**Assisted Living Residences (ALR) Commission**

Meeting Minutes

Thursday, April 17, 2025

1:00 pm -2:30 pm

Date of meeting: Thursday, April 17, 2025

Start time: 1:00 pm

End time: 2:30 pm

Location: Virtual Meeting (Zoom)

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| --- | --- | --- | --- |
| **Votes** | **Members** | **Present** | **Vote 1\*** |
| **1** | **Secretary Robin Lipson** – Secretary, Executive Office of Aging & Independence (AGE) *(Chair)* | X | X |
| **2** | **Dr. Jessica Zeidman** – Deputy Commissioner/Chief Medical Officer, Department of Public Health | X | X |
| **3** | **Pavel Terpelets** – Director of Institutional Programs, Office of Long-Term Services and Supports (OLTSS), MassHealth | X | X |
| **4** | **Carolyn Fenn** – State Ombudsman and Director of the Long-Term Care Ombudsman Program, EOHHS | X | X |
| **5** | **Representative Thomas Stanley** – State Legislator, Mass. House of Representatives  | X | X |
| **6** | **Senator Patricia Jehlen** – State Legislator, Mass. Senate | X | X |
| **7** | **Senator Mark Montigny** – State Legislator, Mass. Senate | X | X |
| **8** | **Matt Salmon** – CEO, Salmon Health and Retirement | - | - |
| **9** | **Tara Gregorio** – President, Massachusetts Senior Care Association (MSCA) | X | X |
| **10** | **Mathew Muratore** – Appointee of the House Minority Leader | X | X |
| **11** | **Beth Anderson** — An Appointee of the Governor, Vice President at EPOCH Senior Living  | X | X |
| **12** | **TBD** | - | - |
| **13** | **TBD** | - | - |
| **14** | **Liane Zeitz** – Owner, Law Office of Liane Zeitz, the representative of the Massachusetts chapter of the National Academy of Elder Law Attorneys | X | X |
| **15** | **Elissa Sherman,** President of LeadingAge Massachusetts, Inc. | X | X |
| **16** | **Brian Doherty,** President & CEO of Massachusetts Assisted Living Association, Inc. (Mass-ALA) | X | X |
| **17** | **Jennifer Benson** – State Director of AARP Massachusetts | - | - |
| **18** | **Katherine Ladetto** – Assistant Professor, School of Nursing, Simmons University, the representative of the New England chapter of the Gerontological Advanced Practice Nurses Association | X | X |
| **19** | **Lainey Titus Samant** – Senior Advocacy Manager, Alzheimer’s Association, MA/NH Chapter | X | X |
| **20** | **Dr. Jennifer Maynard** –Executive Director, Massachusetts Program of All-Inclusive Care for the Elderly (Mass. PACE) | X | X |
| **21** | **Lindsay Mitnik** –Staff Attorney, Elder Law- Greater Boston Legal Services | X | X |

**\*** (X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

**Proceedings**

Secretary Robin Lipson welcomed everyone. She noted that this meeting was subject to the Open Meeting Law and any votes the Commission takes will be subject to a roll call vote. Bill Travascio took attendance via roll call (see chart above).

Secretary Lipson noted that today’s agenda is about transparency and consumer protections. This PowerPoint presentation was used in the meeting: [download](https://www.mass.gov/doc/alr-commission-consumer-perspectives/download). Whitney Moyer, Chief Operating Officer at the Executive Office of Aging & Independence (AGE), will present first. Rose-Marie Cervone, Liane Zeitz, Lindsay Mitnik, and Kathleen Lynch Moncata will present on transparency and consumer protections, with a focus on the consumer perspective. The Commission will scrutinize the advertising practices so that we understand what we might to do to ensure there is clear, transparent information for prospective Residents and families.

