

2022 ANNUAL AGGREGATE DATA REPORT

ASSISTED LIVING RESIDENCES IN MASSACHUSETTS

May 30, 2023

Executive Office of Elder Affairs
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Table of Contents

| | | |
|---|-------|-----------|
| Introduction | _____ | 02 |
| Organization and Leadership | _____ | 03 |
| Units | _____ | 05 |
| Residents | _____ | 08 |
| Services | _____ | 17 |
| Departures | _____ | 20 |
| Safety | _____ | 23 |
| Fees | _____ | 24 |
| Appendix: Data Collection and Analysis | _____ | 26 |

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 delivering 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).¹ As of January 2023, 267 certified ALRs were operating in Massachusetts.

ABOUT THIS REPORT

In February 2023, EOEA requested data for calendar year 2022 from each certified ALR.

Approximately 96% of Massachusetts ALRs (257/267) 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 annually in this public report.

Unless otherwise noted, the data presented in this report presents a snapshot of ALRs as of December 31, 2022.

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 the footnotes. The Appendix details some minor corrections EOEA made when the data submitted by ALRs was clearly incorrect.

When providing statistics about ALRs, this report will often refer to a *median* ALR (for example, the median ALR having 60 traditional units). For each statistic, the median is the number such that half of ALRs are above and half of the ALRs are below (to continue the example, half of ALRs have more than approximately 60 traditional units). The median can be more informative than the average because some ALRs have extreme values on certain statistics and these outliers can greatly affect the average, but not the median.

¹ M.G.L. ch.19D § 3-4.

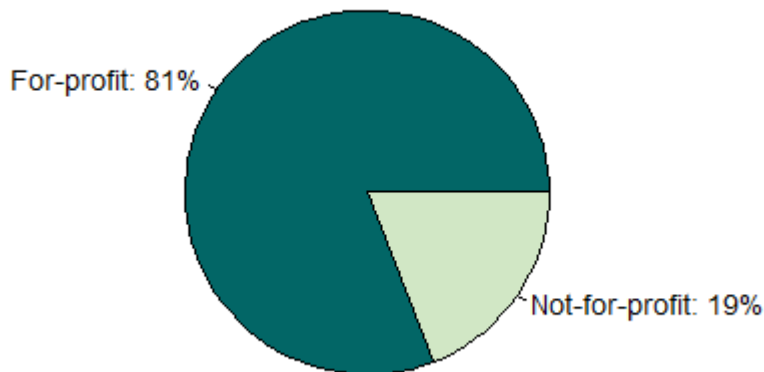
ORGANIZATION AND LEADERSHIP

Massachusetts laws and regulations allow ALRs to be registered as for-profit or non-profit organizations, and historically most organizations in the state 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 must also have a service coordinator, typically known as resident care directors, whose responsibilities include developing, maintaining, and implementing or coordinating implementation of individualized resident service plans.³

ORGANIZATIONAL STATUS

Roughly 81% of Massachusetts ALRs (208/257) were operated as for-profit organizations (Figure 1). On average, for-profit ALRs had more residents than non-profit ALRs (65 residents vs. 56 residents, respectively).

Figure 1. ALR Tax Status (N=257 ALRs)⁴



LEADERSHIP TRANSITIONS

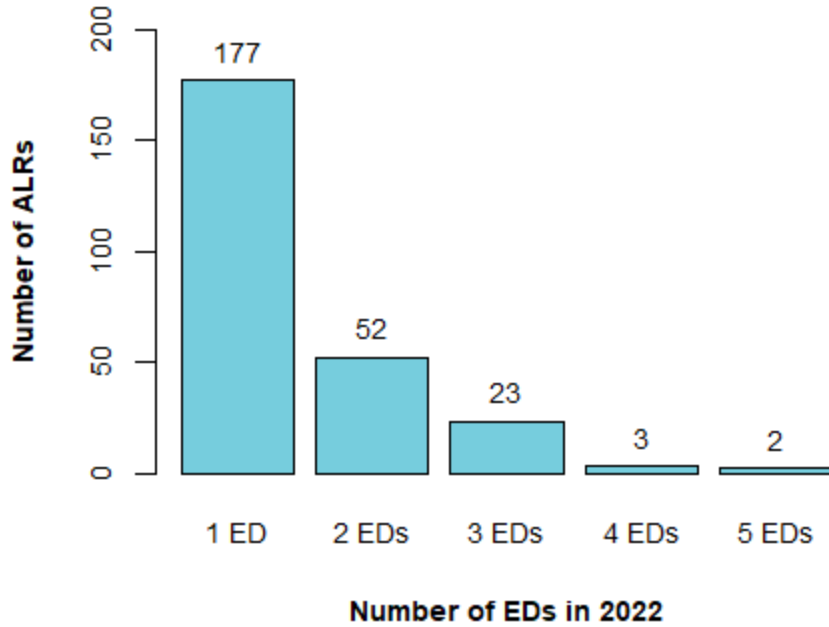
Approximately 69% of ALRs reported having one executive director during 2022, 20% of ALRs reported two executive directors during 2022, and the remaining 11% of ALRs reported three or more executive directors during 2022 (Figure 2).

² M.G.L. ch.19D, § 15.

³ 651 CMR 12.04(2).

⁴ Throughout the report, N indicates the number of ALRs that provided valid data. Although 257 ALRs completed the surveys, some ALRs did not answer or provided invalid data for some questions (see Appendix).

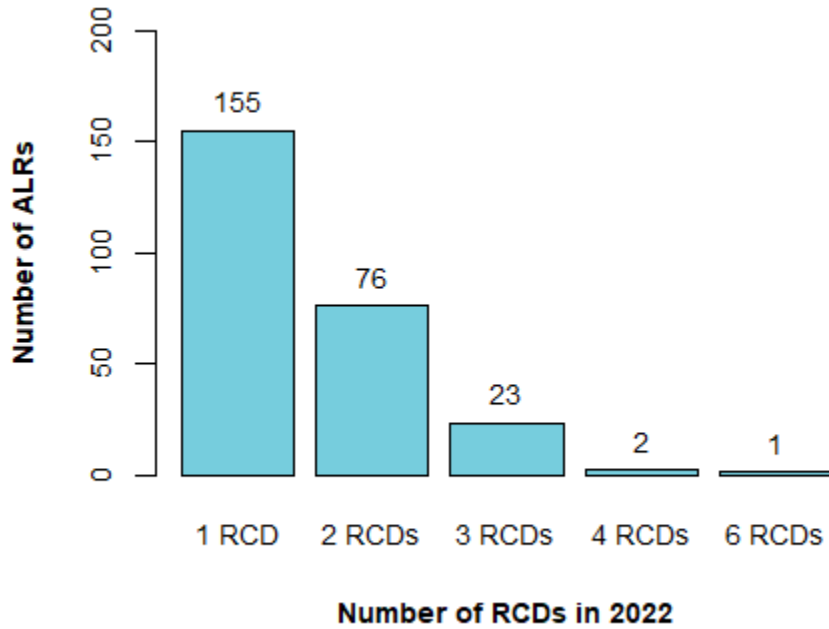
Figure 2. Number of Executive Directors During 2022 (N=257 ALRs)



Notes. Includes interim executive directors.

