

Charles D. Baker
Governor

Marylou Sudders
Secretary, EOHHS

Karyn Polito
Lt. Governor

Elizabeth C. Chen
Secretary, EOEI



Assisted Living Residences in Massachusetts:

2021 Annual Aggregate
Data Report

July 12, 2022

Executive Office of Elder Affairs
One Ashburton Place, Boston, MA 02018

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Introduction

Assisted living residences (ALRs) provide housing, meals, and personalized assistance for older adults and other adults with disabilities. ALRs seek to offer residents the maximum amount of independence while providing assistance with activities of daily living (such as eating and bathing). For more information on ALRs in Massachusetts, see: [Assisted Living in Massachusetts: A Consumer Guide](#).

In Massachusetts, ALRs must be certified by The Executive Office of Elder Affairs (EOEA) to operate.¹ As of January 2022, 268 certified ALRs were operating in Massachusetts.

In February 2022, EOEA requested data about calendar year 2021 from each certified ALR. Approximately 98% of Massachusetts ALRs (262/268) provided at least some data (see Appendix for more information on data collection and analysis). EOEA uses this information for certification and summarizes the data in this public report.

Unless otherwise noted, the data presented in this report is for December 31, 2021.

Some ALRs reported inconsistent information in their responses (for example, when describing resident gender, the ALR would report 32 total residents while reporting 35 total residents when describing resident race). This report describes any identified inconsistencies in footnotes. The Appendix details the minor corrections EOEA made to the data submitted by ALRs.

¹ M.G.L. ch.19D § 3-4.

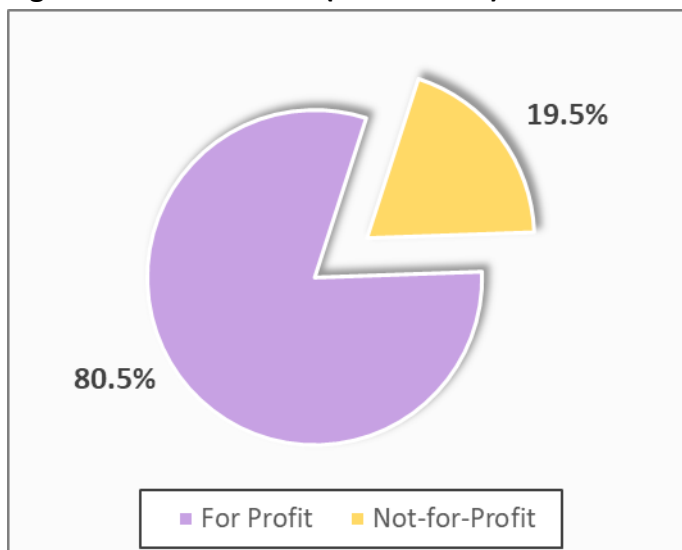
Organization and Leadership

Massachusetts laws and regulations allow ALRs to be for-profit or non-profit organizations, and historically most organizations have been for-profit. All ALRs must have a manager, typically known as an executive director, who has general supervision of the ALR.² ALRs also have staff, typically known as resident care directors, who develop, maintain, and implement or coordinate implementation of individualized resident service plans.

Organizational Status

Roughly 81% of Massachusetts ALRs were operated as for-profit organizations (Figure 1). On average, for-profit ALRs had more residents than non-profit ALRs (62 residents vs. 52 residents, respectively).

Figure 1. ALR tax status (N=262 ALRs)³



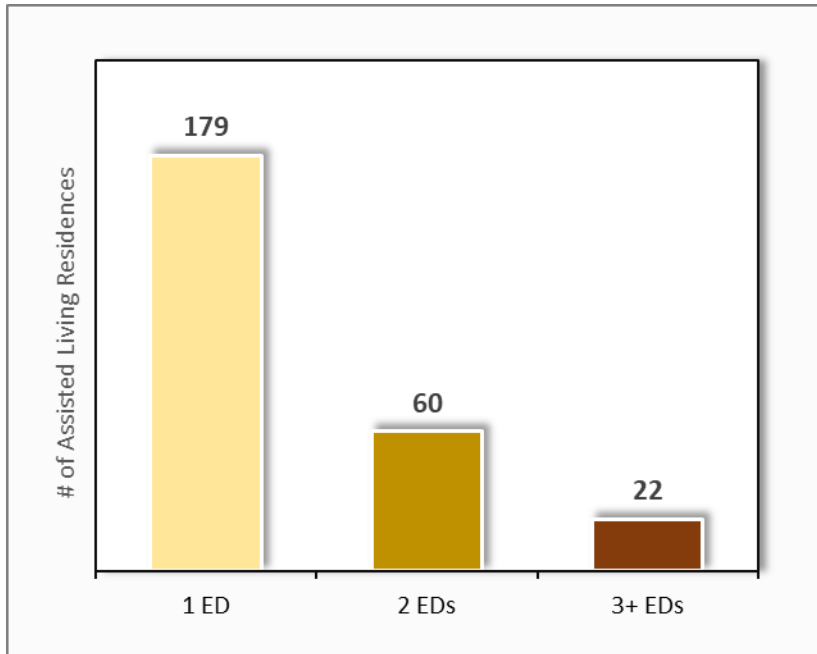
Leadership Transitions

Approximately 69% of ALRs had one executive director during 2021, 23% of ALRs had two executive directors during 2021, and the remaining 8% of ALRs had three or more executive directors during 2021, including three ALRs had four directors and one ALR that had five (Figure 2).

² M.G.L. ch.19D, § 15.

³ Throughout the report, N indicates the number of ALRs that provided valid data. Although 262 ALRs completed the surveys, some ALRs did not answer or provided invalid data for some questions (see Appendix).

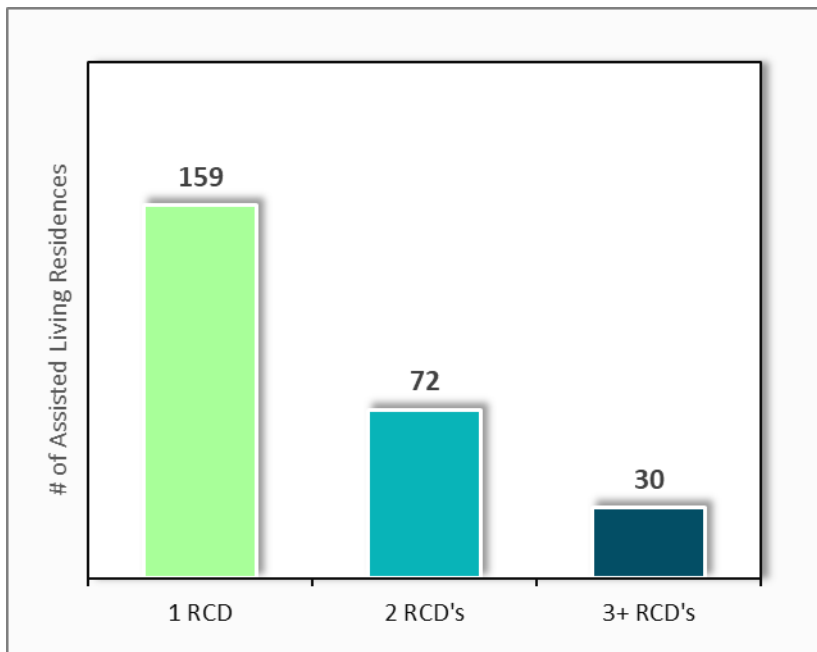
Figure 2. Number of executive directors during 2021 (N=261 ALRs)



Notes. Includes interim directors.

Roughly 61% of ALRs had one resident care director during 2021, 28% of ALRs had two, and the remaining 11% of ALRs had three or four resident care directors during 2021, including four ALRs that had four directors (Figure 3).

Figure 3. Number of resident care directors during 2021 (N=261 ALRs)



Notes. Includes interim directors.

Facilities

An ALR residence is composed of multiple units where one or more residents live, and each unit must have a half-bathroom (newly constructed units must have a full bathroom) and a kitchenette.⁴ ALRs can have a traditional residence, up to four special care residences (SCRs), or both.⁵ SCRs provide care and services for residents who require assistance with specialized needs, such as Alzheimer’s disease/related dementias or mental health issues.

Units, by Type

Approximately 88% (225/256) of ALRs reported having traditional units.⁶ For these ALRs, the number of traditional units varied, ranging between 8 and 150, and the median⁷ ALR had 55 traditional units (see Figure 4). In total, the responding Massachusetts ALRs reported having 13,220 certified traditional units where residents can live.⁸

⁴ 651 CMR 12.04.

