The Dignity Digest

Issue # 306 October 27, 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	***Valuing Every Contribution: Disability Employment and Inclusion***

As we conclude our October observances, we turn our focus to both **National Disability Employment Awareness Month** and **National Disability Awareness Month**. These concurrent recognitions offer a powerful opportunity to celebrate the invaluable contributions of workers and community members with disabilities, while firmly renewing our commitment to full inclusion, equity, and civil rights.

For too long, employment and public life have been shaped by barriers and outdated assumptions rather than an individual's true capabilities and potential. True inclusion means dismantling those barriers—not just in the workplace, but across every facet of our communities. It means recognizing that accessible workplaces, equitable hiring practices, and universal design are not accommodations or favors; they are fundamental matters of dignity, justice, and economic security.

As advocates for elder and disability rights, we know that the fight for self-determination does not end at retirement age, nor does it begin in adulthood—it is a lifelong continuum. When we champion opportunities for individuals with disabilities to work, lead, and thrive, we strengthen our entire society.

As we close out October, let us carry the momentum of this month forward. Let us continue to advocate for environments where every person is valued for their talents, respected for their autonomy, and given an equitable seat at the table.

Thank you for your tireless dedication to building a more inclusive and just Massachusetts for all.

Guide to news items in this week's *Dignity Digest*	Nursing Homes • *Over 130 residents evacuated from Lexington nursing home after a building power failure* **(WCVB,** October 25, 2026) • *LTCCC Alert: New Resource Identifies Nursing Homes Eligible for Reduced Federal Inspections* **(Long Term Care Community Coalition,** October 23, 2026) Housing • *Preserving NOAH [Naturally Occurring Affordable Housing] as an Anti-Displacement Strategy* **(Terner Center for Housing Innovation (University of California at Berkley),** October 23, 2026) Aging Topics • *Lessons From a New Widow on the Life After* **(New York Times,** October 15, 2026) Health Care Topics • *Blue Cross eliminates several Medicare Advantage plans, affecting 20,000 senior* **(*Boston Globe,** October 26, 2026) • *Aging and alcohol: What to consider* **(*Salem News,** October 26, 2026) • *MGB is cutting a popular home care program in half, and more details on the hospital system's layoffs* **(*Boston Globe,** October 26, 2026) Workforce • *CMS and States Launch $275 Million Initiative to Recruit and Retain Nurses in Nursing Homes* **(Centers for Medicare & Medicaid Services,** October 23, 2026) • *Trump announces $275M nursing-home nurse initiative at Florida midterm rally* **(Fox 9,** October 23, 2026) Office of Attorney General Andrea Campbell • *AG Campbell Secures $1 Million Recovery From Transformative Healthcare For Allegedly Submitting False Claims To MassHealth And Failing To Safeguard Sensitive Patient Information* **(Office of Attorney General Andrea Campbell,** October 19, 2026)
Quotes	*Age-related changes in the body, health conditions, and medications can increase the risk of alcohol-related problems, even for people who have enjoyed an occasional drink for years.* *Aging and alcohol: What to consider* **(*Salem News,** October 26, 2026) *"We're going to get three different bills potentially between Medicare, Medigap, and prescriptions, and*

we're going to have a couple different insurance numbers. There's some anxiety about that."

Sharon Kling, 74 year-old Sutton, MA resident, *Blue Cross eliminates several Medicare Advantage plans, affecting 20,000 senior* **(*Boston Globe,** October 26, 2026)

The cuts to the Home Hospital program are ironic; for years, MGB has touted it as a way to help patients heal more effectively while simultaneously opening up badly needed hospital beds for more critical patients. Clinicians monitor patients remotely and typically visit them in person twice a day.
While at home, patients are able to move more, are exposed to fewer hospital-acquired infections, and they can receive hospital-level care for longer since no other patients are waiting for their beds. Clinicians also get a better look at a patient's home environment, allowing them to address social needs that might not be evident during a hospital stay.

MGB is cutting a popular home care program in half, and more details on the hospital system's layoffs **(*Boston Globe,** October 26, 2026)

A phone call to the Social Security Administration produced an additional shock. As long as Andrew lived, our household received two monthly checks. Now that I was a widow, I'd be getting only one, a bit more than half. A version of this — the amounts vary — will befall other widows. For those women whose sole source of retirement income is the Social Security check, it is a calamity.

