Executive Office of Aging & Independence

ALR Commission Meeting #5

Wednesday, May 7 | 10:00 AM

Your Partners in Aging.

Refresher & Updates

Secretary Robin Lipson

(Reminder) **Upcoming Public Hearing |** *What You Need to Know*

When: Thursday, May 15, 2025, 1:00 – 2:30pm

Where: Virtually via Zoom, link and further information will be available online at: https://www.mass.gov/event/assisted-living-residences-commission-hearing-05-15-2025

Why: Gather community perspectives surrounding ALRs, identify challenges and opportunities in ALRs, inform final legislative recommendations

What:

- **What Works Well and What Can Improve:** *What is good about the ALR model, and what could be made better?*
- **Helping Residents as Their Needs Change:** *When residents' needs change, what ideas do you have so that residents, their families, and ALR staff can plan for the future, know what to expect, and share clear, honest information about the support given?*
- **Keeping Residents Safe While Letting Them Decide:** *What safety rules at ALRs are most important? What extra checks or changes might make living there better, while still letting residents make their own choices?*

Who:

- Residents & Families
- Advocates
- Providers & Industry Representatives
- All Other Stakeholders

(Reminder) Upcoming Public Hearing | *What You Need to Do*

Spread the word! Share the following information.

Hello,

You're invited to the ALR Commission's ***Virtual Public Hearing*** *on* ***Thursday, May 15, 2025, from 1:00–2:30 PM*** *via Zoom. We want to listen! Please join the Hearing and share your thoughts about Assisted Living Residences in Massachusetts. We want to know:*

- ***What Works Well and What Can Improve:*** *What is good about the ALR model, and what could be made better?*
- ***Helping Residents as Their Needs Change:*** *When residents' needs change, what ideas do you have so that residents, their families, and ALR staff can plan for the future, know what to expect, and share clear, honest information about the support given?*
- ***Keeping Residents Safe While Letting Them Decide:*** *What safety rules at ALRs are most important? What extra checks or changes might make living there better, while still letting residents make their own choices?*

Join us *and share your insights: Register here ►* https://www.mass.gov/event/assisted-living-residences-commission-hearing-05-15-2025

Please forward to colleagues, residents, and family members—everyone's perspective counts!

Questions about the hearing? Contact the Executive Office of Aging & Independence (AGE) by emailing: francis.p.sullivan2@mass.gov and william.travascio@mass.gov.

Thank you,
The ALR Commission Team

Agenda

Agenda

1. **Opening |** *Secretary Robin Lipson (15 mins)*
   - Welcome & Attendance
   - Refresher & Updates
   - Guiding Discussion Questions

2. **Presentations**
   - **Safety Standards & Basic Health Services**
     - Whitney Moyer, Executive Office of Aging & Independence
   - **Quality Assurance Practices**
     - Kate Fillo, Director of Healthcare Strategy & Planning, Massachusetts Department of Public Health
     - Dr. Jessica Zeidman, Deputy Commissioner & Chief Medical Officer, Massachusetts Department of Public Health
   - **Resident Outcomes & Transparency**
     - Dr. Katherine Ladetto, New England Chapter of the Gerontological Advanced Practice Nurses Association

3. **General Discussion** *(30 mins)*

4. **Wrap-Up |** *Secretary Robin Lipson (5 mins)*
   - Roadmap and Proposed Topics & Presenters for June 4th Meeting

ALR Commission Action Items

- Review current statutory and regulatory oversight of assisted living residences for **improvement opportunities**.
- Evaluate how licensing and certification affect ALR **operations and care quality**.
- Assess incident reporting trends (using data from the Executive Office of Aging & Independence and the Long-Term Care Ombudsman's office) to identify **recurring issues and solutions**.
- Examine best practices from other states to **identify innovative, adaptable strategies**.
- Scrutinize advertising practices to **ensure clear, transparent information for prospective residents and families**.

Focus of Today's Presentations

During today's discussion, keep in mind:

- **Previously discussed consumer protections**
- Upcoming public hearing

- Explore methods to **enhance consumer transparency** by **improving information accessibility and comparability**.
- Review **consumer protections** in existing statutes and regulations.
- Discuss **safety standards** and investigate the delivery of basic health services to **ensure safe and effective care**.
- Analyze regulatory procedures for opening, closing, or transferring residence ownership—including community need assessments and facility clustering—to better protect consumers.

Guiding Discussion Questions

Continuation from April 17th Meeting

Questions to Consider & Discuss

1. ***How can we improve transparency and access to key ALR information for residents and families? Consider:***
   - *Which data (inspection reports, incident logs, ownership details, pricing/billing practices, etc.) should be published?*
   - *In what formats (online portal, one-page summaries, searchable database)?*
   - *What steps—drawing on other states' best practices—would make this information more discoverable and easy to understand?*

2. ***What regulatory or operational changes would strengthen consumer protections around finances, contracts, and resident rights? Consider:***
   - *Should we require standardized disclosures (e.g. fee schedules, refund policies) in residency agreements?*
   - *What contract provisions (e.g. caps on unexpected fees, arbitration opt-outs) or enforcement tools (e.g. fines, expedited complaint resolution) are most effective?*
   - *How can we guard against unclear billing and ensure residents have meaningful legal review before signing?*

