The Dignity Digest

Issue # 308 November 10, 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

Honoring Service, Upholding Dignity: Appreciating Our Veterans

As we celebrate Veterans Day this week, we pause to express our deepest gratitude to the millions of servicemembers who have worn the uniform of the United States. Veterans occupy a unique place in our national conscience, having selflessly answered the call to protect our freedoms, our security, and our democratic institutions.

Yet, true appreciation for our veterans extends far beyond a day of remembrance or a passing word of thanks. For many who served—particularly as they age or manage service-connected disabilities—the transition back into civilian life brings complex challenges. Too many veterans face hurdles accessing quality healthcare, affordable housing, mental health resources, and the specialized long-term support they have more than earned.

As advocates for elder and disability justice, we recognize that honoring our veterans means ensuring they can age with dignity, safety, and respect in the communities they defended. It requires holding our systems accountable to provide timely, compassionate care and robust support services for every veteran and their family.

This week, let us honor the sacrifices of our veterans not only with our words, but through our steadfast commitment to defending their rights, health, and well-being.

Thank you to all our veterans for your extraordinary service and thank you to our community of advocates for ensuring that those who served are never overlooked or underserved.

Guide to news items in this week's *Dignity Digest*	Nursing Homes • *The Nursing Home Will Tell the Family Dad Has to Private-Pay for 12 Months Before It Will Consider Medicaid. They Will Pay $118,000, and That Requirement Has Been Illegal Since 1987* **(24/7 Wall Street,** November 7, 2026) • *COVID, direct care spending rules would fall under CMS burden reduction proposal* **(McKnights Long-Term Care News,** November 6, 2026) • *CMS Proposes Rule to Reduce Nursing Home and Health Care Burdens, Save $320M* **(Skilled Nursing News,** November 6, 2026) • *Court asked to block ratings downgrades* **(McKnights Long-Term Care News,** November 4, 2026) Hospice • *Medicare spends more on hospices owned by private equity firms, study finds* **(Healthcare Drive,** November 4, 2026) Aging Topics • *How to keep your brain sharp after retirement* **(*Washington Post,** November 7, 2026) Private Equity / For Profit Ownership • *When does for-profit health care become unethical?* **(*Miami Herald,** November 8, 2026) • *'Cleansed' of unwanted facilities, Sabra focuses on rent increases to boost SNF performance* **(McKnights Long-Term Care News,** November 3, 2026) • *Medicare Spending Rises After Private Equity Buys Hospices* **(Harvard Medical School,** November 2, 2026) Veterans • *Governor Healey Celebrates New Veterans Services Office in Springfield to Expand Support for Western Massachusetts Veterans* **(Office of Maura Healey and Lt. Governor Kim Driscoll,** November 2, 2026) Federal Policy • *Left turn at midterms guarantees a bumpy ride for long-term care* **(McKnights Long-Term Care News,** November 8, 2026)
Quotes	*Let's give these seniors the dignity they deserve.* ***Seniors in nursing homes need a cost-of-living raise, too*** **(*Boston Globe,** November 4, 2026) *The residents at RegalCare homes deserved better. The state must ensure that all nursing home residents are cared for with dignity.*

New Jersey stripped Eli Mirlis of his license to operate nursing homes. Why was he able to buy 12 facilities in Massachusetts?
(*Boston Globe, November 9, 2026)

I'm glad these details of the "world of senior care" are getting more attention, and congratulations to the latest winners in the blue wave. Now, it's time to roll up the sleeves. What do we want the care of seniors in this country to look like? Yes, it will and should cost actual money to provide decent care, if there aren't family members who are willing and/or able. Elected officials must enforce inspections and increase the numbers of inspectors. Facilities need to be strictly screened, then scrutinized and held to high standards. Minimum staffing levels are preferable! Yes, Leading Age, they are preferable. You know it. We all know it. Pay for caregivers must be raised, and so must taxes be. Money is needed. Sorry, folks. Now, where shall that money come from? Let's reform the tax code.

D Burrell, *Seniors in nursing homes need a cost-of-living raise, too* (**Boston Globe,** November 4, 2026)

"Access to critical services and support should never depend on where someone lives or their ability to travel long distances. For older adults and veterans in particular, having trusted, in-person resources close to home can make a meaningful difference in navigating benefits, accessing services, and staying connected to their communities."

Secretary Robin Lipson, Executive Office of Aging and Independence,*Governor Healey Celebrates New Veterans Services Office in Springfield to Expand Support for Western Massachusetts Veterans* **(Office of Maura Healey and Lt. Governor Kim Driscoll,** November 2, 2026)

A long-awaited [by nursing home providers] burden reduction rule proposed Thursday night would roll

back several COVID-era requirements for nursing homes and further limit the remaining vestiges of the 2024 federal staffing rule.

The Centers for Medicare & Medicaid Services issued regulatory revisions to the Requirements for Participation for all 21 provider types in the Medicare and Medicaid programs, but it offered some of the most extensive relief to skilled nursing facilities.

COVID, direct care spending rules would fall under CMS burden reduction proposal **(McKnights Long-Term Care News,** November 6, 2026)

"The mismanagement and tunneling of funds away from care and toward personal gain is reprehensible. LeadingAge fully supports transparency and will continue working with policymakers to identify the processes–including financial reporting–that can best help us address this problem."

Jodi Eyigor, VP of Health Policy, LeadingAge, *CMS Proposes Rule to Reduce Nursing Home and Health Care Burdens, Save $320M* **(Skilled Nursing News,** November 6, 2026)

"You have a lot of life left after retirement now that everyone's living longer. What you do with it really matters and especially in this window where there might be this vulnerability in our cognition."

Stephanie Leal, an assistant professor of integrative biology and physiology at UCLA, *How to keep your brain sharp after retirement* **(*Washington Post,** November 7, 2026)

The average American retirement age is 61, meaning that someone who lives to 79 — the average life expectancy - spends 23 percent of their lives retired...One 2020 study of more than 63,000 adults found that those who retired at age 66 or older had about a 66 percent lower risk of dementia after a follow-up 24-year period compared to those who retired younger.

How to keep your brain sharp after retirement **(*Washington Post,** November 7, 2026)

Overall, the ethical dilemma created by companies that prioritize their financial interests raises the question as to whether these companies are serving their patients properly.