Secretary Lipson mentioned that as required by the statute, we have scheduled a public hearing for May 15th on Zoom from 1pm-3pm. The hearing is to gather community perspectives around Assisted Living Residences (ALRs). We want to hear about challenges in ALRs and help us understand what is working well in ALRs. This hearing is open to everyone. Secretary Lipson asked that Commission members share the information about the hearing with their colleagues and networks.

Ms. Cervone asked about how ALR Residents and families will hear about the public hearing. Ms. Moyer noted that we have shared this with the ALR Advisory Council and we will also be sharing it with all ALRs with the instruction that they share it with Residents and families. We were not planning on publishing it in the *Boston Globe*, but we can take that back as something to look into. Ms. Cervone noted that the *Boston Globe* might not be the right forum, but it would be valuable to have testimony from families and Residents--a lot of times it is hard to know that things are going on that affect them.

Senator Patricia Jehlen asked if the Commission will accept written testimony. Secretary Lipson noted that we will accept written testimony. Senator Jehlen asked if there are any social media ways that individuals in ALRs communicate nowadays. Tara Gregorio noted that she can share this information with her members, and she will emphasize that the Commission is looking to hear from Residents and their family members. Elissa Sherman will do that as well. Carolynn Fenn will make sure the Long-Term Care Ombudsman team is aware of the public hearing and telling Residents in ALRs about the public hearing.

Whitney Moyer’s presentation was titled Massachusetts Consumer Protections for ALR Residents and families. *See* Slide 9. She noted that she has a few prompting questions, such as: (1) how can we improve transparency and access to key ALR information for ALR Residents and families? (2) What regulatory or operational changes would strength consumer protections around finances, contracts, and Resident rights? (3) How can Massachusetts ensure ALRs adapt safely to Residents’ changing care needs—especially complex ones, while preserving autonomy and within a residential model. *See* Slide 8.

In current state, as part of the consumer protections for Residents, there is a certification process. *See* Slide 10. AGE is the regulatory agency that oversees the certification of ALRs. AGE certifies all ALRs that advertise as ALRs here in Massachusetts. With that, AGE conducts onsite compliance reviews as part of the recertification process every two years. AGE also does ad hoc in-person visits as well, depending on certain levels of incident reports or complaints. There are Resident rights that are protected under M.G.L. c. 19D, that include Residents being able to refuse services, that there needs to be participation in service planning, that there are privacy protections, and that landlord tenant protections apply. ALRs are subject to landlord tenant law, including security deposit rules. In terms of financial protections, there are prohibitions on ALRs controlling a Resident’s funds. There are regulatory requirements that require transparency on fees. Medicaid estate recovery in Massachusetts is limited to the federal minimum.

To give a deeper view on some of the statutory and regulatory consumer protections that exist today, individual service plans need to include Residents as part of that service planning--but what does that look like and what does that feel like? *See* Slide 11. There are requirements aimed at preventing inappropriate placements. Within the regulations, ALRs are to ensure that Residents receive proper assessments before residing in the ALR and as well as during their stay. ALRs cannot admit Residents that require 24-hour skilled nursing supervision unless that Resident elects to receive Basic Health Services from ALRs that are certified to provide such services or from qualified third parties. Skilled nursing that goes beyond Basic Health Services can only be provided under specific conditions, such as though certified home health agencies or hospice. ALRs are required to have 24/7 on-site staff and emergency response systems. There are mandatory reporting requirements regarding incidents that affect Residents—these incidents need to be reported within 24 hours to AGE. Additionally, there are elder abuse protections and mandatory reporting laws that apply.

As part of Chapter 197 of the Acts of 2024, there were significant reforms that were focused on enhancing transparency and expanding service offerings for ALRs. *See* Slide 12. Basic Health Services now can be offered in ALRs. AGE is updating its regulation regarding how an ALR can become certified to provide Basic Health Services to its Residents safely. Basic Health Services include injections, simple dressing changes, oxygen management, specimen collection with home diagnostic tests, and applying ointments or drops. These services were provided during the Covid-19 pandemic because there were waivers that allowed for these services to be provided. Those waivers expired and now we are working to ensure the continuation of services at that level can be delivered by ALRs that are certified to deliver them. ALRs that offer Basic Health Services will be certified annually.