3. ***How can Massachusetts ensure ALRs adapt safely to residents' changing care needs—especially complex ones—while preserving autonomy? Consider:***
   - *What minimum staffing, training, response-time, or care-coordination standards should apply?*
   - *Which oversight improvements or support systems (e.g. service plan audits, periodic competency checks) are needed?*
   - *How should performance be monitored and enforced to ensure timely, appropriate care?*

Safety Standards & Basic Health Services

Whitney Moyer, Executive Office of Aging & Independence

Basic Health Services

- Chapter 197 of the Acts of 2024 permanently authorizes ALRs to provide **five Basic Health Services** on-site:
  1. Injections
  2. Simple dressing changes
  3. Oxygen management
  4. Specimen collection with home diagnostic tests*
  5. Applying ointments or drops

- **Certification requirements for Residences seeking to provide Basic Health Services**:
  - Annual compliance review by AGE (vs. every two years requirement for ALRs without Basic Health Services)
  - Updated operating plans demonstrating staff competencies, equipment, and protocols

**Including but not limited to warfarin, prothrombin or international or normalized ration testing and glucose testing, provide such home diagnostic teste or monitoring is approved by the US FDA for home use*

Integrating Basic Health Services with Residential Model

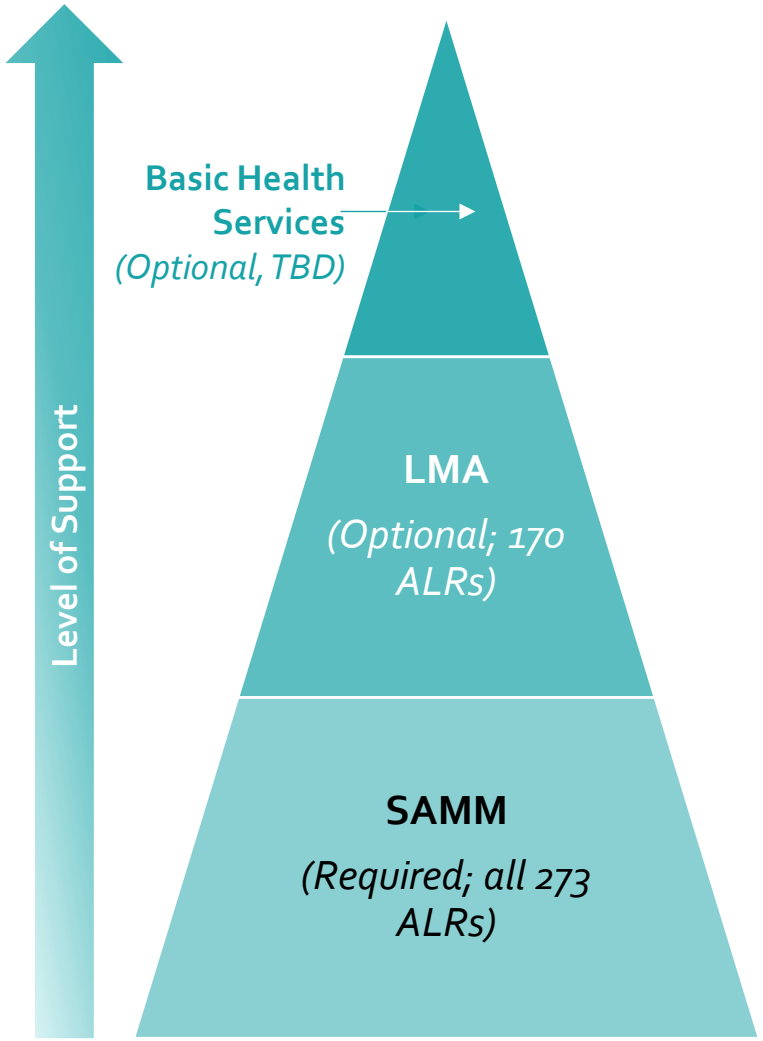
- **Scope and limits of Basic Health Services relative to skilled nursing:**
  - BHS expands this scope slightly but still excludes 24/7 skilled care

- **Training, staffing, and infrastructure needs:**
  - Ensuring staff competencies for injections, oxygen management, diagnostic testing
  - EMT-level protocols for emergency back-up when Basic Health Services care exceeds on-site capacity. For example:
    - Automated external defibrillators (AEDs)
    - Epinephrine
    - Naloxone
  - Staffing level needed to safely support Basic Health Services under review as proposed ALR regulations are being drafted

Core Services Required at All ALRs

- **Assistance and supervision with Activities of Daily Living (ADLs):** bathing, dressing, and mobility, as specified in each resident's individualized service plan.
- **Instrumental Activities of Daily Living (IADLs):** housekeeping, laundry, meal preparation (at least one meal per day with dietary options), and socialization opportunities.
- **24/7 on-site staff and personal emergency response systems** for urgent or emergency needs.
- **Private or semi-private apartments** with lockable doors, kitchenettes or access to a community kitchen, and private or shared bathrooms depending on the Residence.

