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Massachusetts ALR Commission Report

Established by Section 32 of Chapter 197 of the Acts of 2024

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Submitted: MONTH DAY, 2025

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S(1 Rep. Stanley's Written Comments to the Assisted Living Residence Commission

· Establish an "Affordable" ALR Task Force to make recommendations to ensure the safety of "affordable" ALR facilities through enhanced coordination between local (building, health, and fire departments), AGE, and MassHealth.
· Consider separating "affordable" ALRs from fully private-pay ALRs by establishing a new or different certification for "affordable" ALRs.
· Require that ALRs update their emergency plans annually and require that staff training on emergencies occur annually.
· For data collection on incidents (pages 49-57 in the draft ALR Commission Report), release incidents publicly and allow it to be sorted by facility and category.
· Ensure that CNAs in "affordable" ALRs are aware of the LTC bill's CNA training and career ladder program to become LPNs.
· Strengthening AGE's suitability standard during certification to include a more comprehensive review of the background and legal record of ALR applicants.
· Provide AGE with additional tools to monitor and take punitive action against facilities including new abilities to limit, restrict, suspend, or revoke a license for cause and appoint temporary managers.
· Create a capitol fund for no interest or forgivable loans for "affordable" ALRs that have grandfathered facilities to upgrade them to meet modern codes. The Fund will be made up of monies from:
(i) Revenues or other financing sources directed to the fund by appropriation
(ii) Bond revenues authorized by the general court
(iii) Income derived from the investment of amounts credited to the fund or repayments of loans from the fund
(iv) Funds from public or private sources (I.e. gifts, federal or private grants, donations, rebates and settlements)
(v) All other amounts credited or transferred into the fund from any other source

Sullivan, Francis P (ELD), 2025-07-22T15:04:55.011

S(1 0 Chair Stanley would also like to add to his comments a recommendation under the affordability section for the ALR Commission to highlight the https://www.mass.gov/doc/long-term-services-and-supports-feasibility-study-commissioned-by-eohhs/downloa the https://urldefense.com/v3/__https:/www.youtube.com/watch?v=iY1Wt3xrIOM__;!!CPANwP4y!U_dBHg9fYsreys-_rC a long-term solution for making ALRs more affordable and plug the LTSS Commission bill (H.792/S.476) as the best path forward to keeping this discussion going.

Sullivan, Francis P (ELD), 2025-07-22T15:05:26.355

S(2 Rose-Marie Cervone's comment:

I would like to see additional safety recommendations. I also want to see recommendations made in a way that

they are easy and consistent for audit and survey purposes.

Sullivan, Francis P (ELD), 2025-07-22T16:07:18.798

ALR Commission Overview

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Overview

- The ALR Commission was established in 2024 with the enactment of Section 32 of Chapter 197 of the Acts of 2024, An Act to Improve Quality and Oversight of Long-term Care.
- The Commission was chaired by the Secretary of the Executive Office of Aging & Independence, Robin Lipson, and was comprised of a diverse panel of lawmakers, assisted living resident family members, elder law and aging advocates, public health and long-term care experts, and representatives from industry associations and consumer organizations (see full list in Appendix A).
- The Commission met seven (7) times from February to July 2025 and held one (1) public hearing on May 15, 2025.
- The Commission's meetings were held virtually on Zoom.
- The meetings were organized by topic. Commission members and other experts were invited to present on their areas of expertise. Appendix B outlines the meetings and input provided, including the individuals who presented.
- All meetings were subject to the Open Meeting Law and minutes were taken and approved for each meeting.
- All materials considered by the Commission as well as minutes of the Commission's meetings were posted on a publicly-available webpage: https://www.mass.gov/assisted-living-residences-alr-commission
- The Commission was required to submit its recommendations to the Clerks of the Senate and House of Representatives, the Joint Committee on Elder Affairs, and Senate and House Committees on Ways and Means, not later than August 1, 2025.

Legislative Language, Section 32 of Chapter 197 of the Acts of 2024

Goal: Study and recommend policies to ensure assisted living residences adequately meet the health and safety needs of residents

Charge: The Commission was charged with examining:

(i) the current statutory and regulatory oversight of assisted living residences;
(ii) assisted living best practices in other states;
(iii) the impacts of licensing or certifying such residences;
(iv) advertising practices of assisted living residences to potential residents and their families;
(v) regulatory procedures for opening, closing or changing ownership of a residence, including determination of need processes and clustering of facilities;
(vi) trends in incident reports made to the executive office of elder affairs and the long term care ombudsman's office and resolutions of such incidents;
(vii) methods to provide transparency of information for potential consumers and family members researching and comparing residences;
(viii) safety standards;
(ix) existing consumer protections for residents in statutes and regulations; and
(x) basic health services in residences.

Note: *See Comprehensive findings for each charge in slides X-X.*

Deliverable: Submit a report and recommendations not later than August 1, 2025.

- ***Note***: The due date was extended to appropriately account for the tragic fire that occurred at Gabriel House and ensure recommendations reflected lessons learned and systemic changes needed to strengthen resident safety and oversight.

Legislative Language, Section 32 of Chapter 197 of the Acts of 2024 *(cont'd)*

Commission Members: The ALR Commission was required to include the following:

- the Secretary of Aging & Independence, who shall serve as chair;
- the Commissioner of Public Health or a designee;
- the Assistant Secretary of MassHealth or a designee;
- the Long-Term Care Ombudsman or a designee;
- the Chairs of the Joint Committee on Elder Affairs;
  - 1 member to be appointed by the Senate President;
  - 1 member to be appointed by the Speaker of the House of Representatives;
  - 1 member to be appointed by the Minority Leader of the Senate;
  - 1 member to be appointed by the Minority Leader of the House of Representatives;
- 3 members to be appointed by the Governor,
  - 2 of whom shall be residents or family members of residents at an assisted living residence;
- a representative of the Massachusetts chapter of the National Academy of Elder Law Attorneys;
- a representative of LeadingAge Massachusetts, Inc.;
- a representative of the Massachusetts Assisted Living Association,
- Inc.;
- a representative of AARP Massachusetts; a representative of the New England chapter of the Gerontological Advanced Practice Nurses Association;
- a representative of the Massachusetts chapter of the Alzheimer's Association;
- a representative of MassPACE, Inc.; and a representative of Greater Boston Legal Services, Inc.

Commission's Findings & Recommendations

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The Commission's Key Findings

ALRs are an important part of Massachusetts' long-term services continuum and play a vital role in meeting the diverse needs and preferences of older adults by offering a supportive and flexible residential setting.

5 Key Findings:

1. **Disclosure statements are crucial** in helping residents understand what services an ALR can provide to them.
2. A Resident or a Resident's family may not be aware or fully understand how **costs increase** as ~~the Resident's~~ care and support ~~and service~~ needs ~~increase~~ evolve. Also, it may be unclear when a Resident's needs exceed the scope of services offered by an ALR and a transition to another setting may be appropriate. ~~to S(1)ve out of an ALR because of their evolving needs.~~
3. **Staffing and services vary** across ALRs but overall, the **residential model** under which ALRs operate **is often preferred** over institutional settings and **helps reduce loneliness and social isolation.**
4. **Individuals have difficulty accessing information on ALRs,** such as compliance review reports of ALRs and incident reports.
5. **ALRs remain unaffordable for many individuals.**

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Dr. Jessica Zeidman's comment:

key finding 2-The way this is currently framed assumes that support and services are a la carte, while this is the prevailing model this may not be true at all ALRs, is it helpful to acknowledge alternative models.

Sullivan, Francis P (ELD), 2025-07-22T13:35:08.573

Finding # 1 Recommendations | *Standardize Disclosures to Improve Informed Decision-Making*

FINDING # 1: The ALR Commission found that disclosure statements are crucial in helping residents understand what services an ALR can provide to them.

