



ALR Commission Meeting #6

Wednesday, June 4 | 10:00 AM

Your Partners in Aging.

Agenda

1. **Opening | Secretary Robin Lipson (15 mins)**
 - Welcome & Attendance
 - Review of the Format for the Commission's Report
2. **Presentations**
 - Clustering of Assisted Living Residences
 - Affordability of Assisted Living in Massachusetts
 - Overview of PACE
 - Regulatory Procedures for Opening, Closing, and Change of Ownership
3. **General Discussion (30 mins)**
4. **Summary of Written Testimony and Testimony Received at the May 15th, 2025 Public Hearing**
5. **Wrap-Up | Secretary Robin Lipson (5 mins)**
 - Roadmap



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**.
- 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.

Focus of Today's Presentations

During today's discussion, keep in mind:

- **Previously discussed safety standards & held public hearing**

Commission's Report to the Legislature

■ Preparation & Timeline *(proposed)*

- **Friday, June 13** - Commission members submit survey
- **Tuesday, July 1** - Commission members receive draft report for review
- **Friday, July 11** - Commission members submit initial feedback
- **Tuesday, July 15** - Commission meets to review and discuss
- **TBD** - Commission meets to vote on Final Report
- **Friday, August 1** - Commission submits report

■ Format

- PowerPoint
- *Example:* Rest Home Task Force Report



Rest Home Task
Force Final Report

■ “Homework” for Commission Members

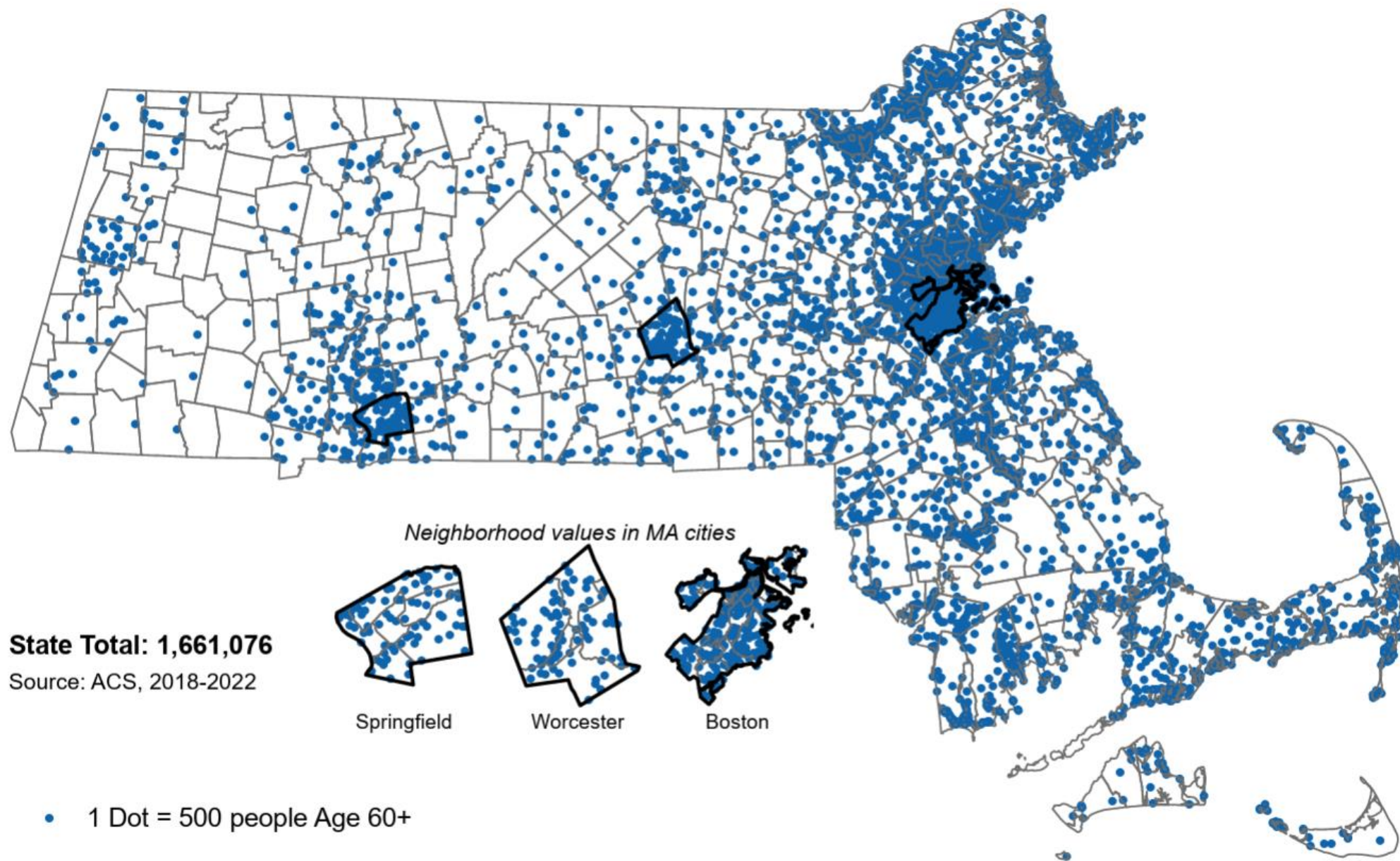
- Complete online survey (link to be shared via email post-meeting)
- Survey will ask members to answer the following:
 - Top Recommendations: *“Based on your experience so far, please list up to three recommendations for strengthening or improving assisted living in Massachusetts.”*
 - What’s Working Well: *“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.”*

