2025

Executive Office of Aging & Independence

Assisted Living Residences Census **Report**

Prepared By :

The Executive Office of Aging & Independence

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INTRODUCTION

Assisted living residences (ALRs) provide housing, meals, and personalized assistance for older adults and other adults with disabilities. ALRs seek to offer residents the maximum amount of independence while providing assistance with activities of daily living (such as dressing and bathing). For more information on ALRs in Massachusetts, see: *Assisted Living in Massachusetts: A Consumer Guide*.

In Massachusetts, ALRs must be certified by the Executive Office of Aging & Independence (AGE)[1]. As of January 2025, 273 certified ALRs were operating in Massachusetts.

[1] M.G.L. ch.19D § 3-4.

ABOUT THIS REPORT

This report summarizes Massachusetts ALRs, residents and ALR assistance provided in 2024. Unless otherwise noted, the data presented reflects ALRs as of December 31, 2024.

In February 2025, AGE requested data for calendar year 2024 from each certified ALR. All Massachusetts ALRs provided at least some data. (See the appendix for more information on data collection and analysis.) AGE uses this information for certification and summarizes the data annually in this public report.

Throughout the report, AGE uses "N =" to indicate the number of ALRs that provided valid data for each topic. Although 273 ALRs completed the surveys, some ALRs did not answer specific questions or provided invalid data for some questions (see appendix for more information on how sample sizes were calculated for each statistic).

Some ALRs reported inconsistent information in their responses (for example, when describing resident gender, a hypothetical ALR could report 32 total residents while reporting 35 total residents when describing resident race). This report describes identified inconsistencies in footnotes. The appendix also details some minor corrections AGE made when the data submitted by ALRs was clearly incorrect.

When providing statistics about ALRs, this report will often refer to a median ALR (for example, the median ALR having 60 traditional units). For each statistic, the median is the number such that half of ALRs are above and half of the ALRs are below (to continue the example, half of ALRs have more than approximately 60 traditional units). The median can be more informative than the average because some ALRs have extreme values on certain characteristics and these outliers can greatly affect the average, but not the median.

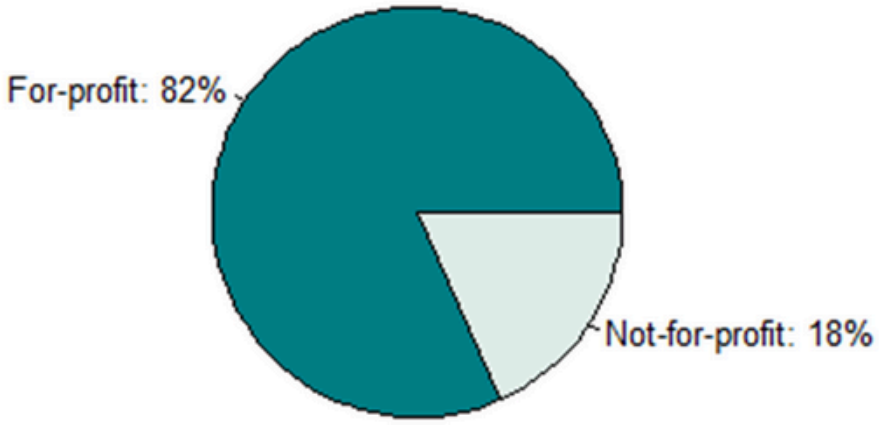
ORGANIZATION AND LEADERSHIP

Massachusetts laws and regulations allow ALRs to be registered as for-profit or non-profit organizations, and historically most organizations in the state have been for-profit. All ALRs must have a manager, typically known as an executive director, who has general supervision of the ALR[2]. ALRs must also have a service coordinator, typically known as a resident care director, whose responsibilities include developing, maintaining, and implementing or coordinating implementation of individualized resident service plans[3].

Organizational Status

Roughly 82% of Massachusetts ALRs (223/273) were operated as for-profit organizations (Figure 1).

Figure 1. ALR Tax Status (N=273 ALRs)[4]



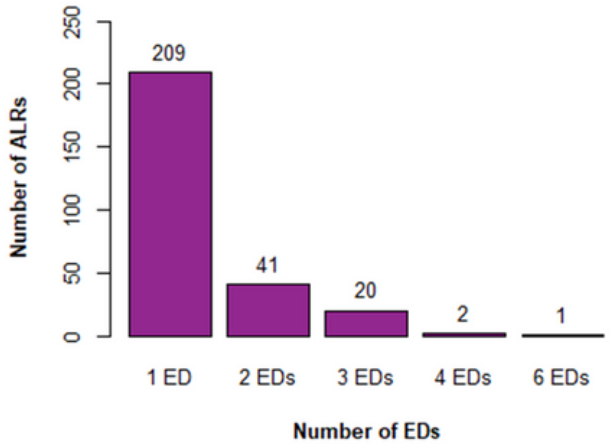
[2] M.G.L. ch.19D, § 15.
[3] 651 CMR 12.04(2).
[4] Throughout the report, N indicates the number of ALRs that provided valid data.

Leadership Transitions

Approximately 77% of ALRs reported having one executive director during 2024, 15% of ALRs reported having two executive directors during 2024, and the remaining 8% of ALRs reported three or more executive directors during 2024 (Figure 2).

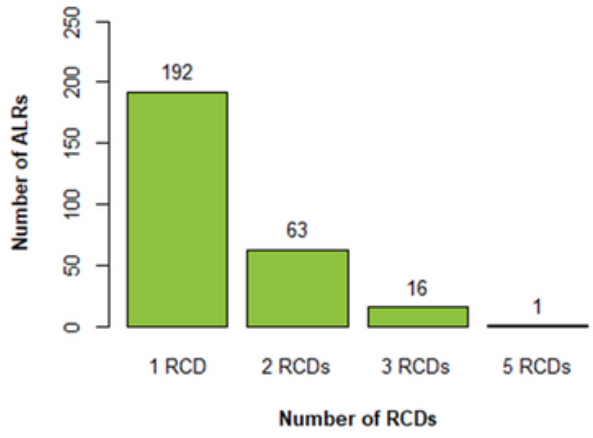
Roughly 70% of ALRs reported one resident care director during 2024 and 23% reported two directors (Figure 3).

Figure 2. Number of Executive Directors During 2024 (N=273 ALRs)



Notes. Includes interim executive directors.

Figure 3. Number of Resident Care Directors During 2024 (N=264 ALRs)



Notes. Includes interim resident care directors.

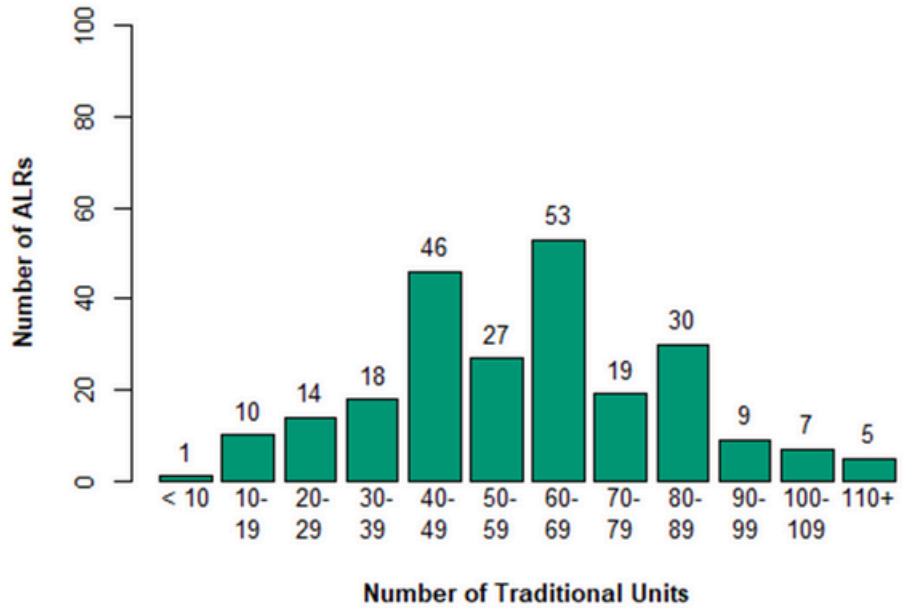
UNITS

An ALR residence is composed of multiple units where one or more residents live, and each unit must have a half-bathroom (newly constructed units must have a full bathroom) and a kitchenette.[5] ALRs can have a traditional residence, up to four special care residences (SCRs), or both.[6] SCRs provide care and services for residents who require assistance with specialized needs, such as Alzheimer's disease and related dementias (ADRD) or mental health needs.

Units, By Type

Approximately 88% (239/273) of ALRs reported having traditional units. For these ALRs, the number of traditional units varied, ranging between 8 and 150 units, and the median ALR had 60 traditional units (see Figure 4). In total, the responding Massachusetts ALRs reported having 14,163 certified traditional units for residents.