- While current Massachusetts regulations require ALRs to provide disclosure statements on specific topics, the Commission learned that these disclosure statements vary significantly across providers.
- Inconsistency makes it difficult for consumers to compare ALRs and make informed choices.

RECOMMENDATIONS:

- ~~Some Commission members recommend creating~~ Create a **uniform disclosure ~~statement~~ form** in plain language, similar to the approach used in Minnesota, to promote transparency and enable consumers to easily compare key aspects of different ALRs, and make publicly accessible online.
  - A uniform disclosure ~~statement~~ form may include:
    - The fee schedule and costs ~~tiers~~, including payment options (e.g., accepted public funding sources) and any limitations or conditions
    - Services offered
    - Limitations and refund policies (e.g., service limitations, any extra charges, service conditions, etc.)
    - Key resident rights and contract terms

Additional Information:

The Commission also notes that forthcoming regulations from the Massachusetts Office of the Attorney General (AG) on consumer protection will further help address this issue.

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S(1 Dr. Jessica Zeidman's comment
under Recommendations consider adding "uniform disclosure statement in plain language"
Sullivan, Francis P (ELD), 2025-07-22T13:46:02.150

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Finding # 2 Recommendations | *Clarify Criteria and Costs Upon Admission and as Needs Change*

FINDING # 2: A Resident or a Resident's family may not be aware or fully understand ~~the~~ how **costs increase** as ~~the Resident's~~ care and support ~~and service~~ needs ~~increase~~ evolve. Also, it may be unclear when a Resident's needs exceed the scope of services offered by an ALR and a transition to another setting may be appropriate. ~~to move out of an ALR because of their evolving needs.~~

RECOMMENDATIONS:

- ~~**Define**~~ **Clarify the Nursing Scope of Practice ~~for~~ in ALRs.** Clearly define and communicate what nursing services can and cannot be provided ~~in~~ by ALRs to avoid consumer confusion (i.e., the ALR model is not intended to replicate Skilled Nursing Facilities), and require a minimum of at least one full-time licensed nurse at each ALR.
  - ***Note***: AGE has been updating the Assisted Living Certification regulations 651 CMR 12 to incorporate Basic Health Services, as required by Chapter 192 of the Acts of 2024, as well as developing broader regulatory updates to modernize standards across all ALRs. The proposed S(2 regulations will be released for public review and comment.
- **Standardize Assessments.** Require use of a standardized assessment—at admission and when a resident's needs change—that includes common core components (e.g., cognitive status, ADL support needs, medication management, mobility, behavioral health, and clinical risk indicators). Assess the value of a single standardized tool. ~~Cor~~S(1~~er **uniform intake and reevaluation assessments** across all ALRs to:~~ The goals should be:
  - **Improve care consistency**
  - **Enhance predictability** for families regarding services, care level changes, and associated costs
  - **Inform staffing needs**
  - **Promote cost transparency ~~Cost Tiers~~.** Require ALRs to clearly disclose how care level changes may affect costs to help families plan and compare options.

Slide 10

S(1 Dr. Jessica Zeidman's comment:

the phrase, "improve care consistency" is somewhat vague. Is it meant that care units (minutes of care provided) be consistent across ALRs, or that level of service provided consistently meets patient needs?
Sullivan, Francis P (ELD), 2025-07-22T13:38:14.358

S(2 Carolyn Fenn: Nursing Scope of Practice consider language “cannot be provided in ALR’s” to “cannot be provided by ALR’s” to reflect services/care a resident can contract for in addition to what is provided by ALR
Sullivan, Francis P (ELD), 2025-07-22T15:54:37.056

S(3 Brian Doherty and Beth Anderson's comment:

-Promote Transparent Cost Tiers: Not every ALR utilizes “tiers” for pricing and we suggest that this be edited to read “Promote Transparency in Cost.”

-This is repeated in Slide 63
[note the slide numbers have changed]
Sullivan, Francis P (ELD), 2025-07-22T17:08:50.880

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Finding # 3 Recommendations | *Prioritize Socialization and Resident Wellbeing*

FINDING # ~~5~~3: Staffing and services vary across ALRs but overall, the residential model under which ALRs operate is often preferred over institutional settings and helps reduce loneliness and social isolation.

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RECOMMENDATIONS:

- **Assess Standards for Appropriate Staffing Based on Resident Needs.** Building on *Finding #2* and leveraging information gathered through Uniform Disclosure Forms, AGE should assess and study best standards for determining appropriate or baseline staffing levels based on resident acuity and population. This includes evaluating the feasibility and value of a standardized staffing assessment tool or other validated mechanisms. AGE should also examine best practices across residential and institutional care models, in consultation with staffing and aging services experts, to inform future guidance and potential regulatory updates.
- **Support flexibility in staffing ratios** to reflect the specific acuity and care needs of each community rather than applying a one-size-fits-all approach~~, but study best practices in **staffing models for future consideration.**~~ Consider whether future tiers or levels of certification could align staffing expectations with resident needs.
- ~~**The promotion of**~~ **Promote resident and family councils** that are independently run (not ALR-managed) to improve accountability and resident advocacy.
- ~~**The balancing of**~~ **Balance medical and social models,** which includes recognizing the growing acuity in ALRs while preserving their unique community environment.

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S(1 Carolyn Fenn:
do we need to address how staffing will “reflect the specific acuity and care needs of each community”? Will there be a standardized tool or some validated mechanism by which AL certification will be able to measure whether or not this was done or done properly?
Sullivan, Francis P (ELD), 2025-07-22T15:55:16.635

S(2 Beth and Brian's comment:

Support Flexibility in Staffing Ratios: We appreciate these bullets strike a proper balance reflecting Commission discussions and AGE’s regulatory expertise on the nuances and benefits of current staffing regulations.
Sullivan, Francis P (ELD), 2025-07-22T17:09:38.052

Finding # 4 Recommendations | *Enhance Transparency and Access to ALR Information*

FINDING #4: The ALR Commission found that many individuals have ~~issues~~ difficulty accessing public information on ALRs, such as compliance review reports and incident reports. Currently, the public needs to make a public records request to receive this information. Some may find making a public records request to be burdensome, confusing, and time consuming. This hinders residents and families from making fully informed decisions and may reduce accountability for resident safety.

RECOMMENDATIONS:

- **Improve Transparency By Making Key Documents Publicly Available.** AGE is working ~~on making~~ to make information more accessible to the public, including compliance review reports, responses, and notices of final action. AGE will be posting these documents on its website.
- **Leverage AGE's enhanced oversight authority** to strengthen enforcement when resident safety standards are not met. ~~establish appropriate fines to ensure resident safety.~~ In addition to requiring corrective action plans—which are already part of the regulatory process—AGE should establish appropriate fines to ensure timely and effective remediation.

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Dr. Jessica Zeidman's comments:

The intent that may need to be explicitly stated is that transparency fosters resident safety. A secondary reason that may also need to be stated here is that the compliance reports can be used for residents and families to make informed decisions.

under Recommendations, second bullet. Could this be re-worded to 'Establish appropriate fines when resident safety standards are not met'. Consider adding to recommendations a system of follow up - for example, if not meeting safety standards ALR needs to submit a plan of correction and have it reviewed by the AGE team that could be added

Sullivan, Francis P (ELD), 2025-07-22T13:47:28.965

Finding # 5 Recommendations | *Address Affordable Access to ALRs*

FINDING # 5: ALRs are unaffordable for many low-income and middle-income individuals, and existing affordability supports can be difficult to navigate and may be insufficient to meet resident needs.