Lessons From a New Widow on the Life After **(New York Times,** October 15, 2026)

"A street-level power failure impacted our facility [CareOne in Lexington, MA]. To ensure the continued stability of all residents, individuals were relocated to other facilities equipped with full power

	and the resources necessary to support uninterrupted care." *Over 130 residents evacuated from Lexington nursing home after a building power failure* **(WCVB,** October 25, 2026) *Importantly, a gold trophy icon does not guarantee high-quality care.. It means a facility is being inspected less thoroughly – not that residents are safe or well cared for. Residents, families, and advocates should continue to examine a facility's staffing, inspection history, and other quality indicators rather than relying on CMS's designation alone* *LTCCC Alert: New Resource Identifies Nursing Homes Eligible for Reduced Federal Inspections* **(Long Term Care Community Coalition,** October 23, 2026) and *Risk-Based Surveys (RBS): Eligible Nursing Homes* (**Long Term Care Community Coalition**, September 2026**)**
Spotlight	***Risk-Based Surveys (RBS): Eligible Nursing Homes*** **Long Term Care Community Coalition** On September 8, 2026, the Centers for Medicare & Medicaid Services (CMS) began a new Risk-Based Survey (RBS) process for nursing home inspections. Nursing homes that CMS deems "lower risk" now receive an abbreviated inspection: fewer survey activities, a smaller resident sample, and roughly half as much time onsite as a standard survey. CMS also marks these facilities with a gold trophy icon on Care Compare. LTCCC opposes this policy. CMS selects facilities for RBS based largely on past survey results and quality metrics. These are not reliable indicators of a nursing home's past quality and safety, nor reliable predictors of current or future care. Under the existing survey system, far too many violations are missed or under-coded, which inflates the very measures CMS uses to identify so-called "high performing" facilities. Conditions in a nursing home can also change quickly due to changes in staffing, management, or ownership. Residents can suffer serious harm long before those changes show up in public data or ratings. LTCCC urges CMS to withdraw this policy and strengthen the survey system instead. Read LTCCC's full alert → The list below identifies nursing homes currently eligible for RBS, based on CMS data.

RBS-Eligible Nursing Homes – October 2026

Download the National List (Excel)

Massachusetts Providers on the October 2026 list:

Aberjona Rehabilitation and Nursing Center
Agawam East Rehab and Nursing
Alliance Health at Braintree
Bay Path at Duxbury Nursing & Rehabilitation Ctr
Bear Hill Healthcare and Rehabilitation Center
Beaumont Rehab & Skilled Nursing Center- Northboro
Bethany Skilled Nursing Facility
Boston Home, Inc (The)
Campion Health & Wellness, Inc
Care One at Holyoke
Care One at Peabody
Care One At Wilmington
Carleton-Willard Village Retirement & Nursing Ctr
Commons Skilled Nursing & Rehabilitation (The)
Copley At Stoughton Nursing Care Center
D'Youville Care for Advanced Therapy
Dwyer Home
Elmhurst Healthcare (The)
Greenwood Nursing & Rehabilitation Center
Holy Trinity Eastern Orthodox N & R Center
Jeffrey & Susan Brudnick Center for Living
John Scott House Nursing & Rehabilitation Center
Katzman Family Center For Living
Lafayette Rehabilitation & Skilled Nursing
Lasell House
Laurel Ridge Rehab and Skilled Care Center
Leonard Florence Center for Living
Life Care Center of Attleboro
Life Care Center of Plymouth
Life Care Center of the South Shore
Life Care Center of West Bridgewater
Lutheran Rehabilitation and Skilled Care Center
Lydia Taft House
Mary Ann Morse Nursing & Rehabilitation
Mary's Meadow at Providence Place
Meadows, The
Mt Greylock Extended Care Facility
New England Pediatric Care
NewBridge on the Charles Skilled Nursing Facility
Our Island Home
Pavilion, The
Quaboag Rehabilitation & Skilled Care Facility
Queen Anne Nursing Home, Inc