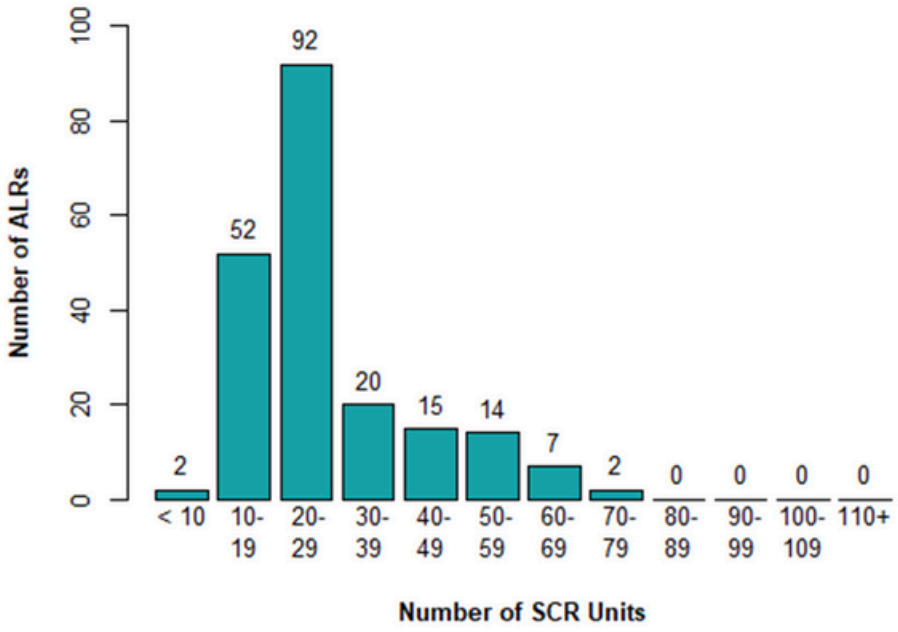
Figure 4. Number of Traditional Units (N=239 ALRs)



[5] 651 CMR 12.04.
[6] The term 'residence' can be used in reference to the entire complex or any distinct section(s) within the complex.

Approximately 75% (204/273) of ALRs reported having special care residences (SCRs) with varying numbers of units. In 2024, 180 ALRs operated one SCR, 16 ALRs operated two SCRs, 2 ALRs operated three SCRs, and 6 ALRs operated four SCRs. Of the reported SCRs, roughly 99% (239/240 residences) were designated for residents with a diagnosis of ADRD and less than 1% (1/240 residences) were designated for residents with behavioral health needs.[7] The number of units in SCRs varied across ALRs, ranging between 7 and 76 units, with the median ALR having 20 SCR units (see Figure 5). In total, the responding ALRs reported having 5,656 SCR units.

Figure 5. Number of SCR Units (N=204 ALRs)

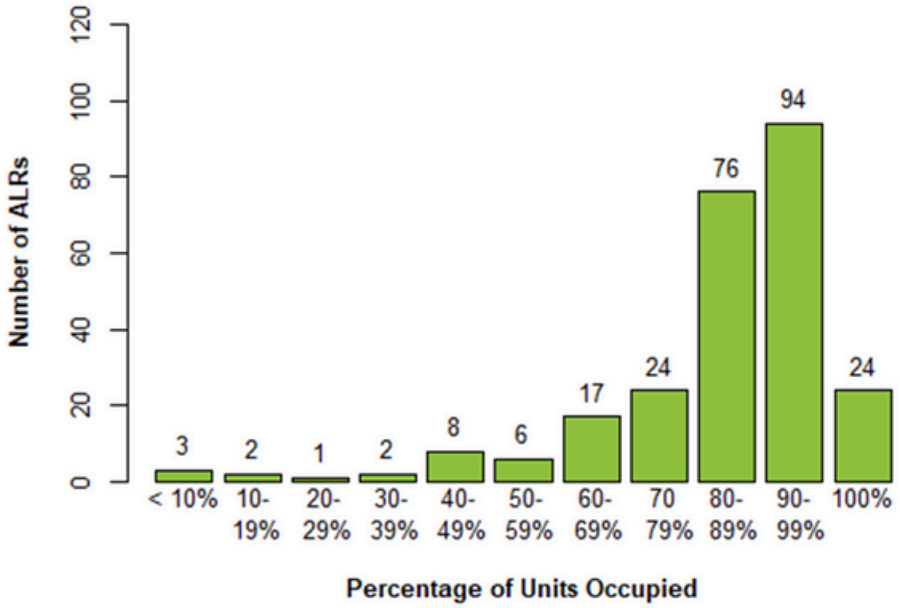


Units Occupied

Roughly 81% (207/257) of ALRs had more than 80% of units occupied in December 2024, with a median percentage occupied of 89% (Figure 6).[8] Throughout the year, the median percentage occupied was between 88-89%.[9]

[7] Two ALRs with one SCR residence did not describe the resident type.
[8] Thirteen ALRs reported that the ALR had more units occupied on December 31 than reported units available on December 31. The differences ranged from one additional unit occupied to 44 additional units. For these ALRs, AGE set the percentage occupied to blank.
[9] For each month and ALR, the denominator for this calculation is the number of units reported for December 2023. As some ALRs opened during the year, the number of ALRs with units varies by month.

Figure 6. Percentage of Units Occupied in December 2024 (N=257 ALRs)



Each ALR unit can be occupied by one or more residents. Approximately 74% of ALRs with traditional units (175/237) had no units occupied by multiple unrelated residents, while roughly 42% of ALRs with SCR units (85/202) had no units occupied by two or more unrelated residents.[10]

[10] When reporting the number of units occupied by two or more residents, one ALRs listed more traditional units occupied by two or more residents than reported traditional units that existed. In addition, one ALRs listed more SCR units occupied by two or more residents than reported SCR units that existed. For these ALRs, AGE set the percentage occupied by multiple residents to blank.

STAFFING

By regulation, ALRs must always have sufficient staff to handle emergencies and meet resident needs as required by resident service plans.[11] ALRs can meet staffing requirements by hiring and employing individuals or by using trained providers from outside contractors (often referred to as agency staff). Approximately 43% (118/273) of ALRs reported using contracted providers in 2024.

Contracted Providers

Not all ALRs that reported using contractors during 2024 used them every month; between 62% - 80% used contractors during each month. The median ALR employing contractors used them for between 80 – 184 hours a month, depending on the month. ALRs were most likely to use personal care attendants as contracted providers, followed by licensed practical nurses, and registered nurses.

Table 1. Contracted Provider Hours and Type, by Month (N=118 ALRs)

Month	% ALRs Using Contractors	Median Contractor Hours/Month	% ALRs Using LPNs	% ALRs Using RNs	% ALRs Using PCAs
January	80%	154.5	40%	17%	77%
February	77%	145	42%	20%	75%
March	72%	184	42%	19%	75%
April	75%	131.5	39%	18%	69%
May	74%	120	38%	22%	71%
June	73%	124	40%	19%	70%
July	70%	112	42%	18%	69%
August	70%	104	45%	22%	63%
September	62%	104	47%	23%	67%
October	67%	80	39%	16%	68%
November	63%	140	45%	22%	66%
December	68%	122	42%	21%	66%

LPN = Licensed Practical Nurses
RN = Registered Nurses
PCA = Personal Care Attendants

Notes. The second column indicates the percentage of ALRs reporting more than zero contractor hours per month. The numbers in the remaining columns are only for ALRs that reported using contractors for more than zero hours in the month.

[11] 651 CMR 12.06.

RESIDENTS

To describe ALR residents, this report presents two different types of information:[12]

1. Resident-level statistics (treating each person equally). For example, 23% of all traditional ALR residents in Massachusetts have been diagnosed with ADRD. This gives an overall picture of the resident population, but it masks differences between ALRs.
2. ALR-level statistics (treating each ALR equally). For example, in 23% (53/235) of ALRs with traditional residents, fewer than 10% of residents have been diagnosed with ADRD, while in 9% (22/235) of ALRs, more than 50% of traditional residents have been diagnosed. This highlights the diversity between different ALRs in Massachusetts and examines residents as part of an ALR.

For clarity, this report presents statistics about residents in tables, and reports statistics about ALRs in figures.

Residents

The responding ALRs reported a total of 17,883 residents, with 12,467 residing in traditional unit and 5,416 residing in SCR units as of December 31, 2024.[13]

The total number of ALR residents (traditional plus SCR) did not vary much by month during the first three months of 2024, but then consistently increased during the rest of the year (Table 2).