RECOMMENDATIONS:

- **Encourage Broader Utilization of Existing Pathways Available to Low-Income Individuals.** There is an opportunity to strengthen education and outreach to Assisted Living Residences (ALRs) about how they can leverage existing pathways—such as PACE, SCO, GAFC, and other Medicaid-covered services—to support more diverse resident populations. However, these pathways can be challenging to patch together, and additional efforts should identify gaps where services or subsidies fall short.
- **Promote ALR Partnerships with PACE and SCO Providers.** ALRs and payors (e.g., PACE organizations and SCO plans) should be supported in developing stronger partnerships and contracting arrangements to enhance service offerings, align care coordination, and expand access for residents who may have limited means.
- **Increase Awareness of Housing and Financial Supports.** ~~Educating ALR operators about Social Security benefits, housing subsidies, and other affordability programs can help them better diversify their resident population and offer housing options to individuals across a broader range of income levels~~. Educate ALR operators about affordability programs to help diversify resident populations. At the same time, state agencies—including AGE, MassHealth, and DTA—should work together to improve data-sharing and eligibility coordination to ensure that residents who may qualify for benefits such as the SSI-G supplement are identified and enrolled. While few additional housing affordability options are readily available, greater focus on ensuring that all eligible residents access existing financial supports could help reduce resident financial strain.
- **Support Industry Education on Covered Services.** Enhanced training and resources for the ALR industry can help operators more fully understand what services may already be covered by Medicare, Medicaid, and integrated/managed care plans, enabling them to build financial models that support residents in accessing safety net supports.
- **Educate Residents and Families on Total Costs and How to Avoid Hidden or Junk Fees.** Consistent with *Finding #4*, ALRs should be encouraged to clearly disclose the full cost of residency—including base rates, care level increases, and any non-optional or add-on fees. Transparent communication can help residents and families make informed decisions, plan ahead, and avoid financial strain from unexpected or unclear charges, hidden or junk fees.

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Finding # 5 Recommendations | *Address Access to Affordable ~~Access to~~ ALRs (cont'd)*

- **Establish an Interagency & Expert Task Force Focused on Affordable Assisted Living.** Some ALRs serve primarily lower income residents and are considered "affordable" ALRs. Given the financing and the resident characteristics, these affordable ALRs usually involve interaction with multiple state agencies. For example:
  - The Executive Office of Aging & Independence provides oversight and certification
  - MassHousing or the Executive Office of Housing and Livable Communities (EOHLC) provides financing for the development of the property and/or operating subsidies.
  - The Department of Transitional Assistance provides SSI State Supplement Program payments to some residents
  - MassHealth provides health insurance and care coordination for some residents and/or contracts with the ALR to provide supports directly
    - Reminder: MassHealth cannot pay for room & board
  - The Department of Mental Health (DMH) and Department of Developmental Services (DDS) may have consumers residing at the ALR

The Task Force should be charged with:

- Creating a definition of "affordable" ALR and an inventory of all affordable ALRs in the Commonwealth
- Understanding and providing recommendations regarding the housing and services financing model for each existing affordable ALR, and a model for future affordable ALRs (e.g., levers within SCO and PACE programs, as well as Group Adult Foster Care; waiver options; intersections with the Long-Term Services & Supports Feasibility Study, etc.)
- Identifying any additional oversight or regulation needed
- Consult with external stakeholders as needed to achieve the above goals.

Finding # 6 Recommendations | *Strengthen Safety, Emergency & Life-Safety*

FINDING # 6: TBD

RECOMMENDATIONS:

- **Top-to-Bottom Review of Assisted Living Regulations.** In addition to regulatory revisions underway to comply with Basic Health Services, AGE will immediately commence a comprehensive review of the Assisted Living regulations to ensure that they adequately address Resident safety.
- Additional recommendations to be discussed in future meetings
- The Executive Office of Aging & Independence is in the process of promulgating regulations regarding Basic Health Services.

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Additional Recommendations Submitted by Commission Members but Not Thoroughly Discussed

- **Eliminate Forced Arbitration Clauses** and expand legal protections aligned with consumer protection laws such as M.G.L. c. 93A.
- **Enhance Long-Term Care Ombudsman Program (LTCOP) Engagement** by requiring that all eviction notices be sent to the LTCOP and that resources for contacting LTCOPs are highly visible in each residence.
- **Consider advance Certified Medication Aides (CMA)** in ALRs to support limited medication administration and relieve staffing pressures (note: this would require statutory and regulatory changes).

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S(1 Dr. Jessica Zeidman's comment:

clarification for bullet pertaining to CMAs - I believe this would require statutory change (not just regulatory change). Presently limitation on the scope of practice to long-term care facilities is in statute.
Sullivan, Francis P (ELD), 2025-07-22T13:49:03.920

Public Hearing Testimony & Findings

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Public Hearing Testimony Summary

- **Attendance Overview**
  - **Total Registered Attendees:** 57

- **Written Testimony Participation**
  - **Total Written Testimonies Provided:** 12
  - **Position Summary:**
    - 7 testimonies: Change Needed
    - 3 testimonies: Support Status Quo
    - 1 testimony: Commentary specific to pending legislation (H.791/S.474)
    - 1 testimony: change needed or status quo classification not applicable

- **Key Themes Raised:**
  1. **Assessments** – Processes, transparency, and consistency across providers.
  2. **Basic Health Services** – Expansion and billing considerations.
  3. **Staffing Levels** – Adequacy and flexibility based on resident needs.
  4. **Family Involvement** – Importance of resident and family councils.
  5. **Resident Advocates** – Emphasis on preserving the resident-centered model.

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Public Hearing Testimony Findings

- **12 individuals spoke at the public hearing**
- **What We Heard**
  - Valuable input from industry professionals, policy leaders, and advocates.
  - Recommendations to:
    - Enhance consumer protections.
    - Improve transparency in pricing and survey reporting.
    - Expand service options thoughtfully.

- **What Was Missing**
  - Limited attendance and testimony from **residents and family members.**
  - Hearing format (virtual webinar) and **lack of broad public awareness** may have impacted participation.
  - Opportunity remains to **proactively engage residents and families** through future outreach and targeted listening sessions.

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Commission's Findings by Charge

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(i) the current statutory and regulatory oversight of assisted living residences

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Current Statutory and Regulatory Oversight

- **Statutory Framework**
  - **Governing Statute:** M.G.L. c. 19D (since 1994)
  - **Regulations:** 651 CMR 12.00 (established 1996)
  - **Model:** Residential housing with service supports, not medical facilities
  - **Key Consumer Protections:**
    - Oversight under landlord-tenant law
    - Biennial certification by AGE (Annual for ALRs offering Basic Health Services starting 2025)
    - Disclosure of ownership and operational transparency
- **Oversight Responsibilities**
  - **Executive Office of Aging & Independence (AGE),** formerly the Executive Office of Elder Affairs (EOEA)
    - Certification, inspection, and compliance monitoring
    - Unannounced inspections and enforcement authority
    - Mandated corrective plans for deficiencies
    - Emergency actions allowed to protect resident safety

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Recent Reforms and Regulatory Enhancements

- **Major Updates: Chapter 197 of the Acts of 2024**
  - **Basic Health Services Now Permitted:**
    - Injections, simple dressing changes, oxygen management, specimen collection, ointment application
  - **Enhanced Transparency:**
    - Ownership disclosure lowered from 25% to 5% threshold
  - **Strengthened Enforcement:**
    - Authority to impose fines (up to $500/day)
    - Whistleblower protections for employees and residents

- **Long-Term Care Ombudsman Program (LTCOP)**
  - Independent resident advocacy with direct access to resolve complaints
  - ALRs required to post Ombudsman contact information

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Key Takeaways

Current Oversight

- Oversight anchored in M.G.L. c. 19D and 651 CMR 12.00
- Recent reforms (2024) significantly enhanced AGE authority
- Certification and inspections required for continued operation
- Ombudsman program supports resident protections

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(ii) assisted living best practices in other states

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Best Practices from Other States: Assisted Living Oversight and Service Models

- **Tailored Health Services (National Trend)**
  - Most states allow ALRs to choose which health services to offer.
  - Massachusetts' "all or none" Basic Health Services model is more rigid.
  - ~~*Related Recommendation*: Support phased adoption of services to give ALRs flexibility.~~

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- **Certified Medication Aides (CMAs)**
  - Many states allow trained non-nurses to administer medications, freeing nurses for more complex care.
  - *Related Recommendation*: Introduce legislation to expand CMAs into ALRs via Limited Medication Administration (LMA) adjustments.

