**Assisted Living Residences (ALR) Commission**

Meeting Minutes

Wednesday, June 4, 2025

10:00 am -11:30am

Date of meeting: Wednesday, June 4, 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 | - | - |
| **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 | X |
| **7** | **Senator Mark Montigny** – State Legislator, Mass. Senate | X | X |
| **8** | **Matt Salmon** – CEO, Salmon Health and Retirement | X | X |
| **9** | **Tara Gregorio** – President, Massachusetts Senior Care Association (MSCA) | X | X |
| **10** | **Mathew Muratore** – Appointee of the House Minority Leader | X | X |
| **11** | **Rose-Marie Cervone** | X | X |
| **12** | **Kathleen Lynch Moncata** | X | X |
| **13** | **Beth Anderson** — An Appointee of the Governor, Vice President at EPOCH Senior Living | X | X |
| **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, the Secretary of the Executive Office of Aging & Independence (AGE), welcomed everyone. She noted that this meeting was being recorded for the purpose of drafting meeting minutes. She mentioned that this meeting is subject to the Open Meeting Law and any votes the Commission takes will be subject to a roll call vote. Today’s meeting will look at regulatory procedures for opening, closing, or transferring ownership of ALRs, including community needs assessments and facility clustering in order to better protect consumers. Secretary Lipson welcomed the newest member to the ALR Commission, Rose-Marie Cervone. Secretary Lipson noted that Ms. Cervone has participated at these meetings before and has given the Commission helpful insight from the consumer perspective.

Bill Travascio took attendance via roll call (see chart above).

This slide deck was referenced throughout the meeting: [June 4th Slide Deck](https://www.mass.gov/doc/alr-commissionownership-changes-affordability-20250604/download). Secretary Lipson mentioned that first she wants to discuss the Commission’s report that is due to the Legislature. *See* Slide 2. After that, Whitney Moyer, the Chief Operating Officer of the Executive Office of Aging & Independence, will be discussing the clustering of ALRs, the affordability of ALRs in Massachusetts and the regulatory procedures for opening, closing, and changing of ownership of ALRs. Dr. Jennifer Maynard, the Executive Director of Massachusetts Program of All-Inclusive Care for the Elderly (PACE) will discuss the PACE program and how that connects with ALRs. The Commission will then have a general discussion. After that, Patrick Sullivan, an attorney at the Executive Office of Aging & Independence, will provide a summary of the written testimony as well as the testimony received at the public hearing the Commission held a few weeks ago.

Liane Zeitz noted her concern that there has not been sufficient discussion about the consumer issues that were presented to the Commission—the Commission ran out of time. She also wanted to express her concern and dissatisfaction with the public hearing. She is not sure there is a better way to do it, but she has heard from several people that they were frustrated that they could not see who was at the virtual public hearing. She expected that she would be able to see everyone present. She also just got the testimony yesterday and she has not had a chance to review it. She believes that the public hearing did not accomplish what it was intended to accomplish. She is concerned that we may possibly need more meetings to have further discussion.

Secretary Lipson wanted to talk about how the Commission will meet the August 1st deadline for the Commission’s report to the Legislature. *See* Slide 4. We have a proposed timeline. We are thinking that we want to submit a survey to each Commission member so that you have ample opportunity to share anything that didn’t fit within the agenda of the meetings or that we didn’t have enough time to focus on. We have all learned a lot in the past several months and some of our views may have evolved. We want Commission members to have the opportunity to be able to state what is most important from their perspective. We will do that one-on-one via a survey. We will send that out to Commission members very soon and you will get that back to us within a few weeks. From that, we hope to develop the bones of a report that Commission members would receive to review around July 1st. We would ask for your feedback. We would then meet in the middle of July and either come to a series of votes or consensus or we may agree that we need to have another meeting. The idea is to submit the report on August 1st.

We are thinking that in terms of a format for the report, rather than issue a lengthy written report, we would submit a PowerPoint. The Rest Home Task Force submitted a PowerPoint for their final report. The homework that we would ask Commission members to do for the survey is to share their top recommendations. Based on your experience so far, list up to three recommendations for strengthening or improving assisted living in Massachusetts. Also, we would ask Commission members to identify one or two aspects of the current assisted living system (policies, regulations, operations, etc.) that you believe are effective and should not be changed. The idea is that you would complete the assignment on your own and send it back to us. You cannot all be congregating in large groups because the Open Meeting Law does apply. You should assume that your written responses may be published and may be attributed to the author.

