



COMMONWEALTH OF MASSACHUSETTS
THE GENERAL COURT
STATE HOUSE, BOSTON, MA 02133

House Clerk Carroll and Senate Clerk Hurley,

On behalf of the Special Commission on Continuing Care Retirement Communities (CCRCs) and Co-Chairs Senator Jehlen and Representative Stanley, please accept the Commission's final report. Established in Section 29 of Chapter 197 of the Acts of 2024, the Commission was charged with studying and reporting on CCRCs, their care contracts and their impact on consumers; financial viability; the payment and return of entrance fees; statutory and regulatory oversight of such communities, including any activities by state agencies to enforce regulatory requirements; advertising practices; and regulatory procedures for the closure or change of ownership.

Thank you.

Regards,

A handwritten signature in black ink that reads "Thomas M. Stanley".

Representative Thomas M. Stanley
9 Middlesex District

A handwritten signature in blue ink that reads "Pat Jehlen".

Senator Patricia Jehlen
2 Middlesex District

Special Commission on Continuing Care Retirement Communities Report

Established in Section 29 of
Chapter 197 of the Acts of 2024



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Commission Overview



- The CCRC Commission was established in [Section 29 of Chapter 197 of the Acts of 2024](#), *An Act to Improve Quality and Oversight in Long-Term Care*.
- The Commission was co-chaired by **Representative Thomas M. Stanley** and **Senator Patricia D. Jehlen**, Chairs of the Joint Committee on Aging and Independence. Commissioners included industry professionals and administrators, lawmakers, advocates, and CCRC residents.
- The Commission met 8 times between April and July 2025, including a public hearing on 6/16/25. All meetings were held virtually on Zoom.
- The Commission was required to submit recommendations to the Clerks of the Senate and House of Representatives, the Joint Committee on Aging and Independence, and Senate and House Committees on Ways and Means **by August 1st, 2025**.

Commission Members



Name	Affiliation
Thomas M. Stanley	House Chair of the Joint Committee on Aging and Independence
Patricia D. Jehlen	Senate Chair of the Joint Committee on Aging and Independence
John J. Ford	Massachusetts Chapter of the National Academy of Elder Law Attorneys
James Freehling	LeadingAge Massachusetts, Inc.
Jean Stringham	Massachusetts Life Care Residents' Association, Inc.
Jessica Costantino	AARP Massachusetts
Lorraine Kermond	Alzheimer's Association
Matt Hollingshead	Massachusetts Assisted Living Association, Inc.
Robin Lipson	Secretary of Executive Office of Aging and Independence
Steve Davis	Department of Public Health
Tara Gregorio	Massachusetts Senior Care Association, Inc.
Valerie Frias	Office of the Attorney General
Christine M. Griffin, Esq.	CCRC Resident Appointed by the Governor
Dave VanArsdale	CCRC Resident Appointed by the Governor
Henry DeLima	1199 SEIU Massachusetts

Commission Meetings



Date	Topic
3/24/25	Introduction and objective setting
4/8/25	What are CCRCs? Care contracts, consumer impacts, resident feedback
5/5/25	Existing regulatory oversight, closing and change of ownership procedures
6/2/25	Financial viability, entrance fees (including payment and return), advertising practices
6/16/25	Public hearing
6/23/25	CCRCs in California, consumer protection
7/7/25	Opus CCRC model by 2Life, discussing potential recommendations
7/28/25	Finalizing commission recommendations

Glossary of Terms



- **Assisted Living Residence (ALR):** private residences that offer, for a monthly fee, housing, meals, and personal care services to aging adults who live independently; overseen by Executive Office of Aging & Independence (AGE)
- **Executive Office of Aging & Independence (AGE):** executive agency responsible for addressing the needs of older adults in the Commonwealth
- **Continuing Care¹:** the furnishing to an individual, other than an individual related by consanguinity or affinity to the person furnishing such care, of board and lodging together with nursing services, medical services or other health related services, regardless of whether or not the lodging and services are provided at the same location, pursuant to a contract effective for the life of the individual or for a period in excess of one year
- **Continuing Care Retirement Community (CCRC)²:** also referred to as '**life plan communities**'; must provide board and lodging together with nursing services, medical services or other health related services, regardless of whether or not the lodging and services are provided at the same location
- **Entrance Fee¹:** an initial or deferred transfer to a provider of a sum of money or other property made or promised to be made as full or partial consideration for acceptance of a specified individual as a resident in a facility. No part of any fee payable on a periodic basis for board, lodging, medical or other health related services rendered by the provider to a resident shall be considered as constituting an entrance fee. No application charge or other sum payable in addition to such periodic fees, which does not exceed four times such periodic fees, shall be considered as constituting an entrance fee.

¹[M.G.L ch.93 § 76](#)

²[CCRC Consumer Guide](#)

Glossary of Terms



- **Entrance Fee Refund²**: return of initial entrance fee once a resident leaves the CCRC or dies, minus 1 percent for each month of occupancy
- **Massachusetts Life Care Residents Association (MLCRA)**: state-wide, non-profit volunteer organization that represents individual members and resident associations of Continuing Care Retirement Communities
- **Monthly Fee²**: monthly payment for room and board, and/or health related services on top of initial entrance fee
- **Provider¹**: a person undertaking to provide continuing care in a facility that charges an entrance fee
- **Resident/Consumer¹**: an individual entitled to receive continuing care in a facility
- **Skilled Nursing Facility (SNF)³**: a facility or units thereof that provide continuous skilled nursing care and meaningful availability of rehabilitation services and other therapeutic services in addition to the minimum, basic care and services required in 105 CMR 150 for residents who show potential for improvement or restoration to a stabilized condition or who have a deteriorating condition requiring skilled care; overseen by the Department of Public Health

¹[M.G.L ch.93 § 76](#)

²[CCRC Consumer Guide](#)

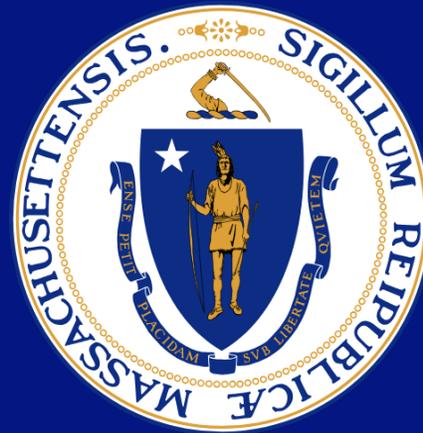
³[105 CMR 150](#)

Summary of Public Hearing



- More than a dozen residents testified in support of resident representation on their individual CCRC's board.
- Multiple constituents testified in support of changes to the entrance fee refund, expressing interest in there being a hard deadline when CCRCs need to return the money by.
- Commission received testimony in support of a new, clear definition of a CCRC, and/or that CCRCs become certified through AGE so consumers have a strong understanding of what the facility does and doesn't offer.
- Multiple residents testified that they were satisfied with their care at their CCRC and enjoyed the peace of mind they have living there.
- Commission received testimony from employees and administrators of CCRCs who enjoy working in the industry and feel that it is an important and needed part of the continuum of care.
- Commission received testimony in support of endorsing S478, An Act relative to disclosing continuing care retirement community entrance fees.

Findings by Charge



Commission Charge



The commission was charged to study and report on:

- I. Continuing care retirement communities, their care contracts, and their impact on consumers
- II. The financial viability of CCRCs
- III. The payment and return of entrance fees at CCRCs
- IV. Statutory and regulatory oversight of CCRCs, including any activities by state agencies to enforce those regulatory requirements
- V. Advertising practices communicated to potential residents and families about CCRCs
- VI. Regulatory procedures for the closure or change of ownership of CCRCs

Section 29 of Chapter 197 of the
[Acts of 2024](#)

The Commission was also required to:

- Submit a report with recommendations, including legislation or regulations necessary to carry out such recommendations, to the Clerks of the House of Representatives and the Senate, the Joint Committee on Aging and Independence and the Senate and House Committees on Ways and Means no later than **August 1st, 2025.**

Overall Findings



- I. CCRCs are a unique model that provide housing, medical care, and social support to residents across the Commonwealth.**
- II. Given key metrics, the CCRC industry in Massachusetts is financially robust and in-demand, though it can be financially challenging for CCRCs with SNF units.**
- III. CCRC entrance fees are an important aspect that allow communities to invest in capital and manage debt. Many residents and families feel that there needs to be more transparency and a deadline to when entrance fees are refunded.**
- IV. CCRCs lack a uniform regulatory body.**
- V. It can be confusing for consumers to know which communities are CCRCs and which communities are not.**
- VI. Since CCRCs lack a uniform regulatory body, there is no uniform procedure for the closure of or change of ownership of a CCRC.**

Charge I: The commission shall study and report on continuing care retirement communities, their care contracts and their impact on consumers

Charge I - Findings



Continuing Care Retirement Community (CCRC) Definition:

- CCRCs must provide board and lodging together with nursing services, medical services or other health related services, regardless of whether the lodging and services are provided at the same location.
- CCRCs must have a contract that is effective for the life of the individual or for a period more than one year.
- CCRCs charge an entrance fee. This entrance fee is separate and distinct from any fee payable to the CCRC on a periodic basis for board, lodging, medical or other health related services or an application fee.