Medication Support Levels



Level	What It Entails	Staff Involved	Key Details
Basic Health Services	Administration of injections, simple dressings, oxygen management, home diagnostic tests, application of ointments/drops.	Licensed nurse (RN or LPN); must consult with resident's doctor/nurse	ALR must be certified for this level. Service plans require quarterly review and detailed protocols
Limited Medication Administration (LMA)	Direct administration of non-injectable medications (oral, topical, inhalers, eye/ear drops, etc.) from pharmacy-labeled containers.	Licensed nurse (RN or LPN)	Only a nurse may perform LMA. All administration must follow nursing standards and be documented
Self-Administered Medication Management (SAMM)	Reminding residents to take medications, opening containers, reading labels, observing residents while they self-administer. No direct administration of medication.	Trained ALR staff (not nurses)	All ALRs must offer SAMM. Staff cannot administer medication, only assist and remind

Other Types of Support

- **Specialized Care / Memory Care:** Some ALRs offer specialized memory care programs for residents with dementia or Alzheimer's disease. This is not required at all ALRs and should be confirmed before move-in.
- **Social and Recreational Activities:** ALRs provide opportunities for socialization and engagement, tailored to resident interests and abilities.
- **Coordination with Outside Health Providers:** Skilled nursing services, such as injections or medical therapies, may be provided by certified home health agencies on a part-time or scheduled basis if needed.

Additional points to keep in mind:

- ALRs in Massachusetts manage support through individualized, regularly updated service plans.
- They provide required assistance with ADLs and mobility, including some transfer assistance.
- The ability to provide higher levels of physical support (like two-person assists or lifts) varies by Residence- always confirm with the ALR before moving in.
- If needs change, service plans are adjusted, but some residents may need to transition to a different care setting if their needs exceed what the ALR can provide

Safety Standards

- **Physical Environment**
  - Lockable single or double-occupancy Units with private bathrooms or half-baths and shared bathing facilities as specified
  - Compliance with all applicable state building, fire safety, sanitary, and disability-access codes

- **Evidence-Informed Falls Prevention**
  - Annual review of policies/procedures to ensure a safe environment, including a documented, evidence-informed falls prevention program

- **Emergency Preparedness & Response**
  - Comprehensive emergency management plan covering fire, flood, severe weather, utility loss, missing residents, etc., developed with local/state planners; includes evacuation strategies, mutual aid, supply continuity, EMS/public safety liaisons, HHAN and Silver Alert participation
  - Annual simulated evacuation drills for all shifts; written plans provided to each Resident; staff orientation and periodic training on the plan
  - 24-hour on-site staffing or personal emergency response systems to signal urgent needs

- **Incident Reporting**
  - Report to AGE within 24 hours any "Significant Negative Effect" incident (e.g., injury, elopement, communicable disease outbreak) or displacement of residents ≥ 8 hours .

Quality Assurance & Performance Improvement

- **Ongoing Quality Program**
  - Establish and maintain a continuous quality improvement and assurance program focused on Resident health, safety, and satisfaction
  - Quarterly data collection and analysis on services, outcomes, and care experience

- **Key Quality Assurance Activities**
  - Service Planning Review: Annual random sampling of Resident assessments, service plans, and progress notes to verify implementation and goal attainment
  - Medication Quality Plan:
    - Semi-annual evaluation of each Personal Care worker's SAMM/LMA compliance
    - Quarterly audit of medication documentation for SAMM/LMA adherence
  - Problem-Resolution System: Mechanism (e.g., surveys, suggestion boxes) for anonymous issue reporting, with documented follow-up actions

Safety Standards & Consumer Protections | *Current vs. Recommended*

Area	Current Standard	Recent/Recommended Improvements	Status
Certification & Oversight	ALRs must be certified by AGE; biennial inspections; incident reporting; staff requirements.	Increase inspection frequency for Basic Health Services; strengthen enforcement; fines for non-compliance; expand whistleblower protections.	In-progress
Staffing Levels/Ratios	"Sufficient staff" required, but no mandated staff-to-resident ratio; SCRs have a minimum of two staff at all times.	Set explicit staff-to-resident ratios based on acuity (e.g., 1:8 day shift); require at least one staff trained in emergency response at all times; require 24/7 RN coverage for ALRs providing basic health services.	For discussion
Resident Assessments	Initial and ongoing assessments by nurse; covers ADLs, cognitive status, medication needs; reviewed with resident's physician.	Adopt a standardized, evidence-based assessment tool statewide; ensure uniformity across ALRs.	For discussion
Medication & Health Services	SAMM required at all ALRs; LMA and Basic Health Services only at certified ALRs with proper protocols and staffing.	Codify and clarify service levels; require clear disclosure of service limitations; require 24/7 RN coverage where basic health services are offered.	For discussion
Transparency & Reporting	Residency agreements outline services, fees, and rights but in variable detail and format; incident reporting to EOEA; consumer guide and residency agreement provided.	Standardize disclosure forms for easy comparison; annual publication of inspection results and deficiencies.	For discussion
Consumer Protections	Resident rights posted and in agreements; whistleblower protections; operating without certification is a violation.	AG drafting new rules	In-progress

Massachusetts Department of Public Health

Public Health Recommendations for Basic Health Services

Assisted Living Residence Commission

Katherine T. Fillo, Ph.D., MPH, RN-BC
Office of Health Care Strategy and Planning
Jessica Zeidman, MD
Chief Medical Officer
May 7, 2025

Overview

- Utilizing a quality assurance and performance improvement framework to develop and implement reliable, high quality resident care
  - Analyzing falls with injury
- Identifying best practice resources and clinical considerations:
  - Wound care
  - Medication management, including topical, intramuscular and ophthalmologic administration
  - Oxygen assessment and management
  - Infection prevention and control
  - Emergency preparedness

Quality Assurance and Performance Improvement Framework

QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in long-term care while involving all long-term caregivers in practical and creative problem solving.

