



# Massachusetts ALR Statutory & Regulatory Oversight

ALR Commission Meeting  
*Wednesday, February 26<sup>th</sup>, 10:00 am*

Your Partners in Aging.

# Agenda

1. History of Governing Statute and Regulations for ALRs
2. Overview of Massachusetts ALRs
3. Regulatory Oversight | *Role and Responsibilities of the Executive Office of Aging & Independence (AGE)*
4. ALR Industry Profile
5. ALR Resident Profile
6. Wrapping Up



# History of Governing Statute & Regulations for ALRs



# History of Governing Statute and Regulations for ALR (1 of 3)

- Regulatory construct established pursuant to M.G.L. c. 19D (Chapter 354 of the Acts of 1994)
- Regulation: 651 CMR 12.00 promulgated in 1996 as a Residential model of living in MA with protection under landlord tenant law
- The regulation establishes standards by which ALRs are certified, overseen, and monitored by AGE
- Timeline of regulatory changes:
  - **2002** - Limited Medication Administration (LMA)
  - **2006** - Special Care Residence (SCR) in the ALRs operation
  - **2015** - Minimum staffing requirements in SCR & Controlled Substance policy & procedures
  - **2017** - Clarification of SCR definition and added an exemption of staffing requirements on overnight
  - **2021** - Staff Health Screening Requirements
  - **2024** - Updated vaccine Requirements
  - **2025 (pending)** - Basic Health Services (BHS)

# History of Governing Statute and Regulations for ALR (2 of 3)

- In September 2024, Governor Healey signed **Chapter 197 of the Acts of 2024**, introducing significant reforms to enhance transparency, expand service offerings, and strengthen enforcement.

- Key changes:

- **Basic Health Services:**

- ALRs may now be certified by the Executive Office of Aging & Independence to offer “basic health services” on site, including:

- Injections,
    - Simple dressing changes,
    - Oxygen management,
    - Specimen collection with home diagnostic tests\*, and
    - Applying ointments or drops.

- Note: These five services were temporarily allowed during the pandemic and are now permanent.*

- **Enhanced Certification and Operating Plan Updates:**

- Residences seeking basic health services certification must undergo an annual compliance review by AGE.

- **Increased Transparency Requirements:**

- Disclose all officers, directors, trustees, and shareholders or partners with a 5% or greater interest (previously 25%)

- **Oversight and Enforcement:**

- A dedicated Assisted Living Residences Commission to study the sector and recommend policy improvements.
    - AGE may impose fines of up to \$500 per day for sponsors or applicants who fail to comply with assisted living requirements.
    - Includes whistleblower protections prohibiting residences from retaliating against employees or residents who, in good faith, report violations of law, rules, or regulations or raise concerns about public health, safety, or well-being.

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

# History of Governing Statute and Regulations for ALR (3 of 3)

- Key changes summarized:

Aspect	Pre-Chapter 197 (651 CMR 12.00)	Post-Chapter 197 Reforms
<b>Certification</b>	Biennial AGE reviews; no basic health service certification	ALRs providing basic health services certified by AGE annually; ALRs not providing basic health services certified biennially
<b>Ownership Transparency</b>	Disclosures required for $\geq 25\%$ ownership	Disclosures for $\geq 5\%$ ownership;
<b>Fees and Fines</b>	Certification fees; No statutory authority for fines	Fines up to \$500/day; treble damages for retaliation; fines up to \$1000/day for providing basic health services without certification
<b>Services</b>	SAMM/LMA only; skilled nursing rare	Basic health services permitted with certification
<b>Oversight</b>	EOEA-led biennial reviews	Annual AGE inspections; whistleblower protections

# Overview of Massachusetts ALRs



# What is an ALR in Massachusetts

- Assisted Living is a housing option for adults who need help with activities of daily living and want the security of having assistance available on a 24-hour basis in a home-like and non-institutional environment.
- Assisted Living Residences (ALRs) provide
  - Housing, meals, activities, personal care services and medication assistance to adults 55+ for a monthly fee for both rent and services.
  - May provide Special Care Residence (SCR) for individuals requiring additional oversight and safety checks, engagement opportunities and a minimum staffing.
  - Basic Health Services (future)
- The ALR Model
  - Assisted Living in MA is a residential model of living where residents are typically age 55+.
  - Residents are provided protection under MA Landlord Tenant Law (M.G.L. c.186 and c. 239).
  - Assisted Living Residences are not the same as licensed nursing facilities, often referred to as “nursing homes” or “skilled nursing facilities” (SNFs).

# 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
  - Medication management
  - Housekeeping
  - Laundry
  - Meals
- **Optional Services**

# Paying for ALRs

- **Private Pay Dominance and Cost Structure**
  - Approximately 90% of assisted living residents in Massachusetts pay privately. The base fee typically covers housing, utilities, meals, housekeeping, and basic personal care.
  - 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 fee to residents.
- **Massachusetts offers several programs through MassHealth and federal partnerships to subsidize costs for low-income residents**
  - 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)
  - Programs that can address certain **housing** costs at ALRs include:
    - SLA-G classification to receive SSI-G supplemental payments
    - Housing subsidies
  - Important: **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

# Paying for ALRs | GAFC & SSI-G

- **MassHealth Group Adult Foster Care (GAFC) Program**

- ALRs may enroll with MassHealth as a GAFC provider and receive reimbursement for providing daily personal care services (bathing, dressing, medication management) to MassHealth members.
- To qualify, residents must:
  - Require assistance with  $\geq 1$  Activity of Daily Living (ADL)
  - Meet MassHealth Standard income and asset limits
  - Reside in GAFC-certified housing with provider staff delivering daily personal care
- While GAFC covers care management, nursing oversight, and ADL assistance, it explicitly excludes room and board costs
- As of 2024, MassHealth provides a \$50 per diem per member for GAFC services

- **SSI-G**

- 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.
- SSI-G is a state supplement that provides cash assistance to cover GAFC participants' housing costs.
- SSI-G is administered through the Social Security Administration and Massachusetts Department of Transitional Assistance (DTA).
- The 2025 maximum benefit is \$1,421/month—combining federal SSI (\$967) and state supplements (\$454).
- To qualify:
  - Must reside in an ALR that provides GAFC Services
  - Meet SSI income/assets thresholds (\$1,195/month income, \$2,000 assets)
  - Maintain active GAFC enrollment
  - Cannot also receive state or federal rental assistance