[12] Information about all residents can help policymakers, researchers, nonprofit organizations, and businesses better understand the ALR resident population. However, different types of people choose to live in different ALRs and only reporting aggregate statistics across all ALRs might obscure important differences between residents of different ALRs.
[13] These statistics are based on ALR monthly reporting of residents. When ALRs reported the total number of residents (traditional + SCR) by age and gender, they reported 17,943 residents at the end of December (Table 1).

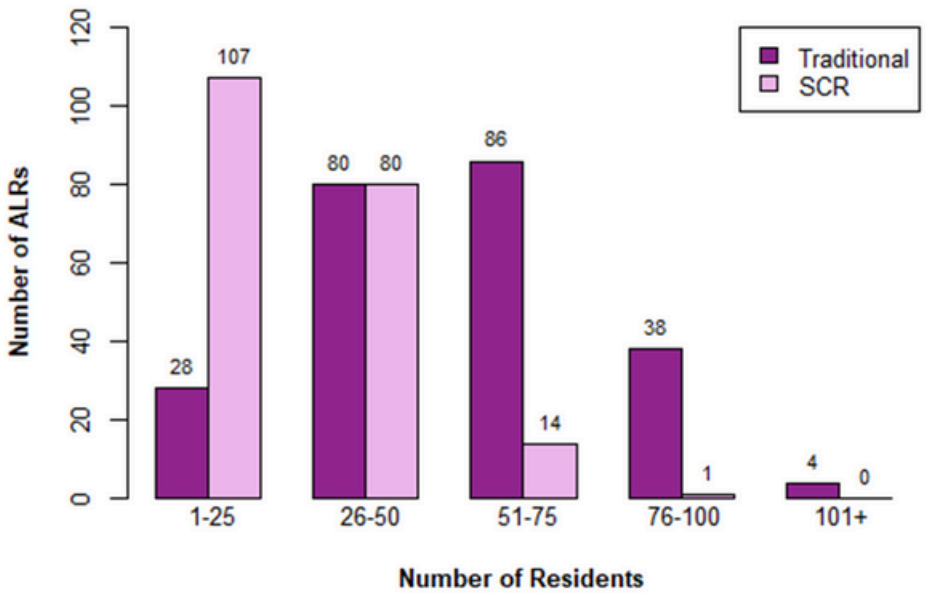
Table 2. Number of ALR Residents in 2024, by Month

Month	Number of Residents	% Change from Previous
January	17,332	-
February	17,365	0%
March	17,340	0%
April	17,404	0%
May	17,487	0%
June	17,513	0%
July	17,621	1%
August	17,662	0%
September	17,769	1%
October	17,904	1%
November	17,837	0%
December	17,943	1%

Notes. This figure is based on data provided by 271 ALRs. Seven reporting ALRs opened during 2024; these ALRs did not have residents during some early months of 2024.

Of those 237 ALRs with traditional units and complete data, the median ALR had 53 traditional unit residents (for variation, see Figure 7). Of those 202 ALRs with SCR units, the median ALR had 24 SCR residents.

Figure 7. Number of ALRs, by Traditional and SCR Residents (N=272 ALRs)



Notes. N=237 ALRs (traditional) and 202 ALRs (SCR)

Age and Gender[14]

Among traditional unit residents, the most common age range for all genders was 80-89 (see Table 3). The proportion of women in Massachusetts traditional residences was approximately 70%.

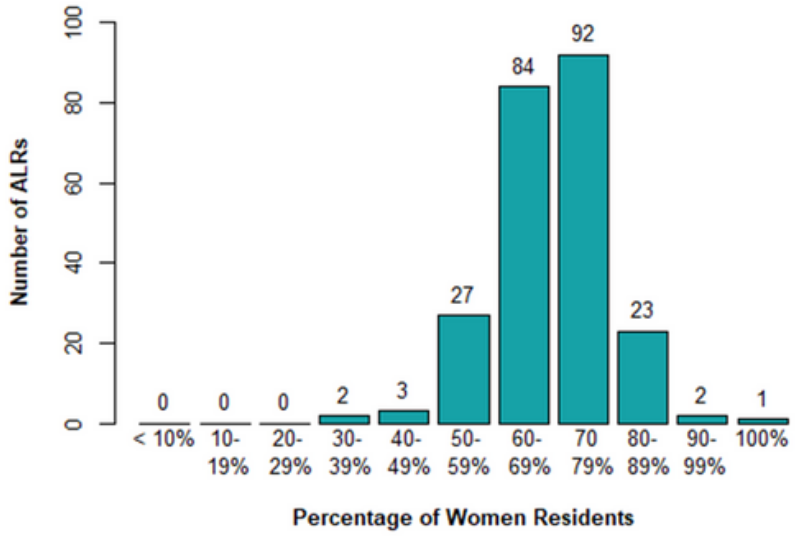
Table 3. Number of Traditional Unit Residents, by Gender and Age Group

Age Group	Men	Women	Other
<50 years old	3	10	0
50-59 years old	41	46	0
60-69 years old	262	270	0
70-79 years old	822	1,396	6
80-89 years old	1,611	3,836	18
90-99 years old	1,151	2,841	10
100+ years old	74	232	18
Total	**3,964**	**8,631**	**52**

Notes. Based on data provided by 237 ALRs. Two ALRs reported no residents who were men and three other ALRs reported no residents who were women (one was a residence for veterans).

For traditional units, the median ALR percentage of men, women, and other residents was 30%, 69%, and 0% respectively (see Figure 8 for variation across ALRs).[14]

Figure 8. Number of ALRs, by Percentage of Women Traditional Residents (N=237 ALRs)



[14] For 88 ALRs, the total number of residents listed in the age-by-gender section differed from the total number of residents listed in the December monthly reporting of residents (185 ALRs reported consistent numbers or did not report data on age-by-gender section). For most of the inconsistent ALRs, the discrepancies were minor—only one or two residents.
[15] A recent nationally representative survey found that 0.1% of Americans 50 and older identified as non-binary.

For SCR unit residents, the most common age range for all genders was 80-89 (see Table 4). The proportion of women in Massachusetts SCR residences was 74%.

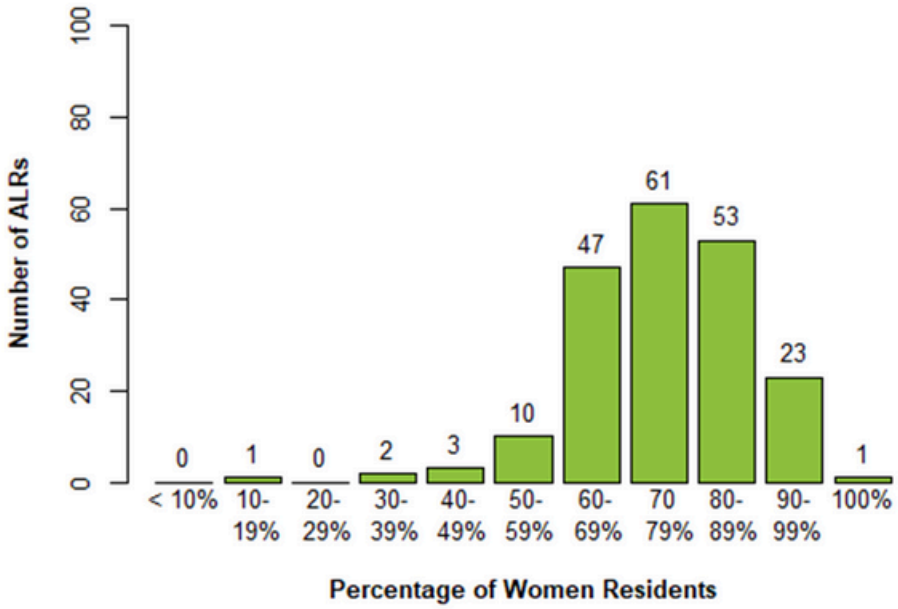
Table 4. Number of SCR Unit Residents, by Gender and Age Group

Age Group	Men	Women	Other
< 50 years old	0	0	0
50-59 years old	10	10	0
60-69 years old	60	86	0
70-79 years old	267	715	3
80-89 years old	702	1934	7
90-99 years old	361	1171	2
100+ years old	12	70	6
Total	**1,412**	**3,986**	**18**

Notes. This table is based on data provided by 202 ALRs. One ALR reported no residents who were men, and one other ALR reported no residents who were women.

For SCR units, the median ALR percentage of men, women, and other residents was 24%, 76%, and 0% respectively (see Figure 9 for variation across ALRs).