- QA is the specification of standards for quality of service and outcomes, and a process throughout the organization for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards.
- PI (also called Quality Improvement - QI) is the continuous study and improvement of processes with the intent to better services or outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement. PI in long-term care aims to improve processes involved in health care delivery and resident quality of life. PI can make good quality even better.

Quality Assurance and Performance Improvement Program

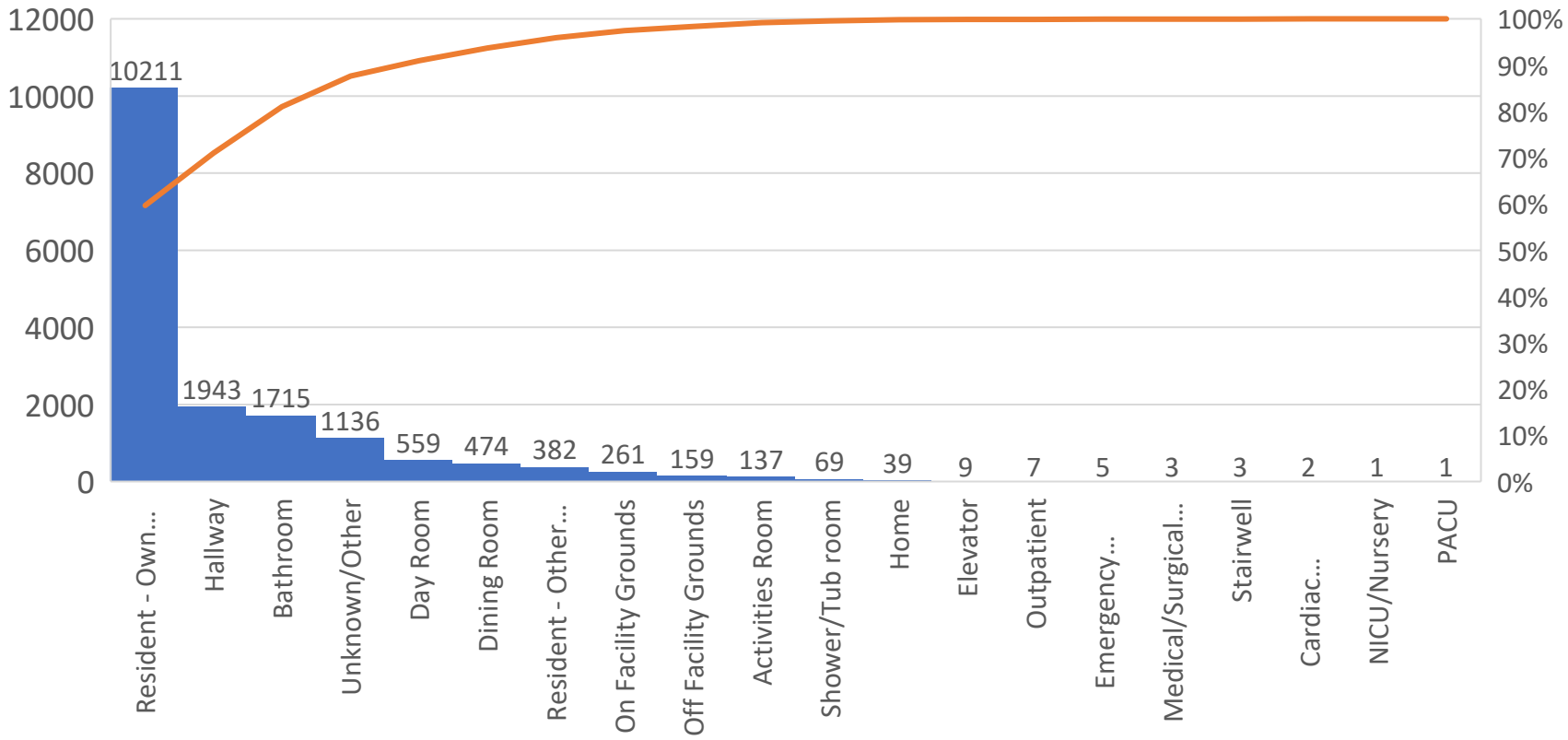
Five Elements:

- Design and Scope
- Governance and Leadership
- Feedback, Data Systems and Monitoring
- Performance Improvement Projects
- Systematic Analysis and Action

ALR Action Steps:

- Assess current quality-related activities in the home
- Create a structure and plan to support QAPI
- Foster a culture where all staff are able to speak up about issues
- Use data meaningfully, create measures that everyone can understand
- Perform root cause analyses when an error occurs
- Consider developing and implementing performance improvement plans to collaboratively address issues