When does for-profit health care become unethical? **(*Miami Herald,** November 8, 2026)

Hospices can pocket more of the daily rate when they care for less resource-intensive, longer-stay patients. This may mean PE-owned facilities are cherry-picking healthier patients who end up outliving the hospice eligibility window.

Medicare spends more on hospices owned by private equity firms, study finds **(Healthcare Drive,** November 4, 2026)

Over the past two decades, U.S. hospice ownership has shifted from mostly nonprofit to nearly three-quarters for-profit, and private equity firms are now the fastest-growing type of owner. In a typical private equity deal, a firm buys a company with a mix of money from investors and borrowed money. The debt is usually assigned to the company that is purchased, which must then generate revenue to pay it down, plus interest. Firms also have strong incentives to repay investors quickly, which requires additional revenue.

Medicare Spending Rises After Private Equity Buys Hospices **(Harvard Medical School,** November 2, 2026)

For long-term care executives hoping that divided government would mean two years of quiet, Tuesday's election results offer a swift reality check: Congressional subpoena power has flipped and skilled nursing is back under the spotlight.

	If anybody's stock has soared since Tuesday, it is those defending long-term care providers' interests inside the Beltway. With Democrats taking margins in both chambers of Congress after two years of unified Republican control, nursing home stakeholders can expect some hot lights that had been largely suppressed. *Left turn at midterms guarantees a bumpy ride for long-term care* **(McKnights Long-Term Care News,** November 8, 2026)
Spotlight	***Seniors in nursing homes need a cost-of-living raise, too*** ***Boston Globe** By The Editorial Board November 4, 2026 *Imagine trying to get by on $72.80 a month for shoes, clothes, and a cell phone plan.* Over time, the cost of goods and services goes up. That's why wages increase, Social Security pays more each year, and pensions have cost-of-living increases. But for one population in Massachusetts, the amount of money they have to live on each year stays exactly the same, regardless of inflation: seniors with Medicaid coverage living in nursing or rest homes. Under state law, seniors in rest homes and nursing homes can keep $72.80 of their monthly income (which often means their Social Security payments) while the rest of their money goes to Medicaid to pay for their care. So in 2026, although Social Security payments had a 2.8 percent cost-of-living increase, a nursing home resident's monthly income (officially called their personal needs allowance) remained $72.80 — just as it has been every year since 2008. That's just $873.60 a year. That system is fundamentally unfair, since it means seniors' purchasing power declines annually. They have less money to buy shoes, clothing, a cellphone plan, or a grandchild's gift. An effort by Dignity Alliance Massachusetts, an advocacy group for seniors, to have the Legislature raise the personal needs allowance to $113 a month — the amount it would be today if the 2008 figure were indexed to inflation — with annual increases after that, has stalled. Although the cost in forgone revenues to MassHealth, an estimated $10 million to $12 million, is a pittance compared to the $22 billion MassHealth budget, harsh federal Medicaid cuts leave little legislative

appetite for anything that would drain revenue from MassHealth.

Paul Lanzikos, cofounder of Dignity Alliance Massachusetts, said the organization now plans to lobby for a smaller change — indexing the increase to the personal needs allowance to Social Security's cost-of-living increase. If that policy had been in effect in 2026, seniors would have gotten $74.84 a month. Lanzikos estimates this would cost MassHealth less than $1 million a year to help an estimated 22,000 to 24,000 seniors.

The Massachusetts Senior Care Association (which represents nursing homes), AARP, the Disability Law Center, and health care workers union 1199SEIU all support increasing seniors' personal needs allowance. There does not appear to be organized opposition.

Lawmakers should act soon to increase the money that seniors in nursing and rest homes have to live on as the cost of living rises.

The amount of money involved is small to MassHealth but impactful to seniors.

Just ask Patrick Lyman, who lives at Rockridge rest home in Northampton. On a podcast taped by Noah Daube-Valois, a Vassar College junior from Northampton who volunteered at Rockridge, Lyman said his glasses arm broke, and he repaired it with a Band-Aid for months until his scheduled eye exam, because he didn't want to spend $3 on round-trip bus fare to get them repaired.

Daube-Valois told the editorial board he was inspired to tape the podcast after he took a group of residents for ice cream and saw one woman get upset after she accidentally dropped hers. "I could tell from the look in her eyes she wouldn't be able to afford another cone," Daube-Valois said.

While MassHealth's payments to nursing homes and rest homes cover room and board and medical or personal care assistance, residents need money to pay for things like personal hygiene products, clothes, shoes, books, and cellphones. State Senator Pat Jehlen, a Somerville Democrat who chairs the Joint Committee on Aging and Independence, said one rest home in her district held a clothing drive to get residents winter coats. "People don't realize what an austerity budget it already is for old people," Jehlen said.

Federal law says states can set the personal needs allowance anywhere between $30 and $200 a month. A study using 2024 data found that nationally, Massachusetts ranks near the middle of states, with a national average allowance of $70. In New England, Massachusetts, New Hampshire, Connecticut, and Rhode Island all had similar allowances,

	between $73 and $75 (rounded to the nearest dollar). Vermont's was higher, while New York's and Maine's were lower. Florida, with its high portion of elderly residents, had one of the country's highest allowances, at $160. But Massachusetts also has one of the highest costs of living in the country, so a senior's haircut or coat may cost more. The Healey administration hasn't taken a position on raising the allowance. MassHealth spokesperson Stacey Nee told the editorial board that the administration is concerned about making life more affordable for residents, but at the same time, MassHealth is facing significant federal funding cuts. "We recognize concerns about the personal needs allowance and are evaluating options to continue supporting MassHealth members while navigating these financial pressures," Nee said. Paul Shafer, associate professor and codirector of the Medicaid Policy Lab at Boston University School of Public Health, told the editorial board that raising the personal needs allowance for seniors is about providing basic dignity and small niceties. "If they don't have family members who can chip in to help with those things, they're counting pennies every month, literally, to have the things they need and want," Shafer said. Let's give these seniors the dignity they deserve.
Spotlight	***New Jersey stripped Eli Mirlis of his license to operate nursing homes. Why was he able to buy 12 facilities in Massachusetts?*** ***Boston Globe** By The Editorial Board November 9, 2026 *A Spotlight investigation into RegalCare spurred changes, but also raises questions about why the state didn't step in earlier.* In September, the Boston Globe Spotlight team released an investigation into Eli Mirlis, who has purchased 12 Massachusetts nursing homes over the last five years through his company RegalCare. The investigation found that Mirlis said on his application to purchase the homes that he never had a professional credential revoked — even though New Jersey revoked his nursing home operator license in 2018 because he lied about completing continuing education requirements. Massachusetts regulators let Mirlis buy the homes anyway. That oversight had serious consequences for patients: The nursing homes Mirlis purchased dropped in federal quality rankings after he bought them, and the Globe documented