# Paying for ALRs | *One Care & SCO*

- **One Care**
  - Serves dual-eligible adults ages 21-64 enrolled in MassHealth and Medicare
  - Operates under a financial alignment initiative (FAI) capitated model (will operate as a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) starting in 2026)
  - Integrates Medicare and Medicaid services
  - Voluntary enrollment
  - No copays for enrolled members
- **Senior Care Options (SCO)**
  - Serves MassHealth enrollees ages 65 and older, with or without Medicare
  - Operates as a FIDE SNP health plan
  - Covers all services normally paid for through Medicare and MassHealth
  - Voluntary enrollment
  - No copays for enrolled members
- **Both programs aim to provide coordinated, comprehensive care for vulnerable populations.**
  - Key features include:
    - Integration of physical, behavioral, and long-term services and supports (LTSS)
    - Care coordination through assigned care managers
    - Focus on keeping members in their homes and communities
    - Potential for improved health outcomes and reduced healthcare utilization

# Paying for ALRs | *Program of All-Inclusive Care for the Elderly (PACE)*

- **Eligibility and Services Scope**

- PACE serves individuals 55+ who qualify for nursing home placement but opt for community-based care. The majority of PACE participants are dual eligible (Medicare + Medicaid); however, you do not need to be on MassHealth to enroll in PACE.
- Key covered services under PACE include:
  - Primary/specialty medical care at PACE centers
  - Prescription drugs (including Medicare Part D coverage)
  - Physical/occupational therapy
  - Personal care assistance (bathing, dressing, medication management)
  - Adult day health programs with meals and social activities
  - Transportation to medical appointments and PACE centers
- If an individual have income at or below 300% of the federal benefit rate (FBR) and meets certain asset limits, they may be eligible for MassHealth and MassHealth would pay the premium.
- PACE does not cover room and board costs in assisted living residences or other housing settings

# Comparing Private Pay Costs vs. Public-Funded Program Coverage

## Private Pay Cost Breakdown

Amounts are based on **average estimated** monthly costs for Massachusetts ALRs

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
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.

# Comparing Private Pay Costs vs. Public-Funded Programs Coverage

## Publicly-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 <sup>1</sup>	-	-	Room & board (GAFC & SSI-G can be paired together)
SSI-G	-	-	\$1,128 <sup>2</sup>	-	Room & board (GAFC & SSI-G can be paired together)
PACE	Covered <sup>3</sup>	Covered <sup>3</sup>	-	Covered <sup>3</sup>	Room & board <sup>4</sup> (PACE members receiving GAFC are eligible for SSI-G supplemental payment)
One Care	Covered <sup>3</sup>	Covered <sup>3</sup>	-	Covered <sup>3</sup>	Room & board <sup>4</sup> (One Care members receiving GAFC are eligible for SSI-G supplemental payment)
SCO	Covered <sup>3</sup>	Covered <sup>3</sup>	-	Covered <sup>3</sup>	Room & board <sup>4</sup> (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:

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

# Regulatory Oversight

*Role and Responsibilities the Executive Office of Aging & Independence (AGE)*



# Role and Responsibilities

**AGE Responsibility:** Ensure that Assisted Living Residences (ALRs) maintain high standards and operate within the regulatory framework defined and outlined in 651 CMR 12.00. Key oversight includes the following:

## 1. Certification Requirements

- **Mandatory Certification:** No entity may operate or advertise an ALR without certification from the Executive Office of Aging & Independence (AGE).
- **Renewal:** Certifications expire after two years; renewal requires updated operational plans, compliance documentation, and resident satisfaction surveys
- *Note: No entity may advertise or operate an ALR without AGE certification, ensuring baseline compliance with state standards.* Notwithstanding that requirement, prior to the commencement of operations, an Applicant may advertise an uncertified Assisted Living Residence only if it first initiates the application process for Certification by notification to AGE, and if it clearly states in all advertising and marketing materials that it has not completed the AGE Certification process

## 2. Certification Process:

- **Application Review:** AGE evaluates applications for new ALRs, requiring disclosure of ownership structures, management qualifications, and compliance history. Applicants must submit detailed operational plans, staffing credentials, and proof of property rights.
- **Ongoing Compliance:** Certified ALRs must renew their certification biennially, submitting updated service plans, staffing records, and resident satisfaction surveys. AGE conducts pre-certification and renewal inspections of Residences.
- *Note: In the future, ALRs certified to provide Basic Health Services will be certified annually (biennially for ALRs without BHS)*

# Role and Responsibilities

## 3. Regulatory Standard-Setting:

- AGE establishes minimum requirements, such as staff training, resident service plans, and medication management.

## 4. Compliance and Enforcement

- **Compliance Monitoring and Inspections.** AGE conducts unannounced inspections to verify adherence to 651 CMR 12.00.
- **Long Term Care Ombudsman Program**
  - An independent program, supported by advocates working to resolve problems related to the health, welfare and rights of individuals living in nursing homes, rest homes and ALRs.
  - **Key functions include:**
    - Assist with complaints related to residents' rights violations, improper handling of evictions, overall quality-of-life issues, etc.
    - Visit ALRs to provide a confidential channel for complaints, resolving issues, and educating residents, families, and staff about rights and available resources.
    - ALRs must provide contact information for the statewide Ombudsman hotline (617-222-7495).
- **Enforcement Tools**
  - **Fines and Penalties:** AGE may impose fines for violations pursuant to An Act to Improve Quality and Oversight of Long-Term Care
  - **Certification Alteration:** AGE may **modify, suspend, or revoke certifications** for failure to meet standards threatening resident welfare. See 651 CMR 12.09(4)(d).
  - **Emergency Actions:** In cases of immediate risk to residents' safety, AGE may alter the certification of an ALR without prior notice.
  - **Mandated Corrective Plans:** ALRs with deficiencies must submit remediation timelines, subject to AGE approval.