Community Need Assessment and Facility Clustering of ALRs

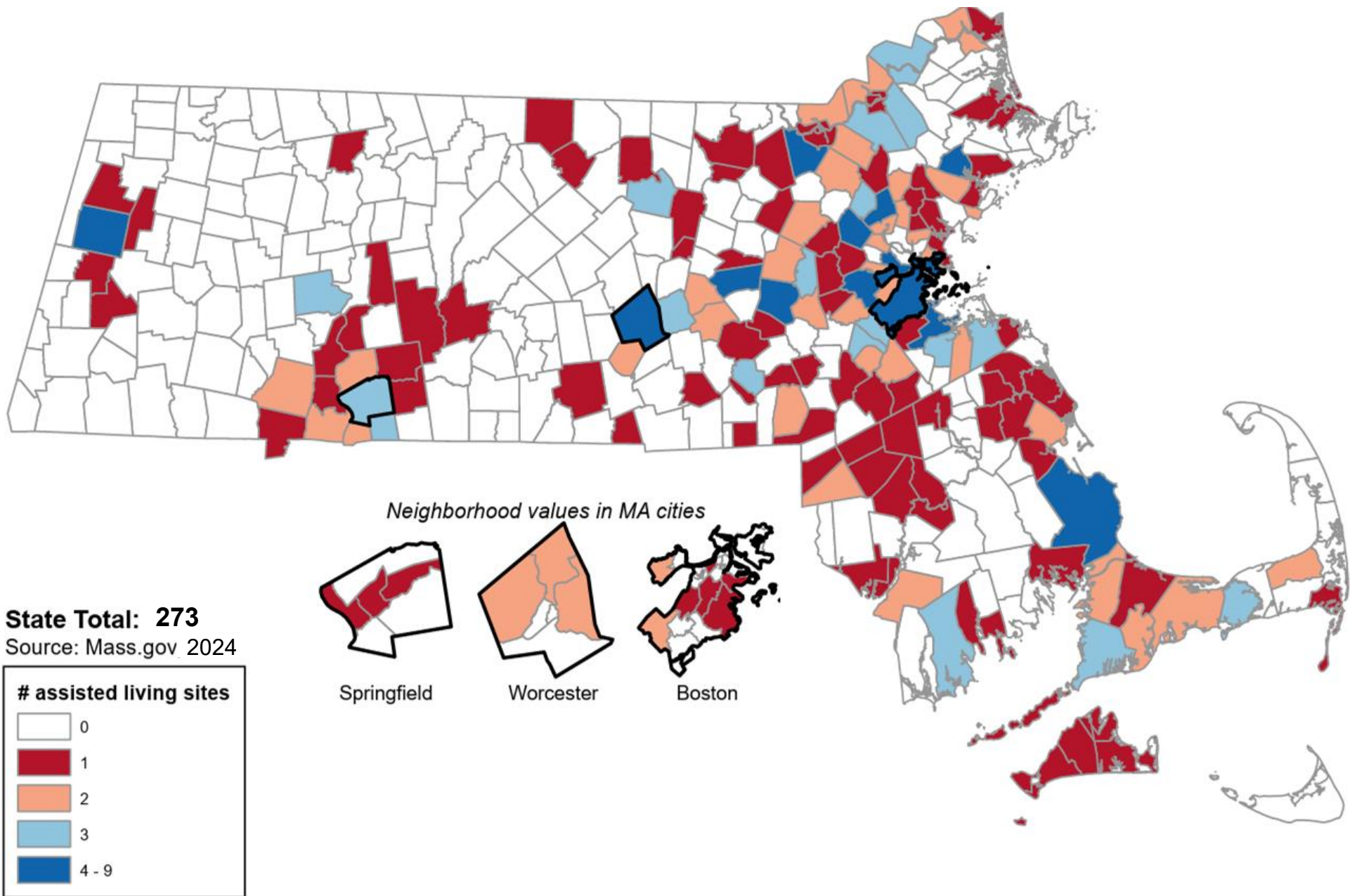
Whitney Moyer, Executive Office of Aging & Independence