	residents' and families' serious complaints about care. Mirlis's nursing homes in Connecticut also have poor quality of care. Within weeks of the Spotlight story, the state Department of Public Health took initial steps to revoke all of RegalCare's licenses and imposed enhanced monitoring on the homes in the meantime. The state's Public Health Council approved new regulations giving state regulators more authority to scrutinize nursing home license applications and inspect homes more frequently. While these actions are important, they beg the question of why it took a Spotlight investigation to prompt a strong response to the problems, which had been ongoing for years. While the new regulations give state regulators greater authority, the public — particularly nursing home patients and families — need to be confident that regulators will actively use this authority to inspect homes and investigate prospective owners. The health department should make any leadership changes necessary to ensure it will provide aggressive enforcement in the future, even without public pressure. Former attorney general Scott Harshbarger, who now advocates on issues around long-term care, said the issues identified by the Spotlight team should have been discoverable by regulators. It seems as if "the cop on the beat isn't there," Harshbarger told the editorial board. "There's no sense of urgency about this." Public Health Commissioner Robbie Goldstein told the editorial board in a statement that the department "takes seriously its responsibility to uphold these standards and protect the well-being of every resident," which is why it imposed enhanced monitoring while seeking to revoke the licenses. The state did previously identify problems at RegalCare. The Department of Public Health said it conducted 90 inspections at 12 RegalCare facilities over the past three years, resulting in four findings that residents were in "immediate jeopardy" and leading to enforcement actions including fines and restricting admissions. In 2025, the District of Massachusetts US Attorney's office and the Massachusetts Attorney General's office accused Mirlis of insurance fraud for pushing intensive physical therapy on seniors to inflate insurance bills. Mirlis settled the lawsuit by paying a $1 million fine. State regulators also penalized RegalCare financially through fines and rate reductions because of its low federal quality ratings and failure to meet state staffing standards. But the Department of Public Health continued letting Mirlis buy additional homes.

	Goldstein told the Spotlight team he was hamstrung by state law that didn't explicitly give regulators authority to consider an operators' record in other states in approving or denying an application. A law expanding that authority was passed in September 2024. It took until October 2026, however, for the department to promulgate regulations implementing it. (The department defended the long timeline, telling the editorial board it began engaging stakeholders in November 2024, opened the process up for public comment in February 2026, and considered 123 comments.) Also in October, the Department of Public Health indicated that regulators are taking a more careful look at acquisitions, blocking California-based chain Sweetwater Care's proposed acquisition of 11 nursing homes now under receivership, citing records of poor care and safety violations at Sweetwater Care homes in other states. That's a start. The challenge will be continuing to scrutinize all proposed transactions. When an operator applies to purchase a nursing home, Massachusetts regulators should be examining their records of providing care in other states and their financial structures and relationships. Other states do this. In New Jersey, for instance, someone seeking to buy a nursing home can be asked about their transaction under oath. New Jersey has denied licenses to potential nursing home operators on multiple occasions for reasons including improper financial activities and poor quality at other nursing homes run by the operator. There is, of course, a trade-off to strict enforcement. Low-quality nursing homes could be forced to close if a new operator can't be found, displacing residents. But there are potential solutions, like receivership, which allows another operator to manage a troubled home. Equally important are state policies that ensure nursing homes are adequately reimbursed for care they provide and are financially incentivized to provide high-quality care. Appropriate reimbursement — with mechanisms to ensure money is spent on care not profit — lets homes maintain adequate staffing, retain qualified nurses, and care for complex patients. As Tara Gregorio, president and CEO of Massachusetts Senior Care Association, which represents nursing homes, told the editorial board, increased regulatory oversight can't be the only strategy to increase care quality. "Quality nursing facility care also depends on having a strong, well-trained, and adequately compensated workforce and access to resources

	that support residents' increasingly complex care needs," Gregorio said. The residents at RegalCare homes deserved better. The state must ensure that all nursing home residents are cared for with dignity.
Spotlight	***Dylan's advice on getting older, as reported in The New York Times*** **The best thing** The best thing about being 80 is that you outlive the clocks that have been chasing you. It's freedom from that lie that anything was ever under control. You don't chase the parade anymore. You're an old king from some vanished country. You're harder to program. You're not rushing to become anything and you're not haunted by things that you did. You're haunted by how little of it really mattered in the way you thought it would. **The worst thing** The worst thing about being 80 is that you still want to say yes to everything, but the world moves without asking. The old fire in your heart still tells you to do this and that, but your body says we already did it. Also, nothing surprises you. It sounds like a luxury but it's not, and also you've run out of illusions. People treat you like either you've solved something or you've lost something, and you haven't. You see life repeating itself everywhere. The really worst part about being 80 is that you find, at last, you've got an understanding of something that might have altered everything in the past, had it come at a time when something could still be altered. When you're young you think that time moves forward. At 80 you know that it doesn't; it stands still. We're the ones that move.
Commentary Offered by The Arc of the United States, Bazelon Center for Mental Health Law, Center for Public Representation, The National Health Law	**A Time for Unity** **To Preserve Essential Protections and the Rights of People with Disabilities** We come together today as a coalition of national organizations who advocate for people with disabilities and their families. It is no secret that there are many policies on which we have historically and vigorously disagreed. But we are united in our efforts to preserve long-established rights and policies that affect millions of people with disabilities, because despite our differences, we all agree with the fundamental principle that people with disabilities should be able to access the services they need and to live the lives they choose.