	Recuperative Services Unit-Hebrew Rehab Center Renaissance Manor on Cabot Riverbend of South Natick Rivercrest Long Term Care Royal Wayland Rehabilitation and Nursing Center Sacred Heart Nursing Home South Cove Manor Nursing & Rehabilitation Center Southwood At Norwell Nursing Center Spaulding Nursing And Therapy Center - Brighton Thomas Upham House West Side House LTC Facility Whittier Bradford Transitional Care Unit Whittier Westborough Transitional Care Unit Winchester Rehabilitation and Nursing Center
Reports	*Assisted Living Residences Census Report 2026* **Executive Office of Aging & Independence** Undated This report, published by the Massachusetts **Executive Office of Aging & Independence (AGE)**, summarizes data submitted by **268 of the 272 certified ALRs** operating across the Commonwealth as of December 31, 2025. It details organizational structures, unit availability, resident demographics, health and functional status, service offerings, and departure metrics. **1. Organization, Leadership, & Capacity** • **Tax Status & Affiliation:** Approximately **78%** (210 ALRs) operate as for-profit entities, while **89%** operate independently outside of a Continuing Care Retirement Community (CCRC). • **Leadership Stability:** High turnover was reported among executive management: **75%** of ALRs had one executive director during 2025, but 24% experienced two or more. Similarly, **69%** reported one resident care director, with 23% experiencing two. • **Units & Occupancy:** ○ **Traditional Units:** 233 ALRs reported a total of **14,004** traditional units (median of 61 units per ALR). ○ **Special Care Residences (SCRs):** 201 ALRs reported **5,488** SCR units (median of 24 units per ALR), with **99%** designated for individuals with Alzheimer's disease or related dementias (ADRD). ○ **Occupancy Rates:** The statewide median occupancy rate was **91%** in December 2025, with 78% of ALRs reporting occupancy above 80%. • **Staffing & Contractors: 39%** of ALRs utilized contracted/agency staff (primarily Personal Care Assistants, LPNs, and RNs) for a median of 82 to 147 hours per month. **2. Resident Demographics & Characteristics** • **Total Population:** ALRs reported a total year-end population of **18,245 to 18,463 residents** (12,912 in traditional units and 5,551 in SCR units).

- **Age & Gender:**
  - The most common age range for all residents was **80–89 years old**.
  - Women comprise **70%** of traditional unit residents and **74%** of SCR residents.
- **Race, Ethnicity, & Veteran Status:**
  - Residents are predominantly White (**92%**), with residents of color comprising a median of **2%** statewide.
  - Veterans account for **13%** of residents, while 78% are non-veterans (9% unknown).
- **Clinical & Functional Status:**
  - **ADRD Diagnosis: 23%** of traditional residents and **93%** of SCR residents carry a diagnosis of Alzheimer's disease or related dementias.
  - **Health Directives: 72%** of traditional residents and **92%** of SCR residents have a Health Care Proxy on file. MOLST (Medical Orders for Life-Sustaining Treatment) forms are on file for **43%** of traditional and **63%** of SCR residents.
  - **Public Program Participation:** Enrollment in public financial assistance is very low: **1%** participate in Group Adult Foster Care (GAFC), **1%** receive Section 8, and <1% receive MRVP rental assistance. Dual-eligible plan participation includes **7%** in PACE and **1%** in Senior Care Options (SCO).

3. Services & Care Delivery

- **Assistance with ADLs: 76%** of residents receive assistance with at least one Activity of Daily Living. The most common needs are **bathing (62%)**, **dressing (55%)**, **grooming/hygiene (45%)**, and **toileting (37%)**.
- **Medication Management: 66%** of ALRs offer Limited Medication Administration (LMA). In traditional units, Self-Administered Medication Management (SAMM)-only is most common, whereas LMA-only predominates in SCR units.
- **Specialized Mobility & Equipment: 57%** of ALRs offer two-person assist, **37%** offer Hoyer lift assists, and **33%** offer Sit-to-Stand lifts.
- **Skilled Nursing & Transportation: 51%** of ALRs utilize outside providers for skilled nursing care. Free transportation is widely offered for social events (88%), shopping (82%), and routine medical appointments (67%).

4. Departures & Length of Stay

- **Move-Out Volume:** A total of **8,027 residents moved out** during 2025 (median of 33 per ALR).
- **Length of Stay:** Most departing residents had lived in the ALR for **less than two years**.
- **Primary Reasons for Leaving:**
  1. **Death:** 3,682 residents (~44%)
  2. **Transition to Skilled Nursing/Higher Care:** 2,310 residents (~28%)
  3. **Financial / Non-Payment:** 605 residents
  4. **Respite Stay Concluded:** 520 residents
  5. **Returned Home / Independent Living:** 467 residents

	5. Safety Infrastructure & Monthly Fees
	• **Life Safety Features:**
	  ○ **93%** of ALRs maintain backup generators.
	  ○ **79%** utilize video surveillance (principally covering main entrances and hallways).
	  ○ Emergency response equipment varies: **37%** have an AED, **6%** carry Epinephrine auto-injectors (EpiPens), and **5%** stock Narcan.
	• **Monthly Fees:** Costs vary substantially based on location, unit size, and care needs.
	  ○ **Traditional Units:** Median lowest monthly fee was **$4,450**; median highest was **$9,780** (range from $39 to $22,630).
	  ○ **SCR Units:** Median lowest monthly fee was **$7,218**; median highest was **$11,985** (range from $80 to $22,610).