There are also increased transparency requirements—the ALR must disclose all officers, directors, trustees, and shareholders or partners with a 5% or greater interest. Regarding oversight and enforcement, a dedicated Commission was formed to study the sector and recommend policy improvements. Additionally, AGE may impose fines of up to $500 per day for Sponsors or Applications who fail to comply with ALR requirements. There are now whistleblower protections prohibiting ALRs from retaliating against employees or Residents who, in good faith, report violations of law, rules, or regulations or raise concerns about public health, safety, or well-being.

The Attorney General’s Office is actively working on drafting consumer protection regulations for ALRs under the consumer protection statute, M.G.L. c. 93A. The key enhancements include prohibiting unfair and deceptive business practices, authorizing the Attorney General to promulgate regulations requiring disclosures about contractual terms, and allowing for the declaration of certain acts and practices that would be deemed unlawful.

The regulations that AGE is working on are drafted and going through an administrative process right now, before they go out for public comment. Hopefully the regulations will be available for public comment while this Commission is still meeting. The public comment process is important and necessary.

Secretary Lipson noted that we have colleagues at this meeting from the Attorney General’s Office, including Mary Freeley, who runs the Elder Justice Unit at the Attorney General’s Office and at least one of her colleagues. Mary Freeley thanked Secretary Lipson for inviting her to attend and hearing the issues that are being discussed today. Ms. Freeley noted that they are similarly going through the drafting process with their regulations. Her team implemented a “feet forward” effort where they gathered information from the public.

Katherine Ladetto, a nurse practitioner who works in long-term care, asked for clarification on Slide 12. She noted that the majority of the ALRs that she worked in were not able to provide skilled care during the Covid-19 pandemic and post-covid. Ms. Moyer noted that skilled care could be provided in ALRs during the Covid-19 pandemic, but the ALRs that did provide skilled care had to go through a process of notifying AGE.

Ms. Moyer reiterated that on March 31, 2025, the skilled care waiver expired. There were less than 10 Residents in the whole state who were still receiving skilled care at ALRs. AGE managed and monitored the situation to make sure there would be no adverse impact on a Resident if they were having these services. At this time, no ALR can provide Basic Health Services. AGE is updating the regulations to account for ALRs providing Basic Health Services. The regulations will outline the expectations around how AGE would certify ALRs to provide Basic Health Services.

Ms. Ladetto had another question which was we are privy to any of that information or any documents that Ms. Moyer mentioned. Ms. Moyer noted that with the regulations there will be a public comment period. AGE will take the comments and feedback under advisement. AGE will make any updates as needed to those regulations based on public comment. Ms. Ladetto also asked if there was any way to find out what facilities were providing skilled care to those ten Residents or if we could find out where the ALRs providing the skilled care were located. Secretary Lipson noted that it might not be relevant to have that information at this point. Secretary Lipson added that as required by the statute, AGE drafted the regulations in consultation with our colleagues at the Department of Public Health.

Brian Doherty, of the Massachusetts Assisted Living Association, stated that in 2020 and 2021, a lot more communities were providing these skilled care services to Residents. It was important to enforce visitor restrictions. There was a lapse, during which time we were waiting to see if the Legislature would extend the waiver, which the Legislature did extend multiple times. The extensions were signed by both Governor Baker and Governor Healey. During that lapse, providers had to plan to find different provisions for services for Residents. A lot of communities decided that since they had already planned to transition off of providing skilled care services, they would not go back to providing those skilled care services. The ALRs would wait to see if being able to provide skilled care services would be made permanent. That leads us to the current state where a lot of providers are waiting to see how the regulations come out to determine if they would like to opt in and ask to provide Basic Health Services.