Program, and VOR – A Voice of Reason	Between extraordinary cuts to Medicaid and the recent memorandum from the U.S. Department of Justice that reverses course on the government's decades-long support for the right to live in the community, people with disabilities are more vulnerable to harm than they have been in decades. Public Law No. 119-21, the reconciliation bill introduced as HR 1- the One Big Beautiful Bill Act which was passed by Congress in 2025, is expected to result in nearly $1 trillion in reduced Medicaid funding, the largest cut in the Medicaid program's 60-year history. For people with all types of disabilities, Medicaid is a critically important lifeline across their lifespan. For many people with disabilities, Medicaid is their only source of coverage for the services they need to support routine activities throughout their lives. We are at a crisis moment. All Medicaid long-term services and supports are at risk. Significantly reduced funding to states--together with the government's efforts to paint home and community-based services as rife with fraud--are pressuring states to reduce these essential services. The likely results will include loss of human dignity, financial strain to individuals and families, and homelessness, by needlessly driving many Americans with disabilities who could live successfully in their own communities with support into emergency rooms and psychiatric wards, nursing facilities and other institutional settings, including jails and other forensic facilities. The non-partisan Congressional Budget Office estimated that the cuts in Public Law No. 119-21 will cause about 7.5 million Americans to lose Medicaid coverage. The federal government's new rule implementing the Medicaid work requirement is expected to increase that number by another 1.8 million, or nearly 25%, if implemented. While there is an exemption to the work requirement for people who are medically frail, large numbers of people with disabilities are expected to lose coverage due to the complexities of proving that they meet or are exempt from the work requirement. For those people, loss of Medicaid coverage will be devastating. The Justice Department's actions similarly threaten the rights and choices of people with disabilities. On June 18th, the Department's Office of Legal Counsel issued an opinion stating that neither the Americans with Disabilities Act (ADA) nor Section 504 of the Rehabilitation Act require states to provide services to people with disabilities in the most

	integrated setting appropriate. The opinion reversed the government's longstanding position that guided its enforcement work over decades and across Administrations. It is inconsistent with long-settled federal case law, including the Supreme Court's decision in Olmstead v. L.C. It effectively invites states to institutionalize people with disabilities who do not want or need institutionalization. We support the rights of individuals with disabilities and their families to make informed choices about residential options, treatment services, and other daily activities that meet their needs in the most integrated setting appropriate. We support the right of people with disabilities to live fulfilling lives with self-determination and dignity. We also support their right to oppose placement into settings they do not want and that do not meet their needs. The integration mandate and the Olmstead decision are crucially important, and the government's retreat from enforcing these rights will cause untold harms. These actions threaten all Americans with disabilities, including people experiencing psychiatric, intellectual, and physical disabilities. They would deny critical opportunities to choose where to live and receive services. We call on all members of the disability community to join together and speak with one voice to demand the reversal of these cuts to Medicaid and to support the rights of people with disabilities, and their families, to choose the options that best suit them throughout the course of their lives. And we call on all Americans to demand that Congress and the Administration adopt policies that uphold the rights, dignity, well-being and community participation of people with disabilities and rescind those policies that undermine these principles.
Commentary Offered by Margolis Bloom & D'Agostino	*The Ever-Eroding Personal Needs Allowance and Other Congressional Failures to Protect Human Dignity* November 2026 Did you know that nursing home residents on Medicaid must pay all their income except for a small personal needs allowance to the facility? This is what they are allowed to pay for clothing, haircuts, online services, their cell phone, an other items that contribute to comfort and quality of life. Did you also know that Congress has not raised the federal minimum of just $30 a month since 1987? In January, which

will be four decades. Simply adjusting this amount for inflation over the years, it would be worth almost $90 today, still not generous but a lot better than $30.

Fortunately, every state but Alabama has set their personal needs allowance at a higher figure, but all but 11 are below $100 a month.

The personal needs allowance in Massachusetts has been stuck at $72.80, less than $2.50 a day, since 2007. If it had been adjusted for inflation it would be almost $120 a month today.
Clearly, the cost of everything people need for their dignity, whether haircuts, manicures, new clothing or the ability to make small gifts to grandchildren, has increased by at least as much over the last two decades.

For more information on this issue:

- Listen to the ineffable Jim Hightower's comments: https://jimhightower.substack.com/p/why-cant-ill-seniors-get-even-a-scrap-d84
- The National Consumer Voice for Quality Long-Term Care Fact Sheet: https://theconsumervoice.org/wp-content/uploads/2026/07/what-is-personal-needs-allowance-with-chart-2026.pdf
- A call for an increase in Massachusetts: https://commonwealthbeacon.org/opinion/the-case-for-a-long-overdue-raise-for-seniors-in-nursing-homes/

Asset Limits
The failure of Congress to raise the minimum personal needs allowance is consistent with its inaction in other areas that affect the basic dignity of people who must depend on public benefits to survive. It has not raised the $2,000 asset limit for eligibility for Supplemental Security Income and many forms of Medicaid since 1989.

Again, if this were adjusted for inflation it would be at just under $5,500 today, still restrictive but not quite as draconian as $2,000. The low limit prevents SSI and Medicaid beneficiaries from saving for anything, whether to buy higher-cost items, repair their homes, plan a trip, purchase a car or take a class. They often have to make financial decisions that make no other logical sense just to maintain their eligibility for life-sustaining benefits.

	Minimum Wage Keeping with its disregard for people who are poor, Congress has not raised the federal minimum wage of $7.25 an hour since 2009. Adjusted for inflation, it would be more than $11 today. The tipped minimum wage is an unbelievable rock-bottom $2.13 an hour (though only if wages bring servers' and bartenders' income up to the $7.25 minimum). Fortunately, in light of federal inaction most states have stepped in and raised their minimums to as high as $18.40 an hour in Washington, D.C., and $15 an hour in many states, including Massachusetts. But 20 states, including New Hampshire just to our north, are at the federal $7.25 an hour floor. Yet, since employers can't find anyone willing to work at the minimum rate, according to the Bureau of Labor Statistics only one percent of workers actually receive the federal minimum wage. But many are not getting paid enough to make ends meet in an increasingly expensive world. This same Congress that can eliminate the estate tax and pass other tax breaks for the wealthy can't seem to lift a finger for poorest among us — to do the very least for the dignity of their fellow men and women.
Reports	*MassHealth: The Basics - Facts and Trends (October 2026)* **Blue Cross Blue Shield of Massachusetts Foundation** October 28, 2026 In July 2025, Congress enacted the "One Big Beautiful Bill" Act (OB3), which changes federal Medicaid law and will significantly impact MassHealth coverage, eligibility, and financing over the coming years. Given these changes, some of which have already been implemented, it is more important than ever to understand the MassHealth program, including who it serves, how it's financed, and how health care services are delivered to its members. This UPDATED (October 2026) edition of *MassHealth: The Basics* chart pack provides new data on MassHealth enrollment and spending from the most recent state fiscal years available. It also highlights some of MassHealth's latest reform efforts and provides a summary of recent changes to federal Medicaid law, including details on the state's implementation plans.

