**Assisted Living Residences (ALR) Commission**

Meeting Minutes

Wednesday, March 5, 2025

10:00 am - 11:30 am

Date of meeting: Wednesday, March 5, 2025

Start time: 10:00 am

End time: 11:30 am

Location: Virtual Meeting (Zoom)

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| **Votes** | **Members** | **Present** | **Vote 1\*** |
| **1** | **Secretary Robin Lipson** – Secretary, Executive Office of Aging & Independence (AGE) *(Chair)* | X | X |
| **2** | **Dr. Jessica Zeidman** – Deputy Commissioner/Chief Medical Officer, Department of Public Health | X | X |
| **3** | **Pavel Terpelets** – Director of Institutional Programs, Office of Long-Term Services and Supports (OLTSS), MassHealth | X | - |
| **4** | **Carolyn Fenn** – State Ombudsman and Director of the Long-Term Care Ombudsman Program, EOHHS | X | X |
| **5** | **Representative Thomas Stanley** – State Legislator, Mass. House of Representatives  | X | X |
| **6** | **Senator Patricia Jehlen** – State Legislator, Mass. Senate | X | - |
| **7** | **Senator Mark Montigny** – State Legislator, Mass. Senate | - | - |
| **8** | **Matt Salmon** – CEO, Salmon Health and Retirement | - | - |
| **9** | **Tara Gregorio** – President, Massachusetts Senior Care Association (MSCA) | X | X |
| **10** | **Mathew Muratore** – Appointee of the House Minority Leader | X | X |
| **11** | **TBD** | - | - |
| **12** | **TBD** | - | - |
| **13** | **TBD** | - | - |
| **14** | **Liane Zeitz** – Owner, Law Office of Liane Zeitz, the representative of the Massachusetts chapter of the National Academy of Elder Law Attorneys | X | X |
| **15** | **Elissa Sherman,** President of LeadingAge Massachusetts, Inc. | X | X |
| **16** | **Brian Doherty,** President & CEO of Massachusetts Assisted Living Association, Inc. (Mass-ALA) | X | X |
| **17** | **Jennifer Benson** – State Director of AARP Massachusetts | X | X |
| **18** | **Katherine Ladetto** – Assistant Professor, School of Nursing, Simmons University, the representative of the New England chapter of the Gerontological Advanced Practice Nurses Association | X | X |
| **19** | **Lainey Titus Samant** – Senior Advocacy Manager, Alzheimer’s Association, MA/NH Chapter | - | - |
| **20** | **Dr. Jennifer Maynard** –Executive Director, Massachusetts Program of All-Inclusive Care for the Elderly (Mass. PACE) | X | X |
| **21** | **Lindsay Mitnik** –Staff Attorney, Elder Law- Greater Boston Legal Services | X | X |

**\*** (X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

**Proceedings**

Secretary Robin Lipson noted that this meeting was subject to the Open Meeting Law and any votes the Commission takes will be subject to a roll call vote. She asked that Commission members return their signed Form O document and Open Meeting Law certificate of receipt to Bill Travascio. She noted we will review the minutes for this meeting and last week’s meeting at the next meeting in April.

Mr. Travascio took attendance via roll call (see chart above). He confirmed that the Commission had quorum.

Secretary Lipson talked about the proposed road map and noted that at today’s meeting we would hear about key trends in Assisted Living Residences (ALRs). Patricia (Trisha) Marchetti, the Director of the Assisted Living Compliance Unit at the Executive Office of Aging & Independence (AGE), and Carolyn Fenn, the State’s Long-Term Care Ombudsman, will be presenting at today’s meeting.

Secretary Lipson noted that the report to the Legislature is due on August 1, 2025. The statute that created the Commission asked the Commission to address ten topics in ALRs. Secretary Lipson referred to a proposed roadmap ([download](https://www.mass.gov/doc/alr-commission-meeting-presentation-march-05-2025/download), page 4), which included the dates of the future Commission meetings, the proposed speakers/stakeholders, and the key focuses that the proposed speakers would be addressing. She asked Commission members to email Mr. Travascio if there is a particular agenda item that you want to make sure you have a chance to present your views on.