Recruitment	**See: Listings on MASSterList.com's Job Board** for all current listings
In Person and / or Online Events	***1. AI, Ethics, and the Future of Civil Society*** Harvard Graduate School of Education Tuesday, October 27, 2026, 1:00 p.m. Longfellow Hall, 13 Appian Way, Cambridge and virtual Artificial intelligence is reshaping our information-gathering, knowledge-building, and decision-making practices at an unprecedented pace. From personal AI assistants to social media algorithms, AI is changing not only individual cognition but also the fabric and organization of society. Amid these disruptions, what challenges do we face? What would it take for civil society to remain resilient? Where might that resilience come from, what should we expect from those creating these technologies, and what role should education play? Chloé Bakalar, former AI Ethics Lead at OpenAI and previous Chief Ethicist at Meta, and Danielle Allen, James Bryant Conant University Professor and Director of the Allen Lab for Democracy Renovation at Harvard, will examine how AI systems and democratic practice intersect. Drawing on their respective work in applied ethics, political philosophy, and civic education, they will explore how values can be translated into the design and governance of AI systems, how emerging technologies may affect democratic institutions and practices, and what forms of civic resilience may be needed in an AI-mediated society. AI and Ethics Registration ***2. Olmstead Policy Briefing*** Disability Policy Consortium and the Arc of Massachusetts Wednesday, October 28, 2026, 11:00 a.m. Room 428, State House, Boston, Disability Policy Consortium and the Arc of Massachusetts hold a legislative briefing looking at ways to protect the U.S. Supreme Court's Olmstead v. L.C. decision that found unjustified institutionalization of people with disabilities is considered discrimination and violates the

	Americans with Disabilities Act. The briefing will also assess shifting federal guidance on the topic and the status of community-based infrastructure. Olmstead registration **3. *MA Permanent Commission Monthly Meeting*** Massachusetts Permanent Commission on the Status of Persons with Disabilities Thursday, October 29, 2026, 12:30 p.m. Agenda includes a feedback discussion on the fiscal 2026 report. MAPermanentCommssioAgenda and Zoom ***4. Public hearing on increasing rates for certain placement, support and shared living services*** Executive Office of Health and Human Services Friday, October 30, 2026, 10:00 a.m. The services are purchased by the Department of Children and Families, the Department of Youth Service, the Department of Developmental Services, MassAbility and the Massachusetts Commission for the Blind. The total annualized cost is about $594,000. Shared Living HearingInfo and Access
Webinars and Online Sessions	*5. The Full Cost of Homeownership: Maintenance, Replacement, and Housing Affordability* **Joint Center for Housing Studies of Harvard University** Friday, October 30, 2026, 12:15 p.m. The number of cost-burdened homeowners has grown in recent years but estimates likely understate the severity of the problem because they overlook sharp increases in what homeowners spend to maintain their homes and replace aging structural elements and equipment. Alexander Hermann will discuss a new working paper that fills this gap, estimating how much homeowners spend on repairs and replacements, how much these costs raise their housing cost burdens, and how burdens vary across household and housing types. Homeownership Registration ***6. Older Immigrants and Medicare Updates*** **Justice in Aging** Wednesday, November 18, 2026, 2:00 to 3:15 p.m. The Budget Reconciliation Act of 2025 (H.R. 1) significantly changes health care access for older immigrants, including eliminating Medicare eligibility for some lawfully present immigrants who were previously eligible. H.R. 1 leaves limited options for low-income older immigrants to access health care, and many may become uninsured due to the high cost of private health insurance. Advocates play an important role in helping older immigrants prepare for the upcoming Medicare terminations in 2027. Impacted individuals will begin receiving notices in Fall 2026. Some immigrants who are dually eligible for Medicare and Medicaid will see overlapping changes to their health coverage, including the loss of Medicaid payment of Medicare premiums and cost-sharing before their Medicare coverage ends. **This webinar, Older Immigrants and Medicare Updates, will include an overview of immigrant eligibility for Medicare, the H.R. 1 Medicare and Medicaid eligibility changes** that impact older