[CCRC Consumer Guide \(AGE\)](#)

Entrance Fee Definition:

- An initial or deferred transfer to a provider of a sum of money or other property made or promised to be made as full or partial consideration for acceptance of a specified individual as a resident in a facility. No part of any fee payable on a periodic basis for board, lodging, medical or other health related services rendered by the provider to a resident shall be considered as constituting an entrance fee. No application charge or other sum payable in addition to such periodic fees, which does not exceed four times such periodic fees, shall be considered as constituting an entrance fee.

[M.G.L. ch. 93 § 76](#)

Charge I - Findings



Overview: CCRCs in Massachusetts

- The level of medical services offered by CCRCs varies, as not all offer an assisted living residence (ALR) unit or a skilled nursing facility (SNF) unit.
- CCRC occupancy is generally driven by personal consumer choice, rather than medical necessity as is often the case in ALRs or SNFs.
- Demand is high for CCRCs with an average occupancy rate of ~ **90%** and higher rates for non-profits. This results in lengthy waitlists for consumers.

Charge I - Findings



Residents of CCRCs tend to exhibit greater physical, social, and intellectual wellness compared to older adults in the community at large.

Physical Wellness	Emotional Wellness	Social Wellness	Intellectual Wellness	Spiritual & Vocational Wellness
CCRC residents exhibit better self-reported health and higher levels of physical activity compared to older adults in the community at large.	CCRC residents report higher life satisfaction and better perceptions of aging but experienced more depressive symptoms & less perceived control compared to their counterparts in the community at large.	CCRC residents report more frequent social interactions and lower rates of loneliness compared to older adults in the community at large.	CCRC residents report better self-rated memory and increased participation in intellectual activities compared to older adults in the community at large.	CCRC residents and older adults in the community at large report exhibit similar spiritual and vocational wellness.

Charge I - Findings



Contracts

- Minimum contract durations must be **greater than one year** but are often for the life of an individual
- CCRCs operate under 3 types of contracts, with select CCRCs offering multiple contract options to consumers.

	Type A: Life Care Contract	Type B: Modified Contract	Type C: Fee for Service Contract
Entrance Fee	Higher entrance fees: 0%/50%/90% refunds common	Lower entrance fee: 0%/50%/90% refunds common	Lowest entrance fee: 0%/50%/90% refunds common
Monthly Fee	Lower monthly fees, may be fixed	Varies depending on the facility but tends to be higher monthly fees	Higher monthly fees
Health care services	Unlimited, short-term or long-term	After specified amount of health services are used, residents pay for additional health care services (at a discounted rate or a full per diem rate).	Must be paid out of pocket

Charge I - Findings



CCRCs are required to submit the following information in their disclosure to new residents:

1. The name and business address of the provider and a statement of whether the provider is a partnership, corporation, or other type of legal entity.
2. The names of the officers, directors, trustees, or managing or general partners of the provider and a description of each such person's occupation with the provider.
3. A description of the business experience of the provider in the operation or management of similar facilities and of the manager of the facility if the facility will be managed on a day-to-day basis by an organization other than the provider.
4. A statement as to whether or not the provider is, or is affiliated with, a religious, charitable or other nonprofit organization; the extent of the affiliation, if any, the extent to which the affiliate organization will be responsible for the financial and contract obligations of the provider, and the provision of the federal Internal Revenue Code, if any, under which the provider or affiliate is exempt from the payment of income tax.

[M.G.L. ch. 93 § 76](#)

Charge I - Findings



CCRCs are required to submit the following information in their disclosure to new residents:

5. The location and description of the physical property or properties of the facility, existing or proposed; and to the extent proposed, the estimated completion date or dates, whether or not construction has begun and the contingencies subject to which construction may be deferred.
6. Certified financial statements of the provider, including (a) a balance sheet as of the end of the most recent fiscal year and (b) income statements for the three most recent fiscal years of the provider or such shorter period of time as the provider shall have been in existence. If the provider's fiscal year ended more than ninety days prior to the date the application is filed, interim financial statements as of a date not more than ninety days prior to such filing shall be included, but need not be certified.
7. If the operation of the facility has not yet commenced, a statement of the anticipated source and application of the funds used or to be used in the purchase or construction of the facility.

Charge II: The commission shall study and report on the financial viability of CCRCs

Charge II – Findings



Given key metrics, the CCRC industry in Massachusetts is financially robust and in-demand, though it can be financially challenging for CCRCs with SNF units.

Occupancy rate:

- A high occupancy rate indicates financial strength and security.
- A high occupancy rate is considered to be between 92% and 96%.
- The financial industry, including lenders and investors, consider the occupancy rate of a CCRC to be the most important financial metric.

Days of cash on hand:

- Days of cash on hand is a financial metric that indicates how long a company can cover its operating expenses using its available cash.
- If a CCRC has 720 days of cash on hand, this indicates that it is a financially strong community, as they can operate for 720 days without taking in new money.

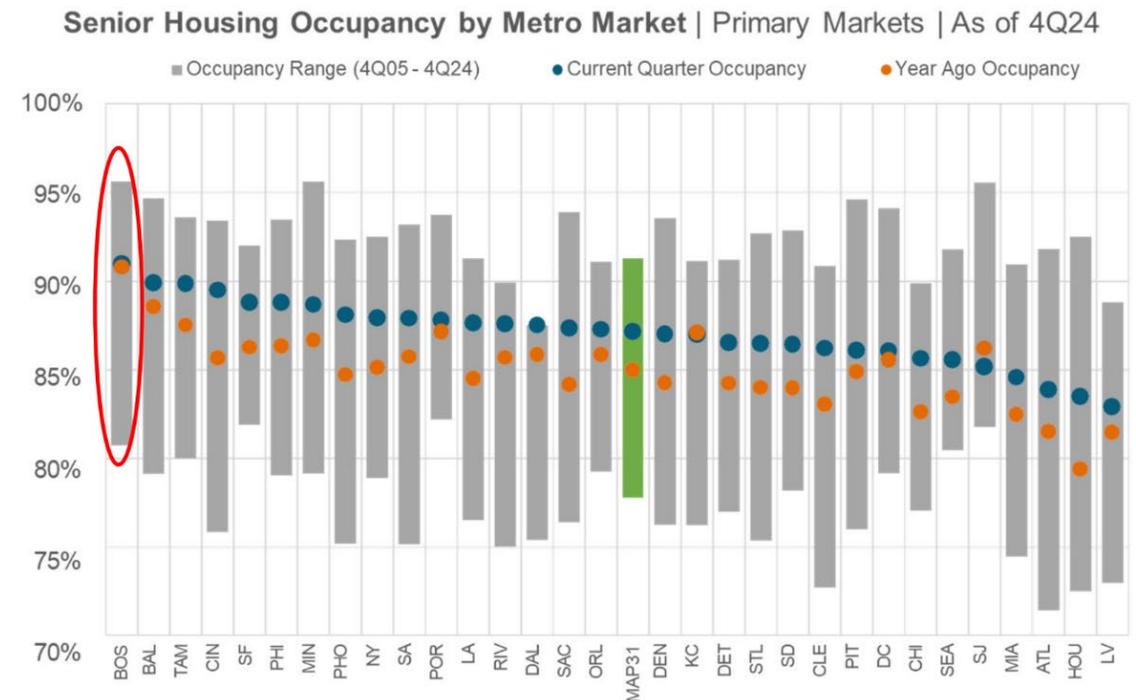
Charge II - Findings



Occupancy Rates

The Greater Boston market is one of the most highly occupied markets in the United States.

This graph indicates that supply hasn't kept up with demand. Most CCRCs have long waitlists, and there is a need to build more communities.



Source: NIC MAP® Data, powered by NIC MAP Vision

Source: NIC MAP Vision, Q4 2024

Graph from 6/2 presentation
by Keith Robertson, Ziegler

Charge II - Findings



Days of Cash on Hand

The table to the right includes several financial ratios that can be used to determine a CCRC's financial standing.

For a single-site CCRC:

- The 25th percentile has 266 days of cash on hand.
- The 50th percentile has 419 days of cash on hand.
- The 75th percentile has 720 days of days of cash on hand.

KEY RATIOS		CARF					
		Single-Site			Multi-Site		
		25%	50%	75%	25%	50%	75%
MARGIN	Net Operating Margin	-5.32%	1.98%	8.87%	-3.25%	0.44%	4.53%
PROFITABILITY	Net Operating Margin-Adjusted	10.78%	19.57%	27.96%	13.95%	18.27%	20.93%
RATIOS	Operating Ratio	108.08%	101.46%	95.91%	108.98%	105.13%	100.36%
	Operating Margin	-12.45%	-4.17%	1.48%	-17.48%	-3.51%	0.79%
	Total Excess Margin	-12.29%	-2.04%	3.57%	-14.23%	-2.16%	4.37%
LIQUIDITY	Days in Accounts Receivable	24	15	8	23	19	14
	Days Cash on Hand	266	419	720	166	308	439
	Cushion Ratio (x)	6.12	10.54	17.89	3.37	5.31	12.08
CAPITAL	Debt Service Coverage Ratio-Revenues Only	0.03x	0.66x	1.22x	0.24x	0.56x	1.02x
STRUCTURE	Debt Service Coverage Ratio	1.58x	2.30x	3.47x	1.52x	1.91x	3.85x
	Debt Service as a % of Total Operating Revenues & Net Nonoperating Gains & Losses	14.27%	10.07%	7.21%	12.55%	9.42%	8.12%
	Unrestricted Cash & Investments to Long-Term Debt	34.02%	55.70%	139.81%	23.43%	39.04%	67.39%
	Long-Term Debt as a % of Total Capital	131.71%	80.17%	51.75%	103.69%	88.83%	68.43%
	Long-Term Debt as a % of Total Capital-Adjusted	94.10%	54.14%	34.31%	80.23%	62.61%	45.86%
	Long-Term Debt to Total Assets	49.70%	37.42%	23.04%	48.60%	38.95%	34.52%
	Average Age of Facility (Years)	15.38	12.28	9.54	13.39	11.46	10.38
	Capital Expenditures as a % of Depreciation	70%	105%	199%	72%	113%	201%

Source: CARF 2023 publication is based on 2022 audited financials. CARF ratios computed using Annual Debt Service.