Secretray Lipson introduced Ms. Marchetti. Ms. Marchetti referred to this PowerPoint presentation ([download](https://www.mass.gov/doc/alr-commission-meeting-presentation-march-05-2025/download), starting on page 5) in her talk with Commission members regarding key trends in ALRs. She referenced a map of where ALRs are located in Massachusetts. She noted that ALRs submitted initial applications to be certified by Aging & Independence. The initial application must provide details of every aspect of an ALR’s operation. ALRs submit recertification applications every two years after that. ALR Certification staff at AGE conduct onsite compliance reviews each year. Most site visits are planned. Some site visits are unplanned if the ALR certification staff receive an incident complaint submission.

Ms. Marchetti noted that there has been an increase in the overall volume of incident reports. There are 6 major categories for incident reports: (1) acute health or behavioral emergency; (2) allegation of abuse, neglect, or exploitation; (3) death; (4) elopement; (5) fall or suspected fall; and (6) medication event.

She noted that complaints come from various sources such as ALR consumers and families, referrals from the Department of Public Health, protective services, mandated reporters, the ALR ombudsman, local emergency services, and anonymous sources. There are various types of complaints that are received—they include billing/financial concerns; assisted living environment/safety; quality of care; abuse, neglect, and exploitation; medication concerns; and staffing.

Katherine Ladetto asked if there is a way to capture if the increase in volume for the events is due to an increase in population or is it really that these events are increasing? Is there some metric or statistical analysis to determine this? Ms. Marchetti thought that this concept is something she could look into.

Enforcement actions are taken as a result of a compliance review. The enforcement actions that primarily happen are modifications or suspensions. AGE must notify the residents or resident representatives if a modification or suspension has happened. The resident or resident representative may wish to submit a public records request to obtain additional information regarding the enforcement action. There has been a significant increase in 2023 and 2024 in record requests received by AGE. Ms. Marchetti discussed trends in various ALR operational changes, such as name changes, changes of ownership, unit changes, and closures. There is a 120-day notification for closures.

Brian Doherty noted that ALRs have been informed by AGE that when in doubt they should report an incident through the incident reporting system. Dr. Jessica Zeidman wanted to highlight that falls and health related events are increasing.

Liane Zeitz asked if AGE has statistics on the number of substantiated complaints or findings. She also asked that related to the incidents of falls and basic health services, is there any way to compare this with the statistics for nursing homes—given that nursing home complaints often involve falls and behavioral emergencies. Ms. Marchetti noted that she can look into getting that information. Ms. Marchetti added that the ALR certification team reviews everything that comes in and there is a determination made at that point to see if the ALR certification team needs to obtain more information. Sometimes the certifiers will go out and conduct a site visit, which may result in a letter of findings and sometimes an enforcement action, such as a modification or suspension.

Jennifer Benson commented on how the data is being presented. She notes that as has been mentioned, percentages would be better. She is also interested in the correlation between unit additions and conversion and how that compares to any other data we have—such as the incident report trends. It would be interesting to also see the incident report trends in comparison to workforce. There are a lot of ways to slice this data that would be helpful in creating policy proposals.

Jennifer Maynard noted that when you are looking at incidents, these are broad categories. She added that some more detail or context in these categories may be helpful. For example, you could have one resident who accounts for multiple falls. She also noted that there are different types of falls. It also may be helpful to look at if there is a specific type of abuse or neglect that we are seeing. It may be useful for this Commission to see the tools and documents that certifiers are using when they go out for certification and recertification visits, as well as with changes in ownership.

Ms. Marchetti noted that she can share the documents that the ALR team uses. She added that most ALRs are not reporting when a resident falls and they can get up without medical intervention.