	immigrants, implementation timelines, strategies advocates can provide to clients navigating these changes and resources to stay up-to-date on Medicare eligibility changes. **Who Should Attend:** • Aging and disability service providers • Legal aid attorneys • Advocates who work with immigrants impacted by the new Medicare eligibility rules • State Health Insurance Assistance Programs (SHIPs) **Key Takeaways:** • Understand the H.R. 1 Medicare eligibility changes and how they impact older immigrants; • Gain practical strategies on how to advise older immigrant clients who are losing Medicare and Medicaid coverage; • Access resources to learn more about the new Medicare eligibility rules as they are implemented. **Presenters:** • Tiffany Huyenh-Cho, Director, California Medicare and Medicaid Advocacy, Justice in Aging • Samantha Morales, Senior Policy Advocate, Justice in Aging **Background Information for Attendees:** • Justice in Aging, Understanding the Impact of H.R. 1 on Older Immigrants' Access to Health Care • Justice in Aging Comments on the Proposed Rule Implementing the Medicare Eligibility Changes • Center for Medicare Advocacy, Explainer: Changes to Medicare Eligibility Based on Immigration Status Older Immigrant Registration
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	**7. WCVB** October 25, 2026 *Over 130 residents evacuated from Lexington nursing home after a building power failure* By Arielle Mitropoulos and Ted Wayman A major electrical failure at CareOne at Lexington forced the emergency evacuation of more than 130 nursing home residents late Saturday night. Following days of intermittent power issues, the building suffered a severe failure that resulted in a maintenance worker being shocked and hospitalized (he is expected to recover), prompting the fire department to cut all power for investigation. A massive, synchronized mutual-aid response involving local and state agencies (including MEMA and DPH), along with ambulance services from across Massachusetts, successfully relocated residents to neighboring facilities or hospitals, while some were picked up by family. CareOne stated that

	its staff accompanied residents to ensure uninterrupted care, though the timeline for when they can return to the building remains uncertain. **8. Long Term Care Community Coalition** October 23, 2026 *LTCCC Alert: New Resource Identifies Nursing Homes Eligible for Reduced Federal Inspections* The Long Term Care Community Coalition (LTCCC) has published a new resource identifying nursing homes eligible for the Centers for Medicare & Medicaid Services' (CMS) new **Risk-Based Survey (RBS) process**, which reduces the scope and duration of inspections for facilities CMS considers to be "higher performing." Under the policy, which took effect September 8, 2026, qualifying nursing homes may receive abbreviated inspections involving fewer survey activities, smaller samples of residents, and roughly half the onsite time of a standard inspection. CMS also identifies these facilities with a gold trophy icon on Medicare's Care Compare website. **LTCCC has serious concerns about this policy and its implications for resident safety.** CMS relies heavily on past inspection results and quality measures to determine which facilities qualify for reduced oversight. However, these measures do not necessarily reflect the quality of care residents are receiving today. Weak inspections, missed violations, and changes in staffing or management can leave residents vulnerable to harm, even in facilities designated as higher performing. To support transparency and informed advocacy, LTCCC's new webpage provides: • **A downloadable national list** of nursing homes currently eligible for risk-based surveys, based on CMS data. • **Updated facility eligibility data** as new information becomes available from CMS, reflecting changes in which nursing homes qualify for risk-based surveys. • **Resources for residents, families, and ombudsmen**, including LTCCC's previous alerts, an ombudsman guide, and links to additional nursing home quality and staffing data. **Importantly, a gold trophy icon does not guarantee high-quality care.** Residents, families, and advocates should continue to examine a facility's staffing, inspection history, and other quality indicators rather than relying on CMS's designation alone. LTCCC encourages residents, families, ombudsmen, and other advocates to use this resource to identify facilities receiving reduced oversight and raise concerns about resident care with the appropriate authorities.
Assisted Living	**9. Executive Office of Aging & Independence** Undated *Assisted Living Residences Census Report 2026* This report, published by the Massachusetts **Executive Office of Aging & Independence (AGE)**, summarizes data submitted by **268 of the 272 certified ALRs** operating across the Commonwealth as of December 31, 2025. It details organizational structures, unit availability, resident demographics, health and functional status, service offerings, and departure metrics.

1. Organization, Leadership, & Capacity

- **Tax Status & Affiliation:** Approximately **78%** (210 ALRs) operate as for-profit entities, while **89%** operate independently outside of a Continuing Care Retirement Community (CCRC).
- **Leadership Stability:** High turnover was reported among executive management: **75%** of ALRs had one executive director during 2025, but 24% experienced two or more. Similarly, **69%** reported one resident care director, with 23% experiencing two.
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- **Total Population:** ALRs reported a total year-end population of **18,245 to 18,463 residents** (12,912 in traditional units and 5,551 in SCR units).
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Housing	**10. Terner Center for Housing Innovation (University of California at Berkley)** October 23, 2026 *Preserving NOAH [Naturally Occurring Affordable Housing] as an Anti-Displacement Strategy* By Taesoo Song and Carolina Reid This article from the Terner Center for Housing Innovation examines the critical role of Naturally Occurring Affordable Housing (NOAH) in preventing tenant displacement, alongside a recent study on how property sales impact housing instability.