Roughly 60% of ALRs reported one resident care director during 2022 (Figure 3).

Figure 3. Number of Resident Care Directors During 2022 (N=257 ALRs)



Notes. Includes interim resident care directors.

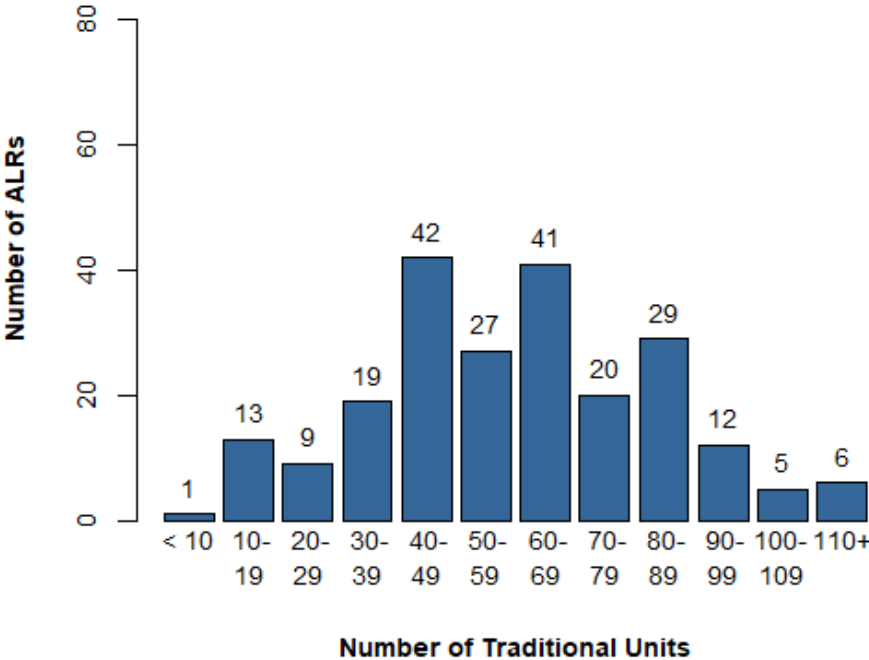
UNITS

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.⁵ ALRs can have a traditional residence, up to four special care residences (SCRs), or both.⁶ SCRs provide care and services for residents who require assistance with specialized needs, such as Alzheimer’s disease and related dementias (ADRD) or mental health needs.

UNITS, BY TYPE

Approximately 87% (224/257) of ALRs reported having traditional units. For these ALRs, the number of traditional units varied, ranging between 8 and 161 units, and the median ALR had 60 traditional units (see Figure 4). In total, the responding Massachusetts ALRs reported having 13,350 certified traditional units where residents can reside.⁷

Figure 4. Number of Traditional Units (N=224 ALRs)



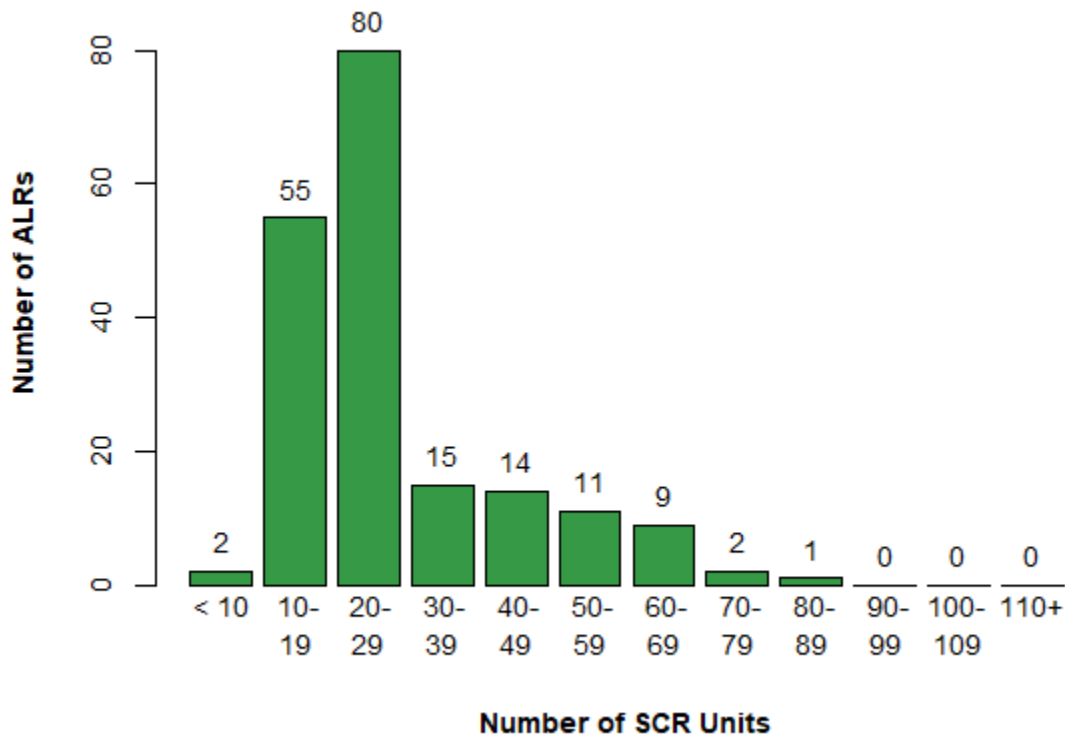
⁵ 651 CMR 12.04.

⁶ The term ‘residence’ can be used in reference to the entire complex or any separate and distinct section(s) within the complex.

⁷ This is the number of certified traditional units in responding ALRs. Because ten ALRs did not provide data, the actual number of certified units during 2022 was larger.

Approximately 73% (189/257) of ALRs reported having special care units. These units are grouped in SCRs—159 ALRs operated one SCR, 22 ALRs operated two SCRs, 3 ALRs operated three SCRs, and 5 ALRs operated four SCRs. Of the reported SCRs, roughly 99% (227/232 residences) were designated for residents with a diagnosis of ADRD and less than 1% (2/239 residences) were designated for residents with behavioral health needs.⁸ The number of SCR units varies across ALRs, ranging between 7 and 81, with a median ALR having 24 SCR units (see Figure 6). In total, the responding ALRs reported having 5,264 SCR units where residents can reside.