Figure 9. Number of ALRs, by Percentage of Women SCR Residents (N=202 ALRs)

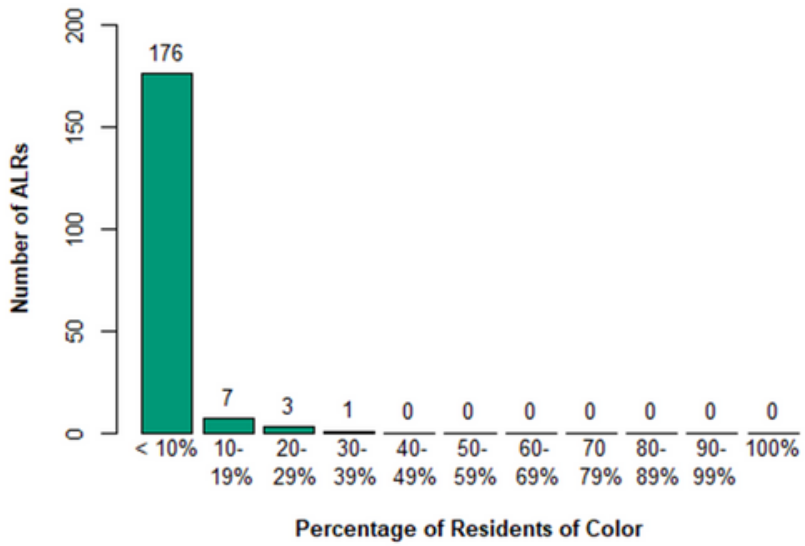


Race and Ethnicity[16]

Based on the 187 ALRs that collected data on resident race, Massachusetts ALR residents were approximately 94% White (11,602/12,358), 1% Black/African American (178/12,358), 1% Asian (106/12,358), less than 1% Hawaiian/Pacific Islander (6/12,358), less than 1% American Indian or Native Alaskan (9/12,358), and 1% Other (271/12,358); ALRs did not know the race of 3% of residents (327/12,257).[17] Based on the 154 ALRs that collected data on resident ethnicity, 96% of ALR residents were not Hispanic/Latino (9,159/9,496), 2% were Hispanic/Latino (107/9,496), and 1% were Other (136/9,496).[18]

The median ALR percentage of White residents was 99%, and the median percentage of each other race, including other race and unknown race, was 0%. Classifying all non-White residents as residents of color, the median percentage of all residents of color was 1%, although several ALRs had more residents of color (Figure 10). The median ALR had 0% Hispanic/Latino residents and was 100% non-Hispanic/Latino; few ALRs were more than 10% Hispanic/Latino (Figure 11).

Figure 10. Number of ALRs, by Percentage of Residents of Color (N=187 ALRs)



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

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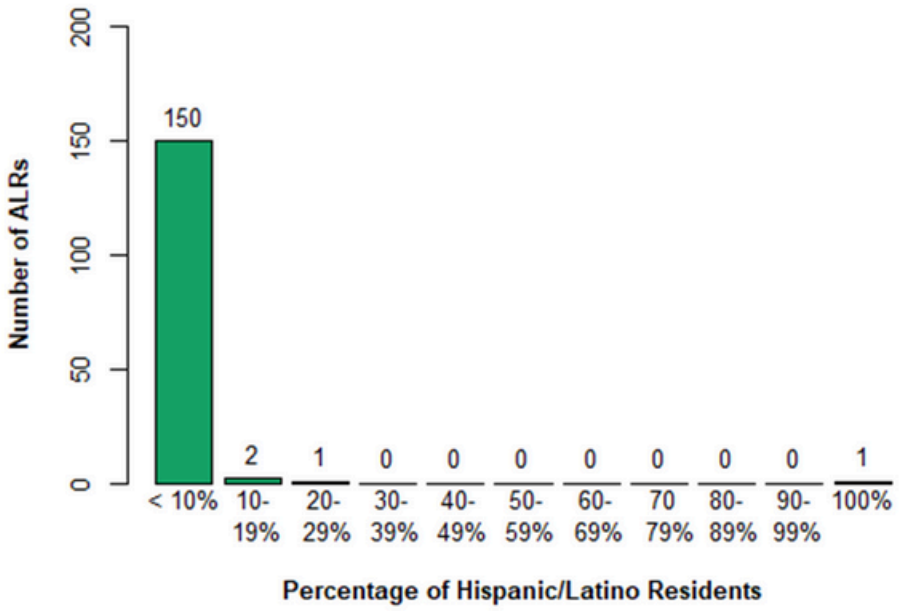
[16] AGE requested data on resident race using the standard federal racial and ethnicity categories, with race and ethnicity being measured separately.
[17] For three ALRs, the total number of residents listed in the age-by-gender section differed from the total number of residents listed in the race section (270 ALRs provided consistent numbers or did not report data on gender or race). The differences ranged from two to nine residents.
[18] For two ALRs, the total number of residents listed in the age-by-gender section differed from the total number of residents listed in the ethnicity section (271 ARs provided consistent numbers or did not report data on gender or ethnicity). The differences ranged from -two to nine.

Figure 11. Number of ALRs, by percentage of Hispanic/Latino residents (N=154 ALRs)



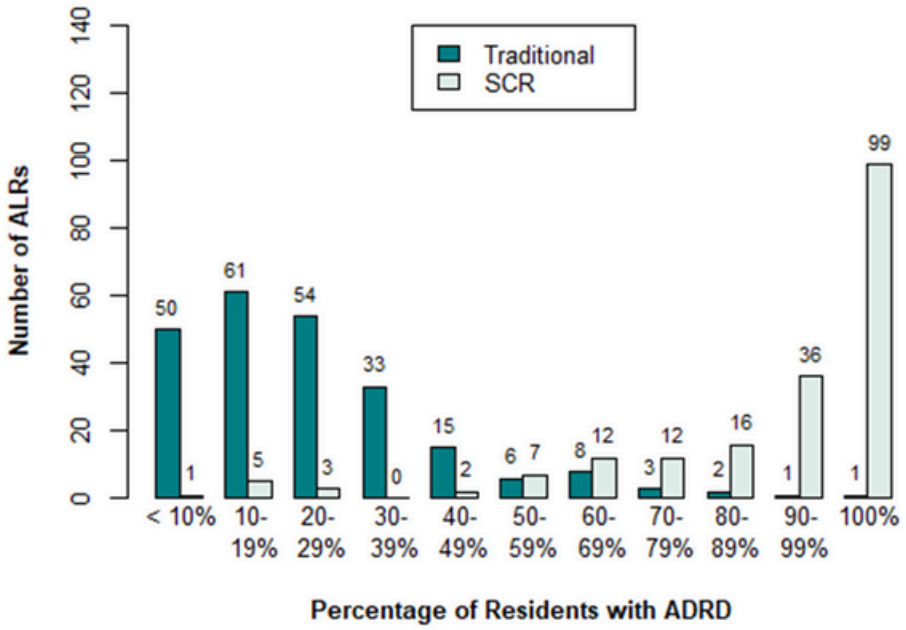
Functioning

Approximately 23% of ALR traditional unit residents (2,896/12,647) were diagnosed with ADRD, as were 89% of ALR SCR residents (4,802/5,416).[19]

Of those ALRs with traditional residents, the median ALR had 20% of traditional unit residents diagnosed with ADRD (for variation, see Figure 12). Of those ALRs with SCR residents, the median ALR had 100% SCR residents diagnosed with ADRD.

[19] For one ALR, the total number of traditional residents listed in the age-by-gender section was less than the total number of traditional residents with Alzheimer's disease or related dementia (that is, this ALR reported more traditional residents with dementia than traditional residents). This ALR listed 13 more traditional residents with dementia than total traditional residents. For eight ALRs, the total number of SCR residents listed in the age-by-gender section was less than the total number of SCR residents with Alzheimer's disease or related dementia (that is, these ALRs reported more SCR residents with dementia than SCR residents). For 5 of the 8 ALRs, the ALR listed one or two more SCR resident with dementia than total SCR residents. The maximum difference was 14. For these ALRs, AGE set the percentage with dementia to blank. These percentages are calculated using the total number of residents listed in the relevant age-by-gender section.