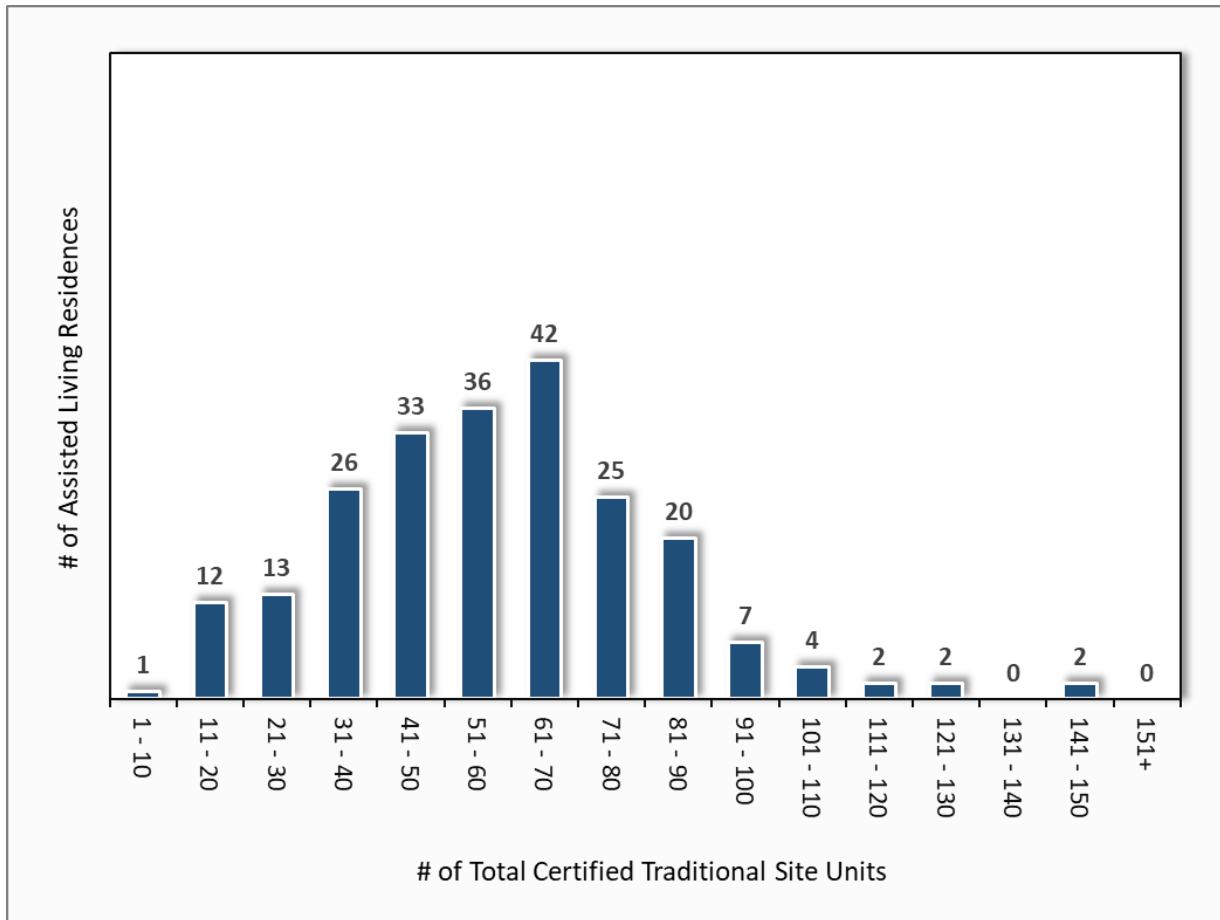
⁵ A residence can be the entire complex or any separate and distinct section(s) within the complex.

⁶ Four of the six ALRs that did not provide a valid number of traditional units reported having traditional residents. According to EOECA records, each of these four ALRs has certified traditional units. Throughout this report, the number of ALRs with residents living in traditional units is 229.

⁷ When providing statistics about ALRs, this report will often refer to a *median* ALR (for example, the median ALR having 55 traditional units). For each statistic, the median is a number such that half of ALRs are above and half of the ALRs are below. The median can be more informative than the average because some ALRs have extreme values on certain statistics and these outliers can strongly affect the average but not the median.

⁸ This is the number of certified traditional units in responding ALRs. Because six ALRs did not respond and six other ALRs provided invalid data, the actual number of certified units during 2021 is larger.

Figure 4. Number of traditional units (N=225 ALRs)



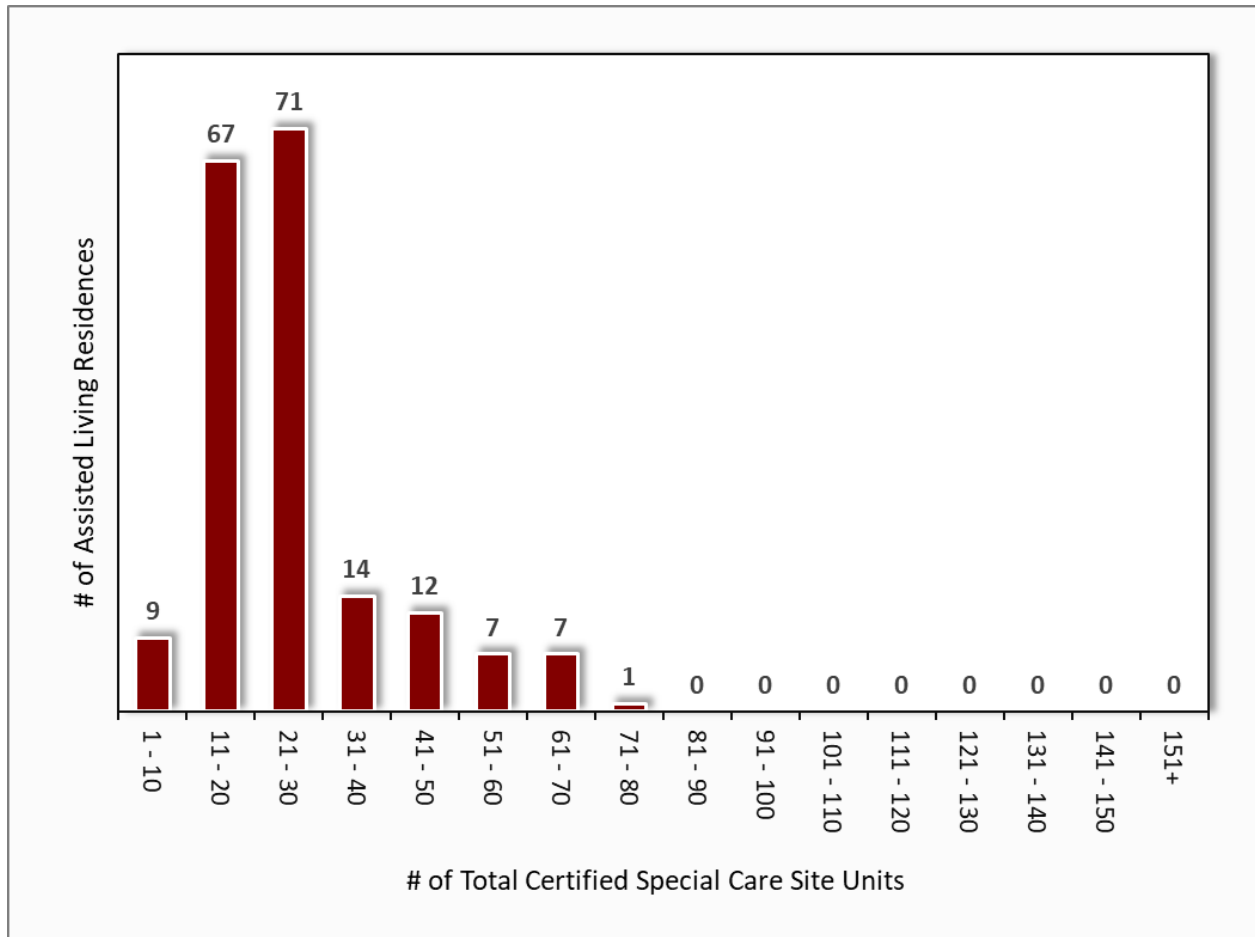
Notes. Although 229 ALRs reported having residents in traditional units, four of those ALRs did not report a valid number of traditional units.

Approximately 73% (188/256) of ALRs reported having special care units.⁹ These units are grouped in SCR residences—160 ALRs operate one SCR, 20 operate two SCRs, 5 operate three SCRs, and 6 operate four SCRs. Of the reported SCRs, roughly 98% (234/239 residences) were for residents with Alzheimer/dementia, 1% (3/239 residences) were for residents with behavioral health needs, less than 1% (1/239 residences) were for residents with a developmental disability.¹⁰ The number of SCR units varies across ALRs, ranging between 7 and 72, with a median ALR having 18 SCR units (see Figure 6). In total, the responding ALRs reported having 4,847 SCR units where residents can live.

⁹ Four of the six ALRs with no valid response on the number of SCR units reported having SCR residents. According to EOE records, each of these four ALRs has certified SCR units. In addition, one ALR with SCR units did not have any SCR residents. Throughout this report, the number of ALRs with residents living in SCR units is 191.

¹⁰ One ALR reported one residence but then indicated three Alzheimer/dementia residences, and another ALR reported one residence and indicated two Alzheimer/dementia residences. Three residences that reported one SCR residence did not describe the resident type and one ALR that reported two residences only described the resident type for one of them.

Figure 5. Number of SCR units (N=188 ALRs)



Notes. Although 191 ALRs reported having residents in SCR units, four of those ALRs did not report a valid number of traditional units and one ALR with certified SCR units did not report having SCR residents.