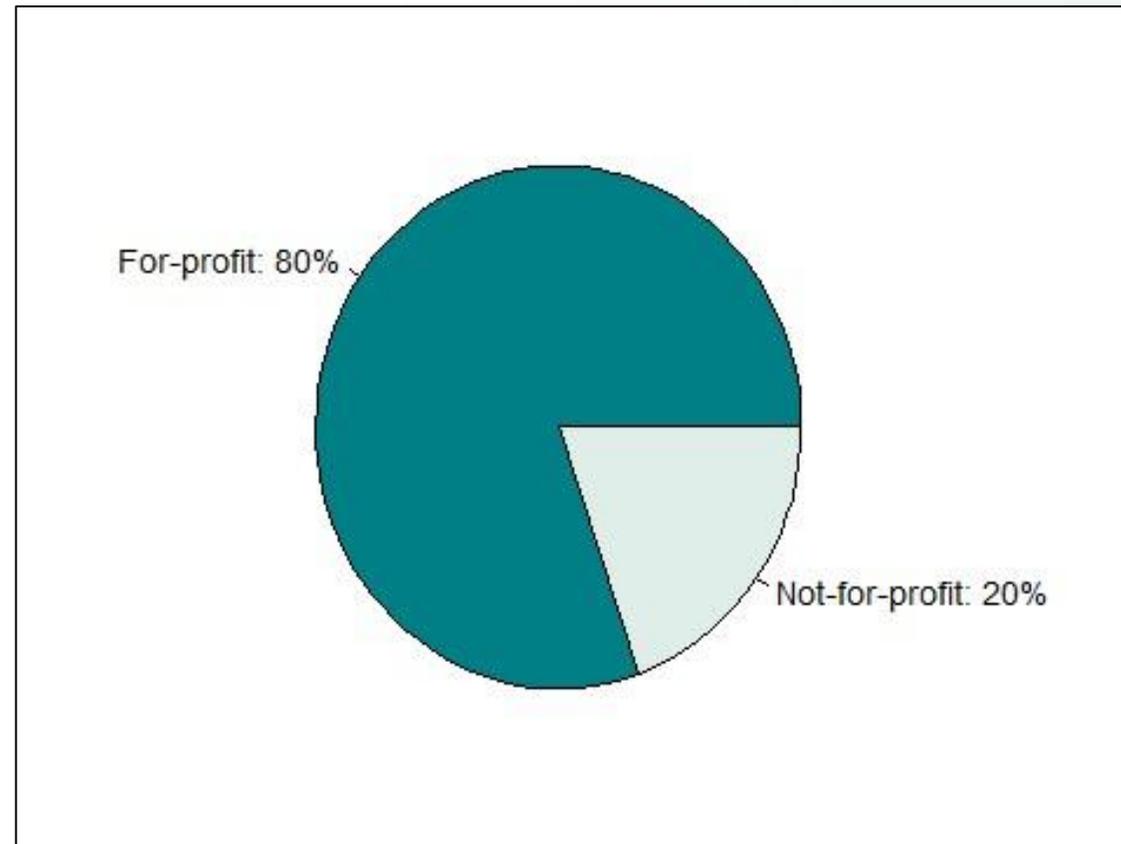
# ALR Industry Profile



# Organizational Status

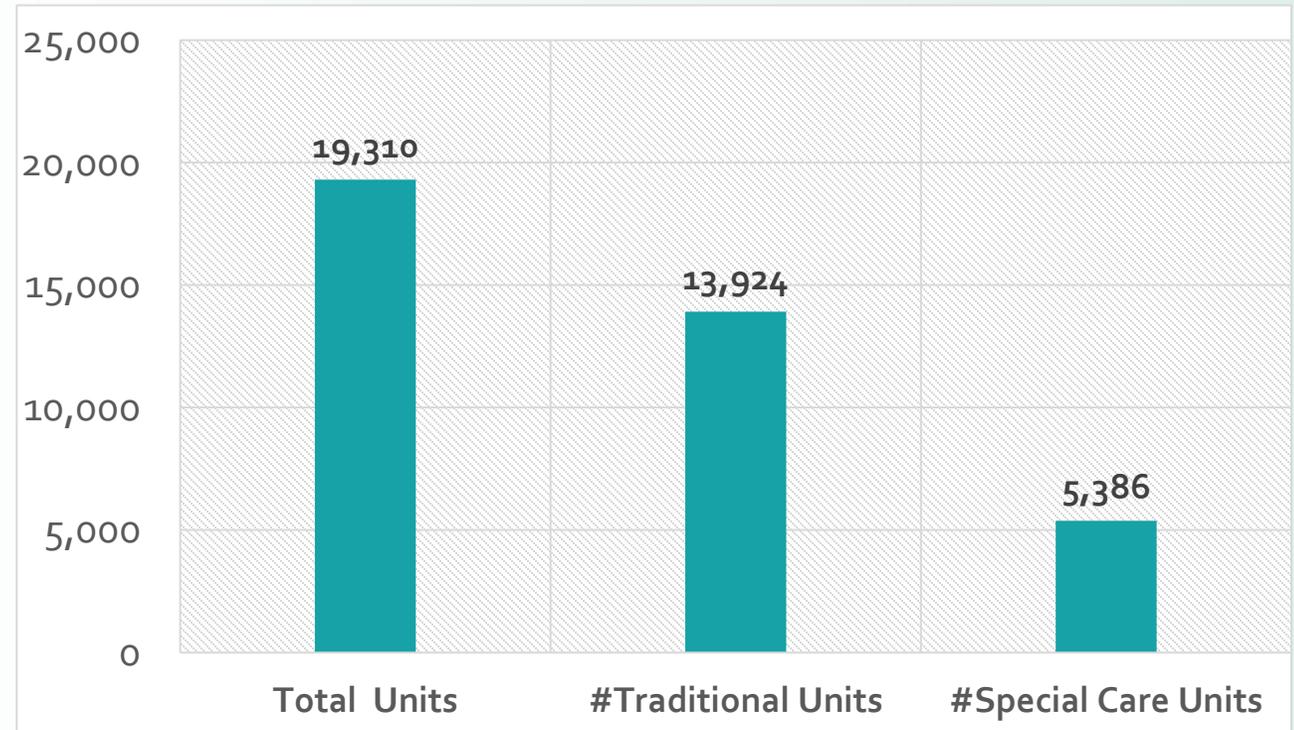
- Roughly 80% of Massachusetts ALRs (213/265) were operated as for-profit organizations.
- On average, for-profit ALRs had more residents than non-profit ALRs (67 residents vs. 56 residents, respectively).