Figure 5. Number of SCR Units (N=189 ALRs)



UNITS OCCUPIED

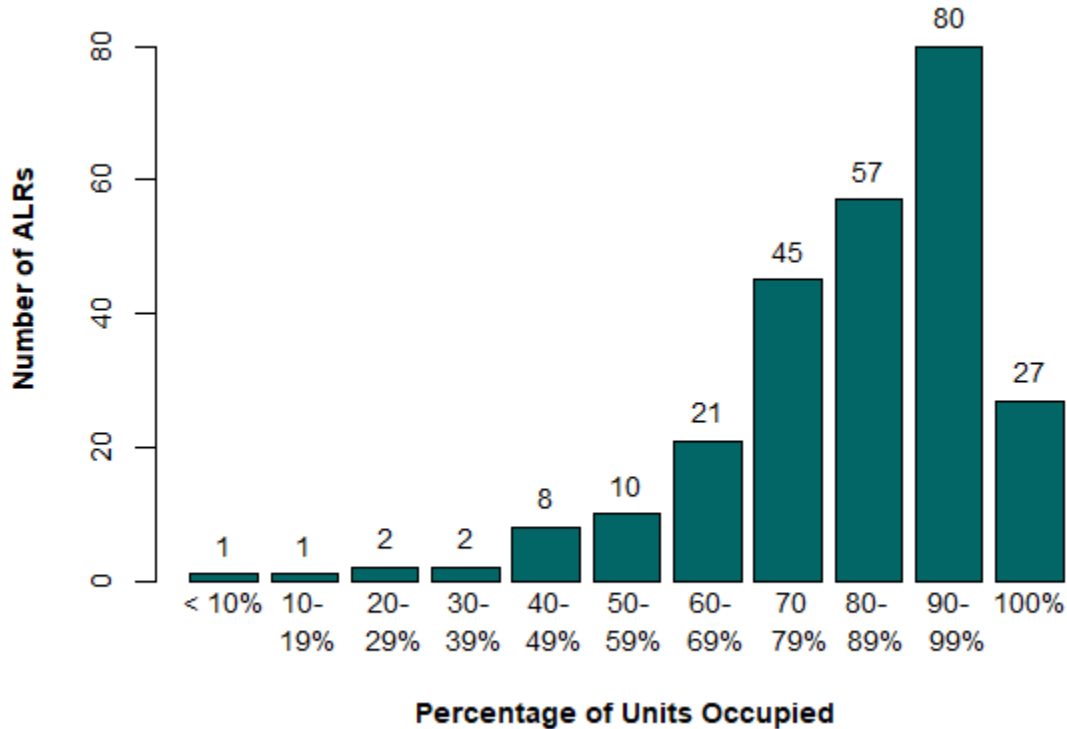
Most ALRs, 64% (164/257), had more than 80% of units occupied in December 2022, with a median percentage occupied of 86% (Figure 6).⁹ The median percentage occupied was steady

⁸ One ALR with one SCR residence did not describe the resident type and two ALRs with two residences did not describe the resident type for one of the residences.

⁹ Nine ALRs reported that the ALR had more units occupied on December 31 than reported units available on December 31. The differences ranged from 1 additional unit occupied to 24 additional units. For these ALRs, EOE set the percentage occupied to 100%.

from January through April between 83-84%, then increased to 85% in May, and alternated between 86% and 87% for the remainder of 2022.¹⁰

Figure 6. Percentage of Units Occupied in December 2022 (N=254 ALRs)



Each ALR unit can be occupied by one or more residents. Approximately 72% of ALRs with traditional units (162/224) had no units occupied by multiple residents, while roughly 49% of ALRs with SCR units (93/189) had no units occupied by two or more residents.¹¹

¹⁰ For each month and ALR, the denominator for this calculation is the number of units reported for December 2022. Five reporting ALRs opened during the year, so the sample size varies by month (January – April N=251 ALRs; May – August N=252 ALRs; September N=253 ALRs; October N=252 ALRs; November - December N=256 ALRs).

¹¹ When reporting the number of units occupied by two or more residents, one ALR listed more SCR units occupied by two or more residents than reported SCR units that existed. For this ALR, EOEa set the percentage occupied by multiple residents to 100%.

RESIDENTS

To describe ALR residents, this report presents two different types of information:¹²

1. *Statistics about residents.* For example, 24% of Massachusetts traditional ALR residents have been diagnosed with ADRD. 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 19% (42/223) of ALRs with traditional residents, fewer than 10% of residents have been diagnosed with ADRD. In contrast, at 6% (13/223) of ALRs with traditional residents, more than 50% of traditional residents have been diagnosed. 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 reports statistics about ALRs in figures.

RESIDENTS

The responding ALRs reported a total of 16,208 residents, with 11,177 traditional unit residents and 5,031 SCR residents as of December 31, 2022.¹³

The total number of ALR residents (traditional plus SCR) did not vary much by month during the first three months of 2022, but then consistently increased during the rest of the year (Table 1).

Table 1. Number of ALR Residents in 2022, by Month

| Month | Number of Residents | % Change from Previous |
|----------|---------------------|------------------------|
| January | 15,232 | - |
| February | 15,279 | 0% |
| March | 15,433 | +1% |
| April | 15,520 | +1% |
| May | 15,592 | 0% |
| June | 15,808 | +1% |
| July | 15,836 | 0% |

¹² Information about all residents can help policymakers, researchers, nonprofit organizations, and businesses better understand the ALR resident population. However, different types of people choose to live in different ALRs and only reporting aggregate statistics across all ALRs might obscure important differences between residents of different ALRs.

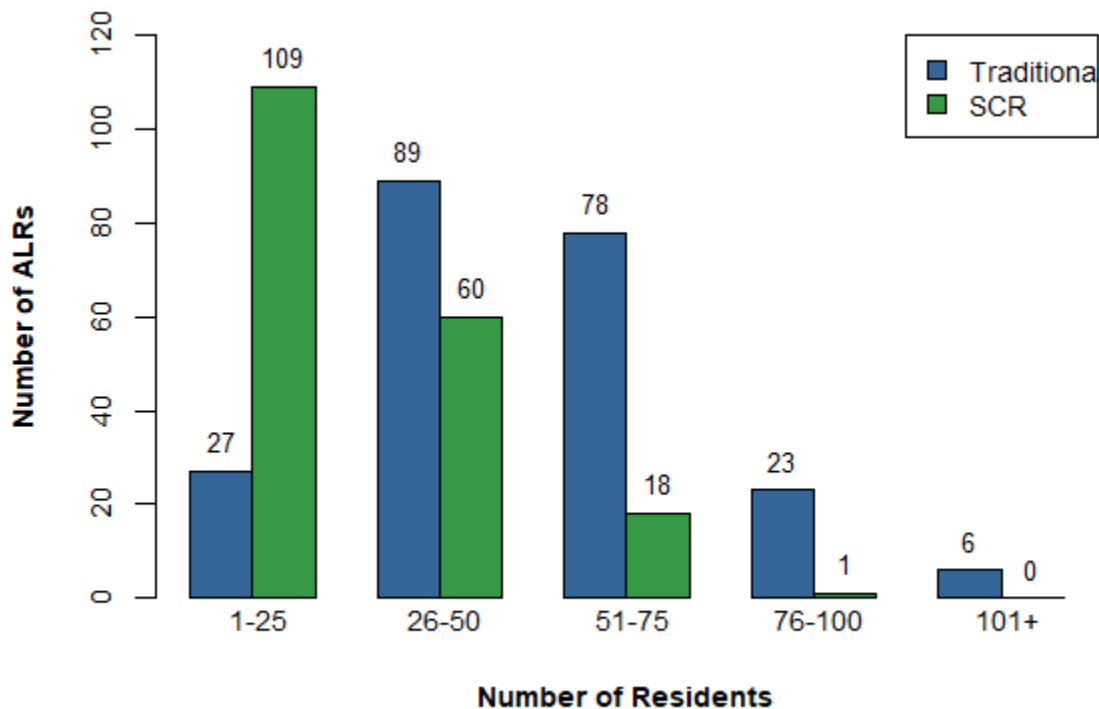
¹³ These statistics are based on ALR reporting of residents by age and gender. When ALRs reported the total number of residents (traditional + SCR) monthly, they reported 16,304 residents at the end of December (Table 1).

| | | |
|-----------|--------|-----|
| August | 15,992 | +1% |
| September | 16,126 | +1% |
| October | 16,174 | 0% |
| November | 16,298 | +1% |
| December | 16,304 | 0% |

Notes. This figure is based on data provided by 257 ALRs. Five reporting ALRs opened during 2022; these ALRs did not have residents during some early months of 2022.