Senator Jehlen mentioned that she feels that this Commission was constricted in time. She admires Secretary Lipson’s leadership on this—but just in case people need an extension, that has often been the case.

Secretary Lipson asked Senator Jehlen and Representative Stanley if it’s okay that the report is factual and in a PowerPoint format. Representative Stanley replied yes.

Whitney Moyer began her presentation on the community need assessment and facility clustering of ALRs. *See* Slide 5. The idea is to share information so you can see where ALRs are across the Commonwealth. You can see how ALRs are clustered based on age profiles across different communities. We can think about where there might be pockets of need or where ALRs might not be accessible to individuals in different areas. Although the legislation did not ask us to look at affordability, it is absolutely part of the conversation. We wanted to share with all of you what that looks like and also put it in context of the broader landscape. Slide 6 shows the density of population age 60+ years. Slide 7 shows the number of assisted living sites. Slide 8 is a blending of the two maps together. The red to blue shading shows the number of ALRs that are available, and the dots represent the density of population age 60+. You would expect and hope to see that the blue shading will match up with the largest number of dots and density. You do see that generally, but there are areas in the Commonwealth where you can see some more dots especially between western and central Massachusetts, where there is some density there, but there are no ALRs. Slide 9 has a map on the right which shows the percentage of population age 65+ with self-reported independent living—this could be an indication of where there are increasing needs as well.

There was a question about if Aging & Independence has occupancy rates for ALRs. Ms. Moyer noted that through AGE’s ALR annual survey, we do get a general sense, but not in the same way that nursing facilities report on occupancy rates. We are seeing pretty consistently that it’s an 80-90% occupancy rate across the board.

Ms. Cervone asked if there are a lot of unmet needs in the Cape Cod area. Ms. Moyer noted that the Slide 7 map is indicating that in Provincetown there is no ALR. If you look at the elbow of the Cape, there is assisted living residences there. There also might be different types of communities that this map is not capturing such as retirement communities (CCRCs) or nursing homes. Ms. Moyer noted that the right map on Slide 9 shows that Cape Cod is on the lower end of those reporting difficulty with independent living because Cape Cod is shaded in light blue and dark blue.

Liane Zeitz asked if there is a way to compare this information with the services that are offered by the Aging Service Access Points (ASAPs) geographically. Her sense is that people in the western part of the state are able to access more homecare services, greater hours than the eastern part of that state--that may be because of the absence of ALRs. Secretary Lipson stated that there should be no relationship at all. Secretary Lipson does not believe it is true that people in Western Massachusetts have relatively more access to homecare hours than people in other parts of the state. Aging Service Access Points serve the entire state population and they are reimbursed on a per capita basis, so their size and their total revenue is a reflection of the size of the population that they are serving as well as the need of that population. And Secretary Lipson thinks by and large, the folks that are served in the ASAP programs are not people that could, with some exceptions because there are some ALRs that are very much focused on people who are lower income, but they are really two very different demographic groups in terms of income and resources. I don’t think we can compare them and in fact we manage the programs very separately inside AGE because they are quite different.

Ms. Zeitz mentioned that it might be just under the frail elder waiver, but she has heard that colleagues in the western part of the state are able to keep people at home with a lot of hours and care and that has not been her experience. Secretary Lipson stated that the goal of ASAPs is often to help people maintain their tenure in whatever dwelling they are in and want to stay in—that works in Southbridge, Lenox, and Pittsfield, the same way it works in Quincy. Secretary Lipson does not know that she could document or provide documentation that would back up what Ms. Zeitz is mentioning. People are equally eligible for the frail elder waiver—it’s based on financial eligibility and clinical eligibility. There may be more people in some towns that need more and therefore they might be on the frail elder waiver and they might be getting assistance. It’s not really about where people are—it’s about what they need. There shouldn’t be a relationship between ALRs and what ASAPs are doing, with some exceptions.

Dr. Jessica Zeidman mentioned two things that stand out to her regarding the data that was presented. There is still some unmet need, even in areas with a high density of ALRs. The map on the right of Slide 9, which shows the percentage of population age 65+ years with self-reported independent living difficulty, allows us to make some inferences about how ALRs might help meet that need, but doesn’t quite provide the granularity regarding with that percent of people who self-reported independent living difficulty, what level of care would be appropriate for them—would they be appropriate for ALRs, or are they more appropriate for a skilled nursing facility and more long-term care? Secretary Lipson noted that often times people don’t fit into just one box. We are learning that people’s needs evolve, they may not want to move—how do we deal with that. Also, people don’t fit in just one swimming lane—and that’s a hard thing to manage through the regulatory process.