	NOAH refers to older, privately owned apartment buildings—specifically those built before 1990 with 5 to 49 units—that offer lower rents without government subsidies. It constitutes the largest source of affordable housing in the United States. **Key Findings on NOAH Property Sales** A study focusing on the East Bay and Los Angeles regions between 2000 and 2023 revealed several major trends threatening this housing stock: • **High Turnover Rates:** Nearly 50% of NOAH properties changed hands between 2010 and 2023, with sales peaking in 2021 as pandemic-era financial stress prompted many small landlords to sell. • **Corporate Takeovers:** Ownership is rapidly shifting from "mom and pop" landlords to professional investors. Since 2010, professional investors have accounted for 70% of all NOAH purchases. • **Increased Displacement Risk:** A NOAH sale increases the probability that a tenant will move out by about 30%. This risk of displacement is notably higher when the property is purchased by a professional investor, often due to rent hikes, renovations, or management changes. **Proposed Preservation Strategies** To protect vulnerable tenants from housing instability, the authors recommend two primary interventions: 1. **Small-Site Acquisition Models:** Empowering community land trusts and nonprofits to purchase NOAH properties to maintain their long-term affordability. While effective, this approach currently suffers from a severe lack of public financing. 2. **Supporting Small Landlords:** Providing capital, repair support, and technical assistance to community-rooted landlords *before* financial pressure forces them to sell. Programs like the Local Rental Owners Collaborative (LROC) in South Los Angeles have shown success in helping small owners stabilize properties, preventing tenant displacement while keeping rents affordable. The authors conclude that as NOAH properties continue to change hands at high rates, further research and robust tenant protection policies are essential to sustaining the affordability this private housing stock provides.
Workforce	**11. Centers for Medicare & Medicaid Services** October 23, 2026 *CMS and States Launch $275 Million Initiative to Recruit and Retain Nurses in Nursing Homes* The Centers for Medicare & Medicaid Services (CMS) has officially launched "Nurses for Nursing Homes," a $275 million nationwide initiative aimed at bolstering the nursing workforce in long-term care facilities, particularly in rural and high labor-shortage areas. **Key Takeaways:** • **Financial Incentives:** Eligible licensed nurses and nursing students can receive up to **$40,000 in student loan repayment** and/or a **$10,000 stipend**. • **Funding Source:** The program is entirely funded by civil monetary penalties collected from nursing homes for regulatory violations,

	meaning it requires no taxpayer funds. CMS has committed $100 million, while all 50 participating states and Washington D.C. are contributing a combined $175 million.
	• **Target Reach:** The initiative expects to support more than 4,000 nurses nationwide. All rural nursing facilities, as well as additional facilities in high-need areas, are eligible.
	• **Service Commitment & Eligibility:** To qualify for the payments, nurses must:
	  ○ Hold an active RN or LPN/LVN license.
	  ○ Commit to working at least 30 hours per week for **three years** at an eligible Medicare- or Medicaid-certified long-term care facility.
	  ○ Have eligible student loan debt (or have graduated within the past two years to qualify for the stipend).
	  ○ Not have worked in a nursing home for at least 60 days before applying (though a temporary exception exists for those hired between July 28 and October 25, 2026, if they apply during the program's first 90 days).
	12. Fox 9
	October 23, 2026
	Trump announces $275M nursing-home nurse initiative at Florida midterm rally
	By Jasmine Baehr
	• **Initiative Announcement:**
	Speaking at a midterm election rally in Fort Myers, Florida, Donald Trump announced **"Nurses for Nursing Homes,"** a **$275 million** national initiative designed to recruit and retain nurses in Medicare- and Medicaid-certified nursing homes.
	• **Target & Scope:**
	  ○ Aimed at supporting **over 4,000 nurses** nationwide.
	  ○ Focuses heavily on rural nursing facilities and regions facing severe healthcare labor shortages across all 50 states and the District of Columbia.
	• **Financial Incentives for Nurses:**
	  ○ Eligible Registered Nurses (RNs) and Licensed Practical/Vocational Nurses (LPNs/LVNs) can receive up to **$40,000 in student loan repayment** and/or a **$10,000 stipend**.
	  ○ Requires a **three-year commitment** working an average of at least 30 hours per week at a qualifying facility.
	  ○ Nursing students can apply prior to graduation, but benefits trigger only after graduating, obtaining a license, and securing qualifying employment.
	• **Funding Structure:**
	  ○ **No direct taxpayer funding:** CMS is providing **$100 million**, while participating states are committing at least **$175 million**.
	  ○ Funded entirely through **Civil Monetary Penalties (CMPs)** collected from nursing homes by CMS and state regulators for regulatory violations.