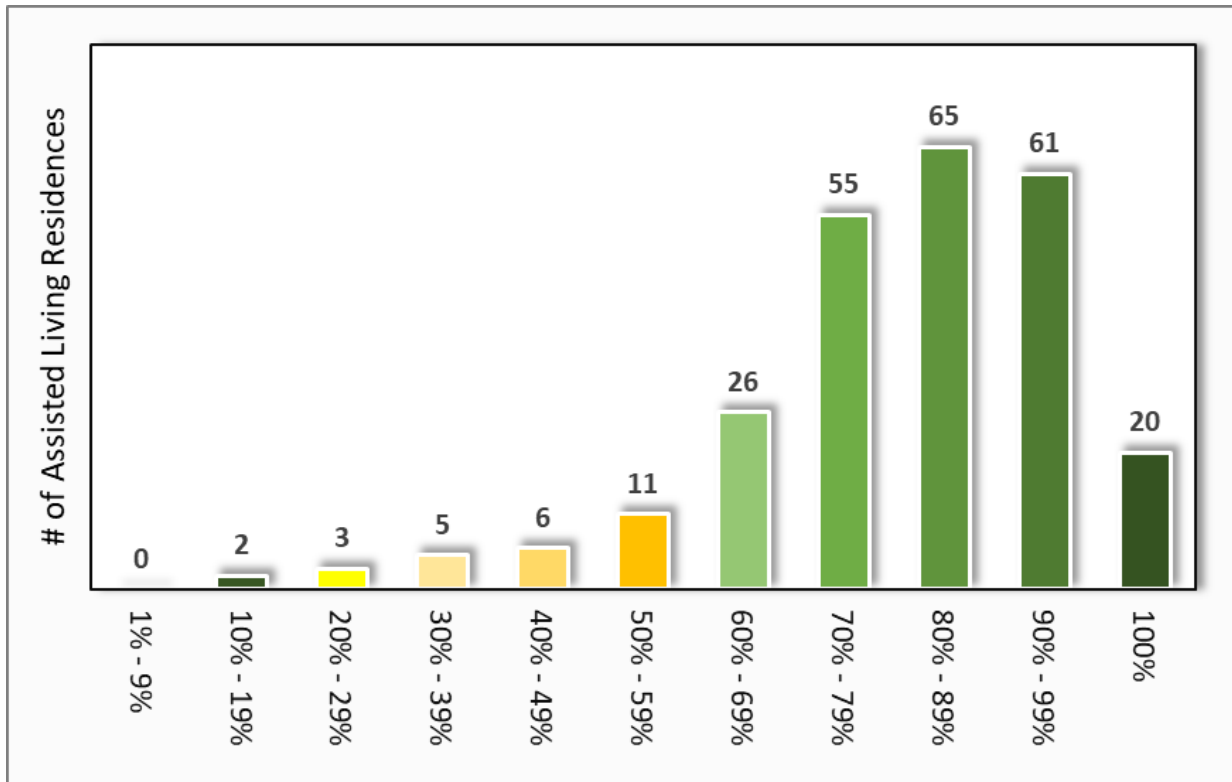
Units Occupied

Most ALRs, 56% (148/254), had more than 80% of units occupied in December 2021, with a median percentage occupied of 83% (Figure 7).¹¹ The percentage occupied increased steadily throughout the year, from a median of 75% in January, to 77% in May, to 81% in September, and 83% in December.¹²

¹¹ Seven ALRs reported that the ALR had more units occupied on December 31 than reported units available on December 31. The differences ranged from 3 additional units occupied to 76 additional units. For these ALRs, EOE set the percentage occupied to 100%.

¹² For each month and ALR, the denominator for this calculation is the number of units reported for December 2021. Some units opened during the year, so the sample size varies by month (January N=252 ALRs; March N=253 ALRs; May N=254 ALRs; August N=255 ALRs; October N=256 ALRs; December N=255 ALRs).

Figure 6. Percentage of units occupied (N=254 ALRs)



Each ALR unit can be occupied by one or more residents. Approximately 77% of ALRs with traditional units (173/225) had no units occupied by multiple residents, while roughly 46% of ALRs with SCR units (84/189) had no units occupied by two or more people.¹³

¹³ When reporting the number of units occupied by two or more people, one ALR listed more traditional units occupied by two or more people than reported traditional units that existed and two ALRs listed more SCR units occupied by two or more people than reported SCR units that existed. For these ALRs, EOE set the percentage occupied by multiple residents to 100%.

Residents

To describe ALR residents, this report presents two types of information:¹⁴

1. *Statistics about residents.* For example, 28% of Massachusetts traditional ALR residents have dementia. The unit of analysis is the ALR resident and the analysis describes the Massachusetts ALR population. These statistics do not reveal potentially large differences between residents in different ALRs.
2. *Statistics about ALRs.* For example, at 18% (41/229) of ALRs with traditional residents, fewer than 10% of residents have dementia while at 14% (31/229) more than 50% of traditional residents have dementia. This information illustrates the diversity between different ALRs in Massachusetts. The unit of analysis is the individual ALR and the analysis examines residents as part of an ALR.

For clarity, this report presents statistics about residents in tables and statistics about ALRs in figures.

Residents

The responding ALRs reported a total of 15,707 residents, with 10,913 traditional unit residents and 4,794 SCR residents as of December 31, 2021.¹⁵

The total number of ALR residents (traditional plus SCR) did not vary much by month during the first three months of 2021, but then consistently increased during the rest of the year (Table 1).

Table 1. Number of ALR residents, by month

MONTH	NUMBER OF RESIDENTS	% CHANGE FROM PREVIOUS
JANUARY	14,192	-
FEBRUARY	14,184	0%
MARCH	14,193	0%
APRIL	14,313	+1%
MAY	14,470	+1%
JUNE	14,738	+2%
JULY	14,928	+1%

¹⁴ Information about all ALR residents in Massachusetts can help policymakers, researchers, nonprofits, and businesses better understand the overall ALR population. However, different types of people choose to live in different ALRs and only reporting aggregate statistics across all ALRs could obscure important differences between residents of different ALRs. For example, while roughly 28% of ALR traditional residents have Alzheimer's disease or related dementia, at 35 of ALRs fewer than 10% of residents do and at 31 ALRs more than 50% of residents do. Older adults and their families do not choose to live in any ALR, they choose to live in a specific ALR.

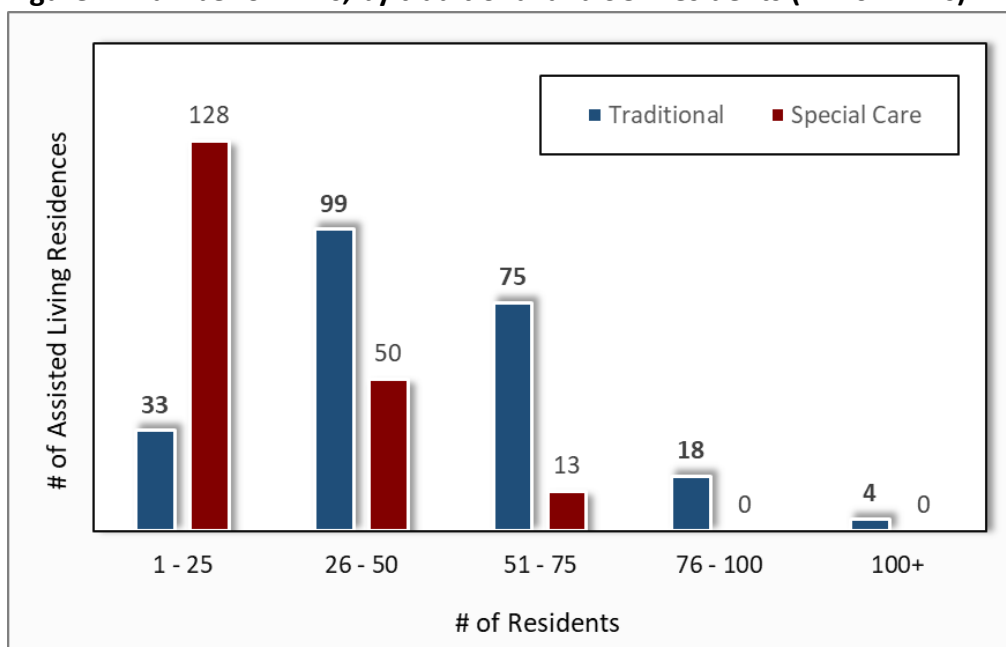
¹⁵ These statistics are based on ALR reporting of residents by age and gender. When ALRs reported the total number of residents (traditional + SCR) monthly, they reported 15,654 residents at the end of December (one ALR that reported 31 residents in the age and gender section did not report residents monthly).

AUGUST	15,174	+2%
SEPTEMBER	15,292	+1%
OCTOBER	15,469	+1%
NOVEMBER	15,576	+1%
DECEMBER	15,654	+1%

Notes. This figure is based on data provided by 261 ALRs. Three ALRs opened during 2021; these ALRs did not have residents during some early months of 2021.

Of those 229 ALRs with traditional units, the median ALR had 48 traditional unit residents (for variation, see Figure 7). Of those 191 ALRs with SCR units, the median ALR had 22 SCR residents.

Figure 7. Number of ALRs, by traditional and SCR residents (N=262 ALRs)



Notes. N=229 ALRs (traditional) and 191 ALRs (SCR)

Age and Gender¹⁶

For traditional unit residents, the most common age range for men and women was 85-89, and the most common age range for non-binary older adults was 90-94 (see Table 2). The proportion of women in Massachusetts traditional residences was 71%.

¹⁶ For 74 ALRs, the total number of residents listed in the age-by-gender section differed from the total number of residents listed in the December monthly reporting of residents (187 ALRs reported consistent numbers and 1 ALR did not report monthly statistics). For 47 of the inconsistent ALRs, the discrepancies were minor—three or fewer residents. The discrepancies ranged from -15 residents to +13 residents.