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- **Acuity-Based Staffing Models**
  - States like Oregon require staffing based on resident acuity rather than static ratios.
  - *Related Recommendation*: Maintain flexible staffing aligned to resident needs, not a one-size-fits-all approach.

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S(1 Dr. Jessica Zeidman's comment:

change related recommendation to, "Introduce legislation to expand CMAs into ALRs via Limited Medication Administration (LMA) adjustments.
Sullivan, Francis P (ELD), 2025-07-22T13:50:29.438

S(2 Beth and Brian's comment:

What is meant by a “phased adoption of services”?
Sullivan, Francis P (ELD), 2025-07-22T17:10:23.177

Best Practices for Dementia Care and Consumer Protections

- **Dementia Care Innovations**
  - **Enhanced Dementia Training (Minnesota, Virginia, Maine)**
    - Higher training hours, skills assessments, and written disclosure of training to families.
    - *Related Recommendation:* Expand dementia training and disclosure requirements in MA.
  - **Dedicated Licensing for Dementia Units (Minnesota, Indiana, Oklahoma)**
    - Requires clear marketing, licensing, and service disclosure for memory care units.
    - *Related Recommendation:* Support transparency and disclosure for specialized care units.

- **Strengthened Resident Protections**
  - **Involuntary Discharge Safeguards (Colorado, Virginia)**
    - Written notices, clear appeal processes, and steps to resolve underlying issues.
    - *Related Recommendation:* Enhance discharge protections to better support residents' rights.
  - **Electronic Monitoring Standards**
    - Other states emphasize resident consent and control over monitoring.
    - *Related Recommendation:* Massachusetts may consider formalizing electronic monitoring policies.

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Access, Affordability, and Transparency

- **Increasing Access for Low-Income Residents**
  - **Frail Elder Waivers in Other States (DC, Ohio, California)**
    - Medicaid waivers in other states specifically support assisted living access.
    - *Related Recommendation:* Educate ALRs on existing pathways (PACE, SCO, GAFC) to expand access.

- **Transparency Tools**
  - **Uniform Disclosure Checklists (Minnesota)**
    - Required pre-contract disclosures to improve consumer decision-making.
    - *Related Recommendation:* Support standardized disclosure forms to promote clarity and comparability.

- **Connecticut's Managed Residential Model**
  - Separate licensure for building and services promotes flexibility.
  - Uses Medicaid to fund personal care, but residents still pay room and board.
  - Highlights affordability challenges similar to Massachusetts.

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S(1 Beth and Brian's comment:

We urge the Commission to recommend making the Frail Elder Waiver available to assisted living residents in the Commonwealth, in addition to educating on existing pathways. This is one of the areas where consumer advocates and provider advocates have been in agreement that it should be explored, with the understanding that implementation may not be an option in the near term. We could take steps now to design and prepare for what the expansion would look like. For additional context, we have participated in discussions with providers facilitated by OLTSS on how to enhance PACE and SCO utilization, which have not led to major increases in utilization, as the challenge remains rates and that those programs only cover a portion of what is provided in the assisted living model.

Sullivan, Francis P (ELD), 2025-07-22T17:10:57.021

Key Takeaways

Best Practices in Other States

- Flexibility in offering Basic Health Services (i.e., do not require all ALRs to provide Basic Health Services)
- Certified Medication Assistants (CMAs) to support medication management
- Acuity-based staffing
- Uniform disclosures to improve consumer decision-making

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(iii) the impacts of licensing or certifying such residences

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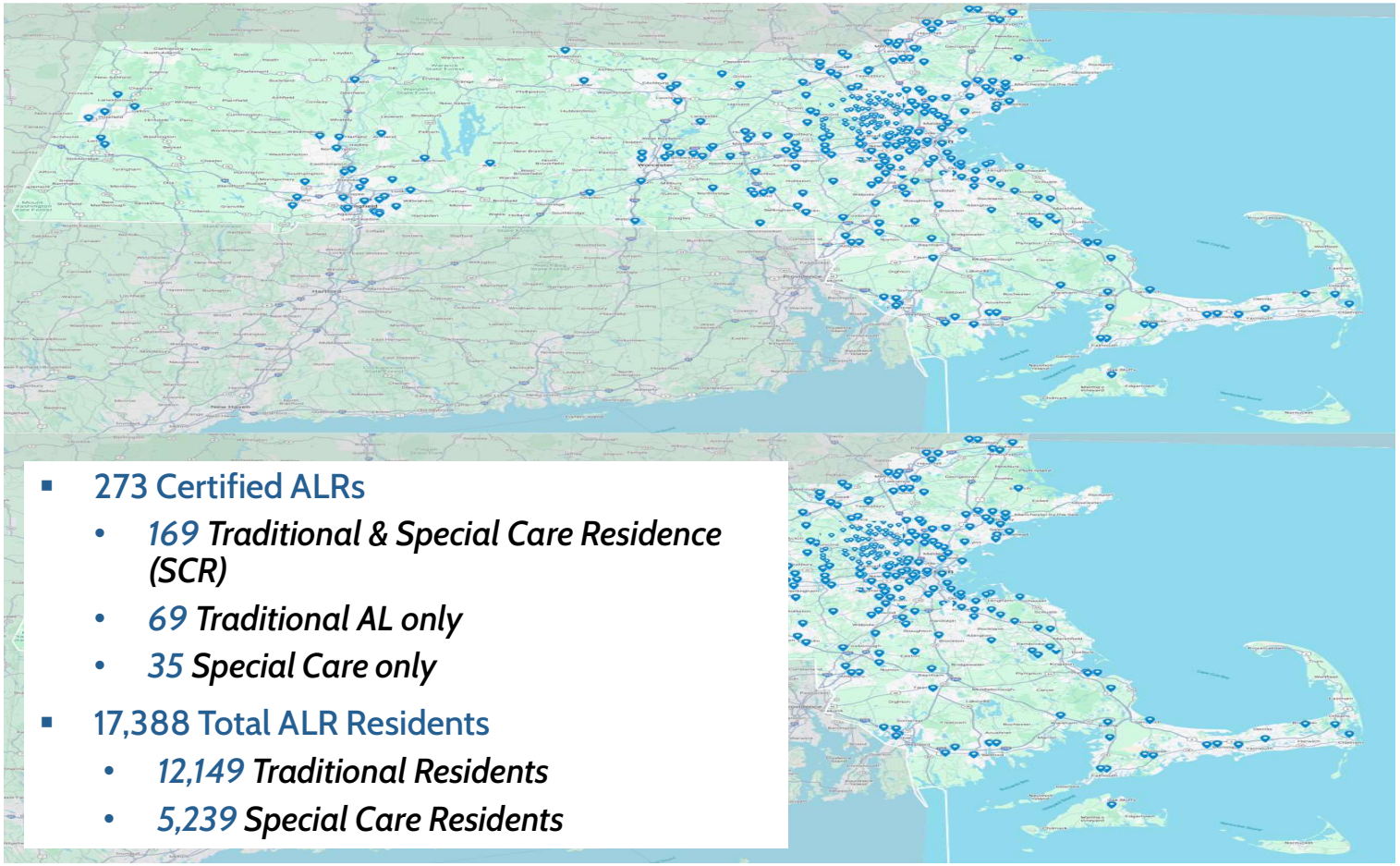
Certified ALRs in Massachusetts