Aging Topics	**13. New York Times** October 15, 2026

	Lessons From a New Widow on the Life After By Claudia Dreifus *As people think about living longer, a New York Times writer reflects on the recent death of her husband and what helps life go on.* In her *New York Times* piece, journalist Claudia Dreifus recounts her sudden transition into widowhood at age 81 following the death of her 96-year-old husband, political scientist Andrew Hacker. **Key Takeaways:** • **The Practical Burden of Grief:** Beyond the deep emotional loss, Dreifus immediately faced a mountain of practical and financial tasks, aided by a box of organized documents her husband left as a "final gift." • **Financial Shocks of Widowhood:** Dreifus lost her husband's annuity-based pension (which he had outlived for survivor benefits) and saw their combined Social Security income drastically cut. • **The Power of Financial Independence:** Because Dreifus adhered to feminist principles—maintaining her own career and funding tax-deferred retirement accounts in her own name—she avoided the financial devastation that often hits widows. Her financial planner confirmed she had enough independent resources to live comfortably until age 95. • **Creating Closure and Finding Community:** Uninterested in a traditional funeral, Dreifus organized a memorial where friends, colleagues, and former students shared stories. Through this process, she discovered that rather than facing the isolation many widows experience, she was supported by a chosen family of friends and a strong, active community.
Health Care Topics	**14. *Boston Globe** October 26, 2026 *Blue Cross eliminates several Medicare Advantage plans, affecting 20,000 senior* By Marin Wolf *The state's largest insurer cited $275 million in losses across its plans in 2024 and 2025.* Blue Cross Blue Shield of Massachusetts is eliminating several Medicare Advantage (MA) plans for 2027, forcing approximately 20,000 seniors to find alternative health coverage. **Key Takeaways:** • **Financial Drivers:** The insurer cited $275 million in losses across its MA plans in 2024 and 2025. CEO Sarah Iselin stated that the cost of administering care has exceeded the premium funding provided by the federal government. • **Service Reductions:** Blue Cross is discontinuing various HMO and PPO plans in Middlesex, Essex, and Worcester counties. Additionally, enrollment for the remaining MA plans is being strictly capped on a first-come, first-served basis. Blue Cross hopes to rebound in the MA market by 2028. • **Industry-Wide Trend:** Blue Cross is not the only insurer pulling back. Point32Health and Mass General Brigham Health Plan are

trimming their PPO offerings, while Worcester-based Mass Advantage is exiting the market entirely.

- **Impact on Seniors:** Displaced members face a challenging transition. With fewer MA alternatives available, many seniors are switching to Original Medicare combined with supplemental Medigap and prescription plans. This shift is resulting in substantially higher out-of-pocket costs—with some premiums nearly tripling—and the added administrative burden of managing multiple insurance bills and providers.

15. ***Salem News**
    October 26, 2026
    Aging and alcohol: What to consider
    By Tracy Arabian
    In the *Senior Lookout* column for *The Salem News* ("Aging and alcohol: What to consider," October 26, 2026), Tracy Arabian highlights how physiological changes—such as reduced body water and slower metabolic clearance—cause alcohol to produce higher blood concentrations and more severe impairments in balance, coordination, and cognition in older adults. Citing 2024 NIAAA data showing that 4.8% of adults 65 and older have an alcohol use disorder and 11.4% engage in binge drinking, the article warns of life-threatening drug interactions with common prescriptions (including sleep aids, opioids, and anti-anxiety medications) and identifies retirement, bereavement, and caregiving stress as key triggers for late-onset alcohol misuse. Because red flags like falls, memory lapses, and sleep disruptions are frequently overlooked or misattributed to aging itself, older adults are urged to consult healthcare providers about safe limits and leverage support resources like the SAMHSA National Helpline (1-800-662-4357).
16. ***Boston Globe**
    October 26, 2026
    MGB is cutting a popular home care program in half, and more details on the hospital system's layoffs
    By Jonathan Saltzman and Marin Wolf
    Some pediatricians and Home Hospital workers are among those affected as system seeks to strengthen its financial picture
    Mass General Brigham (MGB), Massachusetts' largest and wealthiest hospital system, is executing layoffs and significant cost-cutting measures—including halving its flagship Home Hospital program—to improve its financial sustainability.
    Key Takeaways:
    - **Financial Pressures:** Despite a $2.38 billion surplus in fiscal 2025 (driven largely by investments), MGB's operating margin from patient care was only 0.3% ($59 million). The system aims for a 1.5% margin and reported running over $300 million behind budget nearing the end of fiscal 2026.
    - **Home Hospital Program Slashed:** MGB's Home Hospital program, once the nation's largest with a 70-patient capacity, has lost an average of $30 million annually over the last three years. It is being reduced to a maximum of 30 patients.