Figure 12. Number of ALRs, by Percentage of Residents with ADRD (N=271 ALRs)



Notes. N=237 ALRs (traditional) and 203 ALRs (SCR)

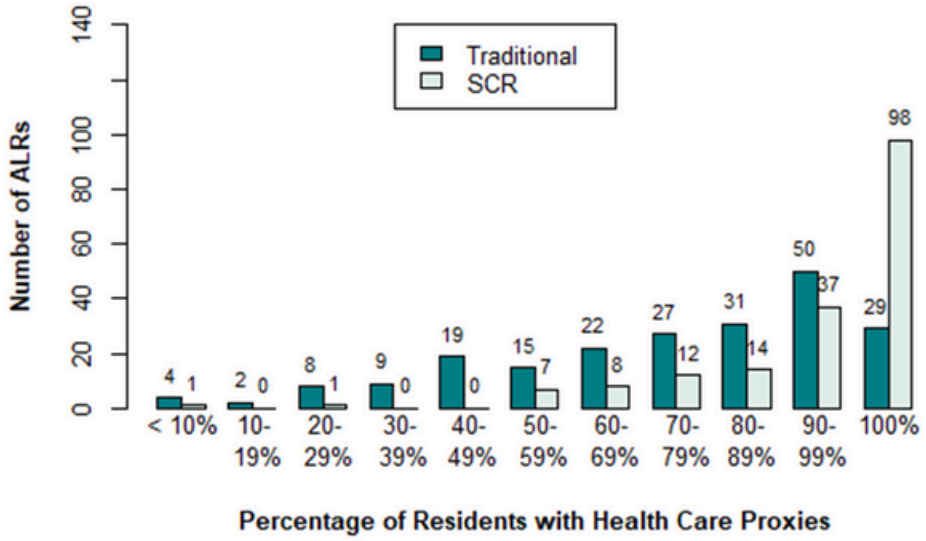
Health Care Proxies and Medical Orders

Approximately 71% of ALR traditional unit residents (8,927/12,647) had a Health Care Proxy on file with their ALR, as did 90% of ALR SCR residents (4,859/5,416).[20]

Of those ALRs with traditional residents, the median ALR had 81% traditional unit residents with a Health Care Proxy on file (for variation, see Figure 13). Of those ALRs with SCR residents, the median ALR had 100% SCR residents with a Health Care Proxy on file.

[20] For 11 ALRs, the total number of traditional residents listed in the age-by-gender section was less than the total number of traditional residents with a health care proxy (that is, these ALRs reported more traditional residents with a health care proxy than traditional residents overall). The differences ranged from 1 to 32. For 15 ALRs, the total number of SCR residents listed in the age-by-gender section was less than the total number of SCR residents with a health care proxy (that is, these ALRs reported more SCR residents with a health care proxy than SCR residents overall). The differences ranged from 1 to 13. For these ALRs, AGE set the percentage of residents with a health care proxy to blank. These percentages are calculated using the total number of residents listed in the age-by-gender section for the relevant ALRs as the denominator.

Figure 13. Number of ALRs, by Percentage of Residents with Health Care Proxy (N=264 ALRs)



Notes. N=229 ALRs (traditional) and 195 ALRs (SCR)

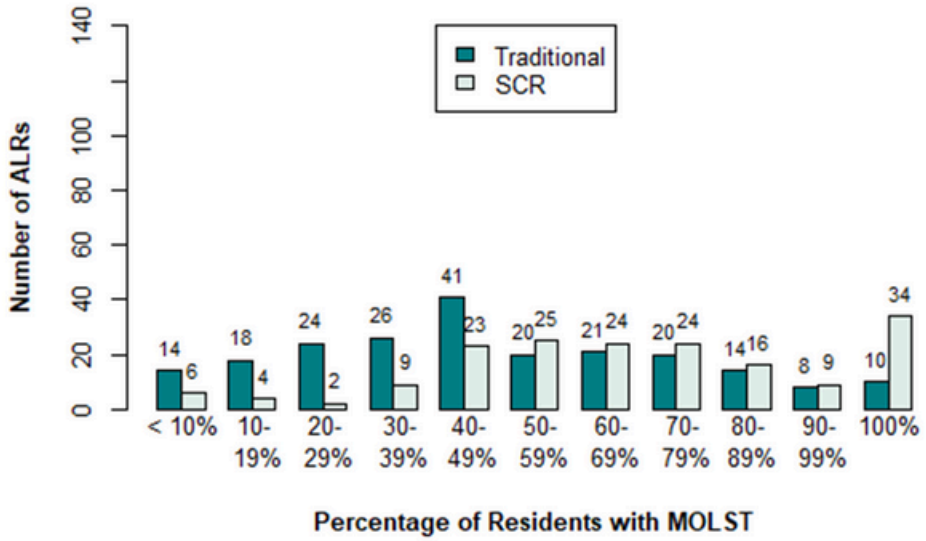
A medical order for life sustaining treatment (MOLST) is a medical order form that communicates instructions between health professionals about a patient's care (for example, whether the patient should receive dialysis). Approximately 44% of ALR traditional unit residents (5,545/12,647) had a MOLST[21] on file with their ALR, as did 61% of ALR SCR residents (3,281/5,416).[22]

Of those ALRs with traditional residents, the median ALR had 47% traditional unit residents with a MOLST (for variation, see Figure 14). Of those ALRs with SCR residents, the median ALR had 68% SCR residents with a MOLST on file.

[21] In late 2024, some Massachusetts providers began transitioning from the MOLST to the POLST. Fewer than 20 ALRs reported having residents with a POLST in 2024, and the percentages of residents with a POLST was almost always less than 20%.

[22] For four ALRs, the total number of traditional residents listed in the age-by-gender section was less than the total number of traditional residents with a MOLST (that is, these ALRs reported more traditional residents with a MOLST than traditional residents overall). The differences ranged from 1 to 8. For seven ALRs, the total number of SCR residents listed in the age-by-gender section was less than the total number of SCR residents with a MOLST (that is, these ALRs reported more SCR residents with a MOLST than SCR residents overall). The differences ranged from 1 to 3. For these ALRs, AGE set the percentage of residents with a MOLST to blank. These percentages are calculated using the total number of residents listed in the age-by-gender section for the relevant ALRs as the denominator.

Figure 14. Number of ALRs, by Percentage of Residents with MOLST (N=255 ALRs)



Notes. N=222 ALRs (traditional) and 185 ALRs (SCR)

Program and Plan Participation

Some ALR residents participate in government programs that help cover the cost of living in an ALR—2% of residents participated in Group Adult Foster Care (GAFC),[23] 1% received Section 8 Rental Assistance, and less than 0.1% received MA Rental Voucher Program (MRVP) Rental Assistance (see Table 5 for residents participating in each program).[24]

[23] MassHealth's GAFC helps older adults with low incomes by paying for personal care services and medication management and administration. GAFC does not pay for room and board, but the Supplemental Security Income (SSI-G) Assisted Living Benefit can cover these costs. To qualify for GAFC in an ALR, an older adult must have SSI-G.
[24] These percentages are calculated using the total number of residents listed in the age-by-gender section as the denominator.

Table 5. Number of Residents Participating in Program, by ALR Residence Type

Program	Traditional	SCR	Total
GAFC	232	10	242
Section 8	217	10	227
MRVP	1	6	7

Notes. For traditional residents, this table is based on data provided by 238 ALRs. For SCR residents, this table is based on data provided by 203 ALRs. For total residents, the data was provided by 272 ALRs.

Most ALRs did not report any residents receiving GAFC, Section 8, or MRVP. For example, 196 ALRs reported no traditional GAFC residents and 189 ALRs reported no SCR GAFC residents. At the ALRs with at least one GAFC resident, these residents were typically less than a quarter of the residents (there was one ALR where most traditional residents received GAFC). Similarly, 226 ALRs had no traditional residents receiving Section 8 and 196 ALRs had no SCR residents receiving Section 8. Some ALRs with traditional residents receiving Section 8 often had a high proportion of residents receiving Section 8; three more had more than 50% of residents receiving Section 8. One ALR had traditional residents receiving MRVP and one ALR had SCR residents receiving MRVP.

ALRs also reported on whether residents were participating in dual-eligible health plans.[25] Approximately 1% were enrolled in Senior Care Options (SCO), 7% were enrolled in Program of All-Inclusive Care of the Elderly (PACE), and less than 0.1% were enrolled in One Care (see Table 6 for residents participating in each insurance plan).

Table 6. Number of Residents with Dual-Eligible Health Plans, by ALR Residence Type

Plan	Traditional	SCR	Total
SCO	168	5	173
PACE	974	247	1221
One Care	7	0	7

Notes. This table is based on data provided by 226 ALRs (traditional residents) and 196 ALRs (SCR residents). For total residents, the data came from 267 ALRs.

[25] These are integrated health plans whose beneficiaries are eligible for both Medicaid (MassHealth) and Medicare.