ALR Tax Status (N=265 ALRs)

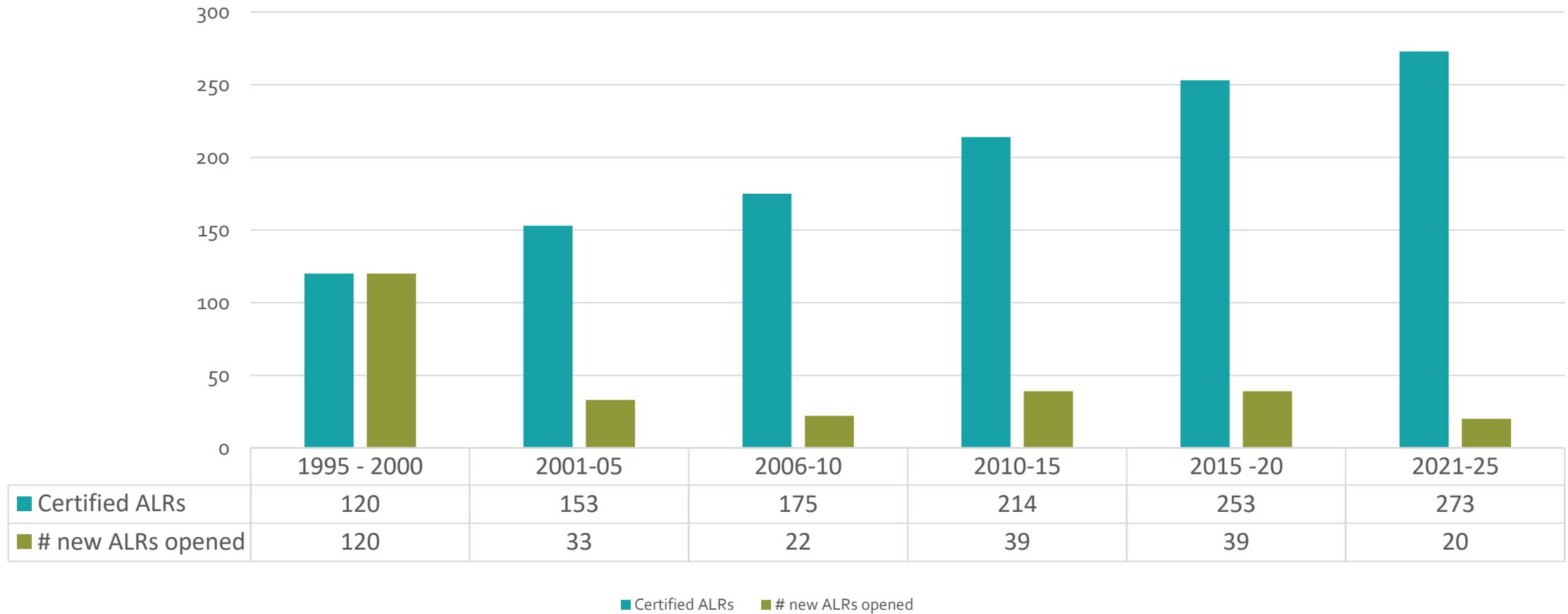


# Certified ALRs as of 2/26/25

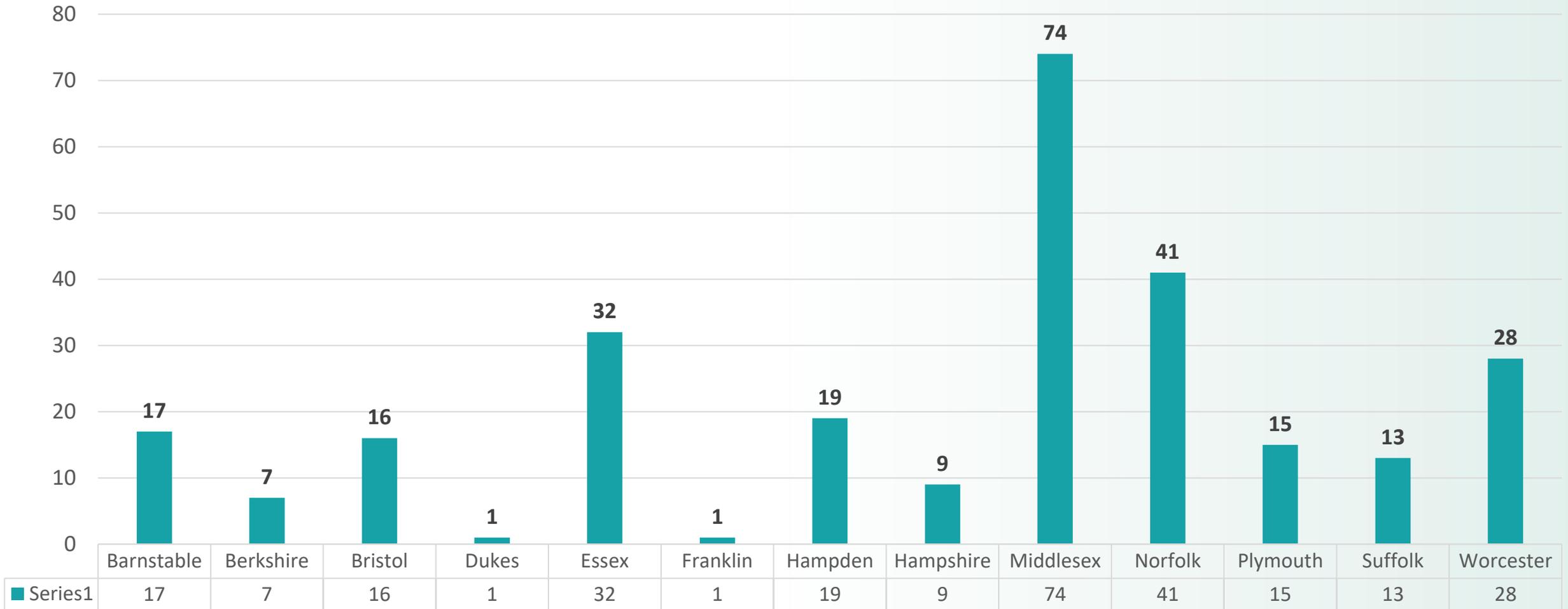
- **Certified ALRs: 273**
  - 169 have offer Traditional & Special Care Residence (SCR)
  - 69 have Traditional only
  - 35 have Special Care only
- **Total # Certified Units: 19,310**
  - Traditional ALR Units: 13,924
  - Special Care Resident Units: 5,386
- **ALR Unit capacity:**
  - Average # all ALRs: 70 (range 8 – 173)
  - Average # Trad only: 59 (range 8 – 150)
  - Average # SCR only: 26 (range 7- 72)