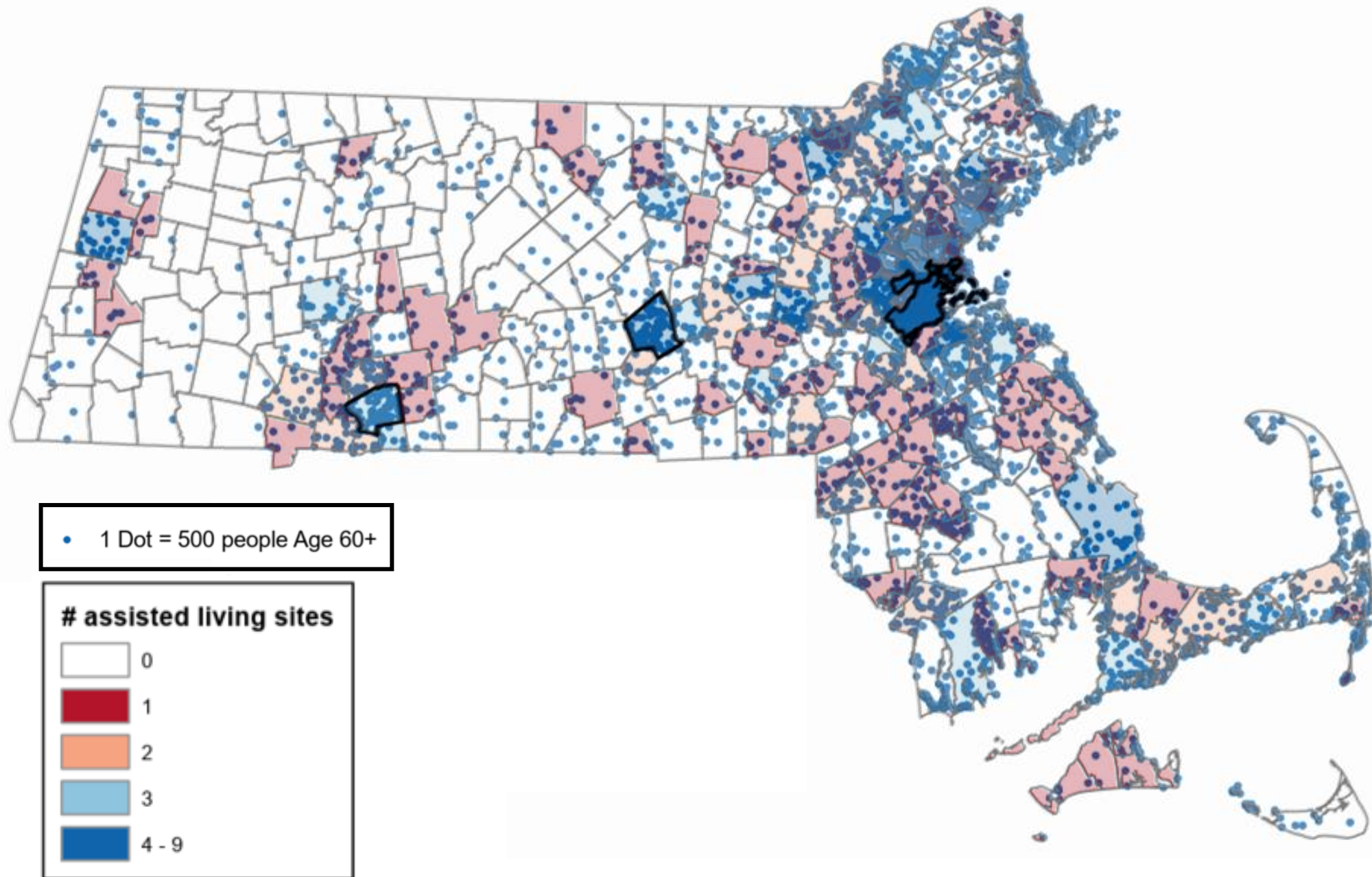
Density of Population Age 60+ Years



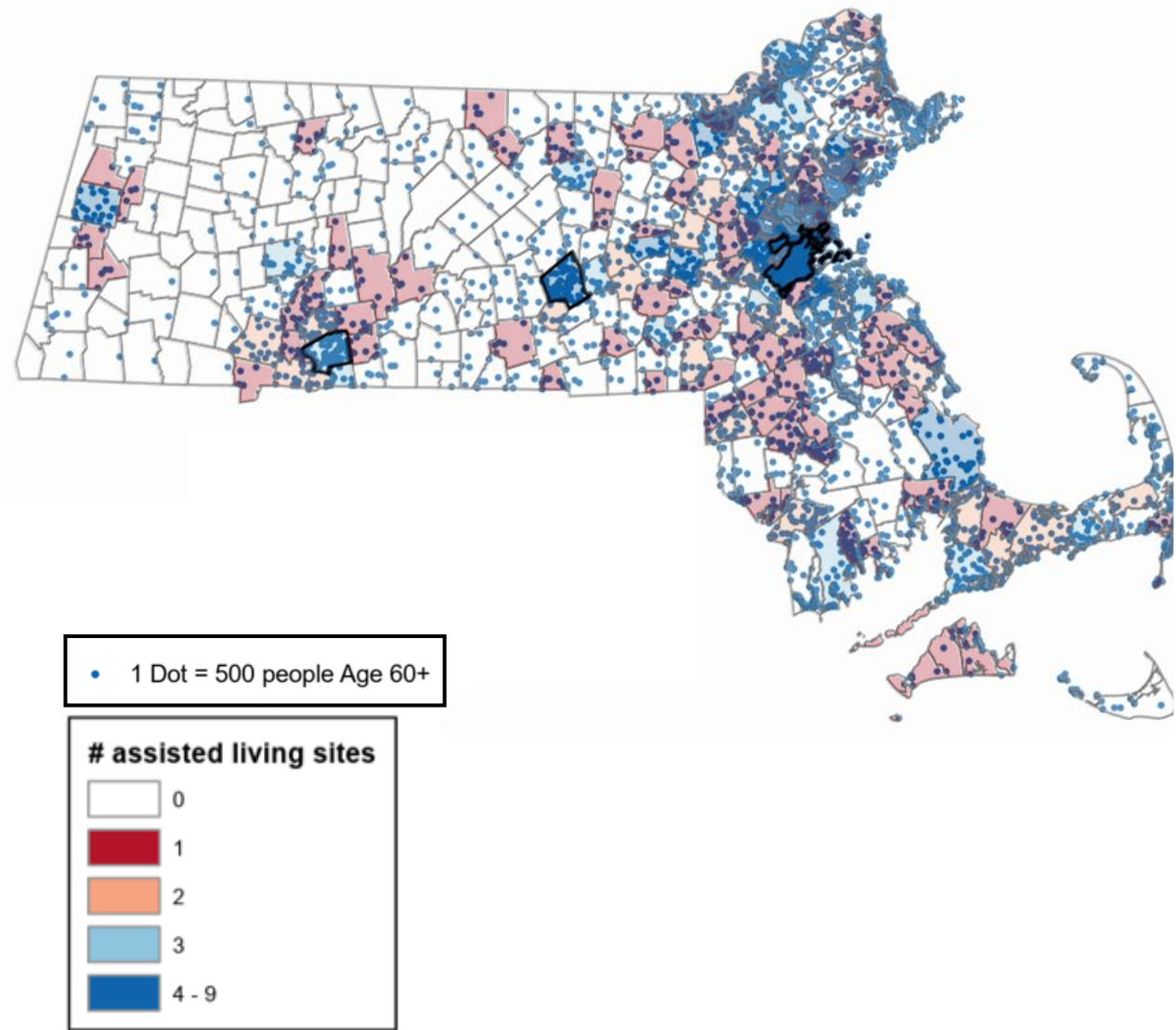
Number of Assisted Living Sites



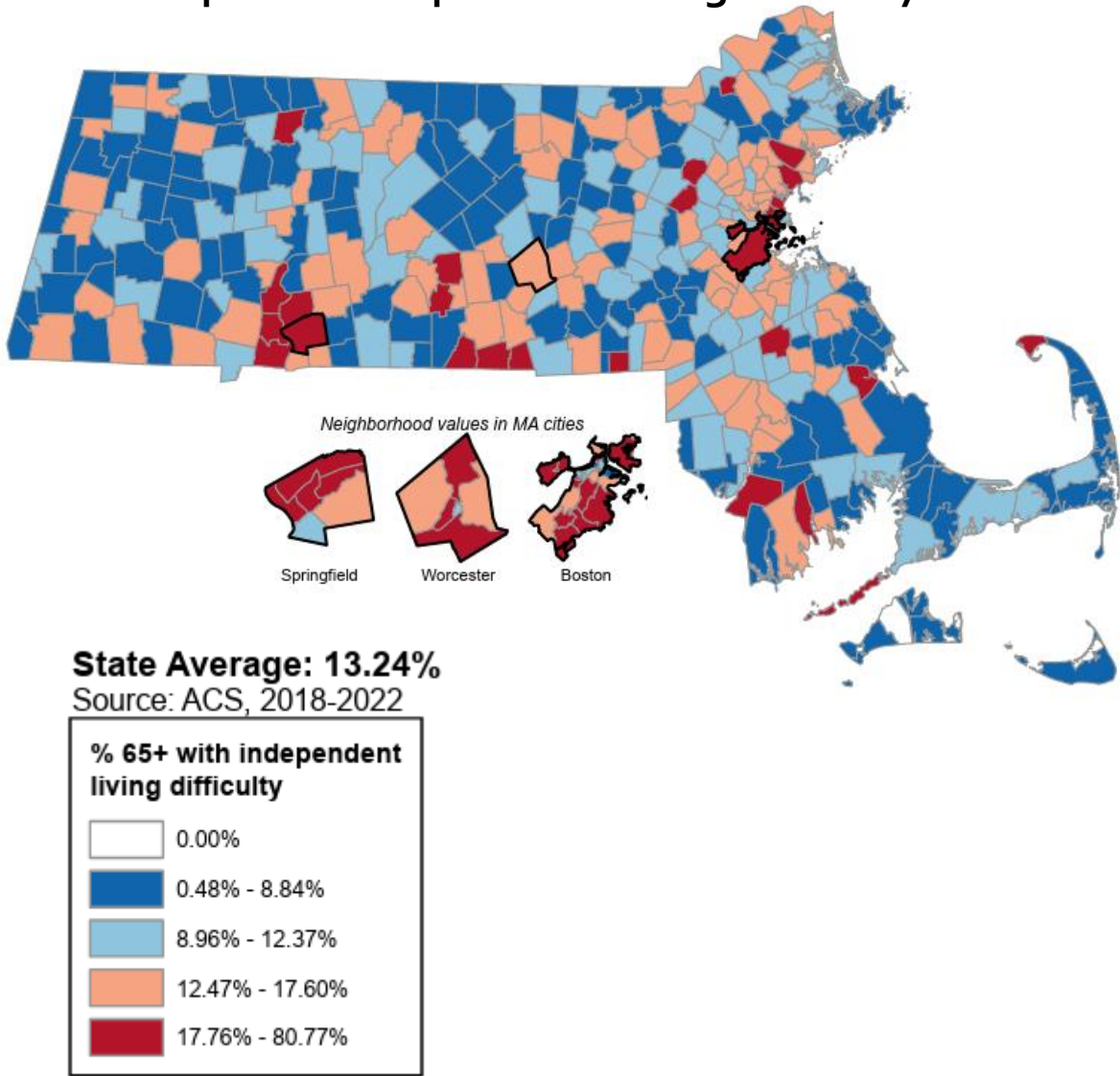
Density of Population Age 60+ Years & Number of ALRs



Density of Population Age 60+ Years & Number of ALRs



Percentage of Population Age 65+ Years with Self-Reported Independent Living Difficulty



Affordability of Assisted Living in Massachusetts



What's Included in the Cost of an ALR

■ Room & Board

- Private apartment with lockable doors in both the traditional and Special Care Residence.
- Utilities except for cell phone or cable services.
- Roommate situations are optional for non-related Residents as a cost savings measure at move-in or as funds decline.
- In-unit kitchens or access to a kitchen.
- Use of all common areas of the building and grounds and socializing opportunities provided.