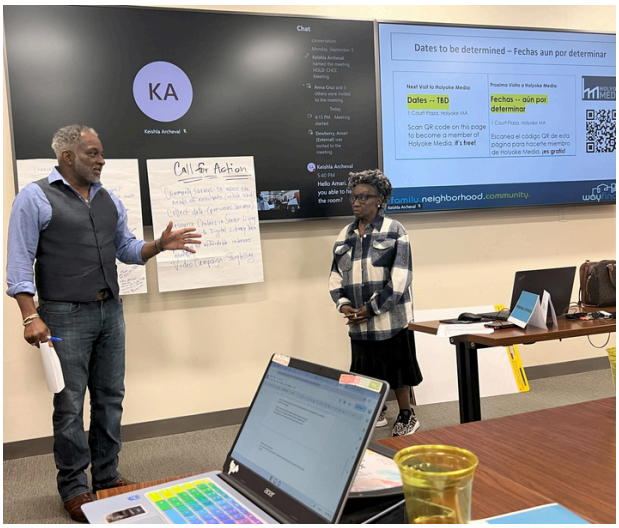
Most ALRs did not have any residents participating in a dual-eligible insurance plan. For example, 210 ALRs reported no traditional residents participating in an SCO and 189 ALRs reported no SCR residents participating in an SCO health plan. At the ALRs with at least one resident participating in an SCO, these residents were typically less than a quarter of Most ALRs did not have any residents participating in a dual-eligible insurance plan. For example, 210 ALRs reported no traditional residents participating in an SCO and 189 ALRs reported no SCR residents participating in an SCO health plan. At the ALRs with at least one resident participating in an SCO, these residents were typically less than a quarter of the residents. Similarly, 170 ALRs reported no traditional residents covered by PACE and 162 ALRs reported no SCR residents covered by a PACE plan. Some ALRs had a high proportion of residents covered by PACE; 11 ALRs had at least 50% of traditional residents covered by PACE, and 3 ALRs had at least 50% of SCR residents covered by PACE. Three ALRs reported traditional residents covered by One Care.

SERVICES

By law, Massachusetts ALRs must offer certain services to residents. Specifically, ALRs must provide "assistance with activities of daily living," (ADLs) which can include help getting dressed, bathing, and so on.[26] ALRs are also required to provide self-administered medication management (SAMM) to residents whose service plans indicate that such management is required.[27] ALRs can choose whether to offer other resident services, such as daycare, transportation, or limited medication administration (LMA).[28]

Medication Assistance

Approximately 64% (174/273) of ALRs reported offering LMA to residents. Of the ALRs with traditional residents, 61% (144/237) offered LMA while 79% (159/202) of the ALRs with SCR residents offered LMA.



In traditional units, residents most commonly received medication assistance only through the SAMM program, while in SCR units, residents most commonly received medication assistance only through a LMA program was most common (Table 7).[29]

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[26] M.G.L. ch. 19D, § 1.
[27] M.G.L. ch. 19D, § 10. For SAMM, ALR staff can remind and assist residents with taking medication. For example, staff can remind a resident when to take medication and open bottles or other containers. They cannot directly administer any medication to a resident.
[28] For LMA, a nurse, an individual designated by the resident, or the resident's representative can administer eye drops, apply medicated cream, and crush medications and place them in a resident's mouth.
[29] For 177 ALRs with traditional residents, the total number of traditional residents listed in the age-by-gender section differed from the total number of residents listed in the medication assistance (LMA/SAMM) section (for 120 ALRs the numbers were identical or the ALRs did not report medication assistance information or age-by-gender information). The differences ranged from -49 to 69. For 70 ALRs with SCR residents, the ALRs reported a different number of residents in the age-by-gender section than in the medication assistance section (for 128 ALRs the numbers were identical or the ALRs did not report medication assistance information or age-by-gender information). The differences ranged from -38 to 40.

Table 7. Number of Residents Receiving Medication Assistance, by Type

Assistance	Traditional	SCR	Residents
SAMM-only	6,581	2,126	8,707
LMA-only	708	2,659	3,367
Both	331	447	778
Neither	4,773	166	4,939
Total	**12,393**	**5,398**	**17,791**

Notes. This table is based on data provided by 238 ALRs (traditional residents), 199 ALRs (SCR residents).

Among ALRs offering LMA and with traditional residents (145 ALRs), the median ALR had 45% of traditional residents receiving SAMM-only, 3% receiving LMA-only, 0% receiving both, and 37% receiving neither. For SCR residents (N=156 ALRs), the respective median percentages were: 0% (SAMM only), 92% (LMA only), 0% (both), and 0% (neither).

Among ALRs not offering LMA and with traditional residents (N=93), the median ALR had 70% traditional residents receiving SAMM, with 30% not receiving SAMM. For SCR residents (N=43 ALRs), the respective median percentages were: 100% (SAMM) and 0% (not receiving SAMM).

Skilled Nursing Care

Approximately 15% (41/273) of ALRs reported having residents receiving basic health services delivered either by the ALR or a contracted provider.[1] Of the ALRs with traditional residents, 15% (36/237) had residents receiving basic health services, and of the ALRs with SCR residents, 15% (31/202) also had residents requiring basic health services delivered either by the ALR or a contracted provider.

[30] Chapter 197 of the Acts of 2024. The Act allows ALRs to offer basic health services defined as "certain services provided at an assisted living residence by employees of the residence that are qualified to administer such services or a qualified third party in accordance with a care order issued by an authorized medical professional; provided, however, that such services shall include all of the following: (i) injections; (ii) the application or replacement of simple non-sterile dressings; (iii) the management of oxygen on a regular and continuing basis; (iv) specimen collection and the completion of a home diagnostic test, including, but not limited to, warfarin, prothrombin or international normalized ratio testing and glucose testing; provided, that such home diagnostic test or monitoring is approved by the United States Food and Drug Administration for home use; and (v) application of ointments or drops."

Table 8. Number of ALR Residents Receiving Basic Health Services in 2024, by Month

Month	Number of Residents	% Change from Previous
January	421	-
February	406	-4%
March	430	6%
April	363	-16%
May	425	17%
June	360	-15%
July	413	15%
August	453	10%
September	599	32%
October	528	-12%
November	456	-14%
December	545	20%

Notes. This figure is based on data provided by 40 ALRs.

Assistance with Activities of Daily Living

Most ALR residents (76%) received help with at least one activity of daily living (Table 9).

Table 9. Residents Receiving Assistance with ADLs

Number of ADLs	Residents	Percentage
0	4,388	24%
1	2,507	14%
2	2,525	14%
3	2,747	15%
4	2,375	13%
5	2,189	12%
6	1,348	7%
Total	18,079	-

Notes. This table is based on data provided by 273 ALRs. Percentages do not sum to 100% due to rounding.

At the ALR level, 23 ALRs had 50% or more of residents receiving no assistance with ADLs, 54 ALRs had 50% or more of residents receiving assistance with one or fewer ADLs, 147 ALRs had 50% or more of residents receiving assistance with two or fewer ADLs, and 209 ALRs had 50% or more of residents receiving assistance with three or fewer ADLs (N=273).[31]

[31] For six ALRs, the total number of residents listed in the age-by-gender section differed from the total number of residents listed in the ADL (the numbers were identical for 253 ALRs and the remaining ALR did not report ADL information). The differences ranged from -12 to 15.

Respondents also reported the number of residents receiving assistance with specific ADLs, and the most common were bathing, dressing/undressing, and grooming/hygiene (Table 10).

Table 10. Residents Receiving Assistance with Specific ADLs

ADL	Residents	Percentage
Bathing	11,426	63%
Dressing/Undressing	9,990	55%
Grooming/Hygiene	7,972	44%
Ambulation	4,879	27%
Eating	1,523	8%
Toileting	6,458	35%

Notes. This figure is based on data provided by 270 ALRs.

Other Services

Roughly 68% (187/273) of ALRs offered residents free transportation for routine medical appointments, 83% (228/273) of ALRs offered free transportation for shopping, and 89% (243/273) of ALRs offered free transportation for social events.

Approximately 2% (6/273) offered daycare for non-residents.

DEPARTURES

ALR residents effectively rent an apartment and can choose to move out when the residency agreement ends. ALRs cannot legally prohibit residents from living in their unit without formally terminating the tenancy and obtaining an eviction order.[32]

Move Outs

ALRs reported that 8,315 residents moved out during 2024 (N=273 ALRs).[33, 34] The median ALR had 32 residents move out during 2024.

Length of Stay

Most ALR residents who moved out had resided in their ALR for fewer than two years (Table 11).

Table 11. Number of Residents, by Length of Stay Before Moving Out

Length of Residency	Residents
< than 3 months	1,423
3-5 months	804
6-8 months	652
9-11 months	673
1 year – 1 year 11 months	1,571
2 years – 2 years 11 months	1,127
3 years – 3 years 11 months	699
4 years – 4 years 11 months	375
5 years – 5 years 11 months	277
6 years – 6 years 11 months	134
7 years – 7 years 11 months	119
8 years – 8 years 11 months	64
9 years – 9 years 11 months	54
10 years – 14 years 11 months	69
15+ years	24
Total	8065

Notes. This table is based on data provided by 273 ALRs. Four ALRs reported that none of their residents moved out during 2024.

[32] M.G.L. ch. 19D § 9.

