



Dear Members,

Here is an update on Mass-ALA's advocacy related to the Executive Office of Aging & Independence (AGE) proposed amendments to 651 CMR 12.00 (Certification Procedures and Standards for Assisted Living Residences). We provided verbal testimony at the public hearing on February 26 and also submitted written testimony.

Overall, we support the direction of many of the proposed changes, especially those that clarify expectations, strengthen oversight, and promote resident safety. We also shared a few practical suggestions to help align the regulations with current assisted living operations and staffing models, and to provide added consistency and clarity where needed.

In particular, we asked AGE to provide additional clarity on how fines would be issued (including any caps), to avoid registered nurse requirements that go beyond what the statute intended, and to refine several other provisions so they can be implemented smoothly within existing practices for safe and effective assisted living care, documentation, and operations.

If you want to learn more about the proposals we supported and the practical recommendations we submitted to strengthen and clarify these regulations, we hope you'll join us at our [Regulations Symposium on June 17, 2026](#), where we'll walk through key changes and what they could mean for assisted living providers.

Who testified at the hearing on behalf of Mass-ALA:

- Beth Anderson, Mass-ALA Vice Chair; Vice President of Risk Management & Compliance, EPOCH Senior Living
- Leslie Robinson, Mass-ALA Secretary; Senior Vice President, Operations, The Northbridge Companies
- Bodo Liesenfeld, Mass-ALA Director, Co-Founder & Managing Partner, Anthemion Senior Lifestyles
- Brian Doherty, President & CEO, Mass-ALA

Key priorities we shared with AGE in our comments:

- **Fines:** more clarity on when fines are issued, caps/limits, and when fines start and stop accruing, while keeping fine levels tied to harm (or risk of harm).
- **Staffing (assessments):** avoid RN requirements that were not intended by the statute; allow LPNs to complete routine assessments within scope without a required RN review in every case.
- **Staffing (on-site nurse coverage):** For Basic Health Services only, align required on-site nursing hours with resident needs (for example, a 12-hour requirement rather than 16 hours/day).
- **AED training and oversight:** allow a qualified, licensed clinician who is certified to train others to oversee AED policies and training, rather than limiting this role only to an RN.
- **Lifts & mobility/transfer devices:** ensure requirements align with manufacturer instructions; clarify definitions; and allow qualified licensed nurses to complete certain assessments within scope.
- **Reportable injuries:** narrow overly broad reporting language so reporting stays focused on actual injuries and serious incidents.
- **E-call response time:** support a clear standard, but structure it as an average response time (e.g., a weekly average) rather than a strict per-call maximum.

- **Other technical clarifications:** ensure written guidance is for operational clarity (not new requirements); align ownership-change thresholds; refine the “serious incident” definition; clarify operating plan requirements; and make other consistency edits.



REGULATIONS SYMPOSIUM
Mass-ALA's Premier Regulatory & Leadership Event!
June 17, 2026 | 8:00 AM – 3:30 PM
Four Points by Sheraton Norwood Hotel and Conference Center

Featuring Representatives from the Executive Office of Aging & Independence (AGE) Certification Team & The Ombudsman!

Register Here for The Regulations Symposium

If you have any questions, please contact us at Mass-ALA@mass-ala.org.

This update is solely for general informational purposes. It is not intended to replace a full review of the cited regulations or guidance.

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