	The chart pack provides comprehensive yet accessible data and information to help policymakers, administrators, advocates, and other stakeholders better understand the multifaceted MassHealth program. It is made available in PDF and PowerPoint formats to facilitate its use in presentations.
Recruitment	**See:** **Listings on MASSterList.com's Job Board** for all current listings
In Person and / or Online Events	**1. Public Health Council** Tuesday, November 10, 2026, 9:00 a.m. *Monthly Meeting* Agenda includes updates from Department of Public Health Commissioner Robbie Goldstein and an informational presentation about foodborne outbreak response. The council will also vote on a Determination of Need application from Blue Cloud Pediatric Surgery Centers for a transfer of ownership request. Blue Cloud is looking to acquire Northeast Ambulatory Center, which operates a freestanding ambulatory surgery in Stoneham. The facility would offer "high-acuity" dental procedures and surgeries for pediatric patients and individuals with special needs. PHC Agenda and Access **2. *The Road Ahead: What the Midterm Election Means for Care Policy*** **National Alliance for Caregiving** Virtual: Wednesday, November 18, 2026, 9:00 a.m. to 5:00 p.m. In person: Washington, DC, November 18 to 19, 2026 On November 18, the **2026 Caregiver Nation Summit** will bring together caregivers, researchers, advocates, and policy leaders to look at what comes next and you can join the conversation from wherever you are. The ticket available here grants you VIRTUAL access to Caregiver Nation Summit. The livestream for Caregiver Nation Summit 2026 will take place on November 18, 2026, 9AM - 5PM ET. The Caregiver Nation Summit is more than a conference—it's a movement that turns ideas into action. It brings together caregivers, advocates, policymakers, and community leaders to reshape the future of care in America. As the National Alliance for Caregiving's signature event, the Summit lifts up the voices of the 63+ million family caregivers across the country to drive policy change and improve the systems that support them. Each year, the Summit serves as a cornerstone event for the caregiving community. It draws more than 800 advocates in person and online and delivers caregivers' voices directly to Capitol Hill through 100+ meetings with members of Congress.

	Want to see what else is happening at the Summit? **Explore the full agenda.**
Webinars and Online Sessions	***3.*** ***Early Adoption and Utilization of Medicare's Caregiver Training Services*** Thursday, November 12, 2026, 11:00 a.m. to 12:00 p.m. **The Long Term Care Discussion Group** About the Session: Based on Medicare claims analyses, stakeholder interviews, and a literature review, AARP examined the early adoption of Caregiver Training Services (CTS) codes in Medicare, exploring the policy, operational, and cultural shifts needed to increase adoption and maximize effectiveness. Analyses indicate that given the newness of the codes, utilization has been limited in this early phase, and many stakeholders report still becoming familiar with the codes and how to operationalize them. Nevertheless, the cases of early adoption and findings from shared information demonstrate the potential for CTS to fill a long-standing gap in caregiver support. This research uncovered five key enablers for CTS code adoption across health care payers, providers, and other key stakeholders: 1) clear guidance and communication, 2) open access, 3) aligned incentives, 4) integrated infrastructure, and 5) provider capacity. With this support, CTS codes can bridge family caregivers and the broader care continuum by reinforcing caregiver integration, expanding the breadth of services delivered, adapting to longitudinal needs and providing a model for reimbursing caregiver services under Medicare. By highlighting early experiences with CTS, this publication underscores that effective policy relies on robust implementation. Realizing the potential of CTS presents opportunities for CMS and other stakeholders to align communication, coverage, and incentives. With shared commitment, CTS codes and associated services can serve as a meaningful tool to support family caregivers and strengthen care deliver. About the Speakers: • **Rita B. Choula**, MA is the senior director of caregiving at the AARP Public Policy Institute. In her role, she drives the development of family caregiving initiatives by providing content expertise, both within AARP and in partnership with a range of external collaborators. Her work bridges policy and research to practice, centered on identifying and supporting needs of family caregivers. • **Juliana Cuozzo**, MSW, is a Policy Advisor at the AARP Public Policy Institute. She focuses on developing policy solutions that address the needs of systems and providers to better support patients and caregivers. Her work aims to promote health care system polices that ensure older adults and those caring for them receive the resources they need. Accessing the Meeting: REGISTRATION IS REQUIRED. Click here: https://us02web.zoom.us/meeting/register/5ksxF3AoTIKfeNU2cziXjQ *4.* *MassHealth: The Basics - 2026 Webinar* Thursday, November 19, 2026, 11:00 a.m. to 12:00 p.m. **Massachusetts Medicaid Policy Institute**

	This webinar will review key facts and data about MassHealth eligibility, benefits and delivery systems, costs, and recent reforms and changes. **DOWNLOAD THE CHART PACK** **Medicaid Basics REGISTER HERE** 5. *Dual Eligible Basics* Thursday, December 3, 2026, 2:00 to 3:15 p.m. **Justice in Aging** Dually eligible individuals are older adults and people with disabilities who are simultaneously enrolled in both Medicare and Medicaid because of their age or disability and limited resources. On average, dually eligible individuals have more chronic conditions and higher health needs than Medicare-only individuals, yet they often face barriers to accessing care because of their enrollment in two separate health insurance programs. Medicare and Medicaid were not designed to work together, and dually eligible individuals face unique barriers to accessing the full range of benefits available under both programs. Today, dually eligible individuals have an array of options to choose how to receive their care, and the number of options is growing. In this webinar, presenters will discuss dually eligible individuals, Medicare and Medicaid coverage, enrollment choices, benefits available under Medicare and Medicaid, and the challenges this population faces navigating their health needs. Who Should Attend: • Legal services professionals – legal aid and private attorneys, paralegals, clerks, interns • State Health Insurance Assistance Programs (SHIPs) • Aging and disability service providers Key Takeaways: • Understand who dually eligible individuals are and their demographic characteristics • Understand how Medicare and Medicaid overlap and the importance of Medicaid to dually eligible individuals • Gain advocacy tips on assisting, navigating coverage, and resolving issues. **Dual Eligible 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	**6. 24/7 Wall Street** November 7, 2026 *The Nursing Home Will Tell the Family Dad Has to Private-Pay for 12 Months Before It Will Consider Medicaid. They Will Pay $118,000, and That Requirement Has Been Illegal Since 1987* By Gerelyn Terzo The *24/7 Wall St.* article explains that nursing home admissions policies demanding residents pay out-of-pocket for a mandatory period—such as 12 months, which can easily cost upwards of $118,000—before the facility will "consider" accepting Medicaid violate federal law established under the Nursing Home Reform Act of 1987 (OBRA '87). While facilities can legitimately charge private-pay rates as long as an individual holds assets exceeding Medicaid eligibility thresholds, federal regulations strictly prohibit Medicaid-certified homes from requiring residents to waive their rights, promise not to apply, or adhere to an

arbitrary timeline as a condition of admission or continued stay. Consequently, if a resident's countable assets deplete to qualifying levels sooner (such as in month three or four), they have the legal right to apply for Medicaid immediately, and the facility cannot discharge them for nonpayment while an application is pending.