- 273 Certified ALRs
  - *169 Traditional & Special Care Residence (SCR)*
  - *69 Traditional AL only*
  - *35 Special Care only*
- 17,388 Total ALR Residents
  - *12,149 Traditional Residents*
  - *5,239 Special Care Residents*

Impacts of Certifying ALRs in Massachusetts

- **Key Findings:**
  - **Certification Establishes Baseline Protections:**
    - No ALR can operate or advertise without certification by AGE (Executive Office of Aging & Independence).
    - Biennial (or annual for ALRs that become certified to provide Basic Health Services) inspections help ensure continued compliance with care, staffing, and resident rights standards.
  - **Strengthened Oversight Through Recent Reforms (2024 Legislation):**
    - New Basic Health Services (BHS) certification requires **annual review**.
    - Expanded enforcement authority: fines up to **$500/day** and **whistleblower protections**.
    - Increased transparency: mandatory disclosure of individuals with **5%+ ownership interest**.
  - **Specialized Dementia Care Standards:**
    - Enhanced staffing, service planning, and safety standards for Special Care Residences.
    - Ongoing, dementia-specific staff training requirements.
  - **Active Compliance Monitoring:**
    - Unannounced inspections, incident reporting, complaint tracking, public record requests, and operational change reviews.
    - AGE has authority to **modify, suspend, or revoke certifications**.

- **Ties to Recommendations:**
  - Stronger enforcement and transparency provisions directly support recommendations to improve **consumer protections** and **accountability** in ALRs.

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S(2

Certification | *Important Considerations*

What Works Well

- **Statewide Certification Requirement:** All ALRs must be certified by AGE to operate or advertise, ensuring baseline regulatory oversight.
- **Biennial (or Annual) Compliance Reviews:** Regular on-site inspections and renewal processes promote accountability and ongoing quality monitoring.
- **Clear Regulatory Standards:** Certification sets expectations for service delivery, resident rights, staffing qualifications, and medication management.
- **Increased Transparency:** Recent reforms strengthen ownership disclosure requirements and improve public visibility into ALR operations.
- **Enforcement Tools:** ~~AGE can impose fines,~~ Revoke or alter certifications, and respond swiftly to immediate threats to resident safety.
- **Ombudsman Access:** Residents have dedicated advocacy channels through the Long-Term Care Ombudsman program.

Areas to Explore for Future Consideration

S(1

- **Staffing Ratios:** Regulations do not prescribe minimum staff-to-resident ratios, creating variability in staffing models.
- **Resident Assessments:** ALRs are not required to use a standardized assessment tool to evaluate resident needs or appropriateness for assisted living.
- ~~**Price Regulation:** Certification does not regulate ALR fees or limit cost increases; affordability remains a concern.~~
- **Equity in Access:** ALRs are not required to accept residents using public subsidies (e.g., GAFC, SSI-G), which may limit access for low-income individuals.

Industry Perspective

- The ALR industry highlights that **increasing regulatory requirements often leads to higher operating costs.**
- These costs are typically **absorbed by residents, potentially impacting affordability** in an already expensive housing and care setting.
- Ongoing discussions focus on **balancing regulatory oversight with maintaining access and affordability.**

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Slide 33

S(1 Beth and Brian's comment:

What Works Well: The imposition of fines by AGE is listed under a column of "What Works Well." We don't believe that this statement belongs in this section as the imposition of fines in assisted living has not yet begun. We have yet to see how the imposition of fines will work in assisted living.

- Draft regulations on how fines will work in this context have not yet been released, and the public has not had an opportunity for comment.
- Following the promulgation of regulations, it will take time to understand the impact that fines have on the certification process.
- Mass-ALA urges AGE to implement fines in a way that "works well" and is shaped by potential for adverse outcomes. Fines can be implemented and utilized effectively while still giving providers clarity and predictability. A regulatory structure that gives providers clarity on timing, predictability on what infractions will warrant a fine, and transparency and limits on fine amounts will achieve the goals of utilizing this new tool in a way that is workable for ALRs.

Sullivan, Francis P (ELD), 2025-07-22T17:11:39.974

S(2 Beth and Brian's comment:

Areas to Explore for Future Consideration: We are unsure why Price Regulation is included in this section and what the goal of exploring this area for future consideration would be. The draft is correct that certification does not regulate fees or costs and affordability does remain a concern, however, we are unaware of evidence or data that price regulation would be a solution.

- Industry Perspective: We would suggest the below edits to more accurately characterize the Mass-ALA's industry perspective.
  - The ALR industry highlights that increasing regulatory requirements often leads to higher operating costs.
  - These costs are typically absorbed by residents, potentially impacting affordability in an already expensive housing and care setting.
  - Residents and families typically prefer to choose their preferred level of services and amenities rather than having to pay for a more institutionalized environment before they need it.
  - Ongoing discussions focus on balancing regulatory oversight with maintaining access and affordability.

-

ALRs should not be regulated like SNFs since it is a much different setting and bright lines on the continuum are good for consumers.

Sullivan, Francis P (ELD), 2025-07-22T17:12:14.692

Key Takeaways

Impacts of Certification

- **Benefits**: Accountability, transparency, stronger enforcement
- **Challenges**: No staffing ratios, no price regulation, affordability concerns
- **Industry view**: Increased regulation may drive up resident costs

S(1

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Slide 34

S(1 Beth and Brian's comment:

Unclear why “no price regulation” is included as a challenge on the impacts of certification. The Commission broadly agreed on issues of affordability, but price regulation is a very different topic and would require much further discussion on how that would be applied to an industry that is consumer-driven and largely private-pay.
Sullivan, Francis P (ELD), 2025-07-22T17:12:38.427

(iv) advertising practices of assisted living residences to potential residents and their families

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Current ALR Advertising Practices in Massachusetts

- **Certification Required:**
  ALRs must be certified by the Executive Office of Aging & Independence (AGE) to advertise as an assisted living residence.

- **Pre-Certification Advertising:**
  Permitted *only if* the certification process has been formally initiated **and** all materials clearly state that certification is pending.

- **Consumer Protection Aligned:**
  ALR advertising is subject to Massachusetts consumer protection laws (Chapter 93A), requiring accuracy, transparency, and fairness.

- **Massachusetts requires detailed upfront disclosures:**
  - Residency agreements must include:
    - Scope of services
    - Fees, payment schedules, and refund policies
    - Admission and discharge criteria
    - Resident rights
    - Staffing levels and emergency protocols
    - *Note: Disclosure format is not standardized making comparison across ALRs more challenging*

- **Residency agreement required before move-in.**
  ALR advertising falls under the Massachusetts consumer protection statute (Chapter 93A): **false or deceptive** practices carry potential civil and administrative penalties.

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What Works Well & Areas to Watch

What Works Well

- **Certification is Required**
  Only certified ALRs can advertise as assisted living residences, protecting consumers from misleading promotions.
- **Pre-Certification Advertising Allowed with Disclosure**
  ALRs can advertise before certification **if** they clearly state certification is pending.

Areas to Watch

Issue	Description
Fee Structure	Advertising "no hidden fees" while charging undisclosed community or service fees
Hidden Fees	Not specifying purpose or refundability of upfront charges
Promises	Overpromising resident experience (e.g., staff-to-resident ratio, care levels)

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Key Takeaways

Advertising Practices

- Certification Required to Advertise as an ALR
- Pre-Certification Advertising Allowed with Disclosure
- Advertising Is Covered by Consumer Protection Laws
- Disclosure of Services and Fees Required—But Not Standardized
- Residency agreements must include key information (e.g., services offered, fees, refund policies), but formats vary across providers, limiting comparability for consumers.
- A uniform disclosure format—like those used in Minnesota—could improve clarity, comparability, and informed consumer decision-making.