■ Services

- Personal care
- Self-Administered Medication Management Program
- Housekeeping
- Laundry
- Meals

■ Optional Services

- Limited Medication Administration Program
- Basic Health Services (*future*)
- Barber or beauty services
- Local transportation
- Other

Paying for ALRs

Private Pay Dominance and Cost Structure

- Approximately 90% of assisted living residents in Massachusetts pay privately.
- Tiered pricing models add costs for advanced care needs.
- Memory care units often 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.
- ALR fees are not regulated by the state, so each residence determines its own rent and service costs; however, AGE regulates that ALRs must clearly disclose all fees to residents.

Average ALR Cost Breakdown

Amounts are **estimated** monthly costs

Cost Component	Standard Tier	Enhanced Care Tier	Memory Care Tier
Base Rate (Room/Board)	\$5,200–\$6,800	\$6,500–\$8,200	\$7,800–\$10,500
Medical Services	-	-	-
Personal Care (ADLs)	\$1,200–\$1,800	\$2,100–\$3,400	\$3,200–\$4,500
Medication Management	\$150–\$300	\$300–\$600	\$450–\$900
Mobility Assistance	-	\$450–\$800	\$600–\$1,200
Transportation	\$75–\$200	\$100–\$300	\$150–\$400
Emergency Alert System	\$50–\$100	\$75–\$150	\$100–\$200
Total Monthly Cost	\$6,675–\$9,200	\$9,475–\$13,250	\$12,300–\$17,700

Source: Genworth's 2023 Cost of Care Survey (<https://www.carescout.com/cost-of-care>): Offers average monthly costs for assisted living in Massachusetts, including regional variations.

Public-Funded Programs Coverage

Breakdown of the costs covered by each program; amounts are **estimated** monthly costs

Program	Medical Services	Personal Care	Room/Board	Medications	Resident Responsibility
GAFC	-	\$1,500 ¹	-	-	Room & board (GAFC & SSI-G can be paired together)
SSI-G	-	-	\$1,128 ²	-	Room & board (GAFC & SSI-G can be paired together)
PACE	Covered ³	Covered ³	-	Covered ³	Room & board ⁴ (PACE members receiving GAFC are eligible for SSI-G supplemental payment)
One Care	Covered ³	Covered ³	-	Covered ³	Room & board ⁴ (One Care members receiving GAFC are eligible for SSI-G supplemental payment)
SCO	Covered ³	Covered ³	-	Covered ³	Room & board ⁴ (SCO members receiving GAFC are eligible for SSI-G supplemental payment)
State/Federal Housing Subsidies	-	-	Varies	-	30% of adjusted monthly income; board not included. Cannot receive SSI-G even if enrolled in one of the above programs

Footnotes:

1. GAFC Personal Care: \$50 per member per day to support personal care needs (2024 MassHealth rate)
2. SSI-G Maximum: \$1,421 = \$967 federal SSI + \$454 MA state supplement (2025 rates)
3. PACE, One Care, SCO Medical: Covers all medically necessary care, including primary and specialty care, and personal care
4. For dual-eligible (Medicare + Medicaid) individuals, typically no out-of-pocket costs for services; however, housing and living expenses are not covered
5. Housing Subsidy: Varies based on voucher type and location

Public-Funded Programs

Massachusetts offers several programs through MassHealth and federal partnerships to subsidize costs for low-income residents in ALRs

Services

- Programs that can address certain costs of [services](#) at ALRs include:
 - **GAFC** (Group Adult Foster Care)
 - Certain MassHealth health plans cover GAFC for eligible members, and in some cases have implemented flexibilities for how GAFC/personal care services are provided and reimbursed:
 - **One Care**
 - **SCO** (Senior Care Options)
 - **PACE** (Program of All-Inclusive Care for the Elderly)

Housing

- Programs that can address certain [housing](#) costs at ALRs include:
 - **SLA-G** classification to receive SSI-G supplemental payments
 - **Housing subsidies**

*Note: **ALRs have discretion in whether they accept residents who use public subsidies.** As a result, ALR operators generally need to make deliberate operational and financial decisions about whether and how they will offer affordable units*

Public-Funded Program Details | GAFC & SSI-G

■ MassHealth Group Adult Foster Care (GAFC)

- **What it is:** MassHealth reimburses GAFC–certified ALRs for daily personal care (e.g., bathing, dressing, meds).
- **Eligibility:**
 - ≥ 1 ADL need
 - Meets MassHealth income/asset limits
- **Covered:** Nursing oversight, limited daily ADL support
- **Not covered:** Room & board
- **Rate:** \$50 per diem (2024)

■ SSI-G

- **What it is:** A state supplement for GAFC participants to help cover housing costs.
 - *Note: State Living Arrangement G (SLA-G) is a classification under the State Supplement Program (SSP) that designates individuals residing in certified ALRs receiving GAFC services and allows them to access the SSI-G Assisted Living Benefit if they meet certain qualifications.*
- **Administration:** Social Security Administration & Department of Transition Assistance (DTA)
- **Benefit (2025 max):** \$1,421/month (federal SSI \$967 + state \$454).
- **Eligibility:**
 - Active GAFC enrollment in a certified ALR
 - SSI income \leq \$1,195 /mo; assets \leq \$2,000
 - No other state/federal rental assistance