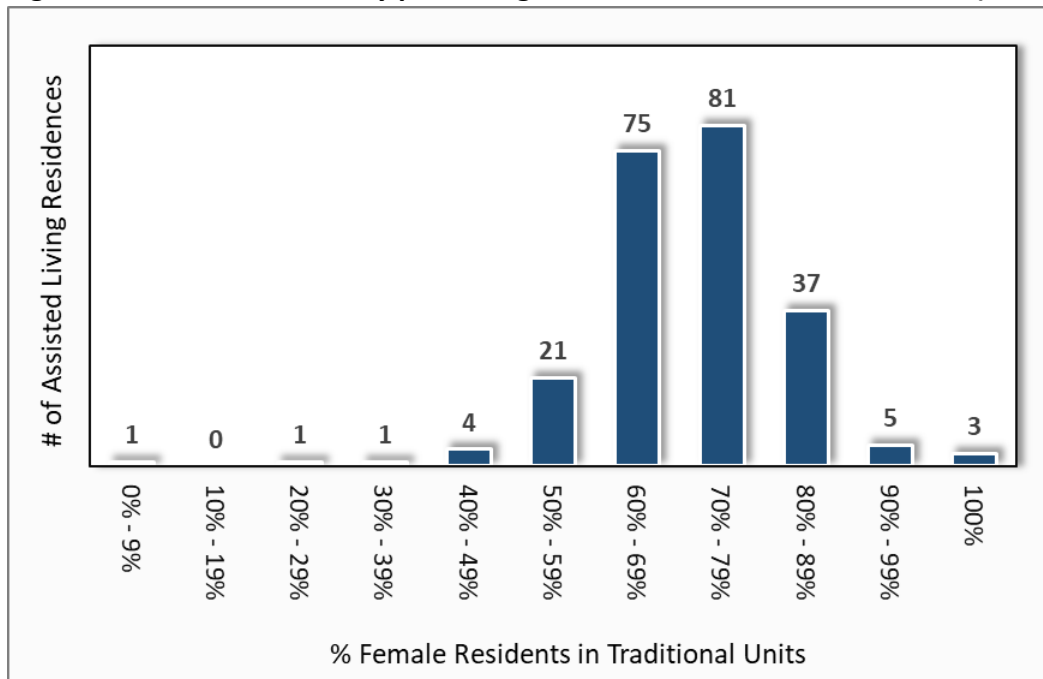
Table 2. Number of traditional unit residents, by gender and age group

AGE GROUP	MEN	WOMEN	NON-BINARY ADULTS
LESS 50 YEARS OLD	3	7	0
50-54 YEARS OLD	11	12	0
55-59 YEARS OLD	24	33	0
60-64 YEARS OLD	80	100	0
65-69 YEARS OLD	147	232	2
70-74 YEARS OLD	283	396	2
75-79 YEARS OLD	386	856	1
80-84 YEARS OLD	505	1255	3
85-89 YEARS OLD	760	1909	2
90-94 YEARS OLD	647	1846	5
95-99 YEARS OLD	284	921	3
100+ YEARS OLD	38	160	0
TOTAL	3168	7727	18

Note. Based on data provided by 229 ALRs; 2 ALRs did not have valid data for non-binary adults.

For traditional units, the median ALR percentage of men, women, and non-binary residents was 29%, 71%, and 0% respectively (see Figure 8 for variation in across ALRs).¹⁷

Figure 8. Number of ALRs, by percentage of women traditional residents (N=229 ALRs)



¹⁷ A recent nationally representative survey found that 0.1% of Americans 50 and older identified as nonbinary (https://www.pewresearch.org/wp-content/uploads/2022/06/trans-estimates-blog-post-methodology_final.pdf).

For SCR unit residents, the most common age range for men and women was 85-89, and the most common age range for non-binary residents was 90-94 (see Table 3). The proportion of women in Massachusetts SCR residences was 75%.

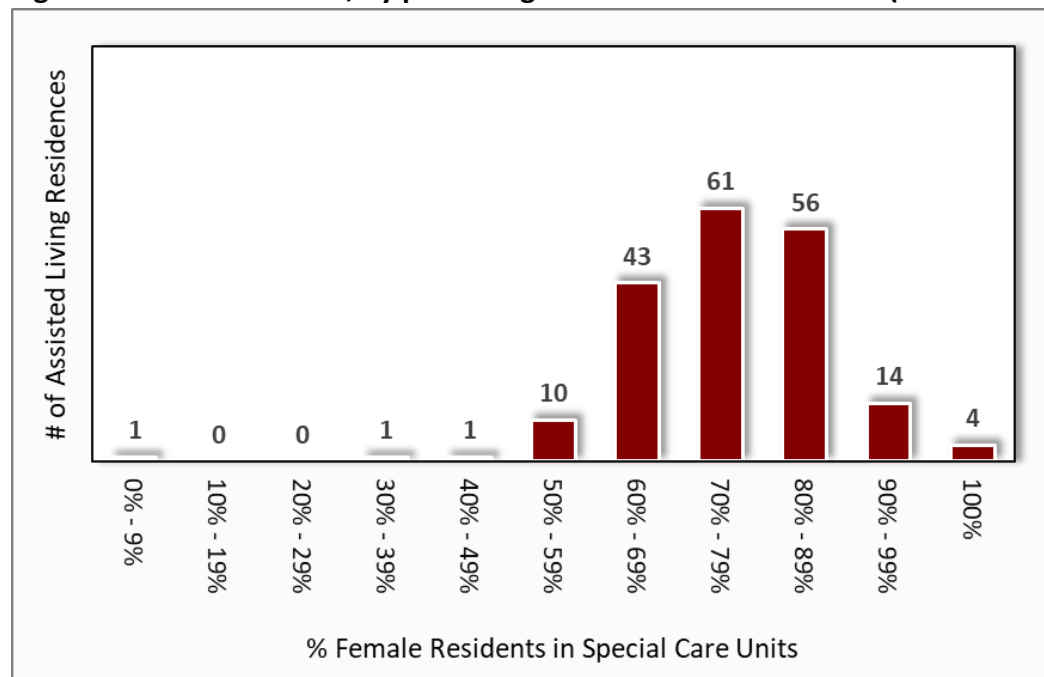
Table 3. Number of SCR unit residents, by gender and age group

AGE GROUP	MEN	WOMEN	NON-BINARY ADULTS
LESS 50 YEARS OLD	0	2	0
50-54 YEARS OLD	3	4	0
55-59 YEARS OLD	8	12	0
60-64 YEARS OLD	18	26	0
65-69 YEARS OLD	49	71	1
70-74 YEARS OLD	85	211	5
75-79 YEARS OLD	188	472	4
80-84 YEARS OLD	230	713	3
85-89 YEARS OLD	296	900	5
90-94 YEARS OLD	234	780	7
95-99 YEARS OLD	62	336	0
100+ YEARS OLD	13	56	0
TOTAL	1186	3583	25

Notes. This table is based on data provided by 191 ALRs.

For SCR units, the median ALR percentage of men, women, and non-binary residents was 23%, 77%, and 0% respectively (see Figure 9 for variation across ALRs).

Figure 9. Number of ALRs, by percentage of women SCR residents (N=191 ALRs)

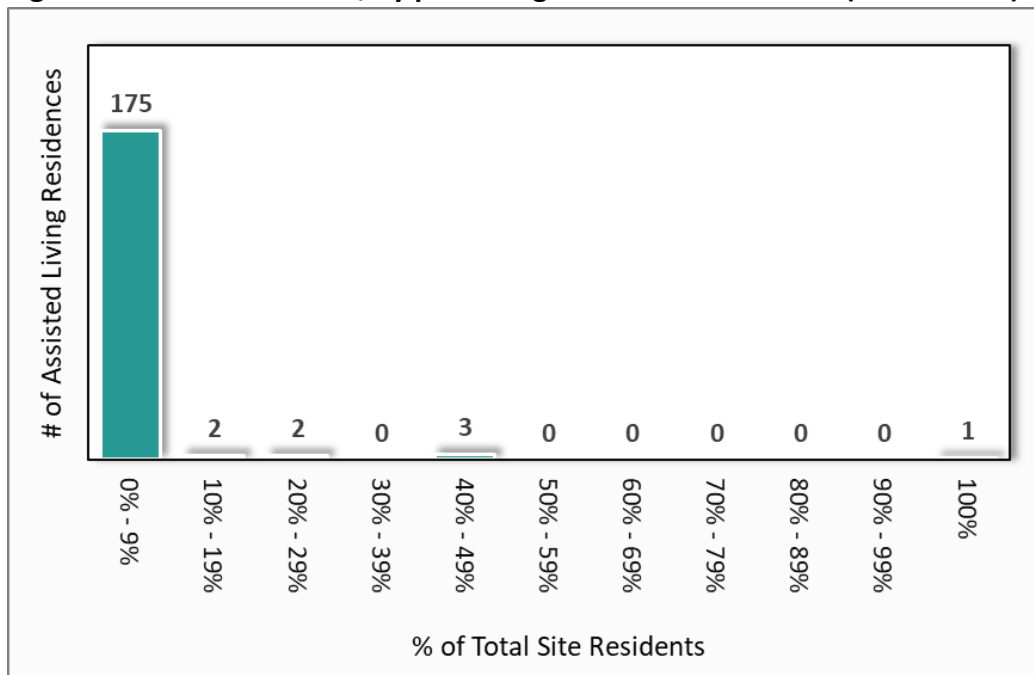


Race and Ethnicity¹⁸

Based on the 183 ALRs that reported data on resident race, Massachusetts ALR residents were approximately 93% White, 2% Black/African American, 1% Asian, and 0.1% American Indian or Native Alaskan; ALRs did not know the race of 3% of residents.¹⁹ Based on the 159 ALRs that reported data on resident ethnicity, 93% of ALR residents were not Hispanic/Latino and 1% were Hispanic/Latino (Figure 12); ALRs did not know the ethnicity of 5% of residents.²⁰

The median ALR percentage of White residents was 99%, and the median percentage of each other race, including unknown race, was 0%. Classifying all non-White residents as residents of color, the median percentage of all residents of color was 1% although several ALRs had more residents of color (Figure 10). The median ALR had 0% Hispanic/Latino residents and was 100% Hispanic/Latino; few ALRs were more than 10% Hispanic/Latino (Figure 11).