Table from 6/2 presentation
by Keith Robertson, Ziegler

Charge II - Findings



Days of Cash on Hand

The table to the right includes several financial ratios that can be used to determine a CCRC's financial standing.

For a multi-site CCRC:

- The 25th percentile has 166 days of cash on hand.
- The 50th percentile has 308 days of cash on hand.
- The 75th percentile has 439 days of cash on hand.

KEY RATIOS		CARF					
		Single-Site			Multi-Site		
		25%	50%	75%	25%	50%	75%
MARGIN	Net Operating Margin	-5.32%	1.98%	8.87%	-3.25%	0.44%	4.53%
PROFITABILITY	Net Operating Margin-Adjusted	10.78%	19.57%	27.96%	13.95%	18.27%	20.93%
RATIOS	Operating Ratio	108.08%	101.46%	95.91%	108.98%	105.13%	100.36%
	Operating Margin	-12.45%	-4.17%	1.48%	-17.48%	-3.51%	0.79%
	Total Excess Margin	-12.29%	-2.04%	3.57%	-14.23%	-2.16%	4.37%
LIQUIDITY	Days in Accounts Receivable	24	15	8	23	19	14
	Days Cash on Hand	266	419	720	166	308	439
	Cushion Ratio (x)	6.12	10.54	17.89	3.37	5.31	12.08
CAPITAL	Debt Service Coverage Ratio-Revenues Only	0.03x	0.66x	1.22x	0.24x	0.56x	1.02x
STRUCTURE	Debt Service Coverage Ratio	1.58x	2.30x	3.47x	1.52x	1.91x	3.85x
	Debt Service as a % of Total Operating Revenues & Net Nonoperating Gains & Losses	14.27%	10.07%	7.21%	12.55%	9.42%	8.12%
	Unrestricted Cash & Investments to Long-Term Debt	34.02%	55.70%	139.81%	23.43%	39.04%	67.39%
	Long-Term Debt as a % of Total Capital	131.71%	80.17%	51.75%	103.69%	88.83%	68.43%
	Long-Term Debt as a % of Total Capital-Adjusted	94.10%	54.14%	34.31%	80.23%	62.61%	45.86%
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Source: CARF 2023 publication is based on 2022 audited financials. CARF ratios computed using Annual Debt Service.

Table from 6/2 presentation
by Keith Robertson, Ziegler

Charge II - Findings



CCRCs with a SNF Unit

CHIA collects financial data about SNFs, including SNF units within CCRCs. The data comes from nursing home cost reports that MassHealth uses for rate renewal processes.

In 2022, 11 SNF units within CCRCs were operating with a negative profit margin. In 2023, the number decreased to 8 SNF units.

This suggests that it may be more financially challenging for CCRCs with SNF units to operate and speaks to the high cost of operating a SNF.

Charge II - Findings



 Name of CCRC	On Campus (Yes or No)		Overall Star NF Rating	2021 Total Margin	2022 Total Margin	2023 Total Margin
		DPH Licensed Beds				
89 South Senior Independent Living	No	54	4	Not Reported	Not Reported Not Reported	Not Reported
Briarwood Continuing Care Retirement Community	Yes	82	4	4.7%	-2.2%	1.8%
Brookhaven at Lexington	Yes	12	5	Not Reported	Not Reported Not Reported	0.0%
Brooksby Village Senior Living	Yes	104	5	6.9%	-35.3%	14.6%
Carleton-Willard Village	Yes	179	5	9.4%	-18.1%	7.6%
Edgewood	Yes	59	5	-13.8%	-28.7%	-13.3%
Kimball Farms Life Care	Yes	74	4	10.7%	0.9%	-16.1%
Lasell Village	Yes	38	5	Not Reported	Not Reported	Not Reported
Linden Ponds	Yes	132	5	-4.3%	-53.9%	5.5%
Loomis Lakeside at Reeds Landing	Yes	42	5	2.2%	-4.1%	-0.9%
Loomis Village	No	42	5	2.2%	-4.1%	-0.9%
Maplewood at Mayflower Place Retirement Community	Yes	72	1	-18.5%	-6.4%	-25.6%
NewBridge on the Charles	Yes	48	5	Not Reported	Not Reported	Not Reported
Newbury Court	Yes	42	5	1.6%	-3.0%	11.4%
North Hill	Yes	72	4	Not Reported	Not Reported	Not Reported
Orchard Cove	Yes	45	No Rating	Not Reported	Not Reported	Not Reported
Overlook Continuing Care Retirement Community	Yes	181	4	-4.6%	-13.7%	-12.9%
Southgate at Shrewsbury	No	99	4	-10.8%	2.4%	-6.8%
The Commons in Lincoln	Yes	32	5	Not Reported	Not Reported Not Reported	Not reported
The Village at Duxbury	No	120	5	2.6%	-1.8%	-2.2%
The Willows at Westborough	Yes	152	4	1.2%	6.8%	3.0%

Table from CHIA: CCRCS with a SNF unit in Massachusetts

Charge III: The commission shall study and report on the payment and return of entrance fees at CCRCs

Charge III - Findings



CCRC entrance fees are an important aspect that allow communities to invest in capital and manage debt. Many residents and families feel that there needs to be more transparency and a deadline to when entrance fees are refunded.

Charge III - Findings



CCRCs require entrance fees for all residents. The amount of the entrance fee can depend on the contract type signed by the resident.

	Type A: Life Care Contract	Type B: Modified Contract	Type C: Fee for Service Contract
Entrance Fee	Higher entrance fees: 0%/50%/90% refunds common	Lower entrance fee: 0%/50%/90% refunds common	Lowest entrance fee: 0%/50%/90% refunds common
Monthly Fee	Lower monthly fees, may be fixed	Varies depending on the facility but tends to be higher monthly fees	Higher monthly fees
Health care services	Unlimited, short-term or long- term	After specified amount of health services are used, residents pay for additional health care services (at either a discounted rate or a full per diem rate).	Must be paid out of pocket

Charge III - Findings



Most CCRCs have long waitlists for incoming residents, which means residents and their families receive their entrance fee refund in a timely manner.

However, some CCRC residents and their families have reported that it has taken months or in some rare cases, years, for their entrance fee to be refunded. The refunds are returned when the unit is reoccupied, so if a resident was occupying a less desirable unit, they may wait longer than other residents for their refund. Residents may also experience long wait times during times of crisis, such as recessions or pandemics.

Charge III - Findings



CCRCs use the entrance fee funds for several purposes:

- Capital improvements to the facility.
- In contract types A and B, it can be used as a pre-payment for future healthcare services.
- It can be used to pay down debt or enhance liquidity.
- Incoming entrance fees from new residents are used to refund the former resident and/or their family when they have moved out or have passed away.
- Amenities to the facility, including operating expenses.

Some CCRC providers argue that if they are required to refund an entrance fee before a unit has been re-occupied, it could jeopardize the community and the current residents living there and that a strict deadline for the entrance fee could stifle the development of new CCRCs.

Charge IV: The commission shall study and report on statutory and regulatory oversight of CCRCs, including any activities by state agencies to enforce regulatory requirements

Charge IV - Findings



CCRCs lack a uniform regulatory body.

- If a CCRC features a Skilled Nursing Facility (SNF) component, the Department of Public Health (DPH) has oversight over the nursing unit.
- If a CCRC includes an Assisted Living Residence (ALR) that is advertised independently from the Life Plan, the Executive Office of Aging and Independence (AGE) has oversight over the ALR.
 - Commission members expressed concern that some CCRCs may advertise "supportive care" rather than "assisted living" to bypass AGE oversight.
- Independent Living units in a CCRC do not have a regulatory body overseeing them.

Charge IV - Findings



AGE requires for CCRCs to submit a copy of the following information within 30 days of marketing of the facility begins:

1. the disclosure statement required under subsection (b) to be delivered to the persons with whom the contract for continuing care is to be entered;
2. the contracts for continuing care to be entered into by the provider under subsection (c) with a person who will occupy a living unit in a continuing care facility; and
3. any available advertising or promotional material to be used in conjunction with such marketing effort.

M.G.L. 93 § 76

Charge IV - Findings



Regulatory Body	Area of Oversight	What They Regulate / Enforce	Enforcement Powers
Executive Office of Aging & Independence (AGE)	Continuing care contracts & assisted living	<ul style="list-style-type: none"> • Disclosure statements, entrance fee rules (under M.G.L. c. 93 §§ 76–80) • Assisted living certification (M.G.L. c. 19D & 651 CMR 12.00) 	<ul style="list-style-type: none"> • Reviews contract terms • Can cite for non-compliance • Can suspend or deny assisted living licenses
Department of Public Health (DPH)	Skilled nursing facilities	<ul style="list-style-type: none"> • Nursing home components of CCRCs (M.G.L. c. 111 & 105 CMR 150) • Health and safety standards, staffing, inspections 	<ul style="list-style-type: none"> • Licensure authority • Fines, deficiency citations, license suspension or revocation
Centers for Medicare & Medicaid Services (CMS)	Federally certified nursing homes	<ul style="list-style-type: none"> • Applies only if CCRC nursing units accept Medicare/Medicaid • Quality of care, patient rights, infection control 	<ul style="list-style-type: none"> • Federal penalties • Payment suspension • Decertification

Charge IV - Findings



Attorney General's Office and Chapter 93A Protections

Chapter 93A enables the Attorney General to take legal action against unfair or deceptive conduct by businesses operating in the Commonwealth.