Of those 223 ALRs with traditional units and complete data, the median ALR had 49 traditional unit residents (for variation, see Figure 7). Of those 189 ALRs with SCR units, the median ALR had 23 SCR residents.

Figure 7. Number of ALRs, by Traditional and SCR Residents (N=255 ALRs)



Notes. N=223 ALRs (traditional) and 188 ALRs (SCR)

AGE AND GENDER¹⁴

Among 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 70%.

Table 2. Number of Traditional Unit Residents, by Gender and Age Group

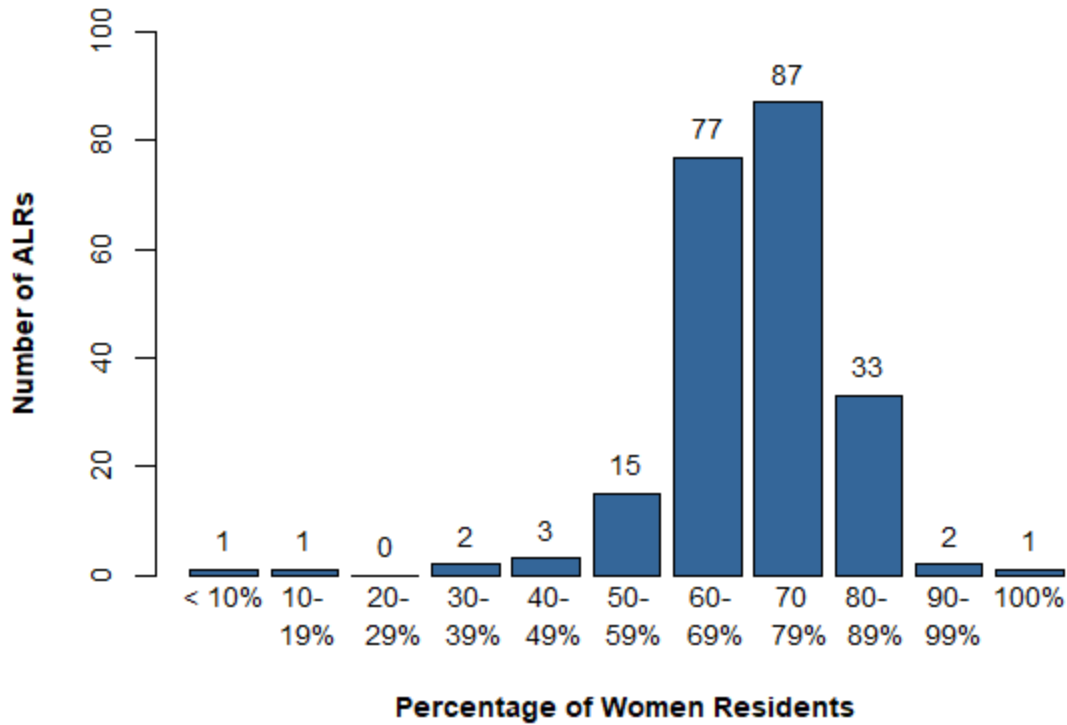
| Age Group | Men | Women | Non-Binary Adults |
|-----------------|--------------|--------------|-------------------|
| <50 years old | 4 | 7 | 0 |
| 50-54 years old | 12 | 14 | 0 |
| 55-59 years old | 28 | 26 | 0 |
| 60-64 years old | 67 | 91 | 0 |
| 65-69 years old | 155 | 183 | 2 |
| 70-74 years old | 274 | 456 | 1 |
| 75-79 years old | 442 | 937 | 4 |
| 80-84 years old | 582 | 1,455 | 9 |
| 85-89 years old | 786 | 1,951 | 5 |
| 90-94 years old | 677 | 1,734 | 10 |
| 95-99 years old | 235 | 829 | 1 |
| 100+ years old | 39 | 161 | 0 |
| Total | 3,301 | 7,844 | 32 |

Note. Based on data provided by 223 ALRs; one ALR did not have valid data for non-binary residents.

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 across ALRs).¹⁴

¹⁴ A recent [nationally representative survey](#) found that 0.1% of Americans 50 and older identified as non-binary.

Figure 8. Number of ALRs, by Percentage of Women Traditional Residents (N=222 ALRs)



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 75-79 (see Table 3). The proportion of women in Massachusetts SCR residences was 73%.

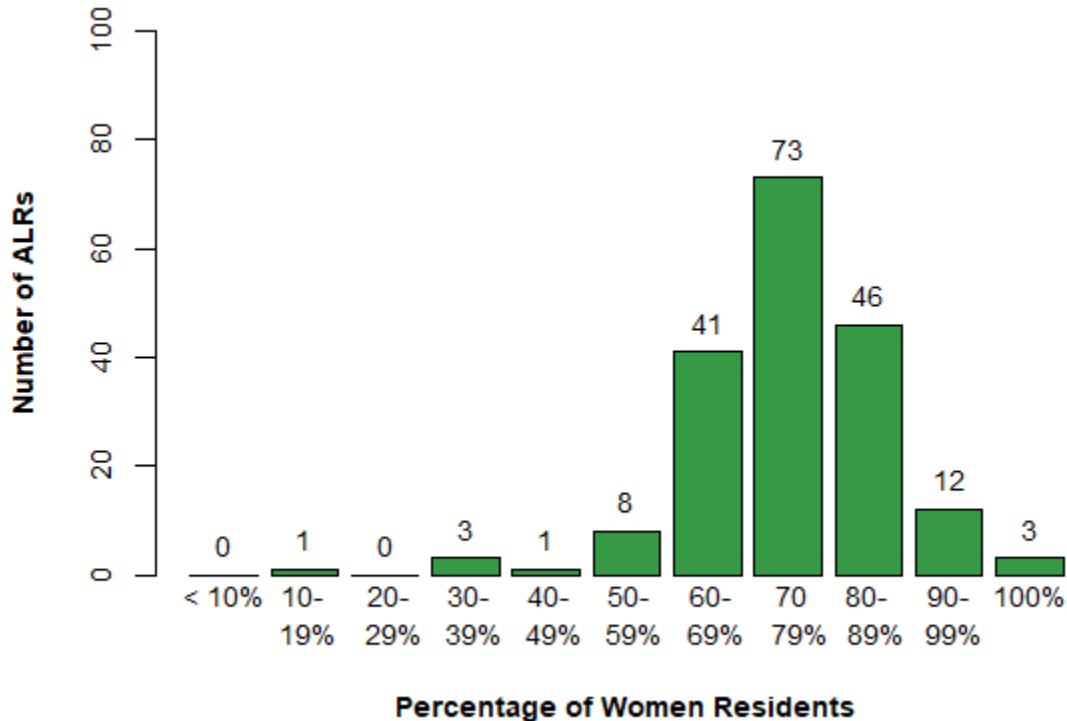
Table 3. Number of SCR Unit Residents, by Gender and Age Group