Figure 10. Number of ALRs, by percentage of residents of color (N=183 ALRs)



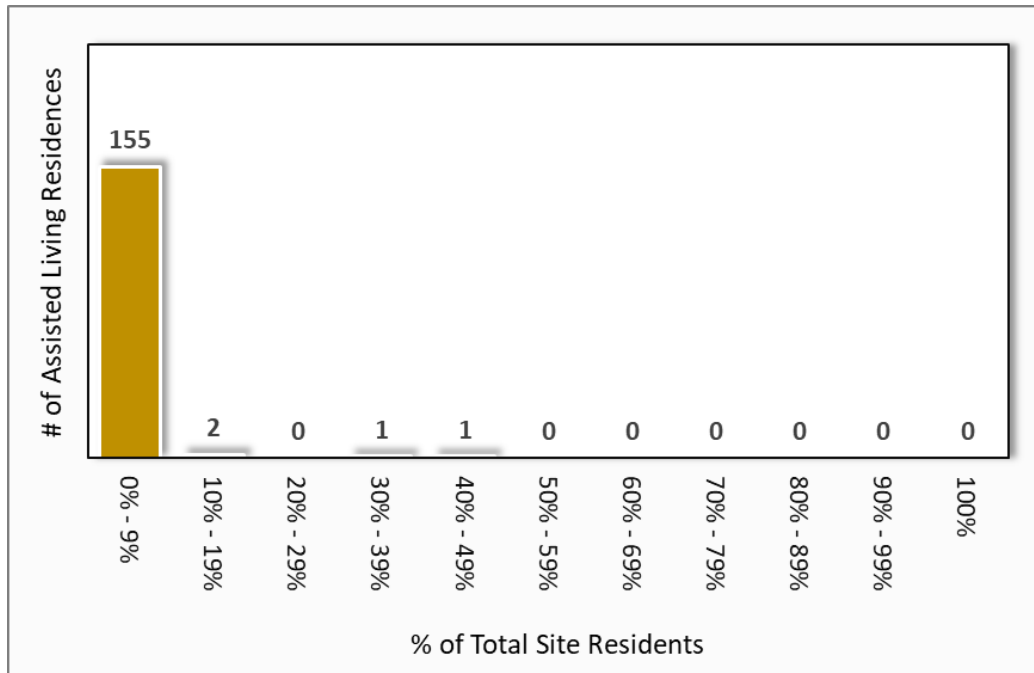
Notes. Residents of Color are Black/African American, Asian, American Indian/Alaska Natives, or Native Hawaiian/Other Pacific Islander.

¹⁸ EOEa requested data on resident race using the standard federal racial and ethnicity categories, with race and ethnicity being measured separately. For more information, see <https://orwh.od.nih.gov/toolkit/other-relevant-federal-policies/OMB-standards>.

¹⁹ For 7 ALRs, the total number of residents listed in the age-by-gender section differed from the total number of residents listed in the race section (255 ALRs provided consistent numbers or did not report data on race). The differences ranged from -15 to 8.

²⁰ For 5 ALRs, the total number of residents listed in the age-by-gender section differed from the total number of residents listed in the ethnicity section (257 ALRs provided consistent numbers or did not report data on ethnicity). The differences ranged from -15 to 6.

Figure 11. Number of ALRs, by percentage of Hispanic/Latino residents (N=159 ALRs)



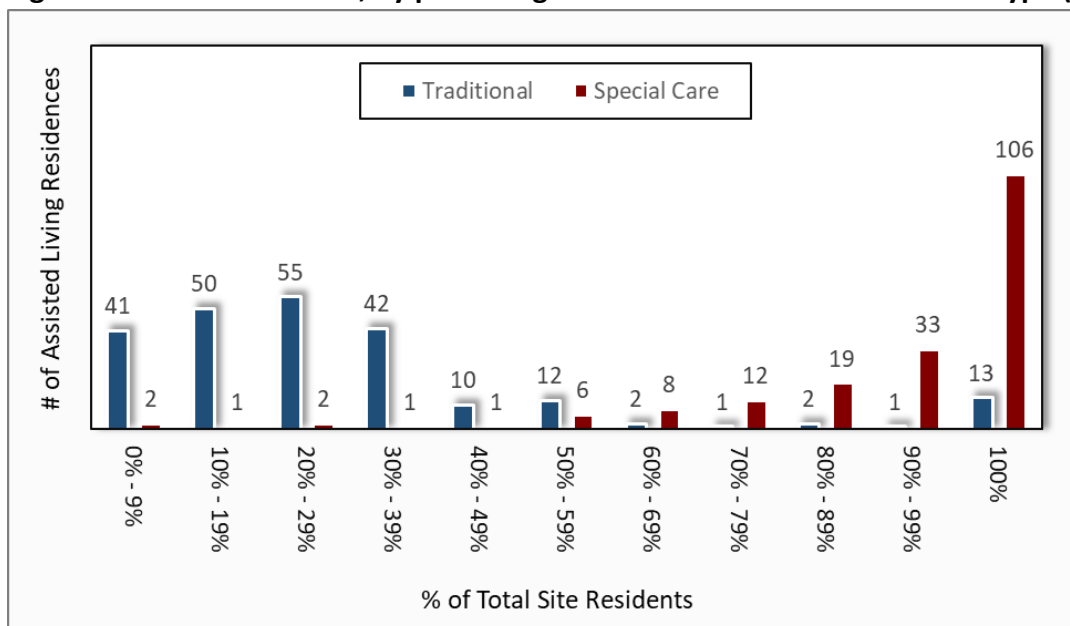
Functioning

Approximately 29% of ALR traditional unit residents have Alzheimer’s disease or related dementia, as do 91% of ALR SCR residences.²¹

Of those ALRs with traditional residents, the median ALR had 22% traditional unit residents with dementia (for variation, see Figure 12). Of those ALRs with SCR residents, the median ALR had 94% SCR residents with dementia.

²¹ For 13 ALRs, the total number of SCR residents listed in the age-by-gender section was less than the total number of SCR residents with Alzheimer’s disease or related dementia (that is, these ALRs reported more SCR residents with dementia than SCR residents). For 8 of the 13 ALRs, the ALR listed one more SCR resident with dementia than total SCR residents. The differences ranged from -15 to 6. For these ALRs, EOE set the percentage with dementia to 100%. These percentages are calculated using the total number of residents listed in the age-by-gender section for the relevant 249 ALRs as the denominator (10,640 residents for traditional and 4,345 residents for SCR).

Figure 12. Number of ALRs, by percentage of residents with dementia and type (N=262 ALRs)



Notes. N=229 ALRs (traditional) and 191 ALRs (SCR)

Program and Plan Participation

Some ALR residents participate in government programs that help cover the cost of living in an ALR—2% of residents participated in Group Adult Foster Care (GAFC),²² 1% received Section 8 Rental Assistance, and less than 0.1% received MA Rental Voucher Program (MRVP) Rental Assistance (see Table 4 for residents participating in each program).²³

Table 4. Number of residents participating in program, by residence type

PROGRAM	TRADITIONAL	SCR	TOTAL
GAFC	338	26	364
SECTION 8	98	3	101
MRVP	14	0	14

Notes. For traditional residents, this table is based on data provided by 229 ALRs (228 ALRs for Section 8 participation). For SCR residents, this table is based on data provided by 191 ALRs. For total residents, the data came from 262 ALRs.

²² MassHealth’s GAFC helps older adults with low incomes by paying for personal care services and medication management and administration. GAFC does not pay for room and board, but the Supplemental Security Income (SSI-G) Assisted Living Benefit can cover these costs. To qualify for GAFC in an ALR, an older adult must have SSI-G.

²³ These percentages are calculated using the total number of residents listed in the age-by-gender section as the denominator (10,913 traditional residents—10,822 traditional residents for Section 8—plus 4,345 SCR residents). For one ALR, the total number of traditional residents listed in the age-by-gender section was less than the total number of traditional residents receiving Section 8 rental assistance (that is, this ALR reported more traditional residents receiving assistance than traditional residents). For this ALR, EOE set the percentage participating in Section 8 to 100%.

Most ALRs did not report any residents receiving GAFC, Section 8, or MRVP. For example, 180 (of 229) ALRs reported no traditional GAFC residents and 182 (of 191) ALRs reported no SCR GFC residents. At the ALRs with at least one GAFC resident, these residents were typically less than a quarter of the residents (there were two ALRs where most traditional residents received GAFC and one ALR where half of SCR residents received GAFC). Similarly, 223 (of 228) ALRs had no traditional residents receiving Section 8 and 189 (of 191) ALRs had no SCR residents receiving Section 8. ALRs with traditional residents receiving Section 8 often had a high proportion of residents receiving Section 8; two ALRs had only Section 8 traditional residents and two more had more than 50% of residents receiving Section 8. One ALR had residents receiving MRVP.

ALRs also reported on whether residents were participating in dual-eligible health plans.²⁴ Approximately 2% were enrolled in Senior Care Options (SCO), 7% were enrolled in Program for All-Inclusive Care of the Elderly (PACE), and less than 0.1% were enrolled in One Care (see Table 5 for residents participating in each insurance plan).

Table 5. Number of residents with dual-eligible health plans, by residence type

PLAN	TRADITIONAL	SCR	TOTAL
SCO	229	22	251
PACE	917	207	1124
ONE CARE	7	0	7

Notes. This table is based on data provided by 229 ALRs (traditional residents) and 191 ALRs (SCR residents). For total residents, the data came from 262 ALRs.

Most ALRs did not have any residents participating in dual-eligible insurance plan. For example, 212 (of 229) ALRs reported no traditional residents participating in an SCO and 185 (of 191) ALRs reported no SCR residents participating in an SCO. At the ALRs with at least one resident participating in an SCO, these residents were typically less than a quarter of the residents (at one ALR, most traditional residents were covered by an SCO). Similarly, 170 (of 229) ALRs reported no traditional residents covered by PACE and 158 (of 191) ALRs reported no SCR residents covered by a PACE. Some ALRs had a high proportion of residents covered by PACE; ten ALRs had at least 50% of traditional residents covered by PACE, and five ALRs had at least 50% of SCR residents covered by PACE. Three ALRs reported residents covered by One Care.

²⁴ These are integrated health plans whose beneficiaries are eligible for both Medicaid (MassHealth) and Medicare.

Services

By law, ALRs in Massachusetts must offer certain services to residents. Specifically, ALRs must provide “assistance with activities of daily living,” (ADLs) which can include help getting dressed, eating, and so on.²⁵ ALRs are also required to provide self-administered medication management or SAMM.²⁶ ALRs can choose whether to offer other resident services, such as daycare, transportation, and limited medication administration (LMA).²⁷

Medication Assistance

Approximately 59% (155/262) of ALRs reported offering LMA to residents. Of the ALRs with traditional residents, 56% (127/229) offered LMA while 74% (142/191) of the ALRs with SCR residents offered LMA.

