdles. • Accelerated Statewide Drops: While some downward trends preceded the legislation, enrollment declines drastically accelerated across almost all states following the law's enactment, with certain states seeing participation drop by 20% to over 50%. • Vulnerable Populations Affected: The rapid reduction in food assistance has cut millions of low-income individuals—including substantial numbers of children and families—off from vital grocery aid, placing immense strain on local food banks and forcing households to choose between buying food and paying essential utility bills.
From Around the Country	30. *Times Union October 16, 2026 <u>Video shows disturbing conditions at Delmar assisted living facility in forced closure</u> By Mary Corey, Larry Rulison Following an emergency closure order by the town of Bethlehem, NY on September 3 due to severe safety hazards—including a combustible gas leak, roof leaks, black mold, rodent infestations, and exposed electrical wiring—the owners of the 67-bed Albany Center for Independent Living in Delmar are working with local officials and the state Department of Health to address repairs and eventually reopen. While an independent engineering report commissioned by New Jersey-based Emerald Health Care Group concluded the structure is stable, town officials emphasize that extensive remediation, including roof replacement, elevator repairs, and mold and water damage restoration,

	must be completed before the displaced residents and 1199SEIU-represented staff can safely return. 31. Iowa Capital Dispatch October 15, 2026 After death and injuries, two Iowa nursing homes added to federal watchlist By Clark Kauffman The federal government added two Iowa nursing facilities—Adel Acres and Northbrook Healthcare and Rehabilitation Center—to the nationwide Special Focus Facility watchlist of the worst-performing care homes following severe safety violations, unaddressed care failures, and resident harm. The inclusion stems from distressing inspection findings, including a fatal fall and a sepsis death from untreated infection at Adel Acres alongside critical medical and catheter monitoring failures at Northbrook, prompting heightened federal oversight and mandatory unannounced inspections every six months to force systemic safety improvements. 32. *New Haven Register October 15, 2026 Connecticut nursing homes see rise in 'immediate jeopardy' incidents By Liese Klein Connecticut nursing homes recorded 35 “immediate jeopardy” findings over the past year involving incidents that threatened residents’ life and safety, a significant increase from the previous year, state officials said Wednesday.
From Our Colleagues from Around the Country	33. Justice in Aging October 16, 2026 News Briefing Topics covered: • Bipartisan Eviction Crisis Act Introduced in Congress • Social Security Announces 3.6% COLA for 2027 • HCBS Policy Action Tracker Updates and New Interactive Dashboard • Congress Passes Bill Changing Social Security Claiming Age Terminology • New Justice in Aging Resources • Upcoming Justice in Aging Webinars • Justice in Aging Webinar Recordings
A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)	<i>The Campaign to Increase the Personal Needs Allowance (PNA)</i> For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost

	of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year. 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. <i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i>
Books by DignityMA Participants	<u>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</u> By Alex Green <u>Buy the book here</u> 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. <u>American Eldercide: How It Happened, How to Prevent It</u> By Margaret Morganroth Gullette <u>Buy the book here.</u> Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.
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 <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month. Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website. https://dignityalliancema.org/donate/ Thank you for your consideration!
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.
Websites	
Blogs	Risking Old Age in America https://okayboomer.substack.com/ By Harry Margolis With 65 million Baby Boomers becoming older by the day, the United States is facing a looming elder care crisis. This blog explores how the nation and individuals can prepare for it.
Podcasts	
YouTube Channels	
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.

Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> 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 <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS

	publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.																																																
Nursing Home Inspect	ProPublica <i>Nursing Home Inspect</i> Data updated October 15, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?) <table><tr><td>Deficiency Tag</td><td># Deficiencies</td><td>in # Reports</td><td>MA facilities cited</td></tr><tr><td>B</td><td>257</td><td>187</td><td>Tag B</td></tr><tr><td>C</td><td>77</td><td>63</td><td>Tag C</td></tr><tr><td>D</td><td>5,993</td><td>1,193</td><td>Tag D</td></tr><tr><td>E</td><td>1,872</td><td>630</td><td>Tag E</td></tr><tr><td>F</td><td>446</td><td>226</td><td>Tag F</td></tr><tr><td>G</td><td>420</td><td>278</td><td>Tag G</td></tr><tr><td>H</td><td>54</td><td>30</td><td>Tag H</td></tr><tr><td>I</td><td>2</td><td>1</td><td>Tag I</td></tr><tr><td>J</td><td>64</td><td>31</td><td>Tag J</td></tr><tr><td>K</td><td>30</td><td>9</td><td>Tag K</td></tr><tr><td>L</td><td>7</td><td>2</td><td>Tag L</td></tr></table> Updated October 15, 2025	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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Nursing Home Compare	Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. https://tinyurl.com/NursingHomeCompareWebsite																																																
Data on Ownership of Nursing Homes	Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.																																																
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. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group leaders for more information.	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
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
<i>Bringing People Home: Implementing the Marsters class action settlement</i>	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/		
<i>REV UP Massachusetts</i>	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : • Wynn Gerhard • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		

Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.

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.