Elissa Sherman echoed Jennifer Maynard’s comment about there being different types of falls. She also added that there is room for clarity about when incidents should be reported to AGE. All ALRs are required to have evidence-based fall prevention policies in place and review their fall data by their quality improvement processes or committees. ALRs need to take a look at their falls and make sure they are putting practices in place to reduce falls. She thinks it would be helpful if AGE could mention what it is seeing in terms of best practices to help reduce incidents of falls.

Liane Zeitz had a question about the overuse of antipsychotic medication and how that gets documented. Ms. Marchetti noted that the only time we would hear about medication is through the medication events that are being reported.

Tara Gregorio asked whether the law requires AGE to post additional information so that people don’t have to file public records requests in order to get this information.

Ms. Marchetti noted that we haven’t posted the compliance reviews online, but it is something that has been discussed. There are requirements in the basic health services regulations to post findings.

Whitney Moyer noted the new statute requires AGE to share more information and publicly post this information. She also added that AGE needs to be thoughtful on how we share this information.

Carolyn Fenn, the Director of the State Long-Term Care Ombudsman’s Program, noted that the program is federally mandated by the Administration for Community Living (ACL) under the Older Americans Act. Throughout her presentation, she referred to this PowerPoint deck ([download](https://www.mass.gov/doc/alr-commission-meeting-presentation-march-05-2025/download)). The program provides advocacy for individuals living in nursing homes, rest homes, and ALRs. The program has been in existence for a very long time and is funded with both federal and state resources. The Long-term Care Ombudsmen work from one of 17 host sites across Massachusetts. The ALR expansion happened in 2021. There are now four regions for the program. The regions are based on the number of ALRs in each region. There are a total of five assisted living specialists and about five to seven volunteers. Overall, we have about 200 volunteers in our program. We are not a regulatory body, but rather an advocacy program.

We are required to receive, investigate, and work to resolve complaints made by or on behalf of residents. We receive a whole manner of complaints—clothes that shrunk in the laundry, missing hearing aids, transportation, smoking, medications, laundry, food, as well as abuse, neglect, mistreatment, and exploitation. Our primary issue is to provide resident-centered advocacy. We work to get in touch with the resident, hopefully in-person, and talk with them about the situation or concern and ask if they wish for us to proceed to address the issue. If we do not get consent, we do not follow up. With residents in memory care units, we rely on the responsible party for that function (consent).

The Long-term Care Ombudsman’s Office also does other things such as help to form resident family councils, visit the various ALRs, and provide information to individuals and to staff members. Ms. Fenn thinks that providing information helps with the transition for the residents and the staff of the ALR. There has been a huge increase in volume in providing information and assistance to individuals—they want to know about the residence and what they should look for. In federal fiscal year 2024, the office worked to resolve 443 complaints. However, this number does not represent all the complaints the office receives—a lot of complaints don’t proceed to formal complaints because we are able to work with the resident and the staff of the ALR before it becomes a complaint that needs frequent and more ongoing intervention.

We resolve 64% of all complaints to the satisfaction of the resident or complainant. (slide 29) 27% of all complaints were withdrawn by the resident or complainant, which means that we were able to resolve things such that the resident did not feel the need to proceed or the issue is something that cannot be resolved or addressed in a way that would lead to a satisfactory outcome.

The number of residents reaching out to the office is increasing, which is a function of our presence in the building and the awareness of the program. This is a really good thing. We will also hear more from the resident representative or family members--this is different than what we see in nursing homes. This is because the family members are paying the bills so they have a lot of skin in the game.

Ms. Fenn discussed the complaint group trends. See slide 31. She noted that care is the biggest category of concern that the office deals with. Autonomy, choice, and rights as well as admission, transfer, discharge, and eviction are the second and third largest categories of complaints. The category of admission, transfer, discharge, and eviction has seen a slight decrease. The office would like to think this is because consumers are more informed and because the office is there to assist and facilitate a resolution. For example, with a resident with a behavioral health issue, the office could point out resources in order to come to a better resolution than an eviction.