In traditional units, the most common form of medication assistance was SAMM-only, while in SCR units, LMA-only only was most common, slightly more common than SAMM-only (Table 6).²⁸

Table 6. Number of residents receiving medication assistance, by residence type

ASSISTANCE	TRADITIONAL	SCR	RESIDENTS
SAMM-ONLY	6,204	2,035	8,239
LMA-ONLY	577	2,157	2,734
BOTH	208	370	578
NEITHER	3,511	166	3,277
TOTAL	10,500	4,728	15,228

Notes. This table is based on data provided by 226 ALRs (traditional residents), 185 ALRs (SCR residents), and 262 ALRs (total residents).

Among ALRs offering LMA and with traditional residents (127 ALRs), the median ALR had 52% of traditional residents receiving SAMM-only, 4% receiving LMA-only, 0% receiving both, and the

²⁵ M.G.L. ch. 19D, § 1.

²⁶ M.G.L. ch. 19D, § 10. For SAMM, ALR staff can only remind and assist residents with taking medication. For example, staff can remind a resident when to take medication and open bottles or other containers. They cannot directly administer any medication to a resident.

²⁷ For LMA, a nurse, an individual designated by the resident, or the resident's representative can administer eye drops, apply medicated cream, and crush medications and place them in a resident's mouth.

²⁸ For 93 ALRs with traditional residents, the total number of traditional residents listed in the age-by-gender section differed from the total number of residents listed in the medication assistance (LMA/SAMM) section (for 136 ALRs the numbers were identical or the ALRs did not report medication assistance information). The resident differences ranged from -25 to 73. For 60 ALRs with SCR residents, the ALRs reported a different number of residents in the age-by-gender section than in the medication assistance section (for 131 ALRs the numbers were identical or the ALRs did not report medication assistance information). The differences ranged from -38 to 22.

35% receiving neither. For SCR residents (N=142 ALRs), the respective median percentages were: 0% (SAMM only), 85% (LMA only), 0% (both), and 0% (neither).

Among ALRs not offering LMA and with traditional residents (N=102), the median ALR had 75% traditional residents receiving SAMM, with 25% not receiving SAMM. For SCR residents (N=49 ALRs), the respective median percentages were: 100% (SAMM) and 0% (not receiving SAMM).

Assistance with Activities of Daily Living

Most ALR residents (78%) received help with at least one activity of daily living (Table 7).

Table 7. Number and percentage of residents receiving assistance with ADLs

NUMBER OF ADLS	RESIDENTS	PERCENTAGE
0	3404	22%
1	2301	15%
2	2381	15%
3	2647	17%
4	2064	13%
5	1752	11%
6	1113	7%
TOTAL	15,662	100%

Notes. This table is based on data provided by 261 ALRs.

At the ALR level, 15 ALRs had 50% or more of residents receiving no assistance with ADLs, 63 ALRs had most residents receiving assistance with one or fewer ADLs, 140 ALRs had most residents receiving assistance with two or fewer ADLs, and 208 had most residents receiving assistance with three or fewer ADLs (N=261).²⁹

Respondents also reported the number of residents receiving assistance with specific ADLs, and the most common were bathing, dressing/undressing, and grooming/hygiene (Table 8).

Table 8. Number and percentage of residents receiving assistance with specific ADLs

ADLS	RESIDENTS	PERCENTAGE
BATHING	10,306	66%
DRESSING/UNDRESSING	8,627	55%
GROOMING/HYGIENE	7,382	47%
AMBULATION	4,504	29%
EATING	1,915	12%

²⁹ For 10 ALRs, the total number of traditional residents listed in the age-by-gender section differed from the total number of residents listed in the ADL (the numbers were identical for 251 ALRs and the remaining ALR did not report ADL information). The differences ranged from -7 to 22.

TOILETING

5,450

35%

Notes. This figure is based on data provided by 261 ALRs (for assistance with dressing, N=260). The denominator for the percentage of resident calculation is the total number of residents as reported in response to the number of ADLs received by each resident.

Other Services

Roughly 69% (175/252) of ALRs offered residents free transportation for routine medical appointments, 79% (203/256) offered free transportation for shopping, and 83% (211/253) offered transportation for social events. ALRs could also add additional reasons for providing transportation, and 27 ALRs did so. ALRs listed the following reasons for free transportation:

- Sightseeing/Scenic trips/Scenic rides (6 ALRs)
- Religious services (4 ALRs)
- Bank (2 ALRs)
- Hair (2 ALRs)
- Nails (2 ALRs)
- Other (14 ALRs)

Over 98% (258/262) of ALRs employed or consulted with a certified dietician or nutritionist when designing menus in 2021.

Approximately 3% (8/262) of ALRs reported acting as a rep-payee for any resident in 2021.³⁰ Less than 1% (1/262) of ALRs reported offering both special care residency (SCR) daycare and traditional assisted living (AL) daycare, 4% (10/262) offered SCR Daycare Only, no ALRs offered AL Daycare Only, and 96% offered neither.

³⁰ Representative payees manage residents Social Security or Supplemental Security Income.

Departures

ALR residents effectively rent an apartment and can choose to move out when the residency agreement ends. ALRs cannot legally prohibit residents from living in their unit without formally terminating the tenancy and obtaining an eviction order.³¹

Move Outs

ALRs reported that 7090 residents moved out during 2021 (N= 260 ALRs).³² The median ALR had 27 residents move out during 2021.

Length of Stay

Most ALR residents who left in 2021 had resided in their ALR for less than two years (Table 9).

Table 9. Number of residents, by length of stay before moving out

LENGTH OF RESIDENCY	RESIDENTS
LESS THAN 3 MONTHS	1,204
3-5 MONTHS	745
6-8 MONTHS	513
9-11 MONTHS	401
1 YEAR – 1 YEARS 11 MONTHS	1,214
2 YEARS – 2 YEARS 11 MONTHS	1,008
3 YEARS – 3 YEARS 11 MONTHS	726
4 YEARS – 4 YEARS 11 MONTHS	443
5 YEARS – 5 YEARS 11 MONTHS	312
6 YEARS – 6 YEARS 11 MONTHS	183
7 YEARS – 7 YEARS 11 MONTHS	105
8 YEARS – 8 YEARS 11 MONTHS	79
9 YEARS – 9 YEARS 11 MONTHS	53
10 YEARS – 14 YEARS 11 MONTHS	86
15+ YEARS	18
TOTAL	7,090

Notes. This table is based on data provided by 260 ALRs.

³¹ M.G.L. ch. 19D § 9.

³² For each resident who left, ALRs provided both the reasons for moving out and the length of stay before moving out. For 94 ALRs, the total numbers of residents moving out in the reasons section differed from the total number of residents moving out in the length of stay section (168 ALRs reported identical numbers of residents). For 65 of the inconsistent ALRs the differences were 3 or less, and the differences ranged from -19 to 11. This report uses the length of stay sum; the reasons sum was 7000 residents. Two ALRs reported that no residents left in 2021.

Reasons for Moving Out

The most common reason for moving out of the ALR was death followed by moving to a skilled nursing facility (Figure 10).

Table 10. Number of residents, by reason for moving out (all residents)

REASON	RESIDENTS
DEATH	2854
MOVED TO SKILLED NURSING FACILITY/HIGHER CARE	2194
RESPIRE STAY CONCLUDED	458
RETURNED HOME OR TO OTHER INDEPENDENT LIVING	450
MOVED TO ANOTHER ALR IN MASSACHUSETTS	444
FINANCIAL / NON-PAYMENT	278
MOVED OUT OF STATE	228
HIGHER CARE*	14
DISSATISFACTION*	7
HOSPICE*	6
NEVER MOVED IN*	6
COVID*	6
BEHAVIOR*	5
ACCOMMODATIONS*	4
DIED AT HOSPITAL*	4
MOVED WITH FAMILY*	4
OTHER (<i>respondent listed or left blank</i>)	38
TOTAL	7,000

* Respondent-listed reason

Notes. This figure is based on data provided by 260 ALRs. Responses listed three or fewer times are categorized as *Other*.

Focusing on those who were residents for less than three months, the most common reason for moving out of the ALR was death followed by conclusion of respite stay (Table 11).³³

Table 11. Number residents, by reason for moving out (resided less than three months)

REASON	RESIDENTS
DEATH	348
RESPIRE STAY CONCLUDED	331
MOVED TO SKILLED NURSING FACILITY/HIGHER CARE	254
RETURNED HOME OR TO OTHER INDEPENDENT LIVING	137

³³ For 34 ALRs, the total number of residents listed in the reason-for-leaving-only-residents-staying-less-than-three-months differed from the total number of residents listed as staying less than three months (for 228 ALRs, the numbers were identical, or the ALRs had no residents leave within three months, or the ALR did not provide valid data). The differences ranged from -13 to 10.

MOVED TO ANOTHER ALR IN MASSACHUSETTS	64
MOVED OUT OF STATE	42
FINANCIAL / NON-PAYMENT	18
NEVER MOVED IN*	7
DISSATISFACTION*	5
OTHER (<i>respondent listed or left blank</i>)	15
TOTAL	1,221

* Respondent-listed reason

Notes. This table is based on data provided by 229 ALRs. Responses listed three or fewer times are categorized as *Other*.

Safety

ALRs can choose to install video surveillance in public areas or maintain a backup generator to provide electricity during power outages.

Video Surveillance in Public Areas

Approximately 71% (186/261) of ALRs reported having video surveillance. Of these ALRs, 96% (178/186) reported that the surveillance covered main entrances, 92% (167/182) reported the surveillance covered other entrances, 61% (109/180) reported surveilling common areas, and 56% (100/179) reported the surveillance covered hallways.