# Accumulated growth rate of ALRs in 5-year increments

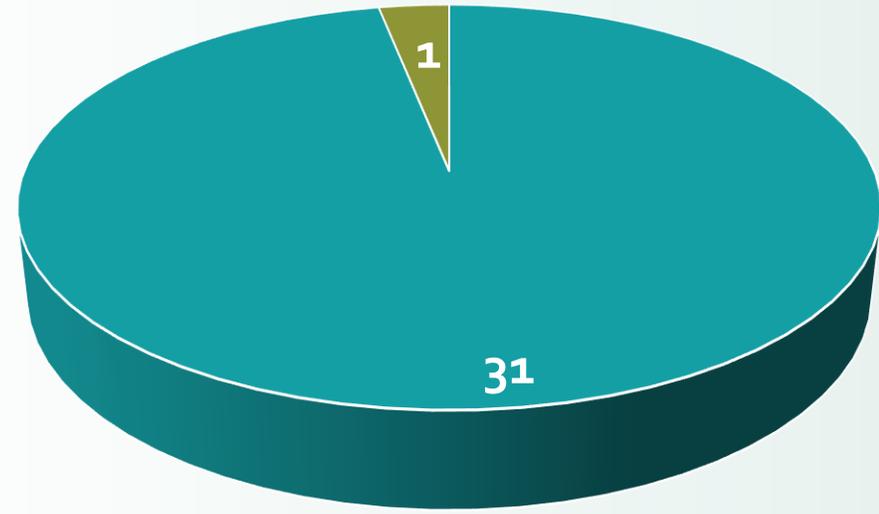


# ALR Locations by County in MA



# ALR Closures & Revocations - 2026 - 2025

Status	Year Closed	# ALR Closures per year
ALR Closure	2000	3
ALR Closure	2010	1
ALR Closure	2011	1
ALR Closure	2014	1
ALR Closure	2015	4
ALR Closure	2016	1
ALR Closure	2017	1
ALR Closure	2018	4
ALR Closure	2019	3
ALR Closure	2020	4
ALR Closure	2021	2
ALR Closure	2022	5
ALR Closure	2023	1
<b>Revocation</b>	<b>2023</b>	<b>1</b>



■ Closure ■ Revocation

# ALR Resident Profiles

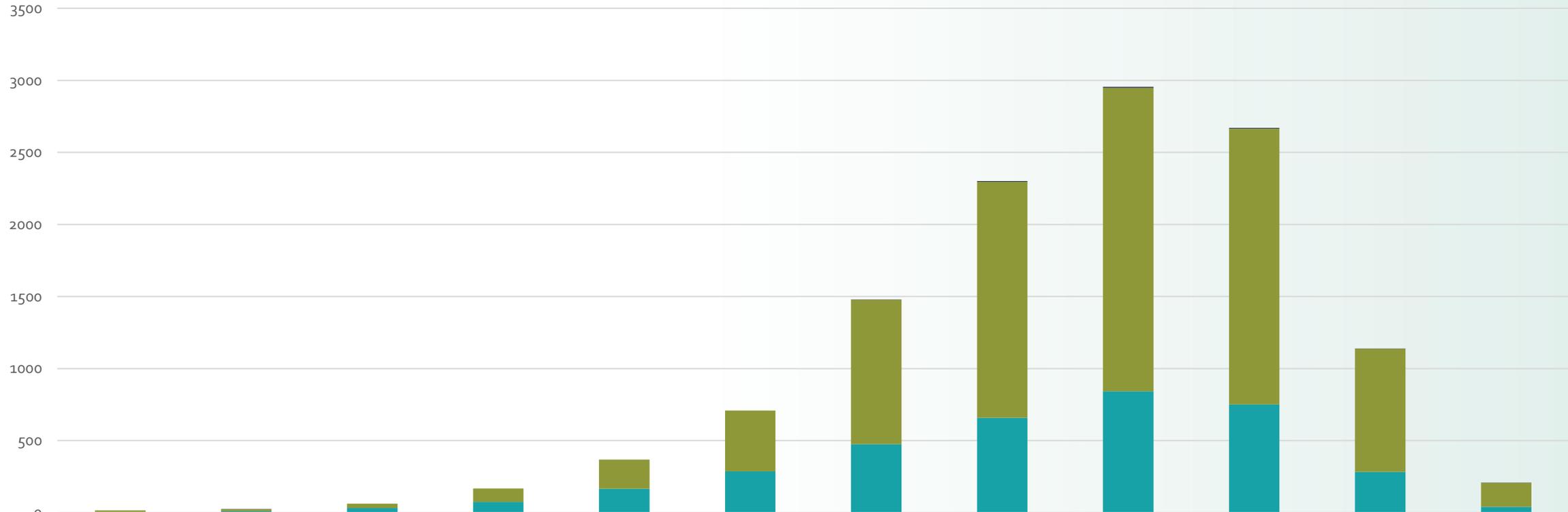


# Resident Population Snapshot

- **Total ALR Residents: 17,388**
  - 12,149 Traditional Residents
  - 5,239 Special Care Residents