Fall with injuries by location

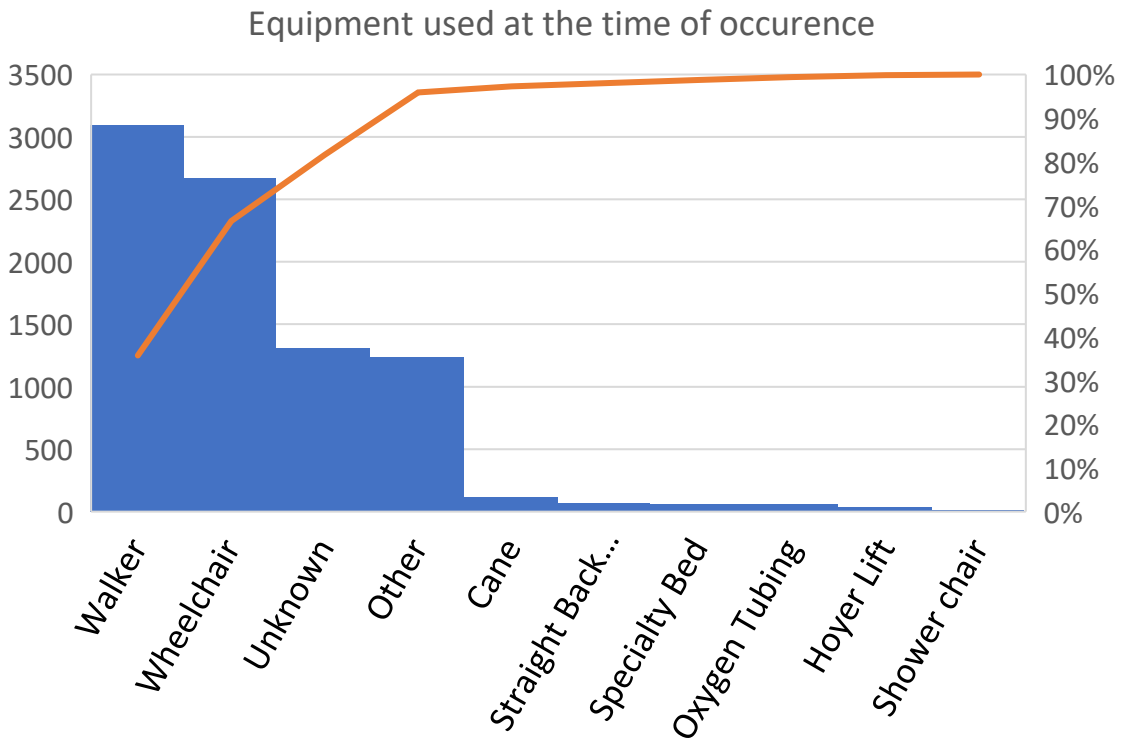


- Most falls (81%) with injury occurred in resident's own room

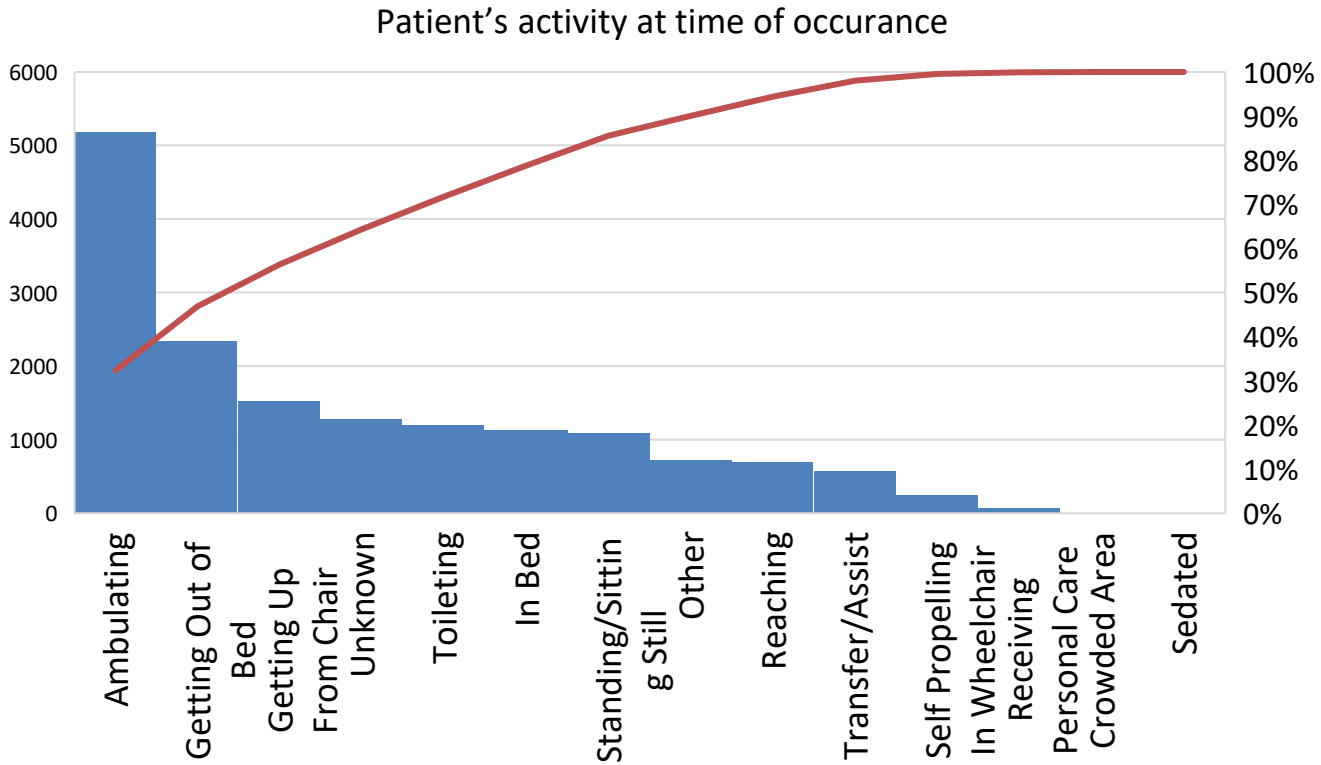
Data Source: Health Care Facility Reporting System (DPH)