Residents of CCRCs can file complaints about misleading marketing or contract violations. Potential enforcement powers include investigations, civil enforcement actions, and consumer complaint resolutions.

Charge V: The commission shall study and report on advertising practices communicated to potential residents and families about CCRCs

Charge V - Findings



It can be confusing for consumers to know which communities are CCRCs and which communities are not.

According to [M.G.L. 93 § 76](#), "continuing care" is defined as the furnishing to an individual, other than an individual related by consanguinity or affinity to the person furnishing such care, **of board and lodging together with nursing services, medical services or other health related services**, regardless of whether or not the lodging and services are provided at the same location, pursuant to a contract effective for the life of the individual or for a period in excess of one year.

This means that CCRCs have to offer more than one type of care, but they don't have to offer the full continuum: independent units, assisted living units and SNF units. For example, some CCRCs may not have SNF units on campus but provide both independent and assisted units. Providers on the Commission also noted that their residents have a strong desire to stay in independent living as long as possible and there are new programs that allow residents to receive assisted living and skilled nursing care in their units.



Charge V - Findings

M.G.L. 93 § 76 defines "marketing" as including but not limited to the establishment of a waiting list, acceptance of money, property or other consideration or distribution of marketing brochures by the provider.

CCRCs are required to provide the following information to AGE:

1. the disclosure statement required under subsection (b) to be delivered to the persons with whom the contract for continuing care is to be entered;
2. the contracts for continuing care to be entered into by the provider under subsection (c) with a person who will occupy a living unit in a continuing care facility; and
3. **any available advertising or promotional material to be used in conjunction with such marketing effort.**

AGE is required make such information available to the public in a manner which shall allow residents and prospective residents to make informed choices regarding the selection of a provider, packages of services and coverage and care alternatives.



Charge V - Findings

Some communities that feature independent living may advertise themselves as a CCRC, which can be confusing for consumers.

The Executive Office of Aging and Independence maintains a [CCRC Consumer Guide](#), which has guiding questions for residents and their families to ask to fully understand what the facility offers and what contract they are entering.

Industry representatives have asserted that CCRCs with high occupancy and long waitlists generally do not need to advertise themselves.

Charge VI: The commission shall study and report on regulatory procedures for the closure or change of ownership of CCRCs.

Charge VI - Findings



Since CCRCs lack a uniform regulatory body, there is no uniform procedure for the closure of or change of ownership of a CCRC.

Charge VI - Findings



If there is a closure or change of ownership for a SNF unit within a CCRC, the CCRC will follow the procedure for a closure or change of ownership of a SNF regulated by DPH.

Closure procedure:

- The facility must notify DPH and those impacted by the closure or their intent to close at least 120 days before the proposed date.
- A public hearing will be scheduled at least 90 days before the proposed date.
- DPH will review and approve the closure plan.
- The facility will work with residents to find alternative placements.

Change of ownership procedure:

- The prospective owner must submit a notice of intent to DPH and those impacted 90 days in advance.
- A public hearing will be scheduled at least 45 days before the proposed change.

105 CMR 153.00



Charge VI - Findings

If there is a change of ownership for an ALR unit within a CCRC, the CCRC will follow the procedure for a change of ownership of an ALR regulated by AGE.

Change of ownership procedure:

- Any person or entity who intends to acquire a 25% or greater interest in an ALR must apply for certification to AGE at least 30 days prior to the transfer of ownership.
- If AGE receives the correct documents at least 30 days in advance, the applicant will be deemed temporarily certified, until AGE approves or denies their application.
- When a transfer of ownership happens, it is within the Secretary's discretion to conduct a full or partial compliance review.

651 CMR 12.00

Charge VI - Findings



The below includes changes made to closures or changes in ownership for ALRs in Chapter 197 of the Acts of 2024. The regulations are currently in development by AGE.

ALRs:

- Lowers the ownership disclosure during the certification process from 25% to 5%

Charge VI - Findings



The below includes changes made to closures or changes in ownership for SNFs in Chapter 197 of the Acts of 2024. The regulations are currently in development by DPH.

SNFs:

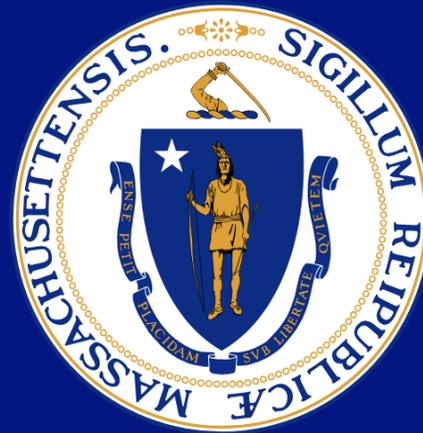
Chapter 197 of the Acts of 2024

During the suitability review for a new facility or a new owner, DPH will now consider:

- the criminal or civil litigation history of the applicant, potential transferee, or management company
- the financial capacity of the applicant, potential transferee, or management company
- the history of applicant, potential transferee, or management company in providing quality long-term care in the Commonwealth
- the history of applicant, potential transferee, or management company in providing quality long-term care outside the Commonwealth

Additionally, the law updates the definition of “owner” and expands the scope of oversight into management functions by including management companies. It also requires DPH to notify the Legislature within 3 business days of being notified of a long-term care facility’s decision to close.

Recommendations



Consensus



The CCRC Commission defines consensus as no stated opposition to any of the recommendations discussed.

Recommendations



The CCRC Commission came to a consensus on the following recommendations:

- I. Pass S.478, the disclosure bill, to increase transparency for consumers around the entrance fee refund**
- II. Update AGE's consumer guide**

Recommendation I



The CCRC Commission endorses and recommends passage of S478 to increase transparency for consumers around the entrance fee refund.

S478, An Act relative to disclosing continuing care retirement community entrance fees, would require CCRCs to give prospective residents a separate document that clearly states:

- The amount of the entrance fee to be refunded to the resident under the provider's contract
- The terms, conditions and explanation of the process by which the provider will make such refund to the resident after the resident leaves the facility or passes away

Recommendation II



The CCRC Commission recommends that AGE's consumer guide be updated.

- Recommend for AGE to collaborate with LeadingAge MA, MLCRA, Massachusetts Senior Care Association, Massachusetts Assisted Living Association, and AARP on updating the consumer guide.
 - Require AGE to update the consumer guide annually.
- Require that the consumer guide include a list of known CCRCs in the Commonwealth.
- Require that CCRCs give prospective residents access to the consumer guide.

Other Recommendations Considered



The CCRC Commission recommends further discussion on other recommendations considered, such as:

- A mandate that each CCRC board include not less than one resident member with voting rights.
 - The resident board member would be chosen by the residents of each CCRC.

Other Recommendations Considered



The CCRC Commission recommends further discussion on other recommendations considered, such as:

- Recommending that CCRC boards hold an open meeting each year.
 - The open meeting will be an opportunity for residents and family members to have their opinions and concerns heard by their respective CCRC's board.

Other Recommendations Considered



The CCRC Commission recommends further discussion on other recommendations considered, such as:

- Recommending changes to how CCRCs refund their entrance fees, including:
 - A sequential model, meaning that residents/families would receive their refund in the order of when they left the unit.
 - An interest model, meaning that the CCRC would pay interest to the resident or their family each month until the unit is re-occupied.
 - A blanket 1-year deadline, meaning that the CCRC would be required to issue the refund within 1 year of the resident leaving the unit.

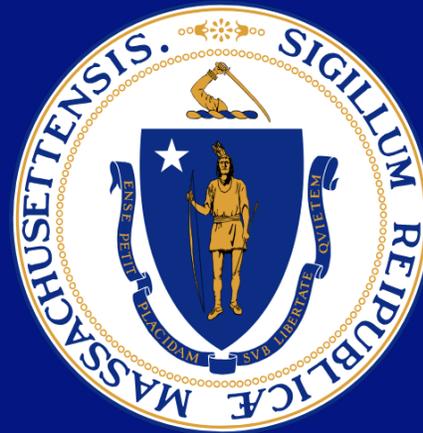
Other Recommendations Considered



The CCRC Commission recommends further discussion on other recommendations considered, such as:

- Recommending changes to how CCRCs are defined in the statute, including:
 - Recommending that AGE certify or register CCRCs, so consumers have a clear picture of which facility is a CCRC, and which facility is not a CCRC.
 - Requiring that all CCRCs offer the entire continuum of care. Currently, CCRCs are required to offer more than one type of care.