*Source: AGE 2023 ALR census report as of 12/31/23 and by 227 ALRs.*

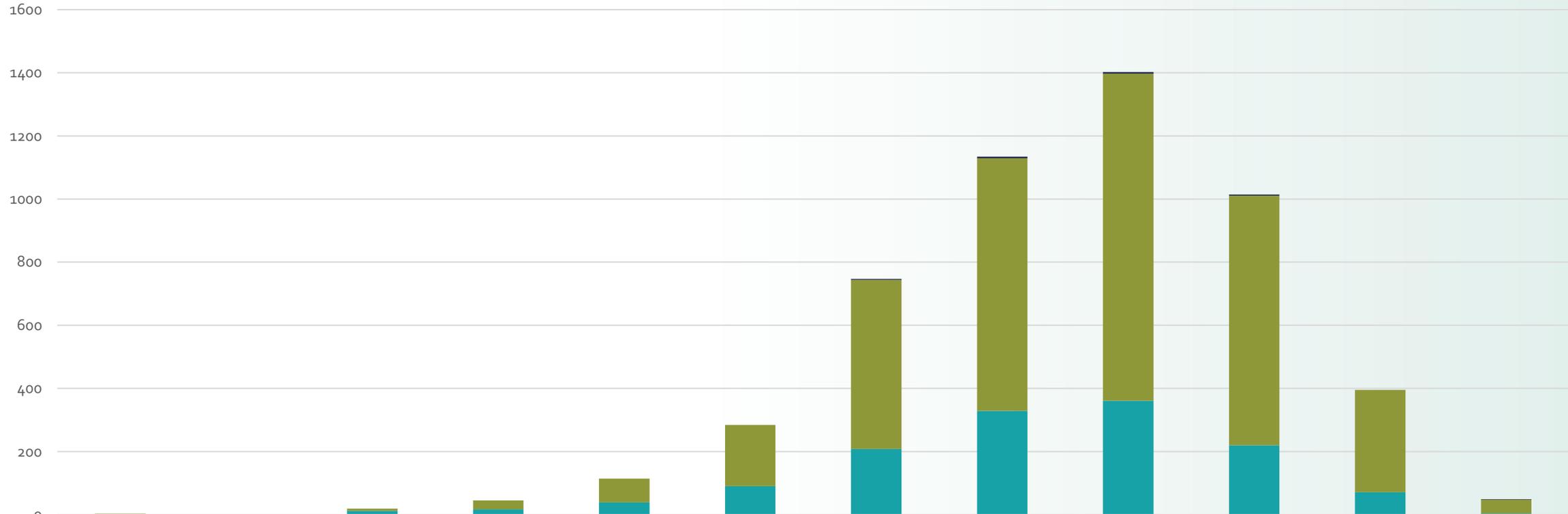
# Age / Gender of ALR Residents in Traditional ALR Units



	< 50	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
Non-Binary Adult		1					1	4	6	5	1	2
Women	11	13	30	92	203	423	1003	1639	2107	1914	855	166
Men	5	10	33	75	165	286	474	658	842	751	283	40