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(v) regulatory procedures for opening, closing or changing ownership of a residence, including determination of need processes and clustering of facilities

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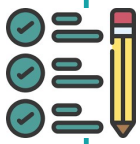
Opening an ALR | *Application Submission & Initial Certification*

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 addressed 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 de-licensure or decertification being imposed

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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)

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Opening an ALR | *Denial Criteria*

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

- Applicants have a history of serious violations, patient abuse, or facility closures due to non-compliance.
- Entities failed to correct health and safety deficiencies at other facilities
- 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

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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)

Slide 43

S(1 Carolyn Fenn:

Is AGE notification same timeframe as sponsor notification? Also, we would request language to include LTCOP notice receipt at the same time as residents/NOK as we often receive frantic calls from stakeholders when they receive notices.

Sullivan, Francis P (ELD), 2025-07-22T15:56:15.855

Transferring Ownership of an ALR

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Notification & Pre-Transfer Requirements

- Applies when any party acquires ≥ 5% 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

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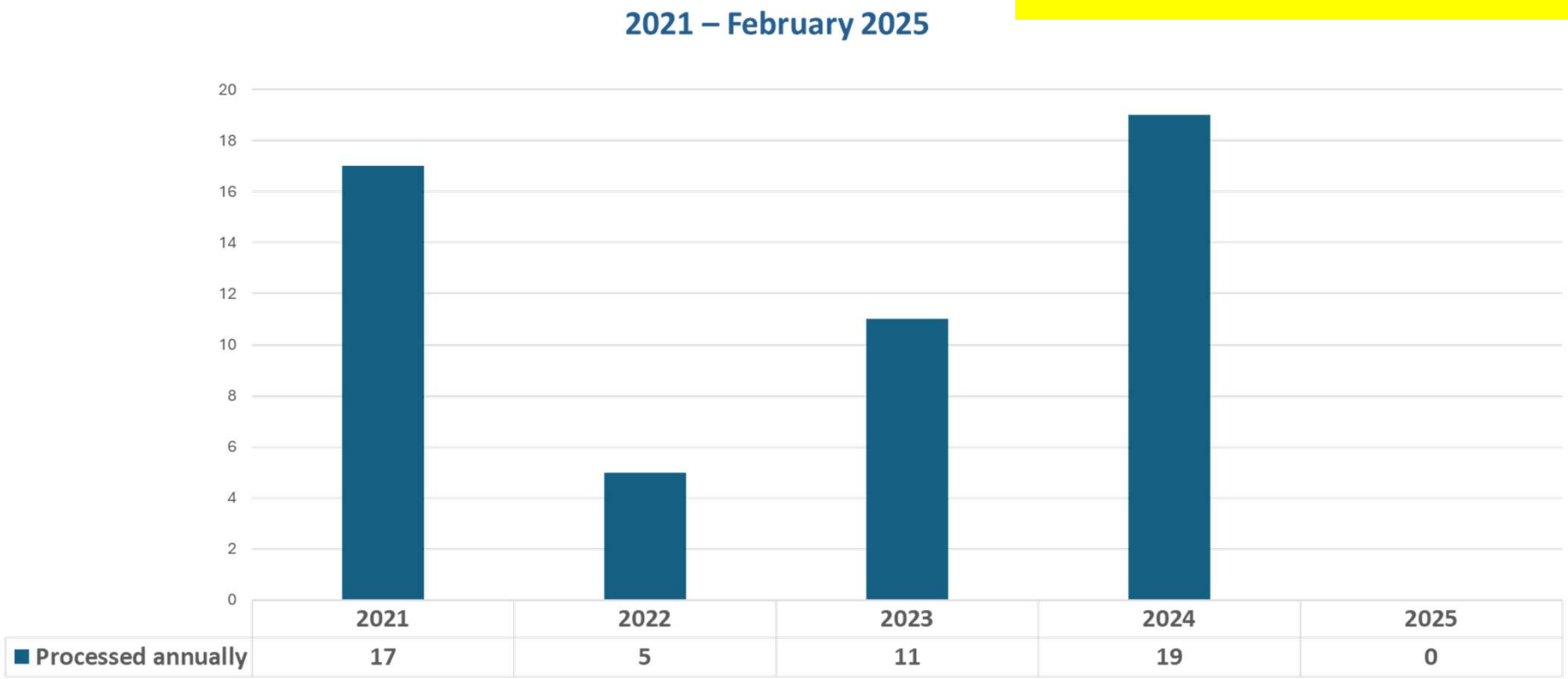
Slide 44

S(1 Carolyn Fenn:
We would request language to include LTCOP notice receipt here as well
Sullivan, Francis P (ELD), 2025-07-22T15:58:57.842

Transfer / Change of Ownership Trends

To be updated to include 2025 numbers



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Clustering Considerations

Clustering of ALRs:

- No formal "determS(1ation of need" process (unlike hospitals or nursing homes)
- AGE monitors the **geographic distribution of ALRs** across Massachusetts.
- Clustering tends to occur in:
  - **Densely populated areas**
  - **Areas with aging population**

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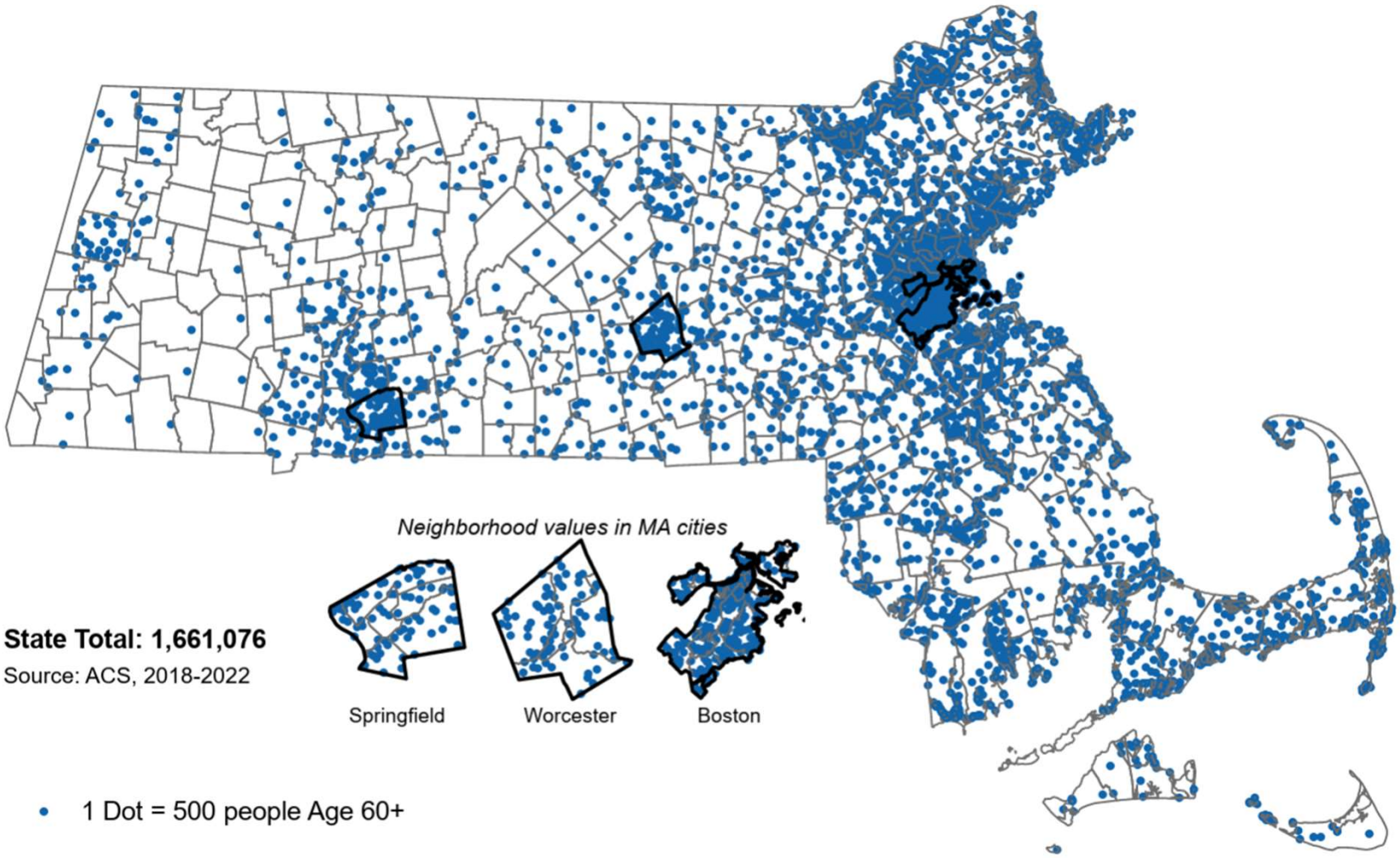
Slide 46