Regarding subcategories for the “care” category, the number one issue is care planning. Care planning in the ALR realm generally means issues around the service plan. For example, it could involve disagreements or concerns on what’s included or not included in the service plan, communication about the service plan, or having no written copy or not understanding the service plan. It could also involve changes to the service plan or how the changes in the service plan relate to billing. There are a lot of connections between the care complaint category and the finances and billing complaint category. Another issue is if residents don’t feel like they are involved—we want to make sure the care plan is person-centered.

The second largest subcategory in the care category is medication. This subcategory can be anything related to medication. For example, it could involve how medications are administered, when the medications are administered, ensuring the medications are administered with accuracy, medication errors, or delivery issues.

Regarding the category of complaints concerning autonomy, choice, and rights, which is the second highest category of complaints, the office has a breakdown. The number one issue is being treated with dignity and respect. This can involve residents feeling that they being treated in a rude fashion, people being in a hurry and not knocking on the resident’s door, residents feeling bossed around, or residents being called by a name that they do not want to be called by—such as “honey or “sweetie” or being called by their first name when they would prefer to be to be called “Mr.” or “Mrs.”

The subcategory of privacy is self-evident but could involve ALRs needing to remember that these are individuals’ private residences. One issue could be when an employee briefly knocks and then walks right into the resident’s unit without a response from the resident. Another issue could involve the resident’s information being shared in a public space.

Other rights and preferences, which is the third highest subcategory in the autonomy, choice, and rights category, involves things like voting, personal liberty, freedom of choice, the right to assemble, religious freedom, etc.

Overall, when we look at the data for federal fiscal year 2024, the category of care-planning is the number one issue and it has remained the number one issue since the onset of our program. The discharge and eviction category can be for a lot of different reasons and that may tie, to some extent, to unrealistic expectations. People may have the sense, whether it’s from marketing materials or casual conversations, that residents are going to be able to stay in these environments and that the ALR will be their final home, and they can receive whatever care they need—that is not necessarily the case. A person may need care that cannot be provided at an ALR. The office has concerns about some of the marketing materials. The office also notes that regarding mental health and behavioral issues, in the health care continuum and environments, we could all use a little more training around these issues.

The billing and charges category ties to a lot of issues. These complaints may involve increases in rates, changes in the rate structure, how assessments result in billing changes, or disagreements about extra services. For example, when there’s a transfer in ownership from one entity to another, the new entity may have a new way of categorizing the assessment and this may be reflected in the billing. This category can also involve security deposits, refunds, and notice periods.

Ms. Fenn noted that a number of these things are in residency agreement, but people are so overwhelmed at the time—the prospective resident may just be signing the documents and not taking the time to think about the specifics.

Lindsay Mitnik asked about what type of outreach is made available to residents. How do residents know about the ombudsman program and contact the ombudsman?

Ms. Fenn replied that the ombudsman office is required to visit each ALR at least once a quarter—the office would like for it to be weekly or every other week, which is how the nursing home side operates. However, the office doesn’t have the bandwidth to do that right now. The office has individuals who go into each ALR, walk around, visit with the residents, and knock on their doors. The individual may also be there at mealtime. Most ALRs have a poster in a common area about who the assisted living specialist is. The poster may include a picture of the assisted living specialist or provide the assisted living specialist’s contact information. The office also hands out brochures when they are onsite at an ALR. Additionally, there are regulatory requirements which require the office’s contact information to be known and available. The office may attend a resident council meeting if the ALR has one and provide education about the program.

There was a question about whether ALRs are required to have resident councils or family councils. Ms. Fenn stated that she doesn’t believe they are required but she is a big fan of them. When the ALR has a good resident council, it’s nothing to be afraid of and it can be really helpful for the staff of the ALR. You can view those folks as partners.

Liane Zeitz asked if the ombudsman’s office knew the number of resident councils and family councils. These councils are required in nursing homes. Ms. Fenn noted that the Long-Term Care Ombudsman’s office has had a big increase in its participation or assistance in the creation of councils.