Men Women Non-Binary Adult

# Age / Gender of ALR Residents in SCR Units

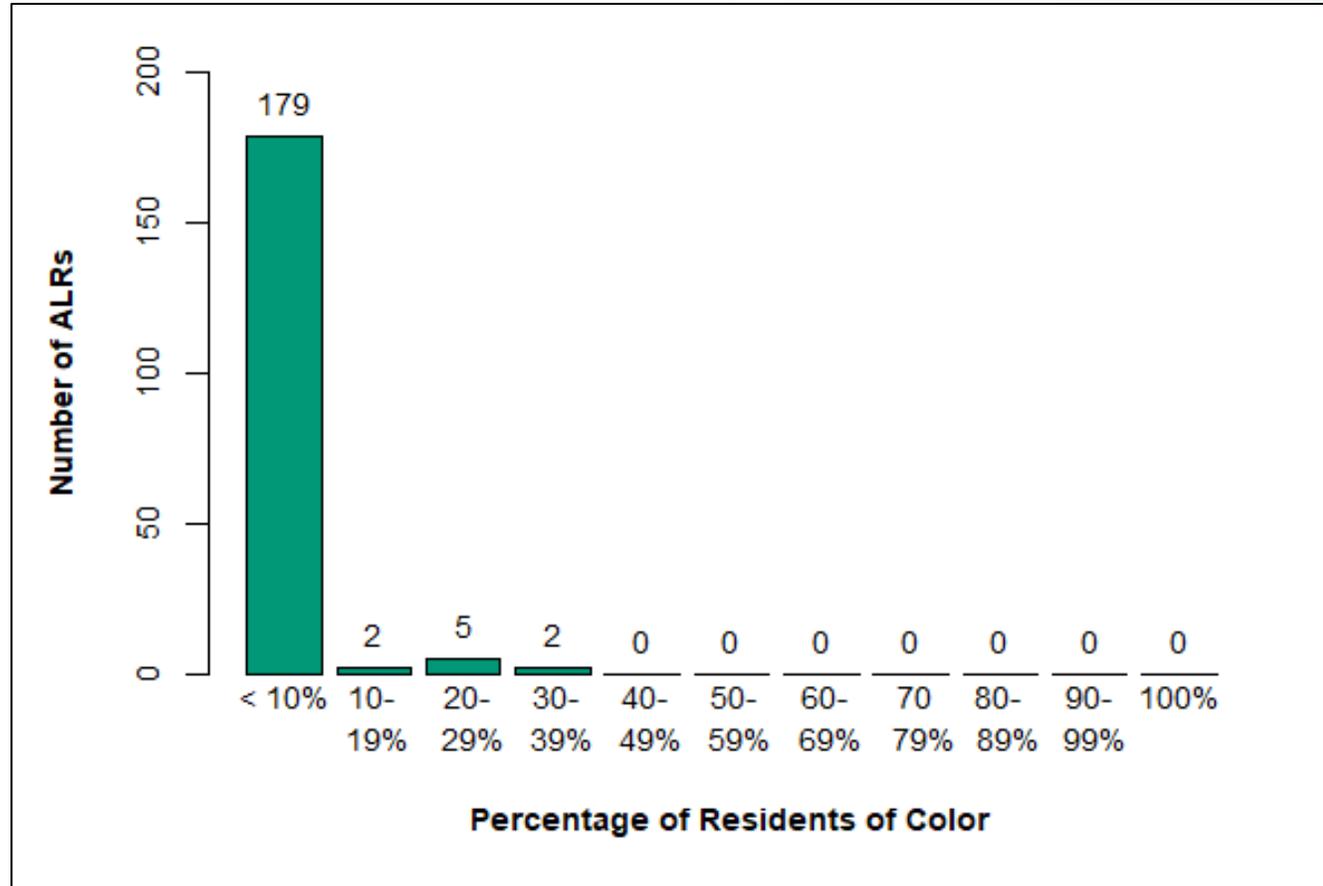


	< 50	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
Non-Binary Adult	0	0	0	0	0	0	3	5	5	3	0	1
Women	2	2	7	28	75	194	536	800	1,036	791	324	44
Men	1	0	12	17	39	90	208	329	361	220	71	4

Men Women Non-Binary Adult

# Residents of Color at ALRs

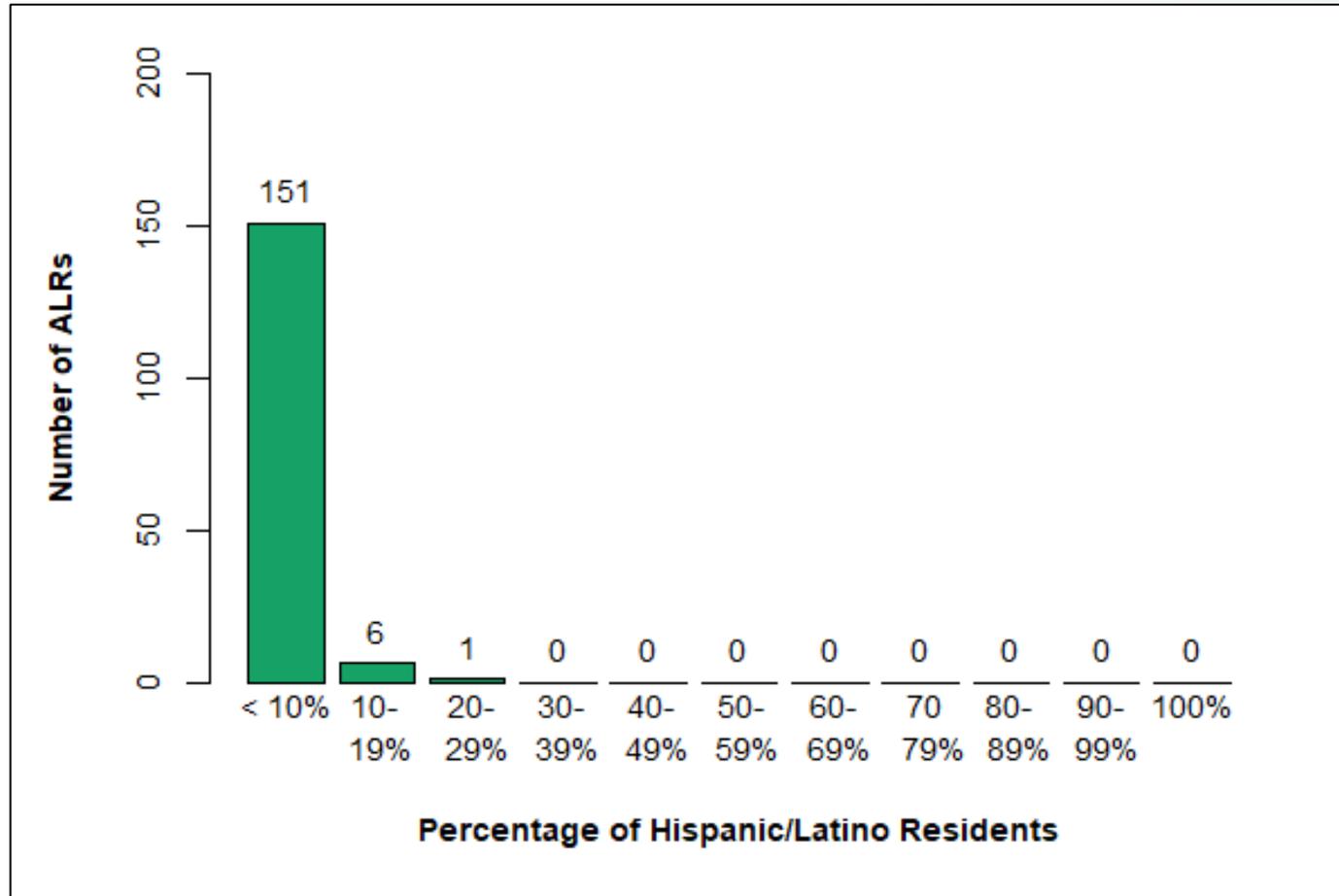
Number of ALRs, by Percentage of Residents of Color (N=188 ALRs)



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

# Hispanic/Latino Residents at ALRs

Number of ALRs, by percentage of Hispanic/Latino residents (N=158 ALRs)