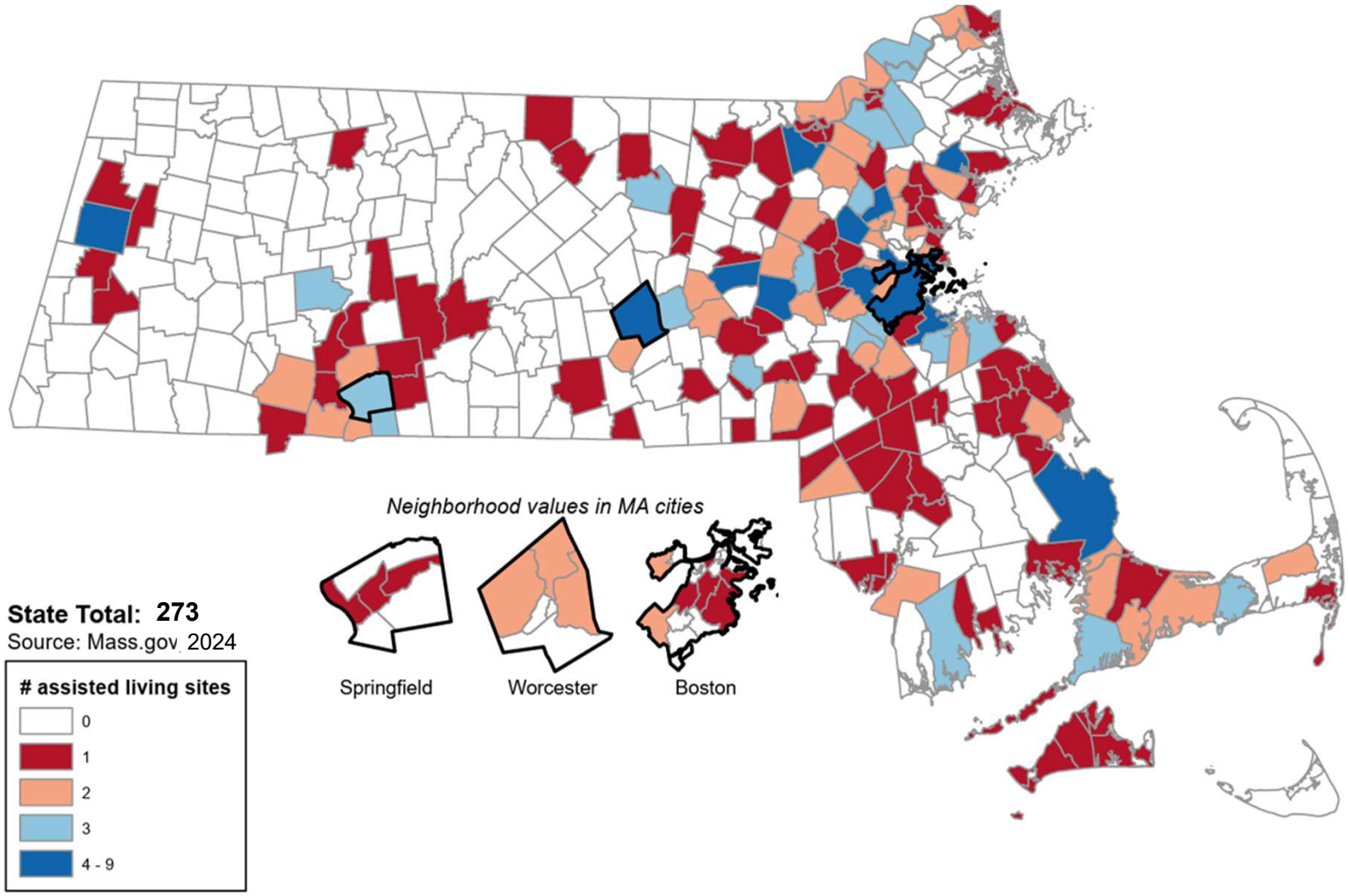
S(1 Dr. Jessica Zeidman's comments:

is there also clustering in regions with certain SES? If so, does report want to comment on that?
Sullivan, Francis P (ELD), 2025-07-22T13:51:53.705