Beth Anderson noted that her company, EPOCH Senior Living, also has independent living communities. Independent Living Communities may meet the needs of many older adults, including the needs of the people that we are talking about.

Ms. Moyer added that the map on the right on Slide 9 does not necessarily reflect unmet need—it’s reflecting where people are saying that they are having difficulty living independently, which could mean they do have supports that are helping with that. They are either accessing supports, or they are in need of supports. Unfortunately, this map does not differentiate between those two.

Ms. Moyer mentioned what is included in the cost of an ALR. *See* Slide 11. The cost of ALRs includes room and board, services, and optional services. *See* Slide 11. In terms of paying for ALRs, it is a private pay dominant structure. *See* Slide 12. Approximately 90% of ALR residents in Massachusetts pay privately. ALR fees are not regulated by the state, so each ALR determines its own rent and service costs; however, AGE regulates that ALRs must clearly disclose all fees to Residents. Many ALRs have memory care units and generally speaking, memory care units cost 20-30% more than standard assisted living due to specialized staffing and security. Fees are not fixed and may increase over a Resident’s stay.

Ms. Moyer gave an average ALR cost breakdown. *See* Slide 13. She stressed that it is important to note these are *estimated* monthly costs. She mentioned public funded programs that could help support or subsidize some of the costs of ALRs. *See* Slide 14. In Massachusetts, we have the Group Adult Foster Care (GAFC) program, which is a MassHealth program that provides daily personal care support. By being enrolled in MassHealth and being eligible for Group Adult Foster Care, that may give you access to a special classification for social security that allows for part of your SSI payments to go towards housing. For ALRs that accept individuals who are enrolled in GAFC, it means that they are also accepting that individual’s SSI payments that can go towards room and board. There are also other types of programs that provide support for individuals’ services. These programs include PACE, the One Care program, and the Senior Care Options (SCO) program. These health plans cover all services, including medical services, behavioral health, and long-term services and supports. For a Resident who may be residing at an ALR, many of the services that would be provided by the ALR can be covered and paid for by those programs.

Massachusetts offers several programs through MassHealth and federal partnership to subsidize costs for low-income Residents in ALRs. *See* Slides 15-17. Programs that can address certain costs of services at ALRs include GAFC, One Care, SCO, and PACE. *See* Slide 17. Programs that can address certain housing costs at ALRs include SLA-G classification to receive SSI-G supplemental payments and housing subsidies. *See* Slide 16. There was a question about if AGE knew how many Residents reside in ALRs with these support programs. Ms. Moyer noted that it is about 10% of Residents. Another question was if AGE has seen a race and ethnicity breakdown of ALR Residents. Ms. Moyer does not recall seeing one. She believes this information may have been provided either in the first or second Commission meeting, but if not, on mass.gov under assisted living, AGE annually provides a report and it does include race, ethnicity, gender, sexual orientation breakdown across ALRs in the state.

There was another question about how does the public find out about these services. Ms. Moyer answered that there is a whole dissemination about strategy and they are always looking for opportunities to make the public more aware. It’s all publicly available on mass.gov. There are many different resources whether it be partnering with agencies that work on getting people access to health plans, or SHINE counselors at the ASAPs. It’s a broad-based strategy to make sure people understand what the options are. It can be hard to make sure that everybody knows what’s available, but that’s one of the key things that AGE and other EHS agencies are always striving to do. It was noted that SCOs are available on the medicare.gov website.

Dr. Jennifer Maynard Batcheller, the Executive Director of MassPACE, gave an overview of the program. *See* Slide 18. PACE is the Program of All-Inclusive Care for the Elderly. PACE is a Medicare program and Medicaid state option that gives community-based care and services to people 55 or older who otherwise would need a nursing home level of care. The state’s criteria for those who need a nursing home level of care is that these individuals require two or more areas of support. PACE’s goal is to help folks remain in the community—whatever community that is. The assessment is both for that level of clinical criteria and their safety and ability to remain in the community setting with the supports of PACE.

PACE is both the payer and the provider. PACE becomes the older adult’s primary care provider—it is fully community based. PACE programs are traditionally known for their adult day health centers. They can come for socialization, but they don’t always know there is a primary care center embedded in each of those clinics. Our programs, especially in a post-COVID world, are less center based and more of a blend of center-based care and in the community settings. PACE follows the older adult along and helps them to understand what their options are—it’s not just medical, but also includes long-time supports and services and social determinants of health.