| Age Group | Men | Women | Non-Binary Adults |
|-----------------|--------------|--------------|-------------------|
| < 50 years old | 1 | 1 | 0 |
| 50-54 years old | 5 | 3 | 0 |
| 55-59 years old | 9 | 18 | 0 |
| 60-64 years old | 22 | 26 | 0 |
| 65-69 years old | 63 | 80 | 0 |
| 70-74 years old | 103 | 261 | 0 |
| 75-79 years old | 210 | 524 | 3 |
| 80-84 years old | 302 | 759 | 0 |
| 85-89 years old | 324 | 918 | 1 |
| 90-94 years old | 230 | 789 | 1 |
| 95-99 years old | 60 | 270 | 1 |
| 100+ years old | 6 | 51 | 0 |
| Total | 1,335 | 3,690 | 6 |

Notes. This table is based on data provided by 189 ALRs.

For SCR units, the median ALR percentage of men, women, and non-binary residents was 25%, 75%, and 0% respectively (see Figure 9 for variation across ALRs).

Figure 9. Number of ALRs, by Percentage of Women SCR Residents (N=188 ALRs)



RACE AND ETHNICITY¹⁵

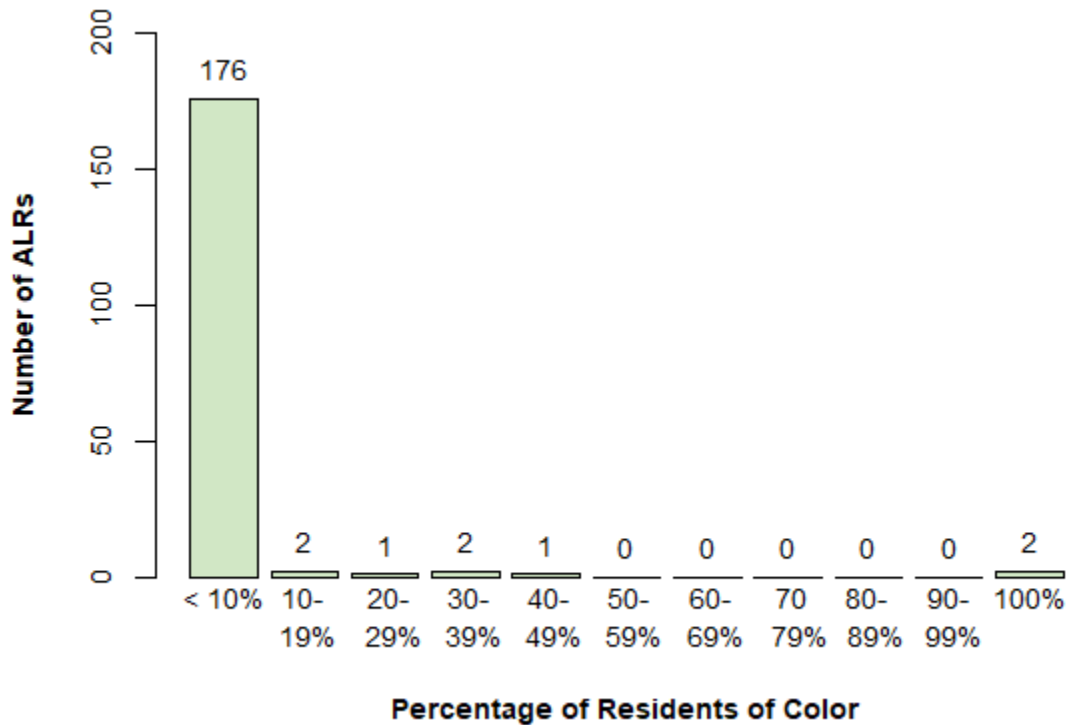
Based on the 184 ALRs that collected data on resident race, Massachusetts ALR residents were approximately 94% White (10,710/11,434), 1% Black/African American (160/11,434), 1% Asian (91/11,434), less than 1% Hawaiian/Pacific Islander (9/11,434), 1% American Indian or Native Alaskan (146/11,434) and less than 1% Other (49/11,434); ALRs did not know the race of 2% of residents (269/11,434).¹⁵ Based on the 156 ALRs that collected data on resident ethnicity, 93% of ALR residents were not Hispanic/Latino (8,982/9,680), 1% were Hispanic/Latino (105/9,680),

¹⁵ For 2 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 gender or race). The differences ranged from -4 to -1.

and 5% were Other (437/9,680); ALRs did not know the ethnicity of 2% of residents (156/9,680).¹⁶

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

Figure 10. Number of ALRs, by Percentage of Residents of Color (N=184 ALRs)



Notes. Residents of Color include those residents reported as Black/African American, Asian, American Indian/Alaska Natives, or Native Hawaiian/Other Pacific Islander.

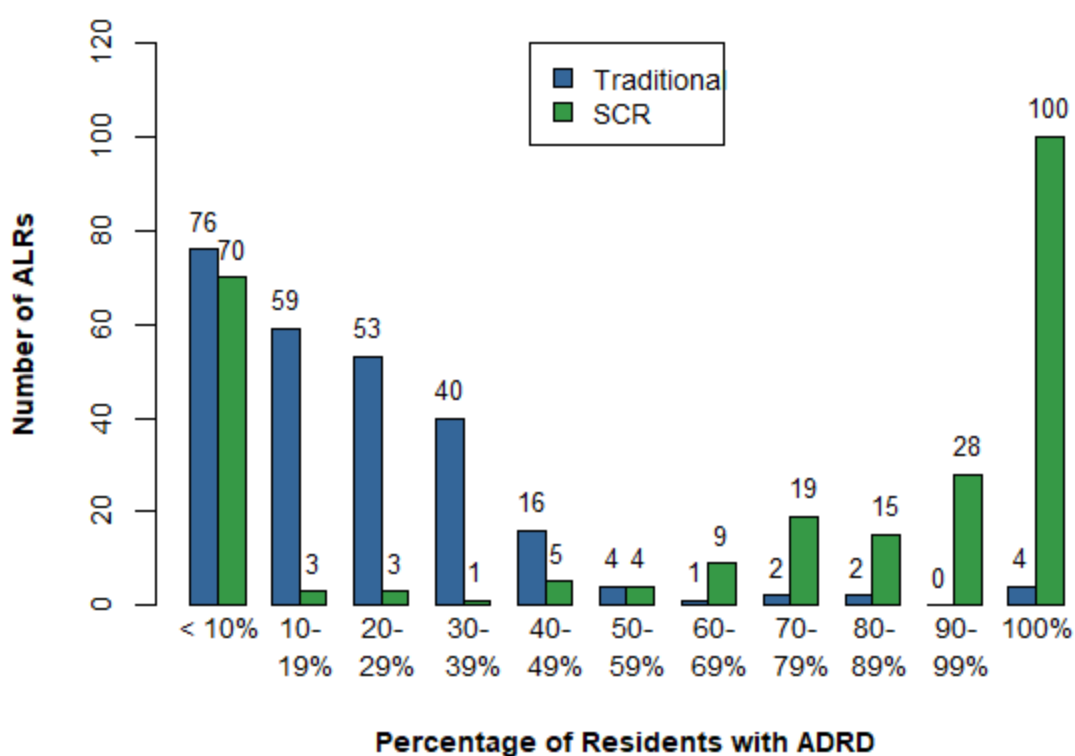
¹⁶ For 3 ALRs, the total number of residents listed in the age-by-gender section differed from the total number of residents listed in the ethnicity section (254 ALRs provided consistent numbers or did not report data on gender or ethnicity). The differences ranged from -4, -1, to 80 (for an ALR that only reported the ethnicity of one person).