7. **McKnights Long-Term Care News**
   November 6, 2026
   COVID, direct care spending rules would fall under CMS burden reduction proposal
   By Kimberly Marselas
   A newly proposed Centers for Medicare & Medicaid Services (CMS) burden-reduction rule—titled "Cutting Administrative Requirements for Excellence in Patient Care" (CARE)—aims to roll back several pandemic-era mandates and remaining elements of the 2024 federal minimum staffing standard, projected to save healthcare providers approximately $320 million and 3.26 million staff hours across 21 provider types. For skilled nursing facilities, the proposal eliminates routine COVID-19 and flu data reporting, rescinds requirements to educate staff on and offer COVID-19 vaccines, eases physical plant room-occupancy rules for facility takeovers, and modifies ombudsman notice rules for emergent transfers. Crucially, the rule also cancels requirements for states to report the percentage of Medicaid nursing home payments spent on direct care and support staff, while eliminating a union-friendly mandate requiring direct-care worker representatives in facility staffing assessments—prompting opposition from consumer advocates concerned about elder care oversight while drawing support from provider groups seeking operational relief.

8. **Skilled Nursing News**
   November 6, 2026
   CMS Proposes Rule to Reduce Nursing Home and Health Care Burdens, Save $320M
   By Zahida Siddiqi
   The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule titled *Cutting Administrative Requirements for Excellence in Patient Care* (CARE), aiming to eliminate outdated regulations across 21 healthcare provider and supplier types. The agency estimates the deregulatory measures will save $320 million and free up more than 3.26 million staff hours across the healthcare continuum. For long-term care and intermediate care facilities (ICFs/IID), key provisions include eliminating three Medicaid payment transparency reporting rules—specifically the requirement to report the percentage of Medicaid funds allocated to direct care worker and support staff compensation—alongside streamlining resident COVID-19 vaccine rules, allowing residents to opt out of ombudsman discharge notices, and soliciting input to expand the scope of practice for nurse practitioners and physician assistants.
   Industry provider groups largely commended the rollback of pandemic-era administrative mandates, particularly the end of duplicative weekly National Healthcare Safety Network (NHSN) data submissions and requirements to educate, offer, and document staff COVID-19

vaccinations. Leaders from the American Health Care Association and National Center for Assisted Living (AHCA/NCAL) and the American Association of Post Acute Care Nursing (AAPACN) praised the shift toward reducing paperwork and returning valuable time to direct bedside care, staff development, and quality improvement. Removing repetitive infection-control reporting was highlighted as a significant step toward modernizing regulatory oversight without sacrificing resident safety. However, the decision to rescind Medicaid payment transparency requirements drew nuanced reactions from aging-services advocates such as LeadingAge. While recognizing that narrowing spending metrics solely to direct care compensation misses other critical operational expenses needed for safety and quality, LeadingAge expressed serious ongoing concerns regarding "tunneling"—a practice where unscrupulous operators divert facility funds to affiliated ancillaries for personal gain at the expense of resident care. The association emphasized that while overly narrow reporting can produce misguided policies, robust financial transparency remains essential to ensure Medicaid resources are legitimately reinvested in patient care.

9. **McKnights Long-Term Care News**
November 4, 2026
Court asked to block ratings downgrades
By Kimberly Marselas
The article reports that a skilled nursing facility suing the Centers for Medicare & Medicaid Services (CMS) has requested a federal preliminary injunction to block the agency from downgrading its Five-Star Quality Rating system scores while litigation proceeds over CMS's targeted schizophrenia audits. Under federal policy, CMS audits long-term care facilities to curb the erroneous or intentional overdiagnosis of schizophrenia—an exclusion category often scrutinized for masking the inappropriate off-label use of antipsychotics—and penalizes facilities failing an audit by suppressing their quality measures, dropping their overall star rating to one star for six months. In challenging these penalties, the facility argues that CMS's automatic ratings downgrades are overly punitive, arbitrary, and cause irreparable reputational and financial harm before providers can properly appeal findings, seeking judicial intervention to freeze any star-rating demotions until the merits of the underlying audit dispute are decided.

Editor's Note:
The Centers for Medicare & Medicaid Services (CMS) audits schizophrenia coding in nursing homes to uncover the intentional misdiagnosis or erroneous coding of schizophrenia used to conceal the off-label administration of antipsychotic medications to residents, especially those living with dementia.

How the Schizophrenia Audits Work
CMS launched targeted schizophrenia audits after federal investigators and data analysts observed anomalous spikes in schizophrenia diagnoses among nursing home populations. Because schizophrenia typically manifests in late adolescence or early adulthood, new diagnoses appearing in elderly residents—

coinciding with admission to long-term care—frequently signal an effort to circumvent federal antipsychotic reduction benchmarks.

1. **Targeted Offsite Selection:** CMS analyzes claims data and Minimum Data Set (MDS) submissions to flag facilities with disproportionately high rates of schizophrenia diagnoses or sudden coding surges. Selected facilities undergo an offsite records review.
2. **Clinical and Coding Scrutiny:** Federal auditors review resident charts against the Resident Assessment Instrument (RAI) manual standards:
    - **Active Diagnosis Documentation:** Whether the resident has an active, physician-verified schizophrenia diagnosis supported by clinical documentation in the preceding 60 days.
    - **Pre-Admission History:** Whether psychiatric evaluations, symptom history, or treatment records justify the diagnosis prior to nursing home entry, versus an unsubstantiated notation added solely to support psychotropic prescriptions.
    - **MDS Coding Alignment:** Whether diagnostic checkboxes on Item I of the MDS accurately reflect the actual underlying medical record.
    3. **Audit Disposition:** Facilities are typically given an opportunity during entrance discussions to admit coding errors or proceed through the review. If the audit confirms inaccurate coding or insufficient documentation, CMS issues a formal audit failure determination.

