

‘I am trying my hardest to stay out of a nursing home.’ Mass. curtails lifeline helping elders remain independent.

Cases of frail older adults in dire situations are mounting, advocates say

By [Kay Lazar](#) Globe Staff, Updated April 16, 2025, 12:05 p.m.



One of the hallways at Blaire House nursing home in Tewksbury. The state last year agreed to spend \$1 billion to move thousands out of nursing homes and back to the community. JIM DAVIS/GLOBE STAFF

Lillian Bockser is 93 years old and determined to remain in her Revere home, a seaside condo where she's lived for four decades. But that proposition looks

increasingly iffy.

Bockser spent two months in a rehab facility after breaking her arm in a nasty fall last September. When she returned home in December, Medicare paid for a woman to come in twice a week to help her bathe, but that assistance has run out. And her Social Security check from her years as a travel agent isn't nearly enough to pay for private home care; it barely covers her monthly bills.

"I am trying my hardest to stay out of a nursing home. I would just hate it," she said.

Bockser is among a growing list of [frail older adults](#) in Massachusetts who urgently need help with meals, bathing, and cleaning to remain in their homes but are suddenly finding themselves shut out of assistance they qualify for because of big holes in the state's budget. The [Healey administration](#) has capped enrollment in the [Enhanced Community Options Program](#), an entirely state-funded service that provides elders at risk of ending up in a nursing home with 7.5 hours of home care assistance weekly.

Community nonprofits that help enroll elders have been ordered to reduce the number of people receiving services to 7,322 from more than 9,000 by the end of June.

The program, which is geared toward moderate-income individuals, is one of five state-administered home-based services.

No one in the program will be cut, the state said, but those hoping to newly enroll for assistance must be put on a waiting list until the number receiving services declines by more than 1,800.

"These are blue-collar workers, teachers, people who worked their whole life and need some help now to stay home and are not poor, but do not have any expendable resources to pay for in-home services themselves," said Lisa Gurgone, chief executive at [Mystic Valley Elder Services](#), a nonprofit that helps older and disabled adults live independently.

Staff at the nonprofit helped Bockser enroll in another state-funded home care program that has not been cut, but that one only provides a home aide for about two hours a week to help with cleaning and laundry. That means Bockser is depending on the kindness of neighbors to help her bathe, do shopping, and run other errands — an arrangement that is not sustainable.

A combination of factors is contributing to state administrators' budget planning heartburn, including threatened cuts by the Trump administration to [Medicaid funding](#). This federal-state pool of money pays for many of the state's elder services, including two other home care programs that are for lower-income individuals.

"I think the fiscal realities are ones that we're trying to really set ourselves up so we can preserve the current services," said Lynn Vidler, assistant secretary of the state's [Executive Office of Aging](#) & Independence.

Vidler said the state's cutbacks are likely to persist into the new fiscal year, which starts in July.

"We're really taking into consideration ... the fiscal climate for [the 2026 fiscal year] and making sure that we'll be good stewards of the taxpayers' dollars," she said.

At the same time, Massachusetts is grappling with a [soaring number of older adults](#), with those 70 and over among the fastest-growing portion of the state's population. And many are hoping to age in their homes.

Governor Maura Healey recently asked state lawmakers for \$60 million to bolster several sagging elder services through June. But it's not enough to plug the financial hole in the popular Enhanced Community Options home care program. The service is open to adults who would often end up in a nursing home — mostly those 60 and over who've had a medical crisis or recent decline — and whose yearly income is not more than \$35,601 for a single adult. The program accounts for about 13 percent of the total 71,000 elders who received some form of state, or Medicaid-funded, home assistance last year.

The state's decision to significantly curb new enrollments in the Enhanced Options home care program comes at a curious time, advocates say. They point to the [state's agreement last year](#) in settling a lawsuit to spend \$1 billion over eight years to move thousands out of nursing homes and back into their communities with supports.

But now requiring frail elders to wait months for home care will inevitably lead to many developing worse health problems and ending up in nursing homes, said Betsey Crimmins, executive director of [Mass Aging Access](#), an association of nonprofits that help older adults and those with disabilities remain independent in their communities.

“This is a cut-off-your-nose-to spite-your-face,” she said.

The state “will pay for it three times over in the Medicaid program where someone will have worse outcomes,” Crimmins added.

The state-designated nonprofit organizations that enroll elders for home care are scrambling for workarounds, enrolling many of those who do not qualify for Medicaid services into more limited programs they do qualify for.

“We have people who are only taking showers once a week waiting for someone to get there,” said Lisa Jimenez, a nurse who directs clinical services at Mystic Valley Elder Services.

“We are getting people now with risk for skin breakdown and infections,” she said.

“We want to catch that before it becomes an ulcer.”

Stories are mounting from elder services nonprofits of older adults in dire circumstances.

There’s the man in his 90s, trying to care for his 91-year-old wife in their Reading condo. She has Alzheimer’s and macular degeneration and was recently hospitalized with pneumonia. They’re on a waiting list but qualified for two hours of weekly home care in the meantime.

And there’s the 71-year-old, bed-bound woman with uterine cancer in Revere who has exhausted her Medicare benefits and is totally dependent on her sister who is trying to care for her but quickly becoming overwhelmed with bathing, dressing, toileting,

incontinence care, medication management, grocery shopping, laundry, meal prep, and cleaning for her.

“There will undoubtedly be more stress on family caregivers to fill these gaps, and pressure on hospitals and other facilities to think outside the box for discharge plans, because this program will not be readily available to them,” said Kelly Magee Wright, executive director of [Minuteman Senior Services](#), which helps elders in 16 Metro West communities.

Back in Revere, Bockser, the 93-year-old who is also waiting for more help, said doctors haven’t been able to figure out what made her lightheaded and lose balance last September, leading to that nasty fall. She worries without more assistance, she may fall again.

“It always feels like there’s a sword hanging over me, and that it can happen any time,” she said. “I am just trying to stay here and see how long I can last.”

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