PACE participants are served by an 11-member interdisciplinary team (IDT). *See* Slide 21. PACE is a Part D provider and provides full prescription drug coverage, including all Medicare, Medicaid, and medically necessary services, with no benefit limitations, copays, or deductibles. PACE participants receive capitated payments per participant and are at full risk for services provided; payments do not change based on the utilization patterns of participants.

Slide 22 lists many of the services that PACE provides. PACE programs have their preferred networks. Some specialties come right into the centers--such as dentistry, podiatry, audiology, and optometry. PACE does additionally cover, when necessary and appropriate, nursing facility long-term care for people when it’s no longer safe for them to be at home or they are end of life and it is not their goal to stay in the community through that time. Transportation is one of the highest utilized services in PACE—to get to medical appointments and to get to the PACE center.

There are currently 8 PACE organizations that offer the PACE program here in Massachusetts. *See* Slide 23. Several of them have been offering the program for 30 years, the newest ones have been offering the PACE program for at least 10 years. There are 20+ PACE Centers that serve 270 cities and towns. The PACE program is not statewide, but it is a goal to become statewide. They are very close to opening a site in North Dartmouth.

PACE programs may employ staff who speak the same language as the PACE participants. There are over 5,800 participants now in the PACE program. PACE serves individuals who are 55+ living in a PACE service area. The individual must be nursing home eligible and can live safely in the community with PACE support. 93% of the enrollees are dually eligible for Medicare and MassHealth. Dr. Maynard discussed the various ways that PACE is paid for. *See* Slide 25. Once someone is in PACE, there are no copays or limits.

Around 1,100 of the 5,800 PACE participants reside in ALRs in Massachusetts. See Slide 26. Out of the 267 ALRs, around 65 ALRs have contracts with one or more PACE programs. PACE participants may live in ALRs and not necessarily be contracted with PACE, however most of the time they are. Dr. Maynard discusses care coordination. PACE is a very hands-on model. PACE providers may have regular touchpoints with their ALR partners. PACE eases the burden on participants and families to coordinate all services provided alongside the ALR.

Dr. Maynard discussed ER Diversion. *See* Slide 28. PACE programs can deploy staff and do sick visits during business hours either at the PACE center or at the residence. There is also 24/7 on-call service. PACE programs can serve participants/residents through the end of their lives. *See* Slide 29. Communication with the PACE participants, their families, and the ALR team members is crucial. PACE can work within rest homes as well.

Next, Whitney Moyer gave an overview on the regulatory procedures for the opening, closing, and changing of ownership of ALRs. *See* Slide 34. Slide 35 explains the process for opening an ALR. Slide 36 describes AGE’s review of the documents submitted with the ALR’s initial application and the on-site inspection of the ALR. Slide 37 describes when AGE may deny certification of an ALR. Slide 38 describes the process when closing an ALR. Slide 39 describes the transfer of ownership of an ALR.

Patrick Sullivan, an attorney at AGE, spoke about the testimony from the Commission’s public hearing as well as the written testimony that AGE received. He noted that it is hard to summarize all of the various thoughts we heard at the hearing and in the written testimony. He encouraged Commission members to read the submitted testimony as well as the write-up of the public hearing. At the hearing, some individuals who work at ALRs mentioned that the regulations as they currently exist are sufficient and they like the flexibility that the regulations provide. They believe that this flexibility allows for them to better take care of the needs of their Residents. One person mentioned that he believes the current regulations provide a thoughtful balance that protects resident safety, supports operator success, and promotes independence. This individual argued that further regulation would do more harm than good—overregulation could push ALRs to a nursing home model. Another person mentioned that his ALRs have extensive disclosure statements for Residents. One person mentioned that surveys are completed by Residents and families to make sure that they are happy. Many ALRs have waitlists for people to reside there.

One individual mentioned that more regulations are needed in memory care units. Facility assessments need to be accurate, caregiving staff need livable wages, decent break periods, and employee support. Some people stated that staffing levels should increase. In terms of staffing, some believe that workforce development should be strengthened through increased compensation, standardized training requirements, and clear career advancement pathways for staff. Many told personal stories about loved ones and their loved one’s health improving in an ALR. Loved ones residing in an ALR got to enjoy painting, dancing, and music. In terms of transparency, someone noted that the long-term care ombudsman receives thousands of complaints each year and we do not know how serious or not serious these complaints are.