Senator Jehlen wondered what happened to the ten people who were getting skilled care services and now are apparently not. Ms. Moyer noted that the Residents who were receiving skilled care are continuing to receive those services. Therefore, there was no break in services for these Residents.

Tara Gregorio mentioned that she submitted a public records request. She found that very few ALRs were providing Basic Health Services. She could also see which skilled care services the ALRs were providing. The provision of ALRs providing skilled care was a good pioneering initiative because it helped to inform our comments on this legislation and ensure that what we were hearing from both providers and consumers in regard to disclosure and making sure people fully understand what the services are, that there are tight guiderails, what the costs will be, and compliance. This legislation was informed by those early pioneers that did take on Basic Health Services when they were available. We learned a lot and the law was responsive to that.

Kathleen Lynch Moncata noted that she and Rose-Marie Cervone were invited as guests to provide their consumer experiences as family members of ALR Residents. *See* Slide 15. Ms. Moncata noted that consumer protections pervade every topic that this Commission intends to address. Ms. Moncata noted that as an attorney, she is contacted by family members and then she hears about the problems at ALRs. Today, she is here as a family member of an ALR Resident. No matter whatever “hat” she is wearing, Ms. Moncata’s goal is to provide information to families so that they can make informed decisions and know what they are getting into.

Rose-Marie Cervone discussed her personal experience of having a family member reside in an ALR. She mentioned that the ALR failed to isolate contagious Residents. Additionally, there was insufficient monitoring of ill Residents. Further, with decreased mobility there is increased isolation. *See* Slide 19. It is nice to go to activities at the ALR. The social aspect of ALRs is what differentiates ALRs from skilled nursing facilities. It is important for ALRs to provide individualized care to their Residents. She thinks that when Residents become less mobile, those Residents don’t participate in the community in the same way. There are some ALR Residents who use wheelchairs who can self-propel--these Residents you will see at activities. However, in her experience, you do not see the wheelchair-dependent Residents at all the activities. You tend to see them at dinner or lunch—usually they come late, and they do not sit with anybody. It becomes much more isolating when Residents cannot get themselves to activities.

Kathleen Lynch Moncata mentioned that she’s had 4 family members reside in ALRs—each with different circumstances. *See* Slide 20. ALRs allows for independence, but with a safety net. A big concern for Ms. Moncata is that a Resident does not outlive his or her finances. There aren’t many ALRs that accept low-income housing tax credits and PACE for eligible Residents. An Executive Director at an ALR that Ms. Moncata has spoken with ensured Ms. Moncata that even if a Resident runs out of funds, the Resident will not need to move.

A married couple may want to stay together under one roof—so the couple may choose one that is affiliated with a nursing home. The ALR’s marketing director assures the family that if one Resident requires nursing home care, even for a brief rehab, that Resident would have priority as a Resident of the ALR. The couple will remain under the same roof. However, the nursing home does not hold the bed for an ALR Resident as Ms. Moncata thought—priority meant that if a nursing home had only one bed available and two individuals sought the same bed at the same time, the ALR Resident had priority over a non-Resident. Because of this, a couple may need to receive rehabilitation care at separate facilities.

In another experience Ms. Moncata had with an ALR, Ms. Moncata could not get in touch with a Resident. Ms. Moncata called the police. The police found the Resident on the floor at the ALR. The Resident had been on the floor for hours. The family had hoped that by living in an ALR community, the Resident would not be left on the floor for any length of time. The ALR marketing director had assured the family that staff conducted frequent bed checks during the evening—as frequently as every 15 minutes, and that the Resident’s history would not repeat itself..