Letters Received From Advocates



AARP Massachusetts 1/3



July 11, 2025

The Honorable Thomas Stanley, Co-Chair
Special Commission on Continuing Care
Retirement Communities
Commonwealth of Massachusetts
State House, Room 167
Boston, MA 02133

The Honorable Patricia Jehlen, Co-Chair
Special Commission on Continuing Care
Retirement Communities
Commonwealth of Massachusetts
State House, Room 424
Boston, MA 02133

RE: Special Commission on Continuing Care Retirement Communities
Recommendations for 5 Key Areas

Dear Chairs Stanley and Jehlen:

AARP is the nation's largest nonprofit, non-partisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. On behalf of the nearly 38 million members nationwide and 760,000 members here in the Commonwealth, we urge the Commission to enhance current supportive housing options that increase an individual's ability to live longer in a community setting and to age in place.

AARP appreciates the opportunity to be part of the Commission and to recommend changes to current laws and regulations related to Continuing Care Retirement Communities (CCRCs) because Massachusetts residents and potential residents of these communities deserve quality and consumer protection.

CCRCs provide housing, social activities, health care, and supportive services under a variety of contractual arrangements that often include substantial up-front fees. Typically, they include guarantees of increasing levels of services as needed. CCRCs are usually campus-like complexes. Most residents live in private apartments, while the complex usually includes an assisted living building and a skilled-nursing home.

At a minimum, AARP believes all states should:

- Require CCRCs to provide all services promised to residents in their rental or sales agreement unless that agreement is voluntarily modified by a resident or resident council following a specified procedure that was set out and disclosed to residents prior to admission.

- Establish standards for sound financial planning and management practices to ensure a CCRC can deliver the services promised to residents.
- Address such issues as reserve funding, refund policies, escrow accounts and interest, marketing practices, audits, accounting practices, plain-language disclosures, and the role of resident councils in administering facilities.
- Require CCRCs to notify state licensing agencies of any developments that could lead to bankruptcy or a change in ownership, with severe penalties for failing to provide these required notifications.

More specifically, in Massachusetts, we recommend:

1. DISCLOSURE BILL – Support for Senate Bill No. 478: An Act Relative To Disclosing Continuing Care Retirement Community Entrance Fee

- a. AARP Massachusetts supports this bill.
- b. AARP Massachusetts recommends an explicit timeframe on entrance fee refunds be established in legislation.

2. ENTRANCE FEE REFUNDS – Support For Recommended Changes To How CCRCs Refund Their Entrance Fees

- a. AARP Massachusetts supports adopting the provision for a separate financial document.
- b. AARP Massachusetts supports entrance fee return deadline details.
- c. AARP Massachusetts supports entrance fee refunds within 90 days.
- d. AARP Massachusetts supports an explicit time frame for entrance fee refunds, but not more than 90 days.

3. DEFINITION OF CCRCs & MARKETING – Support For Recommended Changes To How CCRCs Market Themselves

- a. AARP Massachusetts supports requiring CCRC licensure/certification.
- b. AARP Massachusetts supports state licensure procedures that more closely regulate the way CCRCs can market themselves.
- c. AARP Massachusetts supports a robust process when the standards for CCRCs are updated including articulated standards for how certification/licenses will be regulated/renewed including:
 - What will be looked at and when,
 - How vetting will be conducted, and
 - What are the qualifications and disqualifications for being approved, not just what needs to be submitted.
- d. AARP Massachusetts supports changes to existing law to require robust financial requirements to ensure financial solvency.

AARP Massachusetts 2/3

4. AGE (The Executive Office of Aging and Independence) GUIDE – Support For Recommended Changes To The CCRCs Consumer Guide Maintained By AGE

- a. AARP Massachusetts supports requirements that the consumer guide and/or website include data on each facility's fee increases.
- b. AARP Massachusetts supports requirements that the consumer guide and/or website include a statement on the risk assumed by the consumer and their family.
- c. AARP Massachusetts supports requirements that AGE update the CCRC website annually, at a minimum.
 - i. AARP Massachusetts supports updating the website quarterly and when relevant information on financial or care plan/care services requires disclosure.
- d. AARP Massachusetts supports requirements that CCRCs provide prospective residents with the AGE consumer guide.
- e. AARP Massachusetts supports an AGE consumer guide and website which includes:
 - i. The name of the administrator and other individuals in leadership roles, what their working hours are, and how to reach them.
 - ii. Each member of the CCRC governing body, including the name, title, and period of service for each member; and
 - iii. Each person or entity who is an officer, director, member, partner, trustee, or managing employee of the facility, including the name, title, and period of service of each such person or entity; and
 - iv. Each person or entity with an ownership interest in the facility is a required disclosable partner; and
 - v. The organizational structure of each additional disclosable party of the facility and a description of the relationship of each and to one another.

5. RESIDENT REPRESENTATION ON BOARDS – Support For Recommend Changes To Resident Representation On Boards

- a. AARP Massachusetts supports a requirement that CCRCs give a resident bill of rights to prospective residents, their families, and their representatives, including:
 - i. Translations for people who do not speak English.
 - ii. Posted on the website and in person in visible/prominent locations.

- iii. Information on how to notify the board, be a resident member on the board, and how to bring concerns/participate in board meetings as a resident.

- b. AARP Massachusetts support a requirement that the Board accept and facilitate resident and family caregiver participation in virtual meetings or in person meetings, which allow virtual participation in a hybrid manner.

We look forward to working with you and would be happy to assist you in any way possible on this important issue. Please do not hesitate to contact me at jcostantino@aarp.org or 617.305.0538 if you have any questions or concerns.

Very truly yours,

Jessica Costantino
Director of Advocacy

AARP Massachusetts 3/3



July 30, 2025

The Honorable Thomas Stanley, Co-Chair
Special Commission on Continuing Care
Retirement Communities
Commonwealth of Massachusetts
State House, Room 167
Boston, MA 02133

The Honorable Patricia Jehlen, Co-Chair
Special Commission on Continuing Care
Retirement Communities
Commonwealth of Massachusetts
State House, Room 424
Boston, MA 02133

RE: Special Commission on Continuing Care Retirement Communities
Final Report

Dear Chairs Stanley and Jehlen:

AARP, the nation's largest nonprofit, non-partisan organization dedicated to empowering Americans 50 and older to choose how they live as they age, appreciates the opportunity to participate on the Continuing Care Retirement Communities (CCRCs) Commission and thanks you for your leadership of the group and its deliberations.

By only recommending policy changes that all Commission members could agree upon, AARP believes we are missing an opportunity to truly strengthen the quality of CCRCs and consumer protections of current and potential CCRC residents. While the consensus recommendations are one step in the right direction, AARP believes there is a need for additional measures to be taken. We urge policymakers to go beyond the consensus recommendations in the final report and swiftly pass and implement the recommendations articulated in the letter from AARP, dated July 11, 2025,

Please include this letter in the final report.

Please do not hesitate to contact me at jcostantino@aarp.org or 617.305.0538 if you have any questions or concerns.

Very truly yours,

Jessica Costantino
Director of Advocacy

LeadingAge Massachusetts 1/3

To: The Honorable Thomas Stanley, co-chair
The Honorable Patricia Jehlen, co-chair
Members of the Special Commission on Continuing Care Retirement Communities

From: Elissa Sherman, President

Date: June 25, 2025

Subject: Comments on behalf of LeadingAge Massachusetts

LeadingAge Massachusetts has appreciated the opportunity to participate as a member of the Special Commission on Continuing Care Retirement Communities (CCRCs). Thousands of older adults in Massachusetts over the past forty years have proactively made the decision to move to one the Commonwealth's 29 Continuing Care Retirement Communities, to take advantage of the vibrant, active lifestyle, in addition to the security of knowing that an array of health and long term care services will be available if needed. Throughout the Commission's meetings to date, including during a public hearing, it has been gratifying to hear overwhelmingly from residents who have expressed satisfaction with their decision to move to a CCRC, their positive experience of participating in lifelong learning, taking up new interests and hobbies, and becoming part of a supportive and engaged community. This is consistent with what we hear from residents at LeadingAge Massachusetts' not-for-profit communities. Massachusetts CCRCs continue to enjoy high satisfaction and high demand. LeadingAge MA member CCRC currently report average occupancy of just over 93 percent.

In addition to the information provided by Elissa Sherman, during her April 8th presentation to the Commission, LeadingAge Massachusetts is pleased to offer these additional comments and recommendations for the Commission's consideration.

Definition and Evolution of CCRCs

There have been suggestions by at least one member of the commission that a community must include on-site nursing home care to qualify as CCRC. This does not reflect the evolving preferences of today's older adults or the innovations that are reshaping the field.

Although the majority (85%) of LeadingAge MA member CCRCs include a licensed nursing facility at their communities, communities are increasingly seeking out innovative ways to meet residents evolving needs and interests outside of the traditional on-site nursing home. Consumers value flexible service delivery, including Assisted Living/Care, home care and off-campus arrangements or third-party partnerships that promote independence and choice. Innovative healthcare models such as Hospital at Home are also demonstrating what is possible within one's apartment.

Additionally, there are efforts being made to develop CCRCs that are available for older adults with more moderate incomes/resources. An excellent example in Massachusetts is the development of OPUS, a new community being developed by 2Life Communities in Newton, MA. Although it is being developed as a CCRC, OPUS will not have an on-site skilled nursing facility. Interest in the community has been exceedingly high.

And while the Department of Public Health has partially lifted its moratorium on the construction of new nursing beds in the Commonwealth, when the Determination of Need statute and regulations were revised more than 8 years ago, sub-regulatory guidance for nursing beds at CCRCs were eliminated. The current Determination of Need requirements make it very difficult to receive approval for nursing beds at a CCRC that do not accept Medicaid making it challenging to develop any new CCRCs that would include a nursing home.