Falls with Injury: equipment used and activities

- The most commonly used equipment included are walker and wheelchair



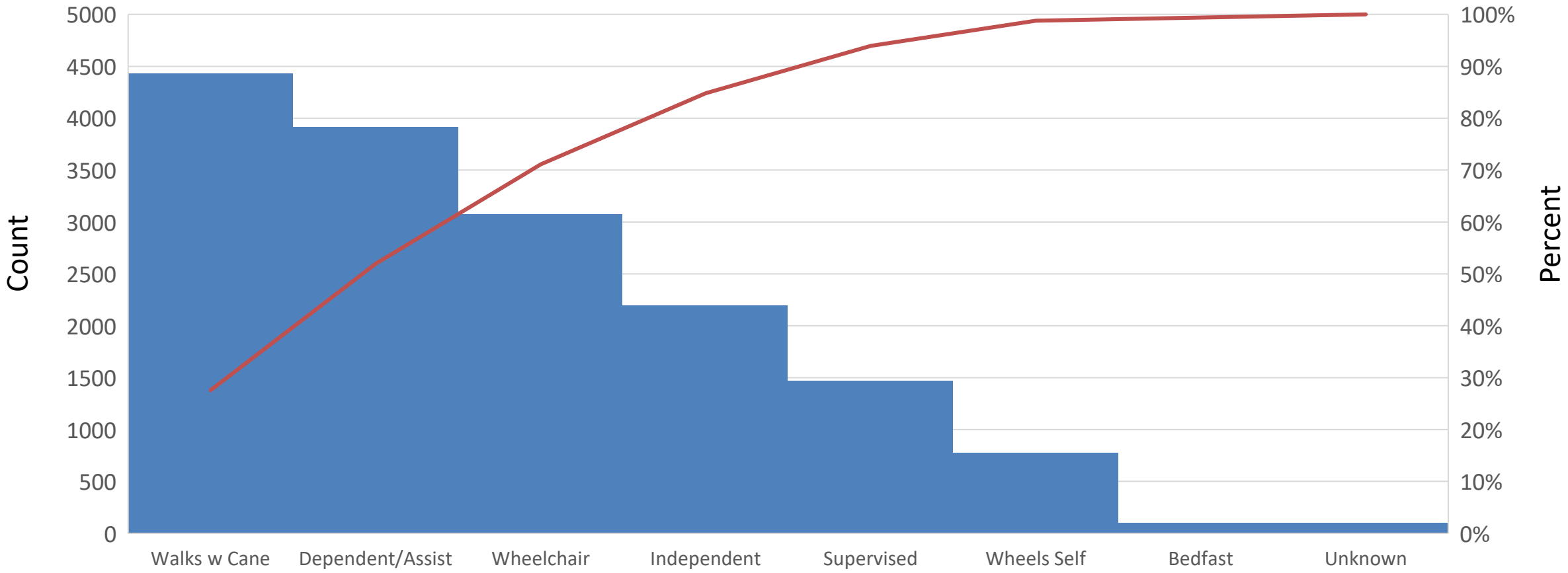
- The majority (70%) activities coinciding with injuries are : ambulating, Getting out of bed and getting up from chair



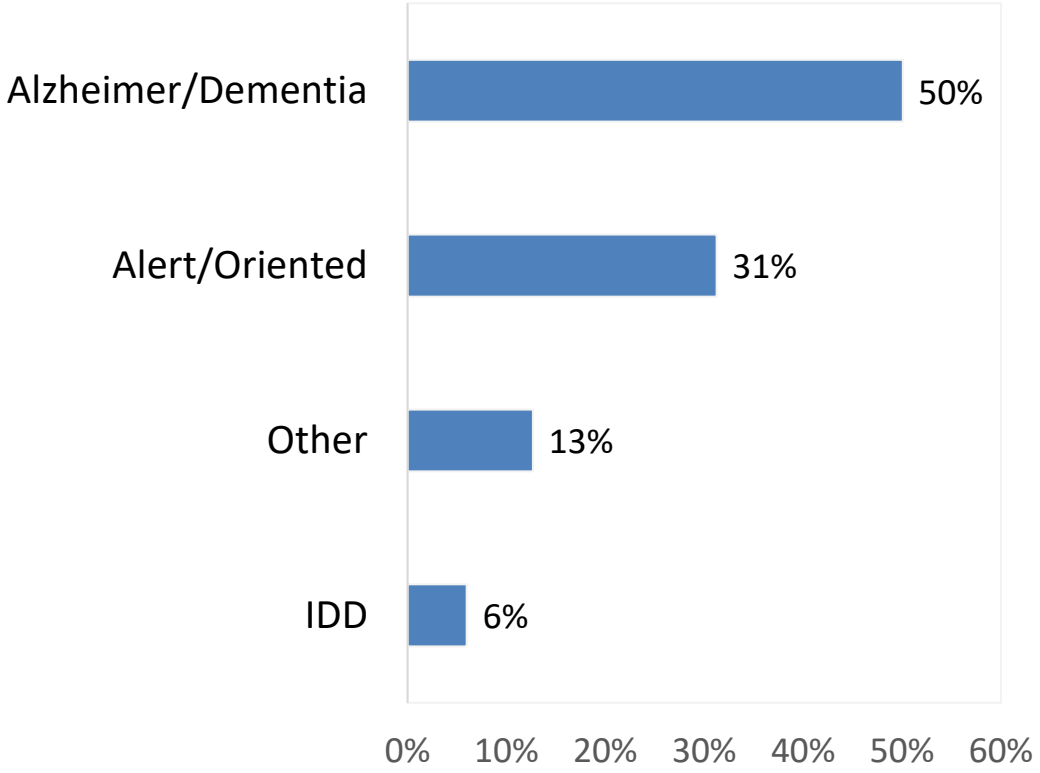
Data Source: Health Care Facility Reporting System (DPH)