Public-Funded Program Details | One Care, SCO and PACE

■ One Care (21–64 Dual-Eligibles)

- Serves dual-eligible adults ages 21-64 enrolled in MassHealth and Medicare
- Covers and coordinates all services normally paid for through Medicare and MassHealth
- Care managers coordinate across external networks
- Voluntary enrollment
- No copays for enrolled members

■ Senior Care Options (SCO) (65+)

- Serves MassHealth enrollees ages 65 and older, with or without Medicare
- Covers and integrates all services normally paid for through Medicare and MassHealth
- Care managers coordinate across external networks
- Voluntary enrollment
- No copays for enrolled members

■ PACE (Program of All-Inclusive Care for the Elderly) (55+, *nursing-facility level care in community setting*)

- Primarily serves dual-eligibles (Medicare + Medicaid), but MassHealth enrollment not required
- Covers, coordinates and **provides** all services normally paid for through Medicare and MassHealth
- Fully “in-house” multidisciplinary team
- Voluntary enrollment
- Income ≤ 300% FBR + meets asset limits → MassHealth may cover premiums

All programs provide:

- Coordinated, person-centered care
- Physical, behavioral & LTSS integration
- Assigned care managers
- Emphasis on aging in place
- Support for improved outcomes & reduced utilization

Overview of PACE

ALR Commission

Dr. Jennifer Maynard Batcheller

June 4th, 2025



What Is PACE?

Program of All-Inclusive Care for the Elderly

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.



An integrated system of care for nursing home eligible older adults that is:

Community-based

Comprehensive

Capitated

Coordinated

PACE Model Philosophy

The PACE Model of Care is centered on the belief that the well-being of older adults with chronic care needs and their families should be served in the community whenever possible.

Honoring the wants and needs of older adults and their families:

- To be cared for in familiar surroundings
- To maintain the autonomy of their care
- To maintain a maximum level of physical, social, and cognitive function



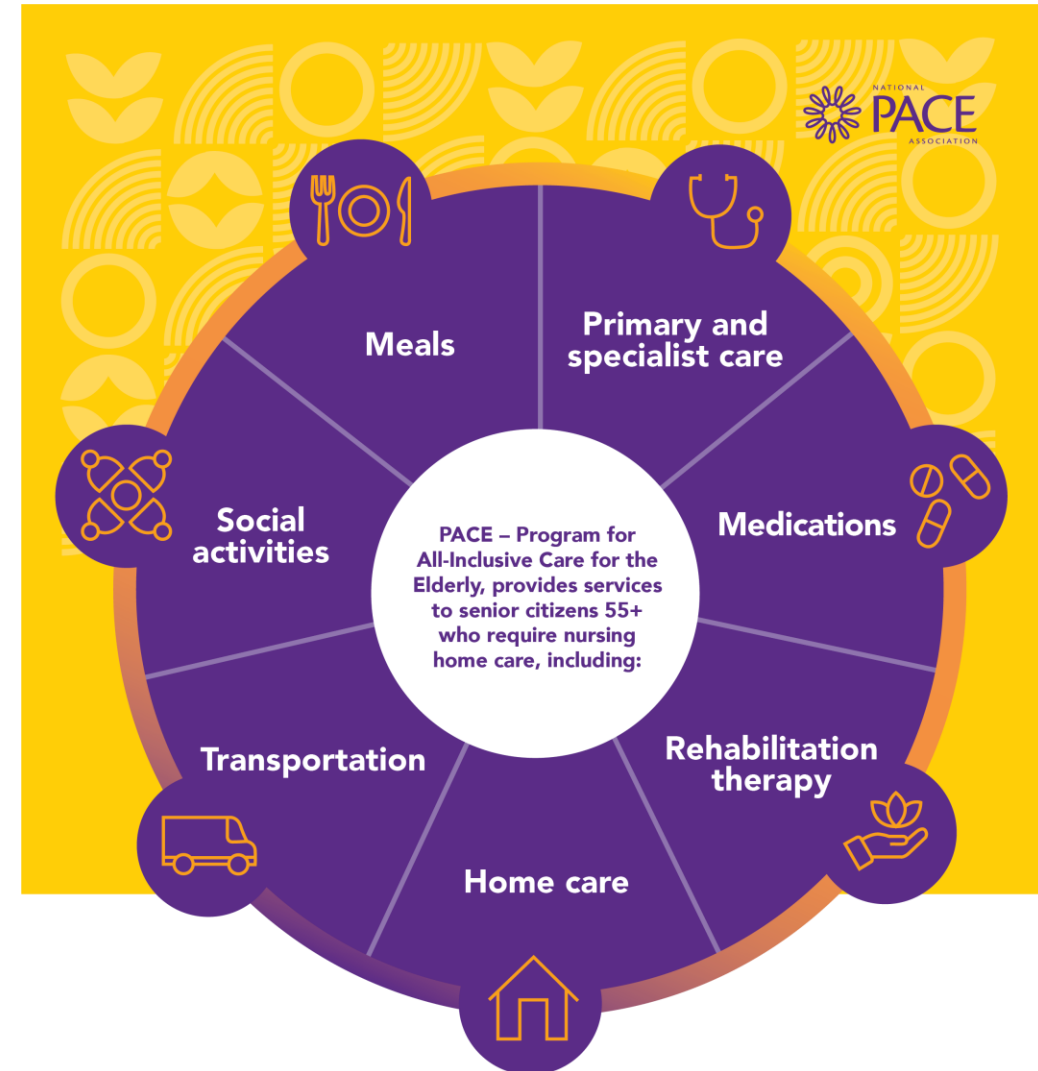
PACE Model of Care

- PACE participants are served by an 11-member interdisciplinary team (IDT).
- PACE participants receive services at the PACE center and their homes.
- 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 programs receive **capitated payments** per participant and are at **full risk for the services provided**; payments do not change based on the utilization patterns of participants.