Another evening, Ms. Moncata was awakened by a call from the ALR. The Resident was being sent out to the hospital. Ms. Moncata went to the ALR and saw the Resident lying on the floor. Ms. Moncata begins to call 911 and then a young aide appeared in the doorway. Ms. Moncata told the aide to call for an ambulance. Ms. Moncata asked the aide what happened. The aide said she checked on the Resident around 1am or 2am. The aide saw the Resident on the floor and asked the Resident if they were okay. The Resident replied that they were okay. The aide never turned on the light or moved closer to the Resident. Instead, the aide moved on to another Resident. Ms. Moncata asked about the bed checks that the ALR was supposed to conduct. The aide said she got busy with another Resident down the hall. Ms. Moncata asked if anyone else was working with the aide. The aide was a floater between dementia neighborhoods and the other aide was busy with another Resident. The aide attempted to explain why she never got back to the Resident. The aide mentioned that the Resident never pulled the call cord. Ms. Moncata noted that the Resident, because of their medical condition, isn’t aware that there is a cord.

Ms. Moncata determined that the Resident remained on the floor for hours until someone noticed and finally called Ms. Moncata. Falls happen, but the ALR had insufficient staffing, and the young aide was inadequately trained. Ms. Moncata now advocates for other ALR Residents and families.

A common complaint is that no one responds to the pendants when a Resident calls for assistance. *See* Slide 21. There is a tracking system for how long it takes for an aide to respond to the pendant. An aide can come into the Resident’s room to respond to the pendant, but then leave to take care of another Resident, and not assist the Resident who pressed the pendant with whatever they needed assistance with. The Resident’s family is now putting cameras in the Resident’s Unit.

Another complaint is that families feel “nickeled and dimed”, but they are at the mercy of care providers and the ALR. *See* Slide 22. One ALR makes a distinction between the financial move-in date and the physical move-in date. The financial move-in date is when you sign the documents, and the physical move-in date is when the Resident is physical present in the ALR. The charges begin as soon as you sign the documents. This family was charged $398 per day for rent, meals medication assistance and service before the Resident even moved in.

In another instance, a husband with Parkinsons was there for hospice. *See* Slide 23. The ALR was told that the husband was a fall risk. When the husband entered the ALR, he could eat in the dining room and he enjoyed playing Rummikub with his wife. Within three days of admission, the husband fell trying to get out of bed during the night. He wasn’t injured. Four nights later, the husband fell again under the same circumstances. The staff later found him on the floor. The husband died after being a Resident for only 8 days.

Lindsay Mitnik, a representative of Greater Boston Legal Services (GBLS), addressed transparency of information, which includes three subsections: (1) costs and billing practices; (2) selection of a particular ALR; and (3) what should be available to the public. *See* Slide 24. Her perspective comes from working with low-income individuals, which is the not the majority of Residents in ALRs. Inevitably, this affects the percentage of Residents who are not white or folks who lack family support. The lack of transparency of costs and billing specifically can impact already vulnerable and under-resourced groups and communities. Low-income folks often only have access to an ALR through a subsidy program and they don’t have the funds for any surprise or surplus fees. Costs and billing practices are a core issue of the eviction cases that Ms. Mitnik sees and getting information can be hard, even when an attorney is involved.

Ms. Mitnik mentioned two recent case examples. *See* Slide 25. GBLS is working on a case related to ancillary fees for PACE Residents who live in low-income housing tax credit units at a specific ALR. Adding additional fees on top of the maximum rent payment is a serious violation of subsidy program rules. The Residents are currently left with just $100 each month after these additional fees. Due to the lack of transparency as to what these fees go towards and as well as how the subsidized programs assist them in paying for their residency at the ALR, Residents didn’t realize that the ALR shouldn’t be charging them this fee. This case is currently in court. Ms. Mitnik read a quote from a *WGBH* news article. “MacMaster and several other low-income disabled residents at Prospect House have joined a class action lawsuit recently filed in U.S. District Court in Massachusetts, alleging that they are being charged are a violation of state and federal housing laws. They want answers. ‘There’s so many people there that [have] no idea what they’re paying for,’ MacMaster said.” *See* https://www.wgbh.org/news/local/2024-10-31/residents-sue-assisted-living-facility-over-fees-that-drain-their-income. The *Boston Globe* article was put into the chat. *See* [Seniors need protections in Mass. assisted living industry](https://www.mass.gov/doc/boston-globe-lawsuit-against-revere-assisted-living-home-highlights-residents-vulnerability-to-predatory-fees/download)