FUNCTIONING

Approximately 24% of ALR traditional unit residents (2,644/11,177) were diagnosed with ADRD, as were 88% of ALR SCR residents (4,422/5,031).¹⁷

Of those ALRs with traditional residents, the median ALR had 22% traditional unit residents diagnosed with ADRD (for variation, see Figure 11). Of those ALRs with SCR residents, the median ALR had 100% SCR residents diagnosed with ADRD.

Figure 11. Number of ALRs, by Percentage of Residents with ADRD and Type (N=257 ALRs)



Notes. N=223 ALRs (traditional) and 188 ALRs (SCR)

¹⁷ All of the 223 ALRs that reported the number of traditional residents in the age-by-gender reported more total residents than residents with Alzheimer's disease or related dementia. For 9 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 7 of the 9 ALRs, the ALR listed one or two more SCR resident with dementia than total SCR residents. The maximum difference was - 21. 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 (11,177 for traditional and 5,031 residents for 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),¹⁸ 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).¹⁹

Table 4. Number of Residents Participating in Program, by ALR Residence Type

| Program | Traditional | SCR | Total |
|-----------|-------------|-----|-------|
| GAFC | 305 | 9 | 324 |
| Section 8 | 218 | 4 | 222 |
| MRVP | 8 | 6 | 14 |

Notes. For traditional residents, this table is based on data provided by 223 ALRs. For SCR residents, this table is based on data provided by 191 ALRs. For total residents, the data was provided by 257 ALRs.

Most ALRs did not report any residents receiving GAFC, Section 8, or MRVP. For example, 177 (of 223) ALRs reported no traditional GAFC residents and 181 (of 188) ALRs reported no SCR GAFC residents. At the ALRs with at least one GAFC resident, these residents were typically less than a quarter of the residents (there was one ALR where most traditional residents received GAFC). Similarly, 216 ALRs had no traditional residents receiving Section 8 and 187 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 three more had more than 50% of residents receiving Section 8. One ALR had traditional residents receiving MRVP and one ALR had SCR residents receiving MRVP.

ALRs also reported on whether residents were participating in dual-eligible health plans.²⁰ Approximately 1% were enrolled in Senior Care Options (SCO), 7% were enrolled in Program of 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).

¹⁸ 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.

¹⁹ These percentages are calculated using the total number of residents listed in the age-by-gender section as the denominator (16,208 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%.

²⁰ These are integrated health plans whose beneficiaries are eligible for both Medicaid (MassHealth) and Medicare.

Table 5. Number of Residents with Dual-Eligible Health Plans, by ALR Residence Type

| Plan | Traditional | SCR | Total |
|----------|-------------|-----|-------|
| SCO | 162 | 6 | 168 |
| PACE | 912 | 177 | 1,089 |
| One Care | 3 | 0 | 7 |

Notes. This table is based on data provided by 223 ALRs (traditional residents) and 188 ALRs (SCR residents). For total residents, the data came from 257 ALRs.

Most ALRs did not have any residents participating in a dual-eligible insurance plan. For example, 207 (of 223) ALRs reported no traditional residents participating in an SCO and 186 (of 188) ALRs reported no SCR residents participating in an SCO health plan. At the ALRs with at least one resident participating in an SCO, these residents were typically less than a quarter of the residents. Similarly, 159 ALRs reported no traditional residents covered by PACE and 158 ALRs reported no SCR residents covered by a PACE plan. Some ALRs had a high proportion of residents covered by PACE; nine ALRs had at least 50% of traditional residents covered by PACE, and four ALRs had at least 50% of SCR residents covered by PACE. One ALR reported residents covered by One Care.

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.²¹ ALRs are also required to provide self-administered medication management or SAMM.²² ALRs can choose whether to offer other resident services, such as daycare, transportation, and limited medication administration (LMA).²³

MEDICATION ASSISTANCE

Approximately 63% (163/257) of ALRs reported offering LMA to residents. Of the ALRs with traditional residents, 61% (134/223) offered LMA while 78% (145/188) 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 was most common, slightly more common than SAMM-only (Table 6).²⁴

Table 6. Number of Residents Receiving Medication Assistance, by ALR Residence Type

| Assistance | Traditional | SCR | Residents |
|--------------|---------------|--------------|---------------|
| SAMM-only | 6,026 | 2,097 | 8,239 |
| LMA-only | 544 | 2,448 | 2,734 |
| Both | 409 | 464 | 578 |
| Neither | 3,912 | 168 | 3,277 |
| Total | 10,891 | 5,177 | 16,068 |

Notes. This table is based on data provided by 224 ALRs (traditional residents), 187 ALRs (SCR residents).

Among ALRs offering LMA and with traditional residents (134 ALRs), the median ALR had 52% of traditional residents receiving SAMM-only, 3% receiving LMA-only, 0% receiving both, and 36%

²¹ M.G.L. ch. 19D, § 1.

²² 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.

²³ 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.

²⁴ For 95 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 128 ALRs the numbers were identical or the ALRs did not report medication assistance information or age-by-gender information). The resident differences ranged from -63 to 70. For 65 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 121 ALRs the numbers were identical or the ALRs did not report medication assistance information or age-by-gender information). The differences ranged from -44 to 4.

receiving neither. For SCR residents (N=144 ALRs), the respective median percentages were: 0% (SAMM only), 90% (LMA only), 0% (both), and 0% (neither).

Among ALRs not offering LMA and with traditional residents (N=90), the median ALR had 67% traditional residents receiving SAMM, with 32% not receiving SAMM. For SCR residents (N=43 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 | 3,656 | 23% |
| 1 | 2,142 | 13% |
| 2 | 2,525 | 16% |
| 3 | 2,564 | 16% |
| 4 | 2,189 | 14% |
| 5 | 1,836 | 11% |
| 6 | 1,279 | 8% |
| Total | 16,191 | 101% |

Notes. This table is based on data provided by 256 ALRs. Percentages do not sum to 100% due to rounding.