Why Audits Trigger Star Rating Downgrades

Under CMS's **Five-Star Quality Rating System**, antipsychotic medication utilization is a primary long-stay quality measure (QM). However, federal quality measures deliberately **exclude** residents diagnosed with schizophrenia, Tourette syndrome, or Huntington's disease, under the assumption that antipsychotic therapy is clinically indicated for those conditions.

When a facility falsely codes a resident with schizophrenia, that resident is removed from the facility's reported antipsychotic metric, artificially deflating the facility's reported drugging rates and inflating its public quality score.

When an audit reveals false or unsubstantiated coding, CMS implements mandatory penalties under the Five-Star rating methodology:

- **Long-Stay QM Rating Slashed to 1 Star:** The facility's overall Quality Measure domain rating and long-stay Quality Measure rating are automatically downgraded to **1 star for six months**.
- **Metric Suppression:** The facility's short-stay QM rating is suppressed for six months, and the specific long-stay antipsychotic measure is suppressed for **12 months** (contributing minimal points upon recalculation).

	• **Overall Star Rating Drop:** Because the Quality Measure domain accounts for substantial point weighting in the overall composite score, downgrading the QM domain to 1 star directly pulls down the facility's overall Five-Star rating (often resulting in an immediate net loss of at least one overall star).
Hospice	**10. Healthcare Drive** November 4, 2026 *Medicare spends more on hospices owned by private equity firms, study finds* By Jacqueline LaPointe *A Health Affairs study found private equity-owned hospices had longer lengths of stay and admitted more low-intensity patients, raising concerns about profit-driven care decisions.* • Medicare spending rose for hospices acquired by private equity firms, according to a new study in Health Affairs, adding an extra $1,000 per hospice stay compared to other for-profit facilities. • PE-owned hospices had an average length of stay of about six days longer and more patients were discharged alive, which indicated a higher volume of patients who don't require highly specialized, expensive treatments, the study found. • This shift "may represent an increase in potentially inappropriate admissions or inappropriately early admissions to hospice," researchers explained, as PE firms seek to maximize reimbursement from Medicare. **11. Hospice News** November 2, 2026 *Private Equity-Owned Hospices See 5.9% Jump in Medicare Spending* By Jim Parker According to a Harvard-led study published in *Health Affairs* and reported by *Hospice News*, private equity (PE) acquisitions of for-profit hospices resulted in a 5.9% increase in Medicare spending—averaging an extra $993 per patient stay above a $16,922 baseline—driven by altered admission patterns rather than improved clinical care. Analyzing fee-for-service claims from 191 PE-acquired hospices compared to 1,305 non-acquired peers between 2018 and 2022, researchers found that acquired facilities saw patient stays lengthen by an average of 6.3 days, live discharge rates increase, and admissions for dementia rise from 22.6% to 23.8%. Despite higher overall billing under Medicare's flat per-diem model, there was no measurable increase in physician, nursing, or home health visits, while social work visits actually declined. Senior author Dr. Zirui Song concluded that operators leveraged the payment model by admitting patients requiring less intensive care to extend profitable lengths of stay, prompting researchers to advocate for structural Medicare reimbursement reforms such as service-specific billing or risk-adjusted per-diem rates.

Private Equity / For Profit Ownership	**12. *Miami Herald** November 8, 2026 *When does for-profit health care become unethical?* By Joseph Angelo III *Joseph Angelo III is a junior at the University of Florida studying business administration on the pre-law track.* The article argues that for-profit healthcare corporations face a severe ethical conflict of interest when pressuring medical staff to rush families into palliative or hospice care to maximize hospital revenue and free up beds. Highlighting a 2023 NBC News investigation into HCA Healthcare—where dozens of clinicians reported being urged to push end-of-life care—alongside a 2024 Mass General Brigham study showing that some brain-injury patients could recover if life support is not prematurely terminated, the piece underscores the danger of depriving families of the time and unbiased guidance needed to make critical care choices. While acknowledging that palliative and hospice services are legitimate and necessary medical tools, the author stresses that financial incentives must not dictate clinical recommendations, asserting that coercing families toward hospice solely to boost corporate metrics fundamentally undermines patient-centered care and informed consent. **13. McKnights Long-Term Care News** November 3, 2026 *'Cleansed' of unwanted facilities, Sabra focuses on rent increases to boost SNF performance* By Lola Offenback Following the completion of an extensive portfolio pruning process to shed underperforming properties and troublesome operator relationships, Sabra Health Care REIT is capitalizing on upcoming lease expirations and robust operator coverage metrics to drive skilled nursing facility (SNF) earnings through rent increases. Speaking during the REIT's third-quarter 2026 earnings presentation, CEO Rick Matros emphasized that with Sabra's SNF EBITDARM rent coverage reaching a strong 2.52x, impending lease resets will allow the real estate investment trust to reset rents to fair market value rather than relying on standard historical annual escalators of around 2.5%. Demonstrating this strategy, Sabra transitioned its former Avamere SNF properties to stronger regional operators Cascadia and Ensign under new long-term leases that lifted annualized cash rent by nearly 30% to $53 million—supporting an updated full-year earnings guidance and advancing the company's long-term plan to balance its skilled nursing portfolio against growing investments in senior housing operating properties (SHOP). **14. Harvard Medical School** November 2, 2026 *Medicare Spending Rises After Private Equity Buys Hospices* By Jake Miller • Researchers compared 191 for-profit hospices acquired by private equity firms between 2018 and 2022 with 1,305 similar for-profit hospices that were not.