Backup Generator

Approximately 94% (245/262) of ALRs reported having a backup generator in case of power outage.

Fees

Aside from the roughly 20% of ALRs (53/262) that reported housing affordability restrictions due to government financing requirements (such as 40B, Low Income Housing Tax Credits, Project Based Vouchers), there are no legal restrictions on ALR service fees. Fees vary within an ALR depending on the unit size, amenities, resident services required, residence type, and other factors.

Lowest and Highest Fees

The lowest and highest fees varied widely across ALRs—the lowest fee for any traditional resident in Massachusetts was \$96 and the lowest for an SCR resident was \$68, while the highest fees for a traditional and SCR resident were \$16,831 and \$17,399 (see Figures 15 and 16 for variation across ALRs). For ALRs with traditional residents, the median lowest monthly fee was \$3,491, and the median highest monthly fee was \$7,850. For SCR units, the median lowest monthly fee was \$5,735 and the median ALR highest monthly fee was \$9,455.

Figure 15. Number of ALRs, by lowest/highest fees for traditional units (N=229 ALRs)

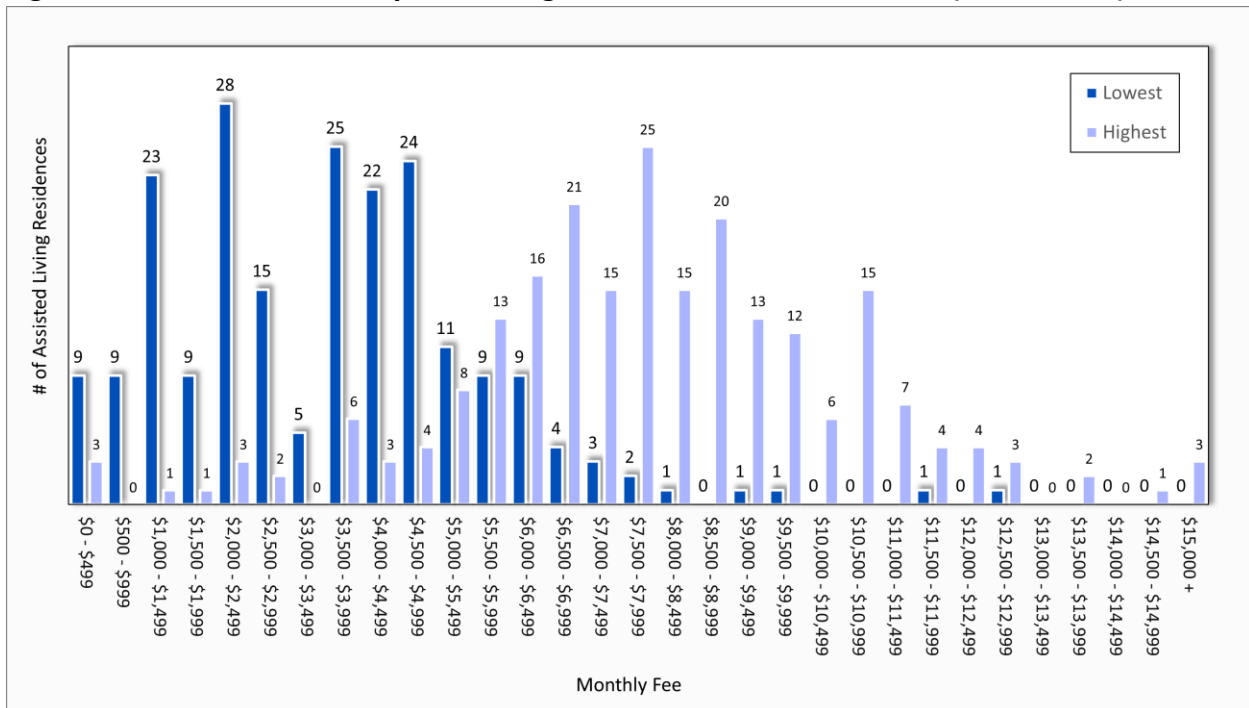
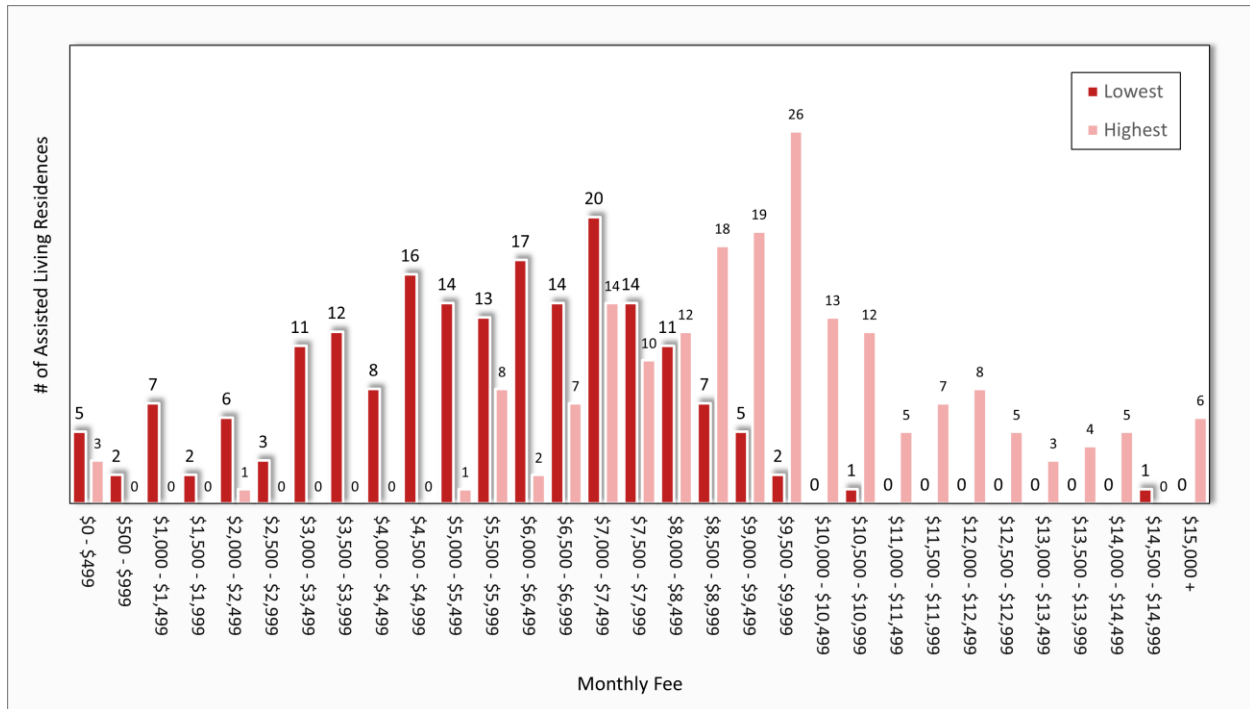


Figure 16. Number of ALRs, by lowest/highest fees for SCR units (N=190 or 191 ALRs)

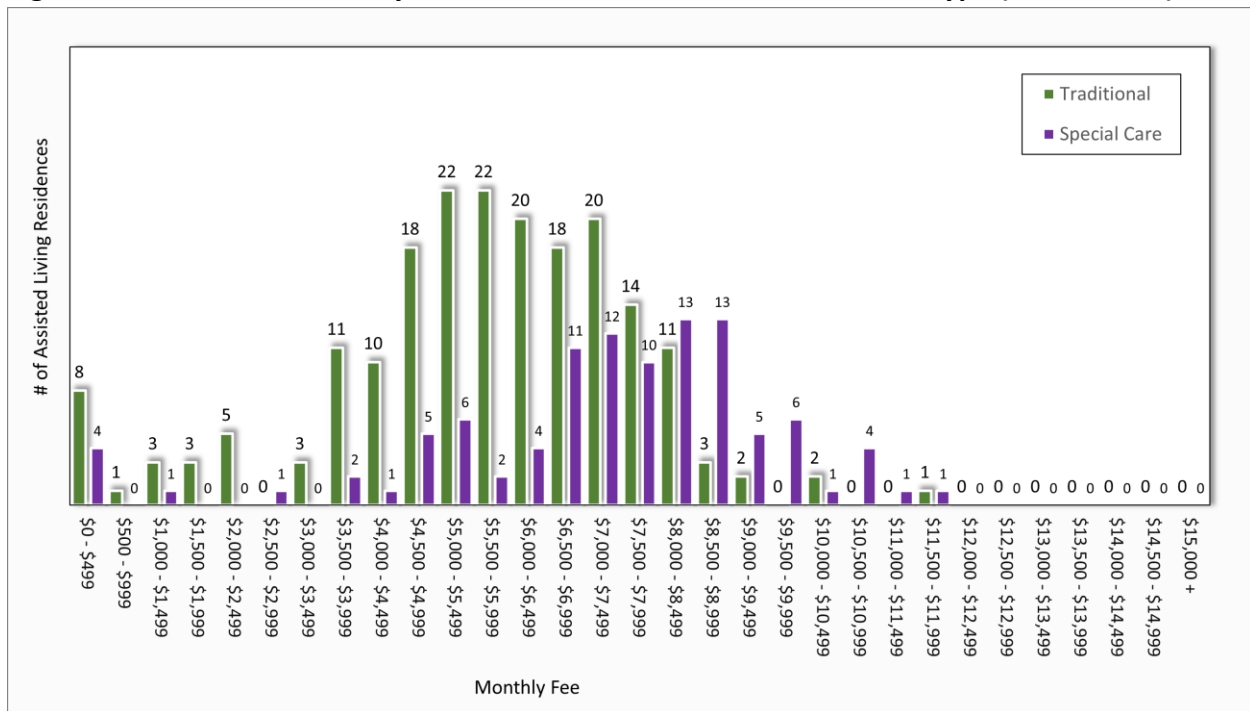


Notes. Two ALRs with SCR residents did not report a valid highest fee.