Jen Benson mentioned that we have a lot of data from nursing homes that is collected by the Center for Health Information and Analysis (CHIA), and she wondered what information we have on ALRs regarding the financial side of ALRs. Secretary Lipson noted that the answer is very little. Whitney Moyer noted that there is a distinct difference between skilled nursing facilities (SNFs) and ALRs. ALRs are based on a housing model and landlord tenant relationships, but there are services included. From a regulatory standpoint, the information that is collected from a financial standpoint is going to look and be different than what CHIA collects for nursing facilities.

Ms. Moyer pointed out that the slides from the last meeting show the different ways in which ALRs are paid for by the residents. The vast majority of ALRs are private pay. From a regulatory standpoint, Aging & Independence is certifying that ALRs are appropriate for residents in traditional or special care units. The office is looking at the way ALRs are adding additional services. Ms. Moyer noted that the ALR market is largely a free market, private pay industry.

Secretary Lipson noted that ALRs are not regulated or reported the way health facilities are. An ALR resident may look a lot like an individual at a skilled nursing facility (SNF). Aging & Independence creates an annual report on ALRs that is on its website. The office collects and synthesizes the data that is available—this may be a good framework for people.

Brian Doherty said that he believes that sometimes the resident council meeting minutes are requested at certification site visits. Ms. Marchetti stated she was not aware of that. Mr. Doherty suggested we could provide clarification to the ALRs regarding that point.

Secretray Lipson noted that she wants members to think about things they’ve heard today and what should be on a list as the Commission moves forward. She noted that some themes include presenting data in a way where we can more easily understand what is driving trends; defining what an incident is—and whether the reports can be more useful; as well as the conversation about resident councils and whether they are adequate vehicles for residents to have access to support. She also mentioned looking at falls—falls are so endemic and preventable. She added that understanding what’s happening is so important—we need to do that across all the settings where people live.

Katherine Ladetto noted that skilled nursing facilities (SNFs) and ALRs are based on different models. She asked how to keep ALRs and SNFs separate, but also ensure that great care is provided in both settings. Secretary Lipson noted she thinks about individuals in all the places they could be--where a hypothetical “Mrs. Jones” resides involves whether she is alone or is part of a couple or family, whether she is in an urban or rural location, what her financial resources are, what kind of access she has to information. Secretray Lipson wants to make sure that “Mrs. Jones” has the same protections no matter where she resides.

Tara Gregorio would be interested in seeing the mapping of the response to a fall in all the possible settings where an individual could be living. She couldn’t agree more with Katherine in regard to the level of reporting, the oversight and protections, which vary. She added that it is just astounding how different the requirements are in each of the settings—yet it is the same “Mrs. Jones.”

Liane Zeitz stated that a big concern is that Mrs. Jones with money can stay in an ALR, but Mrs. Jones who doesn’t have financial resources has to reside in a nursing home. She also recommended including family councils--not only resident councils, because in many cases the families are the ones who are advocating for residents.

Mathew Muratore noted that the financial problem is a real issue; Mrs. Jones could live nicely in an ALR, but has to go to a nursing home because of her financial situation.

Secretary Lipson noted that many people think that everyone wants to stay in the least restrictive setting, such as a home, but that’s not true—many people feel safer in a health facility. They feel like they are less of a burden on their family or they feel more confident. She mentioned that there are a lot of contributing factors that drive these decisions.

**Vote I to adjourn the meeting:** A motion to adjourn was made and seconded. The motion was approved by roll call vote (see detailed record of votes above).

The next meeting is on April 2nd at 10am on Zoom. The Executive Office of Aging & Independence will be in touch with those who will be presenting at the next meeting.

The meeting was adjourned at 11:30 am.

**Meeting Materials**

1. PowerPoint Presentation which includes the proposed roadmap, the slides referenced by Ms. Marchetti, and the slides referenced by Ms. Fenn