	○ *Service Consolidation:* Clinical operations for the home care program will be indefinitely paused at Salem Hospital, Newton-Wellesley Hospital, and Brigham and Women's Faulkner Hospital. The program will be refocused strictly on Massachusetts General Hospital and Brigham and Women's to free up critical bed capacity. • **Pediatric Shifts:** Cuts have also impacted pediatricians at Mass Eye and Ear, which will end general pediatric inpatient admissions to its 10th-floor unit by January 1. Care will be diverted to other MGB locations. • **Clinician Pushback:** The cuts have sparked frustration among primary care physicians—some of whom recently organized a union—who argue that critical, publicly beneficial services like primary care, pediatrics, and home care are continually targeted because they are not highly profitable.

Office of Attorney General Andrea Campbell	**17. Office of Attorney General Andrea Campbell**
	October 19, 2026
	AG Campbell Secures $1 Million Recovery From Transformative Healthcare For Allegedly Submitting False Claims To MassHealth And Failing To Safeguard Sensitive Patient Information
	Company Allegedly Billed MassHealth for More Expensive Services Than They Actually Provided and Failed to Properly Safeguard Patient and Employee Data
	• **The Parties Involved:** Massachusetts Attorney General Andrea Joy Campbell secured the recovery from the medical transportation provider **Transformative Healthcare, LLC** along with its former subsidiaries (*Lifeline Ambulance Services, Lifeline Healthcare Solutions, Fallon Service, and Fallon Emergency Medical Services*).
	• **The Financial Resolution:** Transformative Healthcare will pay **$1 million** over a five-year period under the terms of a settlement agreement and a proposed consent judgment filed in Suffolk Superior Court. (Note: Under the terms of the agreement, Transformative and Fallon did not admit liability.)
	• **MassHealth Billing Allegations:** The state alleged that the ambulance companies defrauded MassHealth (Massachusetts' Medicaid program) by:
	  • Submitting false claims for more expensive emergency and advanced care services than what their crews actually provided.
	  • Violating medical necessity requirements by billing for services that lacked the mandatory documentation required under MassHealth regulations.

A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)	***The Campaign to Increase the Personal Needs Allowance (PNA)*** For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at $72.80 per month. **If** inflation had been factored since the amount was last set, the allowance should now be about $113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care,

	room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year. Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message. If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature. **We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.*
Books by DignityMA Participants	***A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled*** By Alex Green **Buy the book here** Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts. ***American Eldercide: How It Happened, How to Prevent It*** By Margaret Morganroth Gullette **Buy the book here.** **Margaret Morganroth Gullette** is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.
Bringing People Home: The Marsters Settlement	Webpages: https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/ https://marsters.centerforpublicrep.org/

	Marsters data for the calendar year 2025: • 499 people who have returned and are active in the community • Efforts to validate status of 63 others who are in the community • Target for 2025 and 2026 is 600 transitions • 1,369 currently enrolled • 100 AHVP vouchers issued for transitions: 71 used, 10 in process. The Alternative Housing Voucher Program (AHVP) is a state-funded rental assistance program in Massachusetts specifically designed for non-elderly (under age 60) people with disabilities who have low incomes.
Support Dignity Alliance Massachusetts **Please Donate!**	Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth. **As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.** **Consider a donation in memory or honor of someone.** **The names of those recognized will be included in The Dignity Digest and posted on the website.** **https://dignityalliancema.org/donate/** Thank you for your consideration!
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.
Websites	
Blogs	***Risking Old Age in America*** **https://okayboomer.substack.com/** By Harry Margolis With 65 million Baby Boomers becoming older by the day, the United States is facing a looming elder care crisis. This blog explores how the nation and individuals can prepare for it.
Podcasts	**Shopping on $72.80** By Noah Daube-Valois

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**.

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Join our Work Groups.
Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content

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<tr><td>Access to Dignity Alliance social media</td><td colspan="3">Email: info@DignityAllianceMA.org
Facebook: https://www.facebook.com/DignityAllianceMA/
Instagram: https://www.instagram.com/dignityalliance/
LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts
Twitter: https://twitter.com/dignity_ma?s=21
Website: www.DignityAllianceMA.org</td></tr>
<tr><td>Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.

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

Please contact group leaders for more information.</td><td>Workgroup</td><td>Workgroup lead</td><td>Email</td></tr>
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Chris Hoeh</td><td>baskinfrank19@gmail.com
cdhoeh@gmail.com</td></tr>
<tr><td></td><td>Covid / Long Covid</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td></td><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:

Nora Bent
Noah Daube-Valois
Wynn Gerhard
Dick Moore

Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of The Dignity Digest.</td></tr>
</table>

	If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.

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.