The second example is about a Resident who was participating in PACE. She owed money to her ALR. The ledger she received was not properly itemized. She could not determine what the owed money was for. She could not do her own determination of whether or not the ALR was correct in the amount she said she owed. It was nearly impossible for her to get any kind of financial assistance. It was also unclear what the ALR could legally collect through the eviction process. It took Ms. Mitnik’s involvement and a lot of back and forth with the ALR’s attorney to break down about what the ledger meant, including the purpose of the different fees, the amount the Resident was supposed to be paying, and what counted as rent for purposes of financial assistance. This is an important example of how a lack of even basic transparency can lead to very real and harmful outcomes. Both cases demonstrate how a lack of transparency can lead to a lack of accountability and potential for financial abuse of lower-income elders with disabilities. If someone doesn’t know what they are paying or why, then they can’t know, if subsidy rules are being violated, or if the Resident is being charged fees through the housing court that should not be collected through the housing court. There are a lot more examples like both of these cases.

Liane Zeitz presented next. One of the big issues she has seen as an advocate is there isn’t a lot information readily available for people who are looking at ALRs. *See* Slide 26. There is not a way for Residents to compare ALRs the way there are for nursing home residents. There has been a move to put more information on the AGE website and we are hopeful that that will be addressed—much more information should be made available on the website. There should be inspection and incident reports available. It shouldn’t be necessary to submit a public records request to AGE to receive information on a particular ALR. Many Residents do not consult with an attorney, do not have advocacy skills, and do not know how to obtain this information. The Mass-ALA resource book and website are a great source of information, but people don’t always know to look at that information. Often times people rely on representations made by marketing individuals. Those promises made by marketing individuals are not made as part of a contract. The information they received from the marketing individual does not reflect the reality of the services that they are offered.

As an attorney, Ms. Zeitz reviews residency agreements, but she thinks the majority of people do not consult with attorneys. The residency agreement is a contract that Residents don’t readily understand. Often times families are trying to make a quick decision in an urgent situation to find a placement for someone. Ms. Zeitz noted that Minnesota has a detailed uniform disclosure form. *See* [Minnesota Uniform Disclosure Document](https://www.mass.gov/doc/uniform-disclosure-of-assisted-living-services-amenities/download) The form is comprehensive. She thinks it would make sense to incorporate some of the provisions and the manner of that disclosure. *See* Slide 28. The form is required to be given to the state regulatory agency. Every prospective applicant is supposed to be given that form and they are supposed to be told specifically what type of staff is available, as well as what type of care the ALR thinks will be needed and how the care will be provided. There is a lot of information on the form which helps ensure that prospective Residents are making an informed decision.

The community fee case, also known as the *Ryan* case, which was decided by the Massachusetts Supreme Judicial Court in 2019, is now back up on appeal. *See* Slide 29. Since 2019, Ms. Zeitz has seen numerous ALR contracts that require a community fee that does not bear any resemblance or any explanation to what that fee is supposed to cover. The Attorney General’s Office did just issue junk fee regulations that arguably would cover this issue. She thinks this issue calls for further regulation by AGE to specify exactly what fees can be charged upfront and how they can be charged. People are often confused about the additional fees (i.e. continence fee, medication management, laundry). It is important for that to be spelled out carefully.