Falls with Injury: ambulatory status

- Among those residents experienced a fall with injury, the most common status includes walking w/ cane, wheelchair and dependent/assist, which account of 80%



Fall with injury and cognitive status

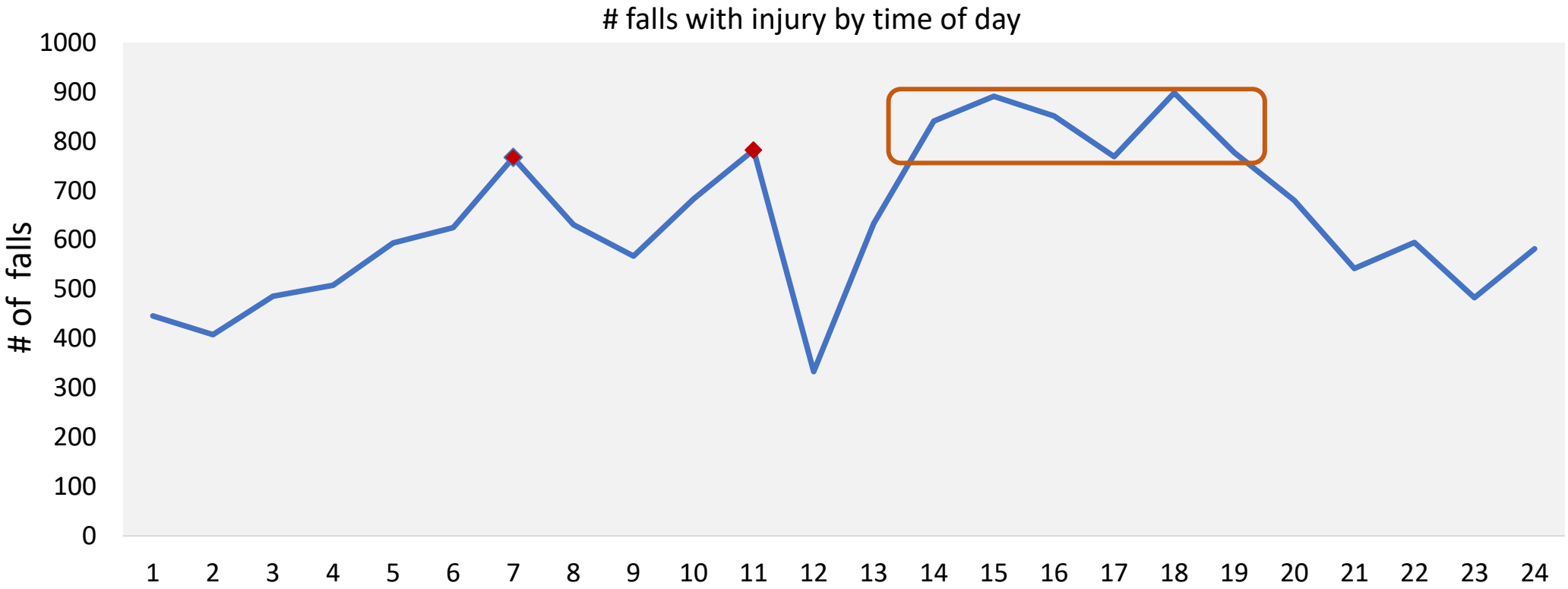


- Among reported falls with injury, 50% occurred in residents that have Alzheimer's Disease or Dementia

Data Source: Health Care Facility Reporting System (DPH)

Falls with injury by shift

- Falls with injury occurred with high frequency at 7am-8am and 11am--12pm during the morning and afternoon mealtimes.
- For the afternoon/evening shifts, fall with injuries occurred with very high frequency from 2pm to 7pm.



Data Source: Health Care Facility Reporting System (DPH)

Medication Management

There are five stages of the medication process:
(a) ordering/prescribing
(b) transcribing and verifying
(c) dispensing and delivering
(d) administering, and
(e) monitoring and reporting

Within administering confirm every time: right resident, right drug, right time, right route, and right dose

Oxygen Management

- Oxygen therapy should have medical orders
- Prior to applying supplemental oxygen or titrating rates, clinical staff should assess the resident's respiratory status such as airway clearance, respiratory rate, pulse oximetry, and lung sounds
- After oxygen therapy is initiated or adjusted, the resident should be reevaluated
- ALR staff should be trained on any equipment and have contact information to be able to reach the vendor

Infection Prevention and Control

- Prevent and mitigate transmission of infectious diseases
  - Hand hygiene stations available throughout the residence
  - Signage posted encouraging hand hygiene and respiratory etiquette
  - Masks available at entrance for visitors
  - Occupational health program that facilitates staff being up to date with vaccinations and staying home when they are sick
  - Have an environmental services cleaning plan
- Offer seasonal respiratory virus vaccination clinics onsite
  - Many pharmacy partners will come onsite to administer influenza and COVID-19 vaccinations
  - Encourage residents, staff and families to be vaccinated each season
- Encourage residents and staff to report signs and symptoms of infection to clinical contact at the residence
  - Have a process for tracking illness
  - Notify the local board of health if any reportable illnesses or clusters are identified
  - Implement enhanced infection prevention