# Residents Requiring Medication Assistance

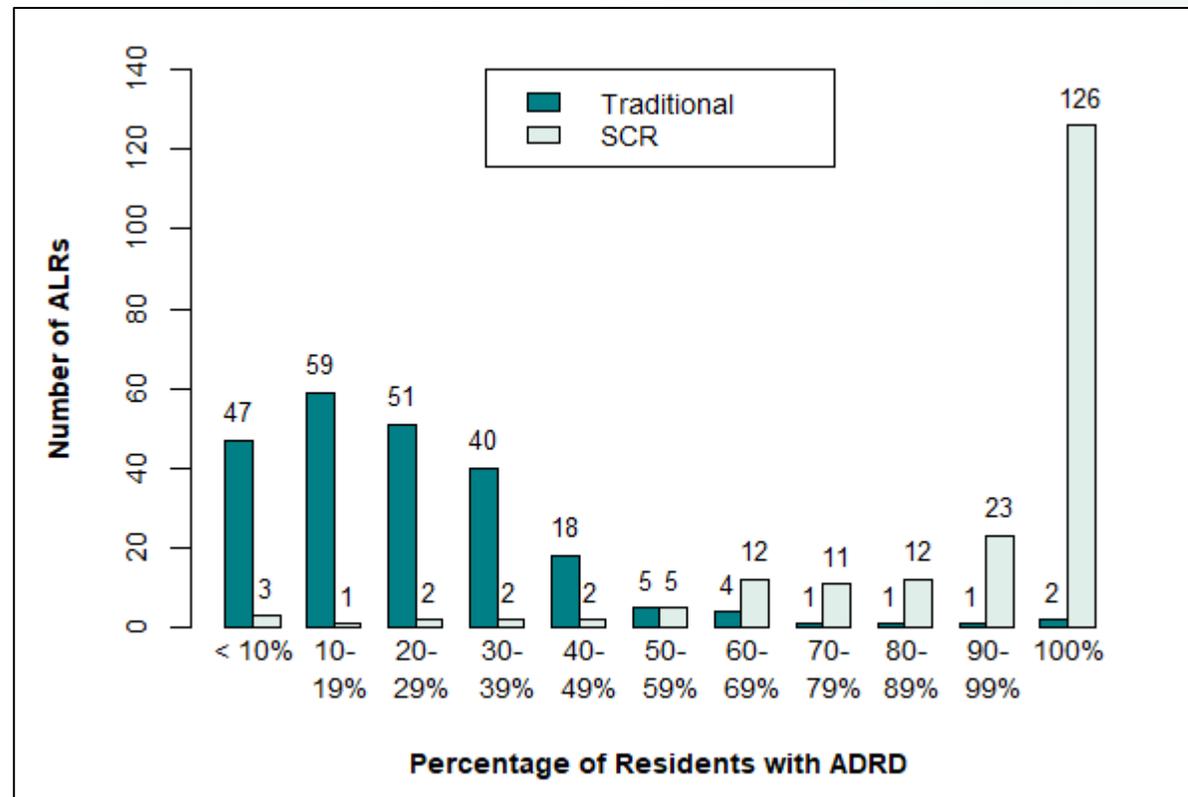
Number of Residents Receiving Medication Assistance, by ALR Residence Type

Assistance	Traditional	SCR	Residents
SAMM-only	6,274	2,070	8,344
LMA-only	648	2,710	3,358
Both	268	413	681
Neither	4,455	192	4647
Total	11,645	5,385	17,030

# Residents with Alzheimer's Disease and Related Dementias (ADRD)

- Approximately 24% of ALR traditional unit residents (2,917/12,098) were diagnosed with ADRD, as were 92% of ALR SCR residents (4,795/5,208).
- Of those ALRs with traditional residents, the median ALR had 22% traditional unit residents diagnosed with ADRD (for variation, see figure below).
- Of those ALRs with SCR residents, the median ALR had 100% SCR residents diagnosed with ADRD.

**Number of ALRs, by Percentage of Residents with ADRD and Type (N=265 ALRs)**



# Residents Participating in Public-Funded Programs

- Some ALR residents participate in government programs that help cover the cost of living in an ALR
- Most ALRs do not have residents participating in public-funded programs

**Number of Residents Participating in Program, by ALR Residence Type**

Program	Traditional	SCR	Total
GAFC	274	11	285
Section 8	224	11	235
MRVP*	6	6	12

**Number of Residents with Dual-Eligible Health Plans, by ALR Residence Type**

Plan	Traditional	SCR	Total
SCO	198	5	203
PACE	962	266	1,228
One Care	7	0	7

*\*MRVP is the Massachusetts Rental Voucher Program*

# Wrapping Up



# Massachusetts ALRs

- **Assisted living is a 29-year-old industry in MA**

- The inventory is a blend of old and new
- The ALRs are located throughout the state in urban, suburban and rural locations
- Some are located in the same building as a Skilled Nursing Facility
- Some are part of a Continuing Care Retirement Community (CCRC)
- They vary in size and cost, amenities, and locations
- They are owned by families, corporations, Real Estate Investment Trusts (REITs), LLCs, and religious orders
- Most are newly constructed, but there are some repurposed building structures, including former hospitals, convents, nursing homes, libraries, hotels, motels, dormitories, historic old homes, and mansions.

## First ALR to be certified



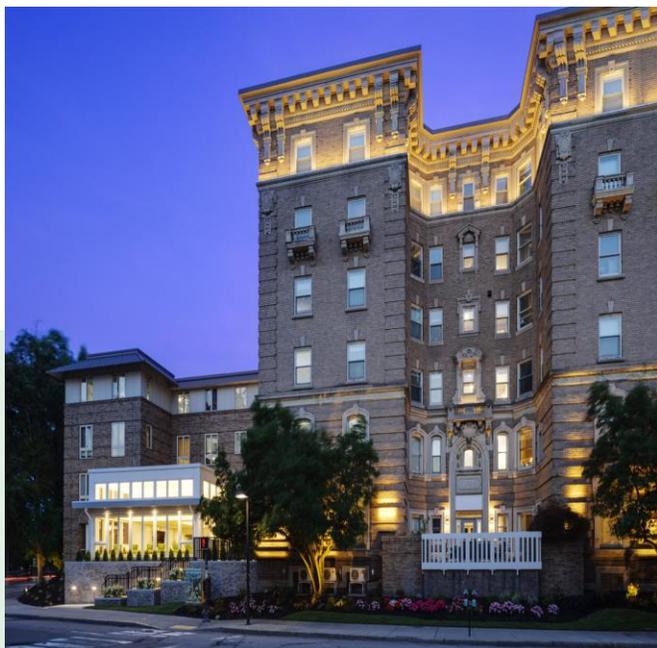
MaryAnn Morse formally known as Heritage at Framingham  
98 Unit with Traditional and SCR Units

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## Most recently certified



The Newbury at Brookline – 78 Unit with Traditional and SCR Units

A series of stylized, teardrop-shaped leaves in various colors (yellow-green, light green, teal, light blue, white, and grey) are arranged vertically on the left side of the slide, appearing to fall or be part of a branch. The background is a solid dark blue.

**THANK YOU!**