Affordability of ALRs was also a topic that came up a lot. Many mentioned the lack of affordability of ALRs. Someone recommended expanding financial assistance programs specifically for ALRs, in order to make residing in an ALR an option for more seniors across the socioeconomic spectrum. Ms. Moncata mentioned that she was disappointed that there were not a lot of consumers who spoke at the hearing, and she believed that this was not because of a lack of interest from consumers.

Secretary Lipson understands the disappointment, but notes that this is a pretty typical public hearing. She believes that we fulfilled our obligation, and we did get some very good insight. One question was if a Resident is being charged for additional services, whether the ALR looks at other insurances that an individual might have such as Medicare, Medicare Advantage, or another policy. This came up during the hearing and it’s a good question for us to think about.

Ms. Anderson noted that one issue would be that the ALR would have to be a Medicare certified provider—it would be a long and involved process to become a Medicare certified provider.

Liane Zeitz thought that some of the Basic Health Services might be covered by a Medicare provider that would be at less cost to the Resident than if it was provided by the ALR directly. Secretary Lipson noted that the Basic Health Services provision was written with the thought that a nurse at the ALR would directly be providing the Basic Health Services to the Residents.

Ms. Anderson wanted to note regarding the affordability component that several of the independent living communities that her organization operates within the Commonwealth have a high number of units that are under the auspices of the Executive Office of Housing and Livable Communities. These units are very affordable. Her organization has worked with the Executive Office of Housing and Livable Communities and has asked them to cover assisted living communities. It has been a little challenging because they just cover rent most of the time.

Secretary Lipson added that if you can pair someone with a subsidy for the rent with an integrated care program like PACE, that is a wonderful model for people to age and to have their needs met.

Brian Doherty noted that he was encouraged that about 1,000 assisted living residents across the state are enrolled in PACE. He raised a question: what are the big picture needs for older adults living in the Commonwealth with respect to assisted living? He noted that Massachusetts had one of the highest occupancy rates. We need to build more assisted living—so how do we move the needle on cost to encourage providers to build more assisted living to meet the needs of an aging population. We need to make sure that the regulations that the Commission has been discussing remain flexible, so that you give that positive reinforcement that providers can build assisted living communities of different types and meeting different populations. When it comes to affordability and increasing access, it is encouraging that we see providers moving to PACE and SCO because GAFC did a reimbursement rate review recently. They found that because so many of these community providers that are not assisted living are able to provide services at such a low price point, they did not see the need for a big rate increase. But assisted living providers cannot afford to provide services for the most part at the GAFC reimbursement rate, so that program is not sufficiently designed for assisted living since there are so many non-assisted living providers doing GAFC—it’s just not the right model for reimbursement. That is why he is supporting the bill Senator Jehlen and Representative Stanley have filed to expand the frail elder waiver to assisted living, to have a reimbursement rate for that. This way we can move the needle to change that 10% affordability number and move it towards 15% of people in assisted living are on public programs. We also support expanding PACE representation across that state because we support that in assisted living.

Senator Jehlen wanted to second Mr. Doherty’s remarks about the inadequacy of the GAFC because the Somerville assisted living which was so helpful to us and one of the few affordable assisted livings in the state, stopped being an assisted living because GAFC was no longer able to support them.

Secretary Lipson acknowledged that there is a need to find more options for lower income people who need service-enriched assisted living or supportive housing.

Kathleen Lynch Moncata wanted to point out Carolyn Fenn’s testimony. Ms. Fenn’s testimony raised some issues that she had never heard before regarding the marketing that is done to seniors by the ALRs, especially the marketing people who may offer things that may or may not be accurate. According to Ms. Fenn’s report, there seems to be in some places a bonus or commission as an incentive to get someone to sign a contract. Ms. Moncata appreciated Ms. Fenn providing information about that particular issue and other issues as well. Ms. Moncata also noted that she recently submitted a public records request to AGE to receive information on three ALRs. AGE responded. It took two months to receive the documents. What concerned Ms. Moncata was that there seem to be a number of instances where staffing was an issue—insufficient staffing, staff training. She is happy to share the results with anyone who is interested—this was even before the Covid staffing requirements and training were lifted. These reports are helpful, but she does have concerns about the practicality of a perspective family making a public records request. They may not have two months to wait and make a decision.

Secretary Lipson mentioned that the next meeting is on July 15th. She noted that Commission members will receive homework.

**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 meeting was adjourned at 11:32 am.

**Meeting Materials**

PowerPoint Presentation that was referenced throughout the meeting: [June 4th Slide Deck](https://www.mass.gov/doc/alr-commissionownership-changes-affordability-20250604/download)