One Bedroom Fees

Respondents provided the base fee for the first traditional and SCR one-bedroom, single-occupancy units rented in 2021, along with other descriptive information about the unit. The median fee for first traditional one-bedroom units rented was \$5,847 while the median fee for SCR units was \$7,625, but there was substantial variation across ALRs (Figure 17). In some cases, this variation is due to differences in the type of one bedroom or the means or services provided; in other cases, the differences are due to different fees at different ALRs.

Figure 17. Number of ALRs, by fees for first-leased unit and residence type (N=243 ALRs)



Notes. Of the 229 ALRs with traditional residents, 32 did not report leasing a single-occupancy, one-bedroom traditional unit to a new resident in 2021 (N=197 ALRs). For SCRs, the equivalent number is 88 (N=103 ALRs).

Appendix: Data Collection and Analysis

On February 1, 2022, EOEAs Director of Assisted Living Certification & Compliance emailed all ALR executive directors with a request to provide ALR 2021 data via an online survey.³⁴ The email included a link to the survey and informed ALRs that, “in accordance with [regulations] 651 CMR 12.04(13)(a)(2) all Massachusetts certified Assisted Living Residences (ALRs) must submit an accurate report of 2021 information to the Executive Office of Elder Affairs (EOEA) on or before March 1st.”³⁵ Attached to the email were survey instructions and a PDF of the survey. EOEA did not send any reminders.

Of the 268 ALRs contacted,³⁶ 262 submitted at least some survey data. The following six ALRs did not submit any data:

- Benchmark Senior Living at Forge Hill
- Blaire House at Tewksbury Assisted Living
- Christopher Heights of Attleboro
- Gabriel House of Fall River
- Wood Haven Senior Living*
- Zelma Lacey House*

* Indicates the residence ceased operating as an ALR during February 2022.

Two ALRs completed the survey twice; the submissions were similar and only data from the second submission was included and analyzed.

The complete online survey contained 43 items, and many items had multiple sub-items. The survey used a skip logic where appropriate (for example, ALRs without SCR were not presented with questions about SCRs) such that some ALRs were presented with fewer questions.

Only a few items (such as identifying the ALR and site address) required responses to continue. After skipping items, respondents would be notified which items had been skipped when they tried to move to the next page.

Respondents

Executive directors typically completed the survey (Table A.1).

³⁴ Four volunteer ALRs provided data in late December during a piloting process. The pilot survey was almost identical to the final survey.

³⁵ The survey ended up being accessible until March 4, and 13 ALRs completed the survey between March 2 and March 4.

³⁶ Two other ALRs that operated during 2021 (The Residences at Sherburne Commons and Visiting Nurse Assisted Living) were no longer operating as ALRs as of January 1, 2022 and were not contacted.

Table A1. Primary respondent title

TITLE	FREQUENCY LISTED
EXECUTIVE DIRECTOR (INCLUDES INTERIM AND SENIOR)	179
CHIEF OPERATIONS OFFICER/VP OPERATIONS	9
RESIDENT CARE/SERVICES DIRECTOR	9
OWNER	6
ADMINISTRATIVE OR OPERATIONS ASSISTANT/COORDINATOR/ ADMINISTRATOR	6
BUSINESS MANAGER/GENERAL MANAGER/OFFICE MANAGER	6
ASSISTED LIVING DIRECTOR	4
DIRECTOR OF CLINICAL AND REGULATORY OPERATIONS	4
DIRECTOR OF WELLNESS/DIRECTOR OF HEALTH AND WELLNESS	4
EXECUTIVE VICE PRESIDENT/REGIONAL VICE PRESIDENT	4
DIRECTOR	3
PROGRAM DIRECTOR	3
ASSISTANT/ASSOCIATE EXECUTIVE DIRECTOR	2
DIRECTOR OF COMMUNITY RELATIONS	2
DIRECTOR OF FINANCIAL SERVICES	1
ASSISTANT VICE PRESIDENT OF ADULT SERVICES	1
COMMUNITY RELATIONS DIRECTOR	1
DIRECTOR OF HEALTH SERVICES	1
EXECUTIVE ASSISTANT & PAYROLL COORDINATOR	1
MARKETING DIRECTOR	1
QUALITY IMPROVEMENT COORDINATOR	1
VICE PRESIDENT OF HEALTH & MEMBER SERVICES	1
WELLNESS NURSE	1
TOTAL	250

Note. Although the question asked for the “title of the primary person completing this form” (original underlined), 12 respondents only entered the respondent’s name.

Data Inconsistencies and Anomalies

To minimize frustration, EOEA did not include automatic logic checks that required respondents to provide consistent information across sections. However, the online survey presented information that respondents could use to check the consistency of answers. For example, after the respondent entered the total number of residents in the age-by-gender section, that information would be presented when the respondent entered in the number of residents by race so that respondents could compare the totals (this information was also provided when respondents were reporting ethnicity and ADLs). In addition, upon completing the survey but before submission, the survey conducted six consistency checks and reported inconsistencies to respondents.³⁷ Respondents could then choose whether to update their responses. More than

³⁷ The pilot survey did not include these consistency checks.

20 respondents who were aware of these inconsistencies submitted the surveys with the inconsistencies.

When respondents submit inconsistent information, which information is most accurate is unclear— if the ALR reports 32 total residents when describing resident gender while reporting 35 total residents when describing resident race, which is correct? As most of the inconsistencies involved a few residents, EOEa typically made no changes to the data and noted the inconsistencies in report footnotes.

When the inconsistencies led to impossible results, EOEa modified the results and noted the issue in a footnote. For example, when reporting the number of units that existed on December 31, 2021 and that were occupied on December 31, 2021, seven ALRs listed more units occupied than units that existed. When calculating the occupancy rate, EOEa set the occupancy rate for these ALRs to 100% (instead of 100+%).

EOEA Changes and Corrections

The submitted forms also contained clear errors or highly implausible data. In these situations, EOEa changed the data to missing or corrected the data.³⁸ Specifically, EOEa made the following changes before analyzing the data:

- One ALR reported zero EDs during 2021. For this ALR, this field was changed to missing.
- When reporting the number of SCR residences, three ALRs reported no SCR residences but indicated an Alzheimer's / Dementia residence in a subsequent response) and consistently reported SCR residents. For these ALRs, the SCR residence field was changed to one residence.
- When reporting the number of SCR residences, one ALRs reported no SCR residences or SCR residents but listed 62 SCR units. This ALR also reported 62 traditional units. For this ALR, the SCR units field was changed to zero SCR units.
- When reporting the number of residents by gender and age group one ALR reported 374 women and 72 nonbinary people aged 100+. For this ALR, these fields were changed to missing.
- When reporting the number of certified units, four ALRs—each with 10+ residents—reported one total certified unit (traditional + SCR). For these ALRs, both traditional and SCR fields were changed to missing.
- When reporting the number of certified units, one ALR listed one traditional unit and a different ALR listed one SCR unit. The former ALR had 80 traditional residents and the latter ALR had 15 SCR residents. For these ALRs, both unit fields were changed to missing.

³⁸ When the submitted data was improbable—such as a small ALR composed entirely of men, women, or non-binary adults—EOEA did not change the data.

- When reporting the number of non-binary traditional residents, two ALRs summed the number of men and women in each age group. For these ALRs, the number of non-binary residents was changed to missing.
- The online survey tool reported zero traditional residents for three ALRs. This was corrected to the actual number reported.
- When reporting the number of units occupied each month, one ALR listed zero residents in every month. For this ALR, the monthly residents for each month were changed to missing.
- When reporting the number of units occupied each month, one ALR listed 770 in December (the previous months were all in the 70s). For this ALR, this field was changed to missing.
- When reporting resident race, one ALR reported doubled the number of residents in the race section (compared to other sections). This ALR double-classified all residents—residents were classified by specific races and then all residents were also classified as unknown. For this ALR, all residents were only classified as race unknown.
- When reporting resident ethnicity, one ALR listed one Hispanic resident and provided no other data. The remaining residents were classified as ethnicity unknown.
- When reporting the number of residents needing help with ADLs, one ALR reported that 227 residents needed help with dressing; for this ALR, the number of residents needing help with the other ADLs was always less than 27 and the total number of residents was 59. For this ALR, this field was changed to missing.
- When asked to provide the reason for leaving only for those residents who stayed less than three months, four ALRs listed the reasons for leaving for all residents, including those who left after three months. For these ALRs, the reasons for leaving (residents who stayed less than three months) were changed to missing.
- When asked to report the number of residents in a category, some respondents left the field blank (respondents were asked to enter zero). For these respondents, the number of respondents was imputed as zero.
- One ALR, which had SCR units/residents but no traditional units/residents, reported a highest monthly fee for a traditional unit. For this ALR, this amount was assigned as the highest monthly fee for an SCR unit.
- One ALR reported a highest monthly fee for an SCR unit of \$90,000. At this ALR, the lowest SCR fee was \$900 and the highest traditional unit fee was \$9,000. The next highest SCR fee at any ALR was \$17,399. For this ALR, the highest SCR fee was changed to missing.

Finally, for some sub-items, EOEa also replaced non-responses—sub-items where the respondent did not provide a number—with a zero. For example, some respondents left certain fields (for example, men age 100+) blank when reporting the number of SCR residents by age-gender. Because respondents completed some sub-items (for example, 10 women between 80-

84), EOEa assumed that the respondent meant to indicate zero residents when leaving the sub-item field blank rather than indicating that the respondent did not know the number.³⁹ If the respondent left all sub-items blank, EOEa assumed the respondent did not have the relevant information and excluded the item from analysis.

³⁹ Changing each blank sub-item to zero kept the item in the analysis; items with one or more blank sub-items were excluded from the analysis.