[33] For each resident who left, ALRs provided both the reasons for moving out and the length of stay before moving out. For 105 ALRs, the total numbers of residents moving out in the reasons section differed from the total number of residents moving out in the length of stay section (168 ALRs reported identical numbers of residents). This report uses the length of stay sum (Table 11).

[34] ALRs also reported the number of unique residents—22,732 residents (N= 262 ALRs). As some ALRs did not report the number of unique residents, AGE cannot calculate the percentage of residents who moved out.

Reason for Moving Out

The most common reason for moving out of the ALR was death, followed by moving to a skilled nursing facility (Table 12).

Table 12. Number of Residents, by Reason for Moving Out (All Residents)

Reason	Residents
Death	3,505
Moved to Skilled Nursing Facility/Higher Care	2,313
Respite Stay Concluded	503
Moved to Another ALR in Massachusetts	461
Returned Home or to Other Independent Living	516
Financial/Non-Payment	567
Moved Out of State	285
Behavior/Aggressive	47
Hospice*	7
Dissatisfaction*	4
Other (*respondent listed or left blank*)	29
Total	**8,237**

** Respondent-listed reason*

Notes. This figure is based on data provided by 272 ALRs. Respondent-listed reasons provided three or fewer times are categorized as Other.

Examining only people who were ALR residents for less than three months, the most common reason for moving out of the ALR was death followed by conclusion of respite stay (Table 13).[35]

[35] For 34 ALRs, the total number of residents listed in the reason-for-leaving-only-residents-staying-less than-three-months differed from the total number of residents listed as staying less than three months (for 239 ALRs, the numbers were identical, or the ALRs had no residents leave within three months, or the ALR did not provide valid data). The differences ranged from -27 to 5.

Table 13. Number of Residents, by Reason for Moving Out (In ALR Less Than 3 Months)

Reason	Residents
Respite Stay Concluded	431
Death	401
Moved to Skilled Nursing Facility/Higher Care	316
Returned Home or to Other Independent Living	199
Moved to Another ALR in Massachusetts	67
Moved Out of State	31
Financial/Non-Payment	44
Behavior/Aggressive	13
Other (*respondent listed or left blank*)	15
Total	**1,517**

** Respondent-listed reason*

Notes. This table is based on data provided by 240 ALRs. Respondent-listed reasons provided three or fewer times are categorized as Other.

SAFETY

ALRs can choose to install video surveillance in public areas or maintain a backup generator to provide electricity during power outages.

Video Surveillance in Public Areas

Approximately 77% (211/273) of ALRs reported having video surveillance. Of these ALRs, 99% (208/211) reported that the surveillance covered main entrances, 94% (196/209) reported the surveillance covered other entrances, 60% (125/208) reported surveilling common areas, and 57% (119/209) reported the surveillance covered hallways.

Backup Generator

Approximately 93% (255/273) of ALRs reported having a backup generator in case of power outage.

FEES

Aside from the roughly 24% of ALRs (53/273) that reported housing affordability restrictions due to government financing requirements (such as 40B, Low Income Housing Tax Credits, Project Based Vouchers), there are no legal restrictions on ALR service fees. Fees vary within an ALR depending on the unit size, amenities, resident services required, residence type, and other factors.

Lowest and Highest Fees

Figures 15 and 16 show the wide range of the lowest and highest monthly fees charged across Massachusetts ALRs serving traditional and SCR residents, respectively. For example, Figure 15 shows there were 21 ALRs whose lowest monthly fees were under $1,000, while only 5 ALRs had their highest monthly fee below $1,000. At the opposite end, 14 ALRs had their highest monthly fees exceeding $15,000 per month, though no ALRs had their lowest fees at this level.

The lowest fee for any traditional resident in Massachusetts was $40 and the lowest for an SCR resident was $80, while the highest fees for a traditional and SCR resident were $20,850 and $22,215 respectively (see Figures 15 and 16 for variation across ALRs). For ALRs with traditional residents, the median lowest monthly fee was $4,228, and the median highest monthly fee was $9,225. For SCR units, the median lowest monthly fee was $7,218 and the median ALR highest fee was $10,886.

Figure 15. Number of ALRs, by Lowest/Highest Fees for Traditional Units (N=238 ALRs)

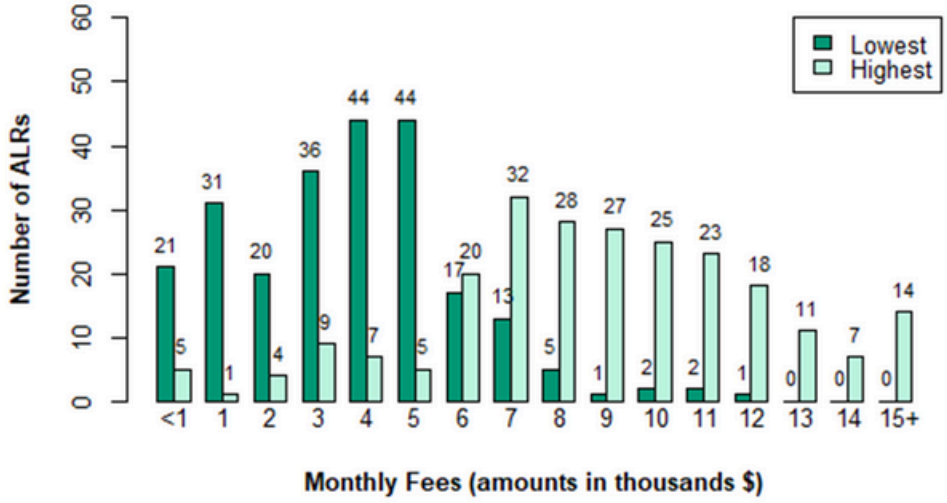
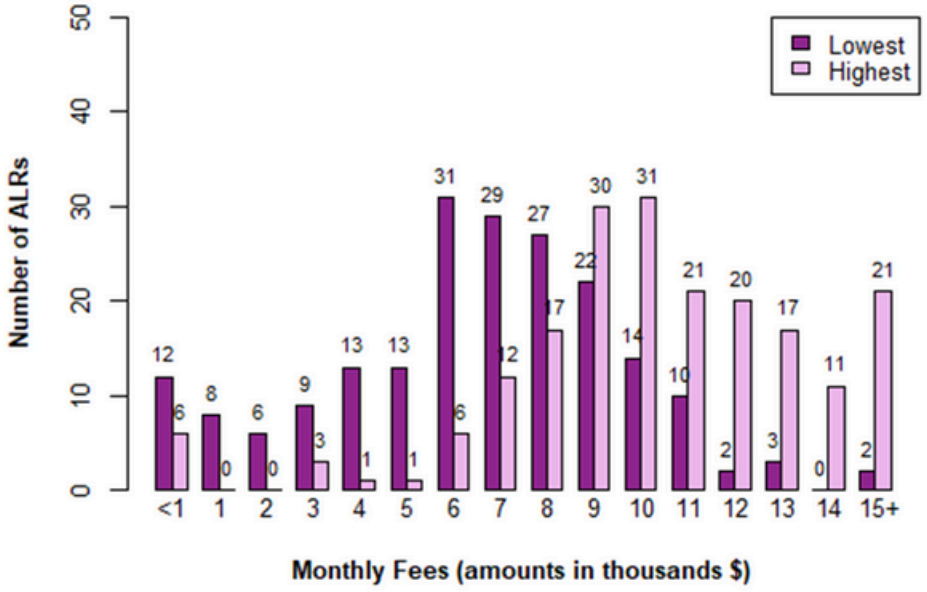


Figure 16. Number of ALRs, by Lowest/Highest Fees for SCR Units (N=203 ALRs)



APPENDIX: DATA COLLECTION AND ANALYSIS

On February 3, 2025, AGE's Director of Assisted Living Certification & Compliance emailed all ALR executive directors with a request to provide ALR 2024 data via an online survey. The email included a link to the survey and informed ALRs that, "in accordance with [regulations] 651 CMR 12.04(13)(a)(2) all Massachusetts certified Assisted Living Residences (ALRs) must submit an accurate report of 2024 information to the Executive Office of Elder Affairs (AGE) on or before March 1st." Attached to the email were survey instructions and a PDF of the survey. LeadingAge Massachusetts and the Massachusetts Assisted Living Association sent reminders to ALRs that did not submit.

Of the 273 ALRs contacted, all submitted at least some survey data.

The complete online survey contained 48 items, and many items had multiple sub-items. The survey used a skip logic where appropriate (for example, ALRs without SCR were not presented with questions about SCRs) such that some ALRs were presented with fewer questions.

Only a few items (such as identifying the ALR and site address) required responses to continue. For the remaining items, after skipping items, respondents would be notified which items had been skipped when they tried to move to the next page.

Respondents

Executive directors typically completed the survey (Table A1).