ALRs often request a third-party guarantee of payment, but this guarantee of payment must be made knowingly and voluntary. Additionally, any waiver of liability, any pre-dispute agreement to arbitrate, and any waiver of constitutional rights (such as the right to a jury trial) must be made knowingly and voluntary. Individuals need to be aware that they do not have to agree to those provisions. The importance of the chapter 93A regulations is that it gives Residents an entry to level the playing field. Under the new law, AGE will be collecting information of ownership—this information should be made available online.

It is important to have family councils and Resident councils--Minnesota law requires them and the nursing home reform law requires them of nursing homes. It provides Residents and their family members with a way to advocate successfully.

Senator Mark Montigny thanked the speakers and noted that he greatly appreciated the critical comments. Secretary Lipson heard four discreet buckets: (1) marketing and disclosures—what is promised versus the reality; (2) staffing and clinical considerations—the care and support of Residents as well as staffing requirements and training; (3) publicly accessible and easily available information so that people can compare and contrast ALRs; and (4) how do we think about ALRs as Residents’ conditions change. How do we think about supporting both the Residents and the ALRs in these situations.

Beth Anderson has worked in the ALR industry for a provider for 30 years. She wants to point out that she has a very high satisfaction rate amongst her Residents and families—in some places it is over 90%. It is a highly sought after product that is driven by consumer choice. She doesn’t want to forget that part. Beth’s company has operated in 15 states across the country and also in New England (MA, CT, NH, RI). There is no other state that we operate in that has the disclosure requirements that Massachusetts does. We have a residency agreement cover sheet, a residency agreement, a disclosure statement, and the disclosure statement has attachments to it—all together these disclosures are over 100 pages. There are a lot of good providers in Massachusetts, and we comply with the laws and regulations.

Katherine Ladetto asked if the levels of care in ALRs standardized or are they more subjective to a particular ALR. Secretary Lipson noted that ALRs do not have levels of care like the way nursing homes do. Some ALRs do have special memory care or dementia units—that would be the big differentiation. Brian Doherty added that there are two different forms of medication assistance—limited medication administration and self-administered medication management. Some communities have a two people assist option for Residents, others are not providing that level of service. Secretary Lipson noted that this boils down to individual service planning that is person-centered and Resident-specific. Mr. Doherty confirmed that every Resident has an individualized service plan created based on a recent physician assessment that then gets updated any time there is a change of condition.

Tara Gregorio thanked the speakers. Ms. Gregorio asked Ms. Moncata if there was any enforcement or investigation by AGE regarding the situations Ms. Moncata spoke about. Ms. Moncata stated that she knows there was an incident report filed with AGE, but she was not privy to it. Ms. Moncata does not know what happened or if there were any repercussions in the ALR. To Ms. Moncata’s knowledge, there was no enforcement or investigation by AGE.

Secretary Lipson asked everyone to look at Slide 33 and jot down their thoughts. Our goal here is to toward solutions and improvements. She asked that everyone think about the answers to those three questions on Slide 33. The Commission’s next meeting is on May 7th. We will be talking about safety standards and the integration of Basic Health Services.

**Vote I to adjourn the meeting: A** motion to adjourn was made and seconded. The motion was approved by roll call vote (see detailed record of votes above).

The meeting was adjourned at 2:30 pm.

**Meeting Materials**

1. PowerPoint Presentation which includes the presentations given by Whitney Moyer, Rose-Marie Cervone, Liane Zeitz, Lindsay Mitnik, and Kathleen Lynch Moncata: [download](https://www.mass.gov/doc/alr-commission-consumer-perspectives/download)
2. Boston Globe Article: [Seniors need protections in Mass. assisted living industry](https://www.mass.gov/doc/boston-globe-lawsuit-against-revere-assisted-living-home-highlights-residents-vulnerability-to-predatory-fees/download)
3. Minnesota Uniform Disclosure of Assisted Living Services & Amenities Document: [Minnesota Uniform Disclosure Document](https://www.mass.gov/doc/uniform-disclosure-of-assisted-living-services-amenities/download)