At the ALR level, 15 ALRs had 50% or more of residents receiving no assistance with ADLs, 52 ALRs had most residents receiving assistance with one or fewer ADLs, 123 ALRs had most residents receiving assistance with two or fewer ADLs, and 209 ALRs had most residents receiving assistance with three or fewer ADLs (N=261).²⁵

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

| ADL | Residents | Percentage |
|---------------------|-----------|------------|
| Bathing | 10,295 | 63% |
| Dressing/Undressing | 8,904 | 55% |
| Grooming/Hygiene | 7,384 | 45% |
| Ambulation | 4,267 | 26% |

²⁵ For 4 ALRs, the total number of 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 -1 to 45.

| | | |
|-----------|-------|-----|
| Eating | 1,584 | 10% |
| Toileting | 5,554 | 34% |

Notes. This figure is based on data provided by 257 ALRs. The denominator for the percentage of resident calculation is the total number of residents as reported in response to the number of ADLs provided to each resident (16,191) plus 53 (the number of residents in the ALR that did not provide the number of ADLs provided to each resident).

OTHER SERVICES

Roughly 68% (169/250) of ALRs offered residents free transportation for routine medical appointments, 82% (203/248) of ALRs offered free transportation for shopping, and 88% (224/254) of ALRs offered free transportation for social events. ALRs could also add additional reasons for providing transportation, and some ALRs did so. ALRs listed the following additional reasons for providing/offering free transportation services:

- Sightseeing/Scenic trips/Country rides (10 ALRs)
- Religious services (8 ALRs)
- Bank (2 ALRs)
- Hair (2 ALRs)
- Funerals (2 ALRs)
- Other (11 ALRs)

Over 99% (255/257) of ALRs employed or consulted with a certified dietician or nutritionist when designing their menus in 2022.

Approximately 3% (8/257) of ALRs reported acting as a rep-payee for any resident in 2022.²⁶ Approximately 3% (8/257) offered SCR Daycare Only, and 97% offered no type of Daycare.

²⁶ 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.²⁷

MOVE OUTS

ALRs reported that 7,620 residents moved out during 2022 (N=257 ALRs).²⁸ The median ALR had 30 residents move out during 2022.

LENGTH OF STAY

Most ALR residents who moved out had resided in their ALR for fewer than two years (Table 9).

Table 9. Number of Residents, by Length of Stay Before Moving Out (N=257)

| Length of Residency | Residents |
|-------------------------------|--------------|
| < than 3 months | 1,551 |
| 3-5 months | 775 |
| 6-8 months | 647 |
| 9-11 months | 535 |
| 1 year – 1 year 11 months | 1,384 |
| 2 years – 2 years 11 months | 858 |
| 3 years – 3 years 11 months | 676 |
| 4 years – 4 years 11 months | 414 |
| 5 years – 5 years 11 months | 274 |
| 6 years – 6 years 11 months | 187 |
| 7 years – 7 years 11 months | 127 |
| 8 years – 8 years 11 months | 67 |
| 9 years – 9 years 11 months | 30 |
| 10 years – 14 years 11 months | 70 |
| 15+ years | 25 |
| Total | 7,620 |

²⁷ M.G.L. ch. 19D § 9.

²⁸ For each resident who left, ALRs provided both the reasons for moving out and the length of stay before moving out. For 73 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 (184 ALRs reported identical numbers of residents). For 43 of the inconsistent ALRs the differences were 3 or less, and the differences ranged from -29 to 24. This report uses the length of stay sum; the reasons sum was 7,523 residents (Table 10).

Notes. This table is based on data provided by 257 ALRs. Three ALRs reported that none of their residents moved out during 2022.

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 | 2,997 |
| Moved to Skilled Nursing Facility/Higher Care | 2,391 |
| Respite Stay Concluded | 574 |
| Moved to Another ALR in Massachusetts | 512 |
| Returned Home or to Other Independent Living | 442 |
| Financial/Non-Payment | 384 |
| Moved Out of State | 223 |
| Behavior* | 8 |
| Dissatisfaction* | 7 |
| Moved with Family* | 5 |
| Higher Care* | 4 |
| Hospice* | 4 |
| Other (respondent listed or left blank) | 22 |
| Total | 7,573 |

* Respondent-listed reason

Notes. This figure is based on data provided by 257 ALRs. Respondent-listed reasons provided 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).²⁹

Table 11. Number of Residents, by Reason for Moving Out (Resided in ALR Less Than 3 Mo.)

| Reason | Residents |
|---|-----------|
| Respite Stay Concluded | 479 |
| Death | 407 |
| Moved to Skilled Nursing Facility/Higher Care | 346 |
| Returned Home or to Other Independent Living | 137 |

²⁹ For 22 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 235 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 -20 to 13.

| | |
|--|--------------|
| Moved to Another ALR in Massachusetts | 124 |
| Moved Out of State | 27 |
| Financial/Non-Payment | 22 |
| Other (<i>respondent listed or left blank</i>) | 21 |
| Total | 1,563 |

* Respondent-listed reason

Notes. This table is based on data provided by 229 ALRs. Respondent-listed reasons provided 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 75% (192/257) of ALRs reported having video surveillance. Of these ALRs, 97% (187/192) reported that the surveillance covered main entrances, 91% (173/190) reported the surveillance covered other entrances, 60% (114/188) reported surveilling common areas, and 59% (111/189) reported the surveillance covered hallways.

BACKUP GENERATOR

Approximately 95% (243/257) of ALRs reported having a backup generator in case of power outage.

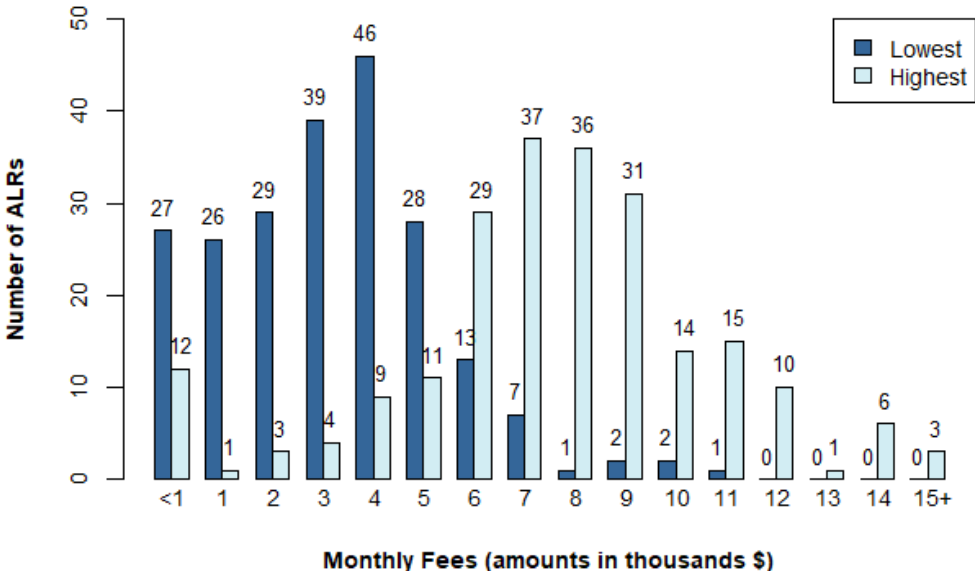
FEES

Aside from the roughly 23% of ALRs (58/256) 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