Emergency Preparedness

- Create and maintain an emergency plan specific to the residence (e.g. facility and community-based assessment)
- Emergency plan that includes: staff and resident basic needs, whether they evacuate or shelter in place, include, but are not limited to the following:
    - Food, water, medical, and pharmaceutical supplies
    - Alternate sources of energy to maintain—
        - Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;
        - Emergency lighting;
        - Fire detection, extinguishing, and alarm systems; and
        - Sewage and waste disposal
- Provide staff training and test the emergency plan

Resources

QAPI Tools:

- https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/processtoolframework.pdf

Infection Prevention and Control:

- Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–25 Influenza Season | MMWR (cdc.gov)
- Home | Immunize.org
- Respiratory Hygiene/Cough Etiquette in Healthcare Settings | CDC
- https://infectioncontrolma.org/webinars.php
- Cover Your Cough Community Flyer | Flu Resource Center | CDC
- https://www.mass.gov/info-details/mosquito-borne-disease-prevention
- https://www.mass.gov/info-details/eee-eastern-equine-encephalitis#:~:text=EEE%20is%20a%20very%20rare%20disease.%20Since%20the,have%20been%20from%20Bristol%2C%20Plymouth%2C%20and%20Norfolk%20counties.

Assisted Living Residences Health Services

Katherine A. Ladetto, PhD, RN, ANP-BC, GNP-BC

New England Gerontological Advanced Practice Nursing Association

Director-At-Large

Overall review of admission process

Assisted living residence (ALR) is contacted.

ALR sends an intake nurse to evaluate the care needs of the potential resident.

Financially responsible person is informed about the level of care and corresponding amount to be paid monthly.

Includes base amount of rental for living space in addition to care needs of patient

The problem

- Assessments are not standardized between facilities.
- Different care levels can be chosen depending on the facility evaluating the same resident
- No standardization of reevaluation timing and assessment
    - No predictability of cost increase

Promise vs Reality

Financially responsible person is told nurses are present in the building

The assumption is that these nurses can perform within a basic health care service scope of practice within the confines of the social ALR model.

The reality is they are not.

Barriers to optimal patient outcomes

- Suture removal (basic dressing care)
- Oxygen need assessment and management
- Insulin
- End of Life Care
- Vaccination
- Specimen collection
- Unnecessary hospital transfers

Demand full transparency

- Define nursing scope of practice to stakeholders
  - Compare New Hampshire model
  - 24-hour nursing care
- Standardized Intake Assessments
- Standardized Reevaluation
  - Patient predictability
  - Associated cost tier
- Transparency would help families to make better care setting decisions

Lessons from Experience

- Socialization
- Recreation
- Medication administration
- Meals Provided
- Laundry Services
- Housekeeping Services

Questions & Discussion

Questions to Consider & Discuss

1. ***How can we improve transparency and access to key ALR information for residents and families? Consider:***
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Roadmap

June 4th Meeting Proposed Topics & Presenters

Secretary Robin Lipson

Roadmap | *Where We Are Going*

Date	Topic	Key Focus	Proposed Speakers/Stakeholders	Exact Statute Language
2/26/2025	Intro & ALRs Oversight	Overview of ALRs, ethics/compliance, legislative mandates	Secretary of Elder Affairs (Chair), AGE Director of ALRs	(i) the current statutory and regulatory oversight of assisted living residences;
3/5/2025	Key Trends	Trends in ALR certification, ownership changes, incident/complaint reporting	AGE Director of ALRs, LTC Ombudsman Director	(iii) the impacts of licensing or certifying such residences; (vi) trends in incident reports and resolutions
4/2/2025	State Comparisons, Best Practices & Advertising	Review of leading states' policies, licensing impacts, advertising practices	Mass-ALA, LeadingAge, Alzheimer's Association, AARP	(ii) assisted living best practices in other states; (iv) advertising practices of assisted living residences
4/17/2025	Transparency & Consumer Protections	Methods for transparency, consumer protections, resident safety	Greater Boston Legal Services, National Academy of Elder Law Attorneys, AGO Representative	(ix) existing consumer protections for residents; (vii) methods to provide transparency of information for potential consumers and families
5/7/2025	Safety Standards & Health Services	Safety standards and integration of basic health services	NE Chapter of Gerontological AP Nurses, DPH, AGE	(viii) safety standards; (x) basic health services in residences
5/15/2025	Public Hearing	Engage residents, families, advocacy groups, and industry stakeholders	Residents, family members, advocacy groups, industry representatives	Public Hearing (gathering public input, as required by SECTION 32(b))
6/4/2025	ALR Affordability & Regulatory Procedures	Key considerations related to opening/ closing/ ownership, and need determinations	MassPACE, MassHealth, AGE	(v) regulatory procedures for opening, closing or changing ownership, including determination of need processes and clustering of facilities
7/15/2025	Final Recommendations & Report Drafting	Consolidate findings and finalize recommendations	AGE Chair, Staff, Policy & Legal Team	All topics (i)-(x) as outlined in SECTION 32(a) for final recommendations and report drafting
8/1/2025	Submit Legislative Report			

THANK YOU!