The current statutory definition under Chapter 93, Section 76 rightly recognizes this diversity: "Continuing care" means the furnishing to an individual... of board and lodging together with nursing services, medical services or other health-related services, regardless of whether or not the lodging and services are provided at the same location..."

For all of these reasons, we urge the Commission to maintain a flexible, principles-based definition, which has allowed Massachusetts to foster high-quality, innovative, person-centered communities. A more rigid definition would risk disqualifying providers who are meeting residents' needs in new and effective ways as well as efforts to establish more affordable communities.

Entrance Fee Refunds

For communities that offer a partial or full refund of the entrance fee, refund timing is most often linked to unit turnover. A survey of LeadingAge MA members found for 79% of communities, a refund is issued only after a new entrance fee is received for the vacated unit,

LeadingAge Massachusetts 2/3

with no guaranteed timeline. At two member communities, the entrance fee refunds are not tied to receipt of a new entrance fee for the specific unit, but are provided on a sequential basis limiting the possibility that a refund may be tied to a less desirable unit.

When surveyed about the average time to refund entrance fees, LeadingAge MA members responses ranged from 30–363 days with an average of 117 days. This is an indication of the strong consumer demand for CCRCs in the Commonwealth.

However, there have been some extraordinary circumstances, including during the pandemic and the 2008 recession, when unit turnover slowed considerably. This appeared to be the case for the one individual who testified during the Commission’s public hearing, commenting that they had been unable to receive their mother’s entrance fee refund for 18 months.

Unfortunately, during the pandemic, there was a lengthy period of time when individuals were unable to move in to a CCRC leading to vacancies that took longer to fill. If a community were required to refund entrance fees by a certain date without receiving new replacements (as suggested by the individual’s testimony and by at least one other member of the commission), this could prove to be destabilizing for the community. During the pandemic, CCRCs took on extraordinary expenses for things such as testing, additional staffing, meal delivery and other costs that had not been budgeted. In such circumstances, requiring refunds to be paid, without receiving new entrance fees could negatively impact the financial health of the community, impacting the residents who continue to live there. It is for this reason that ORANJ (Organization of Residents Associations of New Jersey,)) the Association of Residents at CCRCs in New Jersey opposed proposed legislation to require a one-year time limit on entrance fee refunds. New Jersey legislators ultimately rejected the proposed legislation. It should be noted that the majority of entrance fee refunds go back to a resident’s estate after the resident has passed away. For these reasons, LeadingAge Massachusetts strongly opposes any proposal to impose a specific time limit for refunding the entrance fee.

Instead, we recommend strengthening disclosure requirements, including calling for passage of SB478, An Act Relative to Disclosing Continuing Care Retirement Community Entrance Fees, which would ensure that all residents are fully aware of the process for returning any entrance fee refund owed to the resident or their estate.

Resident Representation on Governing Boards

Resident engagement is at the heart of life at Massachusetts CCRCs. While 65% of LeadingAge

MA member communities report allowing residents to serve on their Board, it’s important to note that a majority of those allowing residents to serve on the Board select those individuals through a nominations process, similar to the process used to select other board members. This means that the selected resident(s) are not on the board to “represent” residents. As a full voting board member, their fiduciary responsibility is to the organization. Board representation by residents is therefore not the only or most effective way to ensure that residents’ perspectives and voices are heard by a governing board. Many nonprofit communities already involve residents through standing committees, advisory roles, open forums, and regular communication with management and trustees. It should also be noted that Section 76 of Chapter 93 includes the Right of a CCRC to establish a resident’s association as well as provide residents’ with the ability to communicate with the Board of Directors.

Amendments to Chapter 93, Section 76, made in collaboration with both LeadingAge Massachusetts and the Massachusetts Life Care Residents Association (MLCRA), already provide enhanced resident rights, including the following language stating:

“Providers are encouraged to facilitate resident communication with management and boards—though not necessarily through formal board representation.”

Legally requiring specific governance structures may conflict with fiduciary duties, nonprofit governance best practices, or existing bylaws. A voluntary, best-practices approach—supported by education and model policies—is far more constructive and flexible.

Additional Recommendations:

Although there are only 29 CCRCs currently operating in the Commonwealth, these communities differ by location, variety of housing options, services and amenities, contracts and cost, providing consumers with choice. While one of the most common ways that consumers find out about a CCRC is word of mouth from friends who live there, we recommend the following to enhance the ability of consumers to make the important decision of choosing a community.

Update CCRC Consumer Guide

LeadingAge Massachusetts 3/3

The Executive Office of Aging and Independence (AGE) has published an excellent guide for consumers who are considering a CCRC. The guide has not been updated in close to 10 years. We recommend that AGE update its guide in collaboration with MLCRA and LeadingAge Massachusetts to ensure it reflects evolving policies and practices and includes questions about some of the pressing topics discussed by the commission (and presented above) including entrance fee refunds, resident communication and engagement with the Board and management and ensuring a clear understanding of services provided. LeadingAge MA would welcome participation in updating the guide and requesting that our member CCRCs share copies with all potential consumers.

Updating AGE Website with CCRC Information

In accordance with Chapter 93 Section 76, CCRCs are required to send to AGE a number of critical documents including the disclosure statement, its CCRC contracts and advertising and promotional material. AGE is required to make such information “available to the public in a manner which shall allow residents and prospective residents to make informed choices regarding the selection of a provider, packages of services and coverage and care alternatives.” LeadingAge Massachusetts reminds its CCRC members on an annual basis of their requirement to send this information. AGE has a website that lists each CCRC with links to the relative documents submitted. LeadingAge MA recommends that AGE work in collaboration with providers and consumers on any modifications to ensure the information is updated and easily accessible for consumers.

We look forward to the concluding meetings of the Commission and subsequent efforts designed to strengthen the ability of CCRCs to provide high quality, vibrant living for older adults in the Commonwealth, for many years to come.

Christine M. Griffin, CCRC Resident and Commission Member 1/2

CCRC COMMISSION DISSENTING REPORT

Submitted to the Continuing Care Retirement Community (CCRC) Legislative Commission By
Christine M Griffin, Resident Member on Commission
201 Linden Ponds Way
Unit 310
Hingham, MA 02043

July 29, 2025

Thank you to the Co-Chairs, Senator [Jehlen](#) and Representative Stanley for agreeing to convene and lead this Commission. I want to extend my thanks to Julianna Fernandez and especially Jennifer L'Heureux for all the work they did to convene meetings that were helpful and informative. I also want to thank my fellow Commission members for engaging in meaningful discussion about various aspects of CCRCs in Massachusetts even if we couldn't agree on very much.

As a member of the Commission and Vice Chair of the Linden Ponds Resident Advisory Council, I respectfully submit this dissenting report to express strong objections to several critical decisions that undermine both the recommendations issued and the integrity of the process used to develop them. Specifically, I dissent from the Commission's failure to adopt meaningful reforms in the areas of board governance, consumer protection and process for recommendation decision making.

I. Failure to Recommend Mandatory Resident Representation on Governing Boards

The Commission's refusal to recommend that nonprofit CCRCs be required to include at least one resident with full voting rights on their governing boards—elected by fellow residents—represents a serious failure to protect the rights, voice, and dignity of the very individuals these communities serve.

Residents are not passive tenants—they are major financial stakeholders who invest large entrance fees and rely on the long-term stability and stewardship of the CCRC. Excluding them from board-level decisions silences their voice and fails to acknowledge the wisdom and lived experience they bring.

Many residents offered compelling testimony in favor of mandated resident representation, pointing to best practices in states such as New Jersey and Maryland. Yet the Commission declined to recommend even a single required voting resident on nonprofit boards, reducing the call for representation to a vague suggestion. This is a missed opportunity to promote accountability, transparency, and shared governance.

The importance of resident representation is especially clear at Linden Ponds, one of the largest CCRCs in the state. The Resident Advisory Council at Linden Ponds has consistently prioritized the goal of obtaining full voting representation on the community's governing board. This priority was echoed by the significant number of residents from Linden Ponds who testified in person or submitted written testimony to this Commission. Their collective voice called clearly for the Commission to endorse mandatory resident board representation—a call that was

ultimately ignored despite its strong basis in community engagement and democratic participation.

II. Failure to Require Timely Return of Entrance Fee Deposits

I also dissent from the Commission's decision not to recommend a mandatory time limit for returning refundable entrance fees to departing residents or their estates.

Delays in refunding these deposits—often high six figures in value—can cause significant financial harm, especially when funds are needed to pay for care in another facility, settle estates, or support survivors. The lack of a statutory deadline allows providers to delay refunds indefinitely.

Other states have adopted reasonable time limits for such refunds. The Commission's failure to follow suit leaves Massachusetts residents unprotected and reinforces an unfair power imbalance between providers and residents.

III. Lack of Transparency and Consensus Definition That Undermined the Process

Equally concerning is the Commission's use of a restrictive definition of "consensus"—one that allowed a single objection from any Commission member to nullify an otherwise supported recommendation. This definition was not transparently disclosed, discussed, debated or agreed upon at the beginning of the Commission's work, nor was it included in any formal vote or procedural rules adopted by the body.

The Massachusetts General Laws do not mandate a specific decision-making process, such as consensus or majority vote, for all special legislative commissions. Each commission may set its own rules, or the enabling legislation may be silent, in which case the commission members often agree at the outset on how decisions will be made.

What consensus means varies. In some commissions, "consensus" may mean general agreement without full unanimity—e.g., strong majority with no major objections. In others, "consensus" may be interpreted as unanimity, meaning a single objection can block a recommendation.