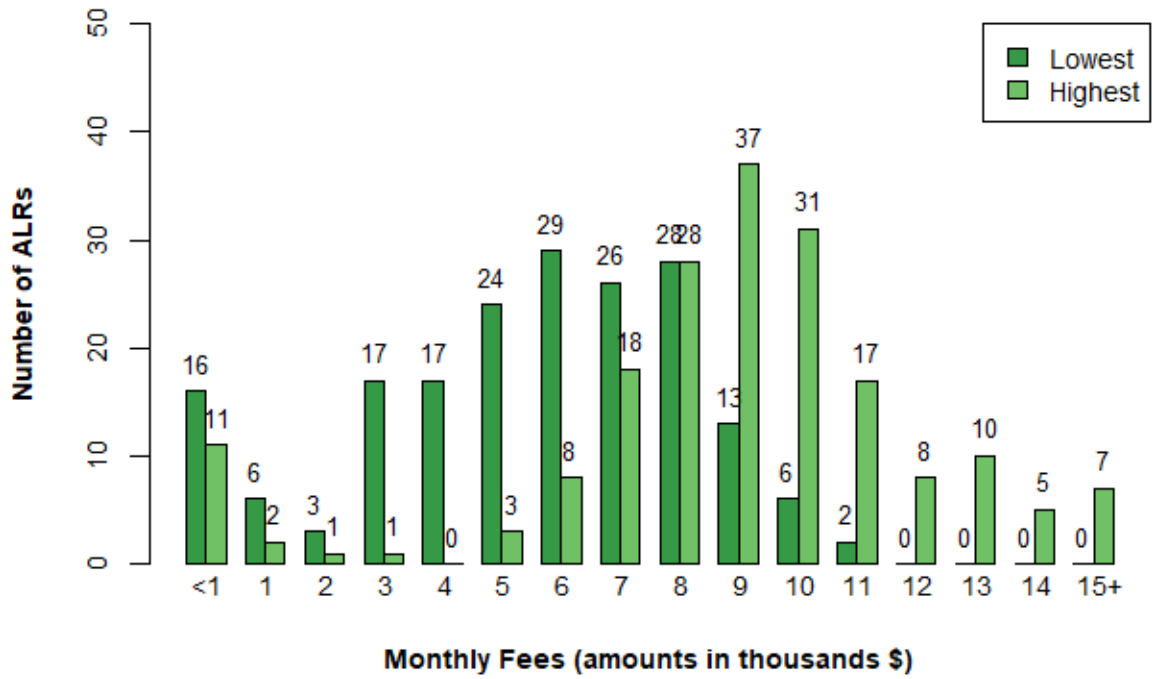
The lowest and highest fees varied widely across ALRs—the lowest fee for any traditional resident in Massachusetts was \$95 and the lowest for an SCR resident was \$97, while the highest fees for a traditional and SCR resident were \$17,094 and \$18,354 respectively (see Figures 15 and 16 for variation across ALRs). For ALRs with traditional residents, the median lowest monthly fee was \$3,655, and the median highest monthly fee was \$8,036. For SCR units, the median lowest monthly fee was \$6,334 and the median ALR highest fee was \$9,525.

Figure 12. Number of ALRs, by Lowest/Highest Fees for Traditional Units (N=222 ALRs)



Note. One ALR with traditional units reported the lowest fee was \$0; that lowest fee is not displayed. One ALR with traditional residents did not report fees.

Figure 16. Number of ALRs, by Lowest/Highest Fees for SCR Units (N=190 or 191 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 2022 data via an online survey. 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 2022 information to the Executive Office of Elder Affairs (EOEA) on or before March 1st.”*³⁰ Attached to the email were survey instructions and a PDF of the survey. EOEA did not send any reminders. LeadingAge Massachusetts and the Massachusetts Assisted Living Association sent reminders to ALRs that did not submit.

Of the 267 ALRs contacted, 257 submitted at least some survey data. The following ten ALRs did not submit any data:

- **Davis Manor**, Lancaster
- **East Longmeadow Memory Care**, East Longmeadow
- **Gabriel House of Fall River**, Fall River
- **Manor on the Hill**, Leominster
- **Rosewood Homestyle Assisted Living**, Pittsfield
- **Sarawood**, Holyoke
- **Swan Brook**, Swansea
- **The Reserve at East Longmeadow**, East Longmeadow
- **The Residence at Valley Farm**, Ashland
- **Whitcomb House**, Milford

Three ALRs completed the survey twice; the submissions were compared and found to be similar, and only data from the second submission was included and analyzed in this report.

The complete online survey contained 44 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. For the remaining items, after skipping items, respondents would be notified which items had been skipped when they tried to move to the next page.

³⁰ The survey ended up being accessible until March 4, 2022, and 13 ALRs completed the survey between March 2, 2022, and March 4, 2022.

RESPONDENTS

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

Table A1. Primary Respondent Title

| Title | Frequency Listed |
|---|------------------|
| Executive Director | 187 |
| Chief Operating Officer/Chief Financial Officer | 9 |
| Resident Care/Services Director | 5 |
| Owner | 3 |
| Business Manager/Office Manager | 3 |
| director of clinical and regulatory operations | 3 |
| General manager | 3 |
| Other | 36 |
| Total | 249 |

Notes. Titles used by fewer than three respondents are classified as “Other.” Although the question asked for the “title of the primary person completing this form”, eight respondents entered their own 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 three consistency checks and reported inconsistencies to respondents. Respondents could then choose whether to update their responses. Some respondents who were aware of these inconsistencies submitted the surveys with the inconsistencies.

When respondents submit inconsistent information, EOEa could not easily determine which information is most accurate— 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 footnotes. For example, when reporting the number of units that existed on December 31, 2022, and that were occupied on December 31, 2022, 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.³¹ Specifically, EOEA made the following changes before analyzing the data:

- One ALR reported 22 executive directors; this was set to 2 executive directors.
- Two ALRs reported less than three traditional units. According to EOEA records, all ALRs have more than five certified traditional units, and so the ALR unit numbers were reclassified according to the [number of certified units in EOEA records as of August 1, 2022](#).
- When reporting the number of non-binary traditional residents, one ALR consistently summed the number of men and women in each age group to calculate the number of non-binary residents. For this ALR, the number of non-binary residents was changed to missing.
- The online survey tool incorrectly summed the total number of traditional residents for one ALR. This was corrected to the actual sum.
- When reporting resident ethnicity, one ALR listed one Hispanic resident and provided no other data. The remaining residents were classified as ethnicity unknown.
- Two ALRs reported not providing limited medication assistance (LMA), but then reported providing LMA services to specific residents. These ALRs were classified as providing LMA.
- When asked to provide the reason for leaving only for those residents who stayed less than three months, one ALR listed the reasons for leaving for all residents, including those who left after three months. For this ALR, the reasons for leaving (residents who stayed less than three months) were 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.³² If the respondent left all sub-items blank, EOEA assumed the respondent did not have the relevant information and excluded the item from analysis.

³¹ When the submitted data was merely improbable—such as a small ALR composed entirely of men, women, or non-binary adults—EOEA did not change the data.

³² 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.