Other Services Provided

- Behavioral Health
 - Nursing
 - Nutritional Counseling
 - Social Work
 - Medical Care
 - Personal Care
 - Social Services
 - Audiology
 - Dentistry
 - Optometry
 - Podiatry
 - Respite Care
 - Care Management
- And More, with **No COPAYS**
 - Hospital and nursing home care are provided when necessary.
 - Any other care, services, or supports deemed medically necessary to maintain or improve the health status of participants.



Where is PACE Available?



Currently 8 PACE organizations together operate 20+ PACE Centers serving 270 Cities and Towns with more coming.

PACE

All you need in one place.

masspace.net

Who We Serve

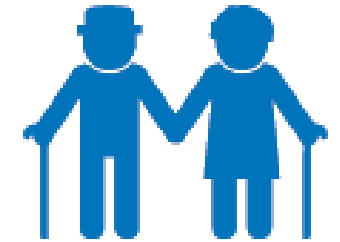
Diversity

Most prevalent languages:

**English, Spanish,
Creole, Russian,
Cantonese and
Vietnamese**

Who Does PACE Serve?

- 55+ living in a PACE service area
- Nursing home eligible
- Can live safely in community with PACE support



~ 5,500 Total Enrollees

93% dually eligible for Medicare and MassHealth

6% with Medicaid and MassHealth Only

1% with Medicare Only and Private Pay

Paying for PACE

Source of Payment to PACE	Cost to Participant
MassHealth & Medicare	No share of cost , provided the individual makes below 300% of the Federal Benefit Rate (FBR). In 2025 this amount is \$2,901/month along with an asset test.
MassHealth & Medicare	Spend down for MassHealth if income is above 300% FBR as described HERE
MassHealth Only	No share of cost
Medicare Only	A calculation of the MassHealth Dual Rate and Part D Premium (typically upwards of \$5k).
Private Pay	For individuals who do not qualify for MassHealth or Medicare, pays full cost of MassHealth Duals Rate, Medicare PMPM, and Part D Premium.

In all circumstances, the individual must meet the clinical criteria. There are also calculations for individuals that may have Medicare part A but not part B and vice versa. The PACE program would help calculate what the payment would be. Once enrolled there are no co-pays or limits.

PACE Partnerships with Assisted Living Residencies in MA

- **Total PACE Enrollees at Assisted Living Residencies(ALRs): ~1,100**
- **Out of the 267 ALRs, ~65 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.
- **Examples:**
 - CHA PACE and Brigham House
 - NeighborHealth PACE and Cohen Florence Levine Estates
 - Element Care and Marguerites House
 - Harbor Health PACE and Providence House
 - Serenity Care PACE, Fallon Health's Summit Eldercare PACE and Mason Wright
 - Uphams PACE and Susan S. Baillis Assisted Living

Care Coordination

PACE eases the burden on participants and families to coordinate all services provided alongside the ALR

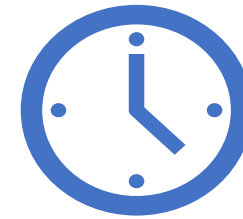
Flexibility to work with communities by standing up regular touchpoints on shared residents (weekly, bi-weekly, monthly) or add-hoc huddles to coordinate discharges, changes in conditions, etc.

Facilitate signing of releases by participants and their caregivers so care plans can be shared and freely discussed to best meet the needs of the resident.

ER Diversion



PACE programs can deploy staff and do sick visits during business hours either at the PACE center or at the residence.



Oncall service 24/7

Providers may prescribe medications after hours.

Staff may be scheduled to check on residents over weekends or holidays.

After hours staff may be deployed for in person or virtual visits.

Several programs partner to deploy EMT services that can do assessments, take labs, and give IV fluids/medications.

End of Life Experience

PACE programs can serve participants/residents through the end of their lives

Providers can help identify when diagnoses and treatments support when someone is nearing the end of their life, often before hospice is an option.

PACE programs often partner with hospice providers to enhance the service package for things like chaplain support, added nursing and health aide services. However, some staff with all PACE staff.

All members of the IDT can play a role in supporting residents, families, and your staff through the end of life.

Like hospice, PACE providers do need an able and willing caregiver to administer end of life medications to residents when staff is not there.

Services that may be added/enhanced may include – increased visit frequency by the IDT at the home, increased attendance at the day center, new equipment, end of life medications, transitioning to a facility, etc. Each plan is based on the individual.

Individuals who wish to have hospice, do disenroll from PACE, as both are Medicare benefits. The PACE program will review this option with participants after reviewing how PACE can support. Ultimately it is their choice.

Communication



Is the key to all successful partnerships!



PACE programs talk to residents about sharing care plan information with the ALR to better coordinate services.



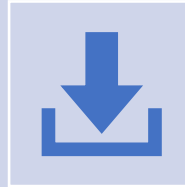
PACE and ALR teams can meet regularly to review the whole roster of shared residents from new issues, service requests, planning ahead, etc.