The application of this definition only emerged during the final weeks of deliberation, effectively allowing one member to block resident-supported recommendations. This process not only undermined the will of the majority of Commission members but also disrespected the many residents, families, and advocates who provided thoughtful written and oral testimony at our public hearing.

If the Commission members had known at the outset that every recommendation would require unanimity to move forward, I think it would have shaped both deliberations and expectations differently. Transparency about this procedural rule is a fundamental aspect of fair governance.

IV. Conclusion and Call to Action

The residents of Massachusetts CCRCs deserve more than token consultation. They deserve a real voice in governance, timely return of funds, and transparent, inclusive processes that elevate—not ignore—their concerns.

While I regret that these protections were not included in the final recommendations of the Commission, I urge the Legislature to act where this Commission would not:

Christine M. Griffin, CCRC Resident and Commission Member 2/2

- Require at least one resident with full voting rights to serve on the governing board of every CCRC Board selected by the residents themselves.
- Enforce a clear and reasonable deadline for the return of entrance fee deposits to residents or their estates.

- Ensure future commissions use transparent and democratically agreed-upon rules for defining consensus and voting procedures from the outset.

These reforms are not radical—they are responsible, reasonable, and necessary to protect aging adults who have contributed a lifetime of resources and wisdom to the communities they now call home.

Respectfully submitted,

Christine M Griffin, Esq.

Vice Chair, Linden Ponds Resident Advisory Council

Member, CCRC Legislative Commission

David L. VanArsdale, CCRC Resident and Commission Member

I wish to present a dissenting report from those recommendations expressed in the final report of the Special Legislative Commission to Investigate Continuing Care Retirement Communities in Massachusetts.

I have served as a Resident Member of the Commission from the beginning of the process and would express great appreciation for the leadership from Senator Patricia Jehlen and Representative Thomas Stanley. I also wish to express a strong word of thanks from Julianna Fernandez and Jennifer L'Heureux for their competent work on behalf of the Commission.

The first parts of the final report summarizing the Charges and then the Findings was summarized in a very professional manner.

The first recommendation *“to pass S. 478, the Disclosure Bill, to Increase Transparency for Consumers”* around the questions of the entrance fee refund is an absolutely necessary “next step” for legislation for future CCRC Consumers. I affirm Recommendation #1.

The second recommendation to update the Consumer Guide for CCRC’s produced by AGE is also absolutely necessary for future CCRC Consumers. I affirm Recommendation #2.

But I wish to express strongly my opposition the Recommendation #3: *that each CCRC’s Board hold one open meeting each year*. First, this was never part of the Commission’s discussions and it seems most inappropriate to include this is the recommendations. Second, there is absolutely no reason to restrict a CCRC’s Board from an open session, except as it may involve an issue warranted by the rules of Executive Session.

Further, I wish to register my dissent concerning *the recommendation that representation by a resident on the Board of a CCRC needs further discussion*.

There should always be a resident chosen by the residents on the Board of Directors of all CCRC’s. The need for one or more residents to be elected as voting members of the Board of Directors is clearly supporter by the CCRC

residents on the Commission. The residents are “paying the bills” and committing much of their life savings to live in the CCRC, they have earned the right to have a voice on the Board. Why is this questioned? Is there a defensive fear that a resident may raise difficult questions for management or reveal actual events or issues effecting everyday living in a CCRC? This is a structure of professional leadership and the input from residents needs to be decisive and truthful for future stability.

Finally, I wish to offer my dissent *that further discussion is needed to resolve the issues of the terms of the admission fee refund*. There needs to be a standard timetable and procedure for when a resident chooses to depart and move on from a CCRC. There needs to be another standard for the return of the refundable admission fee to the estate of a CCRC resident upon death.

I wish to thank the Commission members and the time they have given to address specific issues effecting the management and residents of the Continuing Care Retirement Communities in Massachusetts.

David L. VanArsdale
Edgewood Retirement Community
575 Osgood Street Apt. 1307
North Andover, MA 01845

Lauren Hale, CCRC Resident and Former MLCRA President

TO: The Special Commission on Continuing Care Retirement Communities

FROM: Lauren Hale, Southgate resident (and a former MLCRA president)

I have been watching the CCRC Commission hearings online. I am impressed by the range of topics that have been raised and by the depth of the discussions. Thank you for dedicating your time to examining these critical issues.

Some Commission members have indicated that they believe there is more potential for problems at for-profit CCRCs than at non-profits. That has not been my experience. Both types of facilities merit scrutiny. There are pluses and minuses to each.

I live at Southgate at Shrewsbury, which is a for-profit CCRC. I was surprised by what I heard during Commission meetings about entrance fee policies at some other CCRCs. Southgate's entrance fee refund policy could be a model.

The refundable portion of our entrance fee is repaid when a new entrance fee is received and a new resident occupies the apartment OR a year after vacancy, whichever is earlier. Our entrance fees are secured by a first deed of trust.

Southgate's current entrance fees start at \$175,000 and go up to \$330,000 (\$175,000-\$215,000 for a one-bedroom and \$230,000-\$330,000 for a two-bedroom). The refundable portion of our entrance fee is 85%.

Our entrance fees are lower than those mentioned during the Commission hearings. I have lived at Southgate since 2011. I have never known anyone who waited a full year for an entrance fee refund, but it is reassuring to know that the wait cannot be longer than that. We have healthy waiting lists right now.

Thank you for the opportunity to submit testimony. Lauren Hale

Jean Stringham and Caroline Jacobs, MLCRA

To the CCRC Commission,
We thank the staff and the Commissioners for working and serving on the CCRC Commission. MLCRA, the Massachusetts Life Care Residents Association, is pleased that the long term care bill passed last year specified that MLCRA would be represented on the Commission. MLCRA is the only statewide 501©3 organization representing residents of nonprofit and for profit CCRCs in Massachusetts. Founded in 1998, we represent 18 different CCRCs and over 1,000 individual residents who are MLCRA members.

We agree with many of the findings of the Commission, especially supporting S. 478, the Disclosure Bill now in the legislature. In addition, we would like to see a clear and reasonable time limit on the refunds of entrance fees. We advocate that the refunds be returned as soon as possible or within a year of the resident vacating the unit.

We support the recommendation to update annually the Consumer Guide and we look forward to working with AGE on that. Information on the website for the public should also be updated regularly.

Regarding resident representation on the Board of a CCCRC, we feel strongly that at least one resident with full voting rights be on their governing Board. The resident(s) should be chosen or elected by the residents themselves. The resident(s) on the Board should report regularly to their Resident Council. The Board should meet with the residents without staff present twice a year.

We hoped that the definition of a CCRC would be made clearer. We think it is important for the public

and for prospective residents to understand what a CCRC is so that they can compare them without confusion. We do not support any efforts to make a CCRC include all three levels of care. In our opinion, independent units plus one other level such as assisted living or nursing home, whether or not the lodging and services are provided at the same location, is sufficient to qualify as a CCRC.

We hoped that AGE would certify CCRCs annually so that the term is used only by communities that meet the definition. If staffing at AGE is an issue, we support efforts to add more resources.

Thank you again for your work. Please let us know how we can be of further assistance.

Caroline Jacobs, MLCRA President
The Commons In Lincoln

Jean Stringham, MLCRA Immediate Past President
Lasell Village
CCRC Commissioner

John Ford, Northeast Justice Center 1/4



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July 10, 2025

Legislative Commission on CCRC's

Re: Recommendations

Dear Fellow Commissioners:

Our meetings have been an education on the concept of CCRC's and their value to the cohort of our aging population who can afford to reside in one. While most of us believed that every CCRC should offer the full continuum of care, independent living, supported (assisted) living and long term care), we learned that CCRC developers describe a CCRC as a "hospitality product which may include some care".

I invite you to take another look at M.G.L. c. 93A § 76. Enacted as part of 93A, the Consumer Protection Law, its list of definitions does not include the definition of a CCRC but the list includes a definition of "continuing care" and "facility". Read together, a CCRC in Massachusetts must offer the full continuum of care, whether that includes offering a LTC unit on site, or off site, or a plan for LTC services to be provided in an independent or supported living unit where the resident will be able to remain safely and affordably either through MassHealth eligibility or by virtue of a Resident Support or Benevolent Fund.

A "hospitality product" is a hotel, a casino or a cruise ship, none of which are permitted to charge a hefty entrance fee. Likewise, an Assisted Living Residence, while expensive, has no LTC capacity beyond allowable "memory carer" units, are not permitted to charge an entry fee. What should be a distinctive component of a CCRC is the promise, at the start, of full continuum of care. If a resident needs LTC and outlives his or her or their savings, the CCRC must guarantee their continued occupancy. If a CCRC promises otherwise, it is an ALR.

The Commission should affirm the legal definition of a CCRC.

As a Commission, we have learned that the very nature of CCRC's is changing as it was described as a "hospitality product with some health care" rather than a home providing the full continuum of care. We heard a spokesman for Zeigler, an investment bank specializing in the development of CCRC's, tell us that Zeigler had 45 projects in the works and only 13 had a plan that included a long-term care facility.

I urge the Commission to advise the Legislature that here in the Commonwealth, a CCRC

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must offer a long term care accommodation, whether on campus or by contract with a long-term care facility or otherwise. Without offering that, any alleged CCRC is merely a landlord, like an Assisted Living Residence, and subject to landlord-tenant law, including but not limited to the Security deposit and last month's rent protections.