Table A1. Primary Respondent Title

Title	Frequency Listed
Executive Director	226
Resident Care Director	12
Business Manager or General Manager	10
Clinical and Regulatory Director	4
Owner	4
Chief Operating Officer or Chief Financial Officer	2
Other	15
Total	**273**

Data Inconsistencies and Anomalies

To minimize frustration, AGE did not include automatic logic checks that required respondents to provide consistent information across sections.

The online survey did present information that respondents could use to check the consistency of answers. For example, after the respondent entered the total number of residents in the age-by-gender section, that information would be presented when the respondent entered in the number of residents by race so that respondents could compare the totals (this information was also provided when respondents were reporting ethnicity and ADLs). Similarly, after respondents completed the survey but before submission, the online survey conducted three consistency checks and reported inconsistencies to respondents. Respondents could then choose whether to update their responses. After being informed of these inconsistencies, some respondents did not update their responses.

When respondents submit inconsistent information, AGE cannot easily determine which information is most accurate. For example, if the ALR reports 101 total residents when describing resident gender while reporting 98 total residents when describing resident race, which is correct? As most of the inconsistencies involved a few residents, AGE typically made no changes to the data and noted the inconsistencies in footnotes.

When the inconsistencies led to calculated percentages greater than 100%, AGE changed the data to missing. For example, when reporting the number of units that existed on December 31, 2024 and that were occupied on December 31, 2024, eight ALRs listed more units occupied than units that existed. When calculating the occupancy rate, AGE set the occupancy rate for these ALRs to missing.

AGE Changes and Corrections

The submitted forms also contained clear errors or highly implausible data. In these situations, AGE changed the data to missing or corrected the data.[36] Specifically, AGE made the following changes before analyzing the data:

- Five ALRs reported one traditional unit, one SCR unit, or both. According to AGE records, all ALRs residences have eight or more certified units, and so AGE reclassified the ALR unit numbers according to the number of certified units in AGE records.

[36] When the submitted data was merely improbable—such as a small ALR composed entirely of men, women, or non-binary adults—AGE did not change the data.

- Two ALRs listed a residence type for residences they did not report; AGE set these types to blank.
- The online survey tool incorrectly summed the total number of traditional residents (age and gender) for one ALR. AGE corrected this to the actual sum.
- The online survey tool incorrectly summed the total number of residents (race) for one ALR. AGE corrected this to the actual sum.
- The online survey tool incorrectly summed the total number of residents (ethnicity) for one ALR. AGE corrected this to the actual sum.
- The online survey tool incorrectly summed the total number of ADLs for two ALRs. AGE corrected the total to the actual sum.
- Two ALRs reported that their ALR did not provide LMA services but reported in another section that a number of residents were receiving LMA services. The number of residents receiving LMA appeared to be an error, so AGE set to 0.

Finally, for characteristics, AGE replaced non-responses in some categories with zeros. For example, when respondents provided data for some categories (e.g., 10 women between 80-89) but did not complete the field for the number of men between 90-99, AGE imputed zero men aged 90-99. Because respondents completed some categories (for example, 10 women between 80-89), AGE assumed that the respondent meant to indicate zero residents when leaving the category field blank rather than indicating that the respondent did not know the number. If the respondent left all categories blank, AGE assumed the respondent did not report the relevant information for that characteristic and did not impute zero. AGE performed this imputation for demographic characteristics, medication assistance, number and type of ADLs, and moveout duration and reason.

Calculating the Number of ALRs Providing Valid Information

AGE determined whether an ALR reported valid data for an item (i.e., should be included in the N) as follows:

- ALR Tax Status (Figure 1). AGE considers all submissions as valid data because the online survey requires ALRs to answer this item and select a valid option.
- Executive Directors (Figure 2). AGE considers a response as valid data if the ALR reported between one and 10 directors. (AGE assumes that numbers outside this range are likely errors.)

- Resident Care Directors (Figure 3). AGE considers a response as valid data if the ALR reported between one and 10 directors. (AGE assumes that numbers outside this range are likely errors.)
- Traditional Certified Units (Figure 4). AGE considers a response as valid data if the ALR reported more than zero units. Note that when an ALR indicates one or two units, AGE resets the number to the registered number of units.
- SCR Certified Units (Figure 5). AGE considers a response as valid data if ALR reported more than zero units. Note that when an ALR indicates one or two units, AGE resets the number to the registered number of units.
- Units Occupied (Figure 6). AGE considers a response as valid data if the ALR reported one or more units occupied in December.
- Contracted Providers (Table 1). AGE considers an ALR as providing valid data if the ALR indicated using contracted providers during the year.
- Total Residents (Figure 7). AGE considers a response as valid data if the ALR reported one or more traditional residents when reporting age/gender and one or more SCR residents when reporting age/gender.
- Number of Residents by Month (Table 2). AGE considers a response as valid if the ALR reported more than one resident in any month.
- Traditional Resident Gender (Table 3 and Figure 8). AGE considers the response as valid data if the ALR reported more than one male, female, or non-binary resident. Note this item only appears if the ALR reported traditional units.
- SCR Resident Gender (Table 4 and Figure 9). AGE considers the male/female count as valid data if the ALR reported more than one male, female, or non-binary resident. Note this item only appears if the ALR reported SCR units.
- Resident Race (Figure 10). AGE considers a response as valid data if the ALR reported a number greater than 0 for any race (reporting all residents as race unknown is not considered valid data).
- Resident Ethnicity (Figure 11). AGE considers a response as valid data if the ALR reported a number greater than zero for any race (reporting all residents as ethnicity unknown is not considered valid data).
- Residents with ADRD (Figure 12). AGE considers a response as valid data for traditional/SCR residents if the ALR reported having traditional/SCR units and reported a number, including zero, for traditional/SCR residents with ADRD.
- Residents with Health Care Proxy (Figure 13). AGE considers a response as valid data for traditional/SCR residents if the ALR reported having traditional/SCR units and reported a number, including zero, for traditional/SCR residents with a proxy.

- Residents with MOLST (Figure 14). AGE considers a response as valid data for traditional/SCR residents if the ALR reported having traditional/SCR units and reported a number, including zero, for traditional/SCR residents with a MOLST.
- Residents in Programs/Plans (Table 5). AGE considers a response as valid data for traditional/SCR residents if the ALR reported having traditional/SCR units and reported a number, including zero, for traditional/SCR residents for any program or plan.
- Residents in Housing Programs (Table 6). AGE considers a response as valid data for traditional/SCR residents if the ALR reported having traditional/SCR units and reported a number, including zero, for traditional/SCR residents in a housing program.
- Limited Medication Administration. AGE considers a response as valid data if the ALR selected a response option.
- Number of Residents with Self-Administered Medication Management & Limited Medication Administration (Table 7). AGE considers a response as valid data for traditional/SCR residents if the ALR reported having traditional/SCR units and reported a number, including zero, for traditional/SCR residents receiving assistance.
- Skilled Care. AGE considers a response as valid data if the ALR selected a response option.
- Skilled Care-Monthly (Table 8). AGE considers a response as valid data if the ALR reported a number for any month. Note this item only appears if the ALR reported providing skilled care services.
- Residents Requiring Assistance with Number of Activities of Daily Living (Table 9). AGE considers a response as valid data if the ASAP reported a number, including zero, for any number of ADLs.
- Residents Requiring Assistance with Specific Activities of Daily Living (Table 10). AGE considers a response as valid data if the ASAP reported a number, including zero, for any specific ADL.
- Daycare Programs. AGE considers a response as valid data if the ALR selected a response option.
- Transportation. All submissions count as valid data because ALRs that do not check any boxes might not offer any transportation (i.e., blank responses are a valid response).
- Unique Residents. AGE considers a response a valid data if the ALR reported one or more unique residents.
- Length of Residency (Table 11). AGE considers a response as valid data if the ALR reported a number for any duration.
- Move Out Reasons (Table 12). AGE considers a response as valid data if the ALR reported a number for any reason.
- Move Out Reasons-3 Months or Less (Table 13). AGE considers a response as valid data if the ALR reported a number for any reason.

- Video Surveillance. AGE considers a response as valid data if the ALR selected a response option.
- Surveillance Policy & Procedures. AGE considers a response as valid data if the ALR selected a response option. Note this item only appears if the ALR reported surveillance.
- Video Surveillance Coverage. AGE considers a response as valid if ALR selected at least one response option. Note this item only appears if the ALR reported surveillance.
- Backup Generator. AGE considers a response as valid data if the ALR selected a response option.
- Highest and Lowest Monthly Fees (Figures 15 and 16). AGE considers a response as valid data for traditional/SCR residents if the ALR reported having traditional/SCR units and reported a dollar amount greater than zero for that category of residents.
- Respondent Title (Table A1). All submissions count as valid data because the online survey requires ALRs to answer this item and select a valid option.