Ad-hoc meetings for unplanned changes or fast discharges to ensure the resident has a smooth transition home and ALR is kept informed.



If things are not going as expected – reach out to the Site Manager/Director



Want to Keep Learning?

[Download PACE and Housing Report Today!](#)



Visit our [Website](#) to sign up for trainings, read our blogs, join our advocacy!

PACE

All you need in one place.

masspace.net

Our Mission & Vision

The **MassPACE Association's mission** is, through advocacy, education, and policy research, to provide leadership and support for growth, access, quality, and success of PACE in the Commonwealth of MA.

MassPACE Vision: PACE is accessible to every eligible consumer in the Commonwealth of MA and recognized as an extraordinarily innovative, accessible, valuable and effective model of care for individuals with significant health care needs.

Contact:

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Connect:

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Thank you!



PACE

All you need in one place.

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Regulatory Procedures for Opening, Closing, and Change of Ownership

Whitney Moyer, Executive Office of Aging & Independence

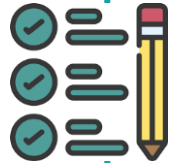


Opening an ALR | *Application Submission & Initial Certification*



Timing & Fees

- Submit AGE-prescribed forms (notarized, under penalty of perjury) ≥ 60 days before planned opening
- Pay non-refundable \$200 fee
- One application per residence



Core Application Materials

- Names & addresses of officers, directors, trustees
- Names & addresses of limited partners/shareholders owning $> 25\%$ interest. NOTE, this is now 5% with An Act to Improve Quality and Oversight of Long-term Care
- For each individual named, list all multifamily housing or health care facilities or providers in the Commonwealth or in other states in which he or she has been or is an officer, director, trustee, or general partner
- For each individual, list the names and addresses of those who have, within the five years before the date of the application, directly or indirectly have an ownership interest in:
 - Hospitals, clinics, long-term care, rehab, lab, etc.
 - Medical provider licensed under other applicable state statutes
 - Home health agency in Mass. certified under Title XVIII of the Social Security Act
- For each individual listed above, list the names and addresses of applicable entities in which there was an ownership interest during the applicable period
- With respect to each licensed or certified entity, the Applicant shall furnish a written statement from DPH that such licensed or certified entity has:
 - Substantially met applicable criteria for licensure or certification:
 - If applicable, has corrected all cited deficiencies without delicensure or decertification being imposed

Opening an ALR | *Post-Application Submission*



AGE Review & On-Site Inspection

- AGE staff reviews operational plan & attachments for MA compliance (M.G.L. c. 19D; 651 CMR 12.00)
- After receipt of application, AGE will:
 - Conduct on-site compliance inspection (physical environment, staffing, policies)
 - Confirm all required documents are complete
- If approved:
 - AGE issues written notice of certification & associated fee request
 - Applicant submits fee within 10 days of notice
 - AGE issues a 2-year certificate (fee established by Secretary of Admin. & Finance, M.G.L. c. 7, § 3B)

Opening an ALR | *Denial Criteria*

Discretionary Denial Criteria | AGE may deny certification if applicant (or any owner) has:



- Been subject to a patient care receivership action
- Ceased to operate such an entity as a result of:
 - Suspension or revocation of license or certification
 - Receivership
 - A settlement agreement arising from suspension or revocation of a license or certification
 - Has a settlement agreement in lieu of or as a result of a receivership
 - Has been the subject of a substantiated case of patient abuse or neglect involving material failure to provide adequate protection or services for the resident in order to prevent such abuse or neglect; or
 - Has over the course of its operations been cited for repeated, serious and willful violations of rules and regulations governing the operation of said entity that indicate a disregard for resident safety and an inability to responsibly operate an assisted living residence.
 - Has been found in violation of any local, state or federal statute, regulation, ordinance or other law by reason of that individual's relationship to an Assisted Living Residence

Closing an ALR



- **Sponsor Notification (≥ 120 days before closure)**
 - Written notice to:
 - Residents & legal representatives
 - Resident representatives (if applicable)
 - Notice must include:
 - Intended closure date
 - Sponsor's plan to assist Residents in securing comparable housing and services, if necessary; and
 - A reference to the rights of the Residents that may be exercised under landlord/tenant laws established under M.G.L. c. 186 or c. 239
- **AGE Notification**
 - Written notice to AGE containing:
 - Copy of resident notice
 - Proof of resident notifications
 - List of residents receiving additional services or subsidies (e.g., GAFC)

Transferring Ownership of an ALR



■ Notification & Pre-Transfer Requirements

- Applies when any party acquires $\geq 25\%$ ownership interest in an existing ALR
- Submit AGE application & supporting documentation 30 days before scheduled transfer
- Required pre-transfer documents:
 - Completed AGE “Change in Ownership (CHOW)” application
 - Notarized buyer/seller forms confirming agreement to transfer interest

■ Post-Transfer Requirements (within 5 days of closing)

- Submit to AGE:
 - Notarized confirmation of completed transfer
 - Prior sponsor returns current certificate to AGE
- If all documents are in order, AGE grants temporary certification (effective on transfer date)
- Temporary certification remains valid until AGE approves or denies new-owner certification

Summary of Testimony from May 15th, 2025 Public Hearing

Patrick Sullivan, Executive Office of Aging & Independence



Roadmap

July 15th Meeting

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	Commission Members	All topics (i)-(x) as outlined in SECTION 32(a) for final recommendations and report drafting
8/1/2025	Submit Legislative Report			



THANK YOU!