The Commission should recommend a specific period of time within which a CCRC must refund the entrance fee due a former resident or the estate of that former resident.

Some CCRC industry spokespersons have suggested that a deadline for the return of the entrance fee would impact the CCRC residents adversely. This assertion flies in the face of the fact that our CCRC's have waiting lists, and in the face of basic fairness to the former resident. The Attorney General's consumer protection unit reports that there have been no complaints about any unreasonable delays in the several years and an industry representative reported that the average time for a refund is 114 days. The CCRC management should be guided by the need to maintain a sufficient reserve to meet a time limit to refund the entrance fee. Rosks loke a downturn in the housing market or another COVID should be planned for. Evry other business maintains an appropriate reserve to meet its obligations and CCRC's should be no exception. The Legislature should set a 90 or 120 day time limit for a refund and should empower AGE or the State Auditor or CHIA or other State agency to certify any CCRC's and to regulate the industry and enforce any rules or regulations. The authority of the State Long-Term Care Ombudsman should be extended to include CCRC's as a method to informally resolve any issues or disputes.

The Commission should urge the Legislature to enact S 478 requiring full disclosure re: CCRC entrance fees.

S 478 is a succinct and important bill that addresses a major concern of CCRC residents, current, prospective and former, namely, to require a clear explanation and understanding of how the CCRC treats the substantial entrance fee which a resident pays on admission to the CCRC.

The entrance fee can range from several hundred thousand dollars to over a million dollars and usually represents a significant portion of the CCRC resident's assets and full disclosure of how the fee will be held, applied or refunded is a basic consumer right of the resident.

The disclosure form should specify:

1. The entrance fee is not a security deposit and will not be set aside in any separate account held for the benefit of the individual or married resident.
2. Whether there will be any automatic monthly reduction in the amount of the entrance fee, including the percentage amount and any limit on the scope or extent of the monthly reductions.
3. Under what circumstances an entrance fee may be reduced during the residency if needed to defray the costs of the resident's continued occupancy,

John Ford, Northeast Justice Center 2/4

4. The entrance fee may not be reduced or considered available in the event of a married resident where one spouse is admitted to the long-term care component and the entrance fee shall be treated as a non-countable and inaccessible asset by MassHealth for the protection of the well spouse.

5. When a resident is no longer occupying a unit of the CCRC, the entrance deposit will be refunded, less any reasonable charges for cleaning or making necessary repairs, within 90 or 120 days. This requirement shall not apply where a CCRC does not maintain a long-term care component but contracts with a long-term care provider off campus or where a resident is residing in an outside assisted living residence for lack of the availability of a unit in the CCRC's 's supported living unit.

The Commission should recommend that the appropriate State agency regulate all CCRC's in terms of certification, compliance with relevant law and monitor CCRC'ss for financial health and viability.

The regulating agency should establish standards for assessing a CCRC's financial health by promulgating typical measurements, such as the occupancy rate, cash on hand, reserve for assuring timely refunds, and specially to address any for profit CCRC's in reference to the rights of residents vs. share holders/investors. CARF proposes 17 ratios in its accreditation process.

The Commission should recommend that the residents of a CCRC should have meaningful representation on any CCRC governing board.

This is not currently the rule but basic fairness would dictate that the residents have some control over what is their own home in an environment which is wholly supported by their own resources.

Thank you for your consideration.

Very truly yours,

S/ John J. Ford
John J. Ford
Elder Law Unit

JJF/s



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July 27, 2025

Legislative Commission on CCRC's

Re: DRAFT Recommendations

Dear Fellow Commissioners:

I am hoping for clarification of "Consensus" – it cannot mean that any representative of the CCRC industry can remove a recommendation offered by any other Commissioner.

Any recommendation proposed should be voted on in the form of a motion, seconded and discussed and voted up or down by a majority. The recommendations at page 46 represent nothing more than the status quo.

For example, we had much discussion about whether to set a time limit on the refund of an entrance deposit. Based on that discussion, I would propose the following Motion:

MOTION TO RECOMMEND THAT A CCRC SHALL RETURN AN ENTRANCE DEPOSIT IN A TIMELY MANNER DEPENDING ON THE CIRCUMSTANCES. WHERE THE RESIDENT VACATES TO RELOCATE, THE REFUND IS DUE WITHIN 90 DAYS, ABSENT A REASONABLE CAUSE FOR DELAY; WHERE THE REFUND IS DUE THE ESTATE OF A DECEASED RESIDENT, THE REFUND IS DUE NO LATER THAN 12 MONTHS FROM THE SURRENDER OF THE UNIT.

The Motion can be discussed and voted on- majority prevails and that should constitute consensus.

Similarly, there was much discussion about whether residents, whose entrance fees and monthly payments represent the entire income of the CCRC, should have meaningful representation on the governing board of directors or trustees. The draft mentions a requirement of an annual meeting – I do not recall any mention of this proposal.

MOTION TO RECOMMEND THAT ANY CCRC SHALL PROVIDE FOR ITS GOVERNING BOARD TO BE COMPRISED OF RESIDENTS WHO WILL CONSTITUTE AT LEASR TEN PERCENT OF THE BOARD MEMBERSHIP.

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There was much discussion about whether a designated State agency should regulate CCRC's to monitor for financial health or viability to avoid future bankruptcies which have disastrous consequences for the residents. There are more than a dozen methods available to regulators to evaluate a CCRC's financial health, and the draft recommendations include only the occupancy rate and the number of days amount of cash on hand. Without any review of debt, this seems completely inadequate.

MOTION TO RECOMMEND THAT AN APPROPRIATE STATE AGENCY BE DESIGNATED TO MONITOR THE FINANCIAL HEALTH OF CCRC'S BY USING REASONABLE STANDARDS THAT WILL PROVIDE EARLY WARNING TO POTENTIAL ISSUES IMPACTING THE CCRC'S FINANCIAL VIABILITY.

The draft recommendations list the typical uses of the substantial entrance fees, but there has been no discussion of for-profit CCRC's. May such a CCRC use entrance fees to pay dividends to shareholders or owners?

Do we want to recommend that a CCRC can be approved despite having no long term care capacity either on campus or under contract off campus?

Do we want to make any recommendations as to what specific disclosures should be made in the form described in S 478.

1. The entrance fee is not a security deposit and will not be set aside in any separate account held for the benefit of the individual or married resident.
2. Whether there will be any automatic monthly reduction in the amount of the entrance fee, including the percentage amount and any limit on the scope or extent of the monthly reductions.
3. Under what circumstances an entrance fee may be reduced during the residency if needed to defray the costs of the resident's continued occupancy,
4. The entrance fee may not be reduced or considered available in the event of a married resident where one spouse is admitted to the long-term care component and the entrance fee shall be treated as a non-countable and inaccessible asset by MassHealth for the protection of the well spouse.
5. When a resident is no longer occupying a unit of the CCRC, the entrance deposit will be refunded, less any reasonable charges for cleaning or making necessary repairs, within 90 or 120 days. This requirement shall not apply where a CCRC does not maintain a long-term care component but contracts with a long-term care provider off campus or where a resident is residing in an outside assisted living residence for lack of the availability of a unit in the CCRC's supported living unit.

If we are running out of time to complete a comprehensive report, we should move to

postpone the deadline.

Thank you for your consideration.

Very truly yours,

S/ John J. Ford
John J. Ford
Elder Law Unit

JJF/s

John Ford, Northeast Justice Center 4/4

As a result of the Commission's definition of "consensus", any proposed recommendation to the Legislature required unanimous support so that any one Commissioner, e.g., a CCRC industry representative, could object to the proposal and that recommendation was eliminated from our final Report.

That resulted in the elimination of virtually all proposed recommendations made by CCRC residents and their advocates and resulted in a Report that fails to address the issues discussed at length and basically advocates for the status quo – no legislative action is needed.

The only specific recommendation was support for the enactment of the so-called "CCRC disclosure form bill", S 478, and the issues unaddressed by this Commission will or may be addressed in the process of amending and enacting that bill into law.

As of now, any such disclosure form would have to make AT LEAST the following disclosures to prospective CCRC residents:

THE CCRC MAY USE YOUR ENTRANCE FEE FOR ANY PURPOSE. INCLUDING BUT NOT LIMITED TO, OPERATING EXPENSES, DEBT REDUCTION, COSTS OF IMPROVEMENTS OR EXPANSION, AND, IF THE CCR IS A FOR PROFIT CCRC, THE PAYMENT OF DIVIDENDS TO ANY OWNERS OR SHAREHOLDERS.

IF YOUR ENTRTANCE FEE OR A PORTION OF IT IS REFUNDABLE WHEN YOU CEASE TO OCCUPY THE UNIT, THERE IS NO TIME LIMIT OR DEADLINE WITHN WHICH YOUR ENTRANCE FEE WILL BE REFUNDED.

RESIDENTS OF THIS CCRC HAVE NO RIGHT TO BE REPRESENTED BY ONE OF THEIR OWN ON THE GOVERNING BOARD OF THE CCRC.

THERE IS NO STATE AGENCY WITH AUTHORITY TO REGULATE OR MONITOR THE CCRC FOR FINANCIAL HEALTH OR VIABILITY NOR ANY RELEVANT STANDRADS BY WHICH TO EVALUATE SUCH CONDITIONS.

Unfortunately, the Commission has given no guidance to what is needed to protect the consumer rights of CCRC residents.

Respectfully submitted,

John J. Ford

Northeast Justice Center

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