	• After acquisition, Medicare paid $993 more per hospice stay relative to comparison hospices, a 5.9 percent increase from a baseline of $16,922. • Average length of stay increased by 6.3 days and patients were more likely to be discharged alive from private equity hospices, with no increase in services provided. • Patients with dementia were admitted more, suggesting that the private equity hospices may have shifted toward patients who need less daily care, which is more profitable under Medicare's flat daily payment. • The authors say that changing the payment system could reduce that incentive
Aging Topics	**15. *Washington Post** November 7, 2026 *How to keep your brain sharp after retirement* By Richard Sima Research shows retirement can lead to cognitive decline due to reduced mental stimulation and social engagement. Studies link retirement with worse cognitive outcomes and higher dementia risk. Experts suggest staying active and socially engaged to maintain cognitive health. The age of retirement and whether it was voluntary also impact cognitive function. Read the full article for more on: • How retirement age influences dementia risk. • The role of social interaction in cognitive health post-retirement. • Strategies to maintain cognitive health after retiring. **16. New York Times** June 14, 2026 *Bob Dylan and Liza Minnelli Already Turned 80. They Have Thoughts for Trump.* By New York Times Opinion *[Recently,] President Trump turns 80. By the end of his term, he will be the oldest president in U.S. history. "I feel the same as I did 50 years ago," Mr. Trump said last month. "It's crazy."* *Times Opinion asked a handful of notable older Americans to share the best and worst things about being 80. They described the sadness of loss and the freedom age brings — and some offered Mr. Trump advice.* Thoughts from: • Bob Dylan, 85 • Liza Minnelli, 80 • Robert De Niro, 82 • Gloria Steinem, 92 • Art Garfunkel, 84 • Dionne Warwick, 85
Veterans	**17. Office of Maura Healey and Lt. Governor Kim Driscoll** November 2, 2026 *Governor Healey Celebrates New Veterans Services Office in Springfield to Expand Support for Western Massachusetts Veterans*

	The Healey-Driscoll Administration celebrated the opening of a new Executive Office of Veterans Services (EOVS) regional office in Springfield, established to expand direct access to state benefits, housing assistance, mental health support, and VA claims navigation for roughly 42,000 veterans across Western Massachusetts. Designed to eliminate transportation hurdles and geographic barriers for veterans in Hampden, Berkshire, Hampshire, and Franklin counties—particularly older adults and those in rural communities—the permanent facility offers in-person walk-in aid and houses staff managing key initiatives such as the HERO Act benefits, SAVE, and SERVE programs. Officials emphasized that this local presence builds on broader statewide veterans' investments, including the newly rebuilt Veterans Home in Holyoke, to ensure former service members and military families receive localized, face-to-face care and earned benefits closer to home.
Federal Policy	**18. McKnights Long-Term Care News** November 8, 2026 *Left turn at midterms guarantees a bumpy ride for long-term care* By James M. Berklan Following the midterm elections, congressional subpoena power has shifted to Democrats, ending two years of unified Republican control and placing the skilled nursing sector back under an aggressive legislative microscope. Even though potential presidential vetoes make passing major new mandates or statutes unlikely, committee leaders such as Ron Wyden and Elizabeth Warren can mount high-profile hearings and investigations that pose significant reputational risks. The chief target of this oversight will be the push for federal staffing minimums, alongside intense scrutiny of private equity, real estate investment trusts (REITs), complex corporate holding structures, and related-party financial transactions across nursing home operations. Operationally, providers also face intensified enforcement and structural headwinds. Skilled nursing facilities can anticipate more aggressive survey inspections, swifter escalations into Immediate Jeopardy classifications, and escalating Civil Monetary Penalties that threaten cash flow and administrative bandwidth. Simultaneously, Democratic policy favors diverting capital toward Medicaid Home and Community-Based Services (HCBS) waivers rather than institutional settings, leaving facilities to care for higher-acuity residents amid stagnant rates, rising union activity, and escalating wage pressures. Conversely, the political shift presents key financial and workforce silver linings for long-term care operators. Democrats are expected to prioritize rolling back scheduled systemic Medicaid cuts stemming from the One Big Beautiful Bill Act (OBBBA) while halting conservative proposals for block-granting Medicaid or slashing federal match rates (FMAP). Furthermore, the industry could gain vital workforce relief through Democratic-backed initiatives such as federal training grants, retention programs, and more generous immigration policies, paired with closer scrutiny of restrictive Medicare Advantage payment and prior-authorization practices.

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		
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

<table>
<tr><td></td><td>owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</td></tr>
<tr><td>DignityMA Call Action</td><td>• Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements.
• Support relevant bills in Washington – Federal Legislative Endorsements.
• Join our Work Groups.
• Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content</td></tr>
<tr><td>Access to Dignity Alliance social media</td><td>Email: info@DignityAllianceMA.org
Facebook: https://www.facebook.com/DignityAllianceMA/
Instagram: https://www.instagram.com/dignityalliance/
LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts
Twitter: https://twitter.com/dignity_ma?s=21
Website: www.DignityAllianceMA.org</td></tr>
<tr><td>Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.

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

Please contact group leaders for more information.</td><td>
<table>
<tr><th>Workgroup</th><th>Workgroup lead</th><th>Email</th></tr>
<tr><td>General Membership</td><td>Bill Henning
Paul Lanzikos</td><td>bhenning@bostoncil.org
paul.lanzikos@gmail.com</td></tr>
<tr><td>Assisted Living</td><td>John Ford</td><td>jford@njc-ma.org</td></tr>
<tr><td>Behavioral Health</td><td>Frank Baskin</td><td>baskinfrank19@gmail.com</td></tr>
<tr><td>Communications</td><td>Lachlan Forrow</td><td>lforrow@bidmc.harvard.edu</td></tr>
<tr><td>Facilities (Nursing homes and rest homes)</td><td>Jim Lomastro</td><td>jimlomastro@comcast.net</td></tr>
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<tr><td>Legal Issues</td><td>Stephen Schwartz</td><td>sschwartz@cpr-ma.org</td></tr>
<tr><th>Interest Group</th><th>Group lead</th><th>Email</th></tr>
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<tr><td>Incarcerated Persons</td><td>TBD</td><td>info@DignityAllianceMA.org</td></tr>
</table>
</td></tr>
<tr><td>Bringing People Home: Implementing the Marsters class action settlement</td><td>Website: https://marsters.centerforpublicrep.org/
Center for Public Representation
5 Ferry Street, #314, Easthampton, MA 01027
413-586-6024, Press 2
bringingpeoplehome@cpr-ma.org
Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/</td></tr>
<tr><td>REV UP Massachusetts</td><td>REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote.
Website: https://revupma.org/wp/
To join REV UP Massachusetts – go to the SIGN UP page.</td></tr>
<tr><td>The Dignity Digest</td><td>For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
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	MailChimp Specialist: Sue Rorke
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Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.
Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.
The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.
Previous issues of The Tuesday Digest and *The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/*
For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.