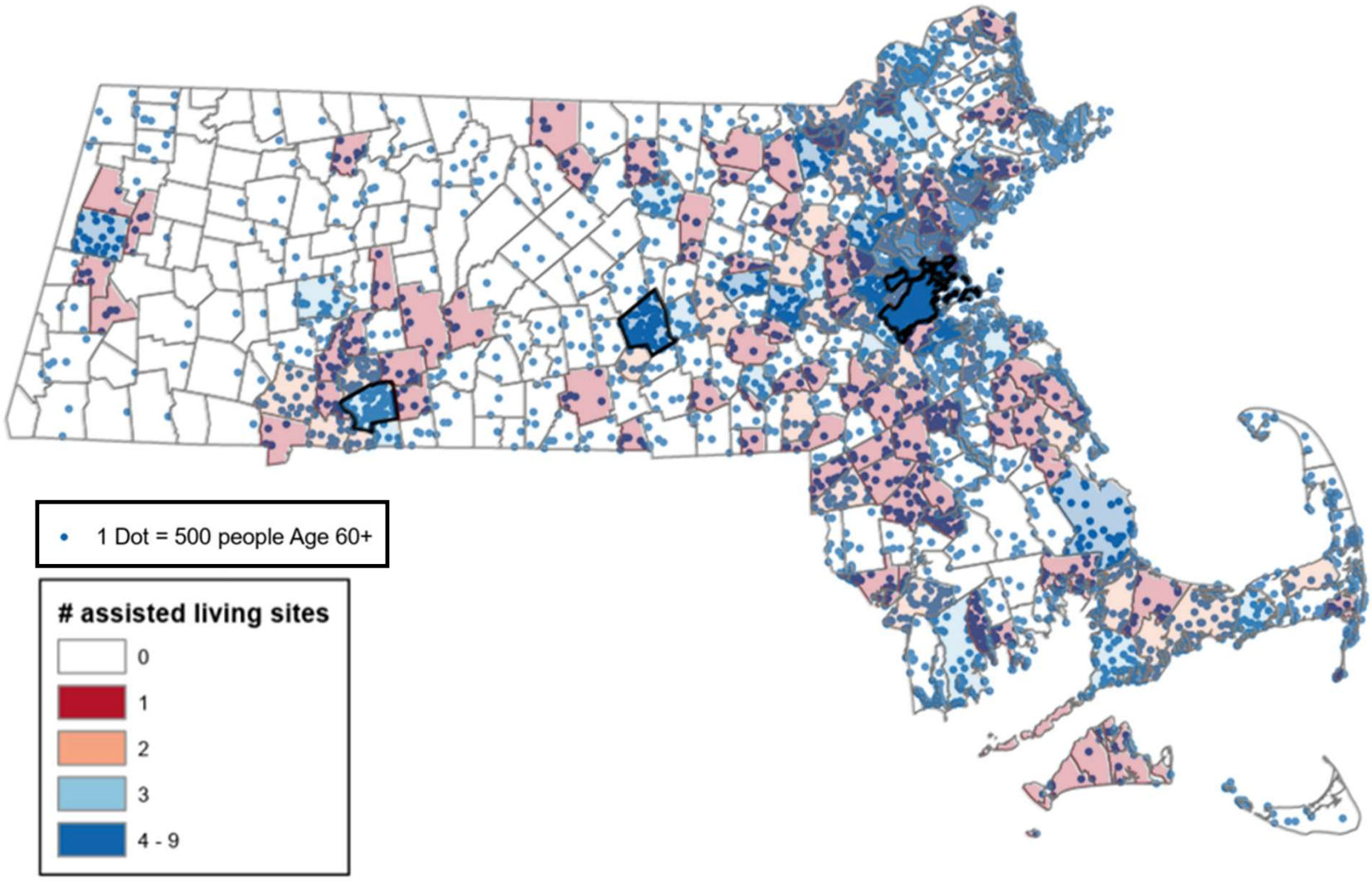
Density of Population Age 60+ Years



Number of Assisted Living Sites



Density of Population Age 60+ Years & Number of ALRs



Key Takeaways

Opening, Closing and Ownership

- Certification process includes inspection, ownership disclosure, and compliance checks
- Closures and CHOWs require resident and AGE notification
- AGE has discretion to deny applications based on past violations
- No formal Determination of Need process

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Slide 50

S(1 Carolyn Fenn:

Are past violations the only consideration for AGE discretion to deny applications? If so, would urge consideration of other factors such as criminal record or sanctions for owners/principals, financial stability/history of bankruptcy proceedings, violations in other states, capacity/competency to provide services, to name a few

Sullivan, Francis P (ELD), 2025-07-22T15:58:57.936

(vi) trends in incident reports made to the executive office of elder affairs and the long term care ombudsman's office and resolutions of such incidents

S(1

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Slide 51

S(1 Dr. Jessica Zeidman's comment:

can content be added to this section about AGE staff role and follow up?
Sullivan, Francis P (ELD), 2025-07-22T13:52:50.457

Understanding Incidents and Complaints in ALRs

What is an Incident?

- Reportable event t[S(1] occurs within the residence.
- Must be reported by the ALR to the Executive Office of Aging & Independence (AGE) within required timeframes.
- Examples: falls, medication errors, elopement, unexpected death.

What is a Complaint?

- Raised by a resident, family member, staff, or the public about concerns in the residence.
- Often reported to the Long-Term Care (LTC) Ombudsman's Office or to AGE.
- Examples: concerns about care quality, resident rights, billing practices.

Who Handles What?

AGE ALR Certification Unit	LTC Ombudsman Program*
Oversees ALR certification and compliance.	Advocates for residents in ALRs, nursing homes, and rest homes.
Reviews incident reports.	Investigates and resolves resident complaints.
Conducts routine and unplanned compliance reviews.	Works directly with residents, families, and staff to address concerns.
Can issue enforcement actions.	Independent resident-focused advocacy.

**LTC Ombudsman Program only works with current residents of an ALR and cannot assist or advocate once a Resident has moved on from the ALR.*

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Slide 52

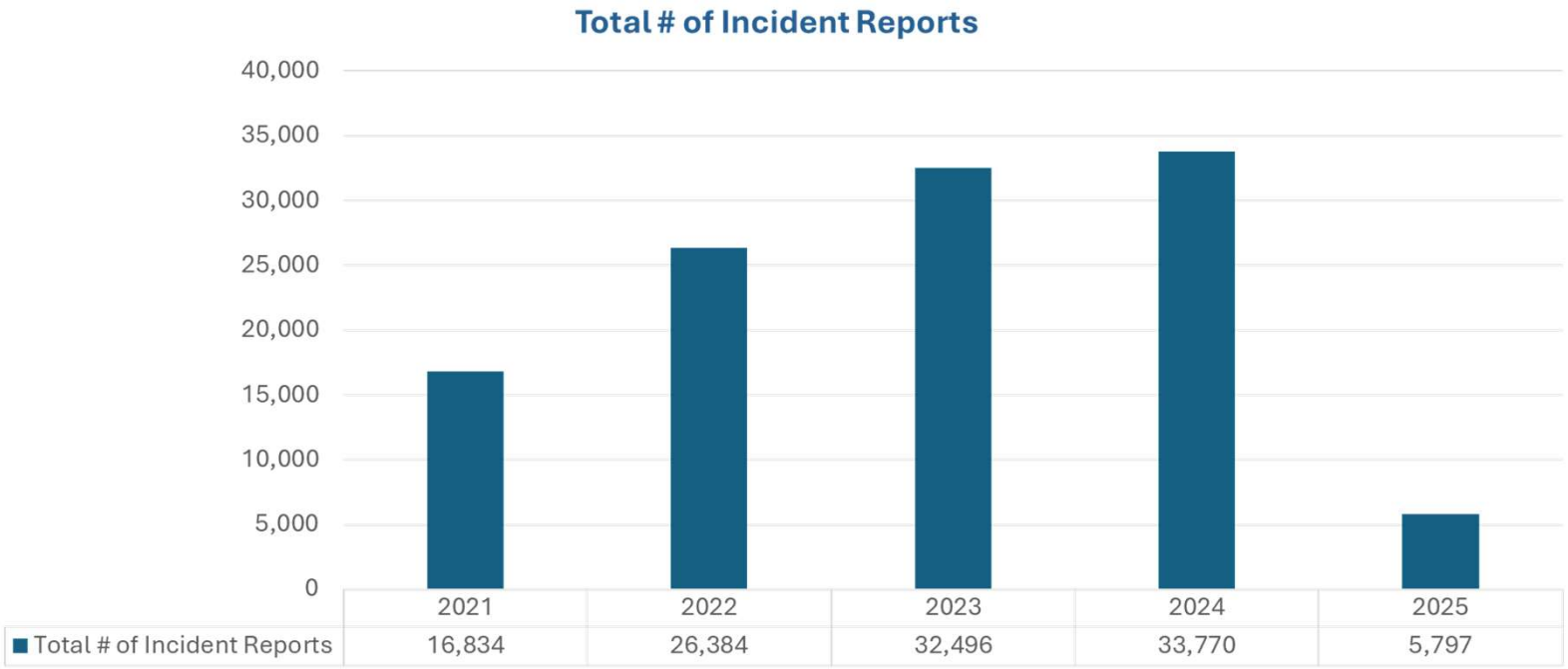
S(1 Dr. Jessica Zeidman's comment:

under, "what is an incident?" - is it any fall or any fall with injury?
Sullivan, Francis P (ELD), 2025-07-22T13:53:31.880

ALR Incident Report Trends | *Volume*

Key Trends:

- Steady increase in incident report submissions over time.
- Increase is partly due to enhanced training and guidance provided by AGE emphasizing the importance of transparent reporting.
- ALRs are encouraged to 'report when in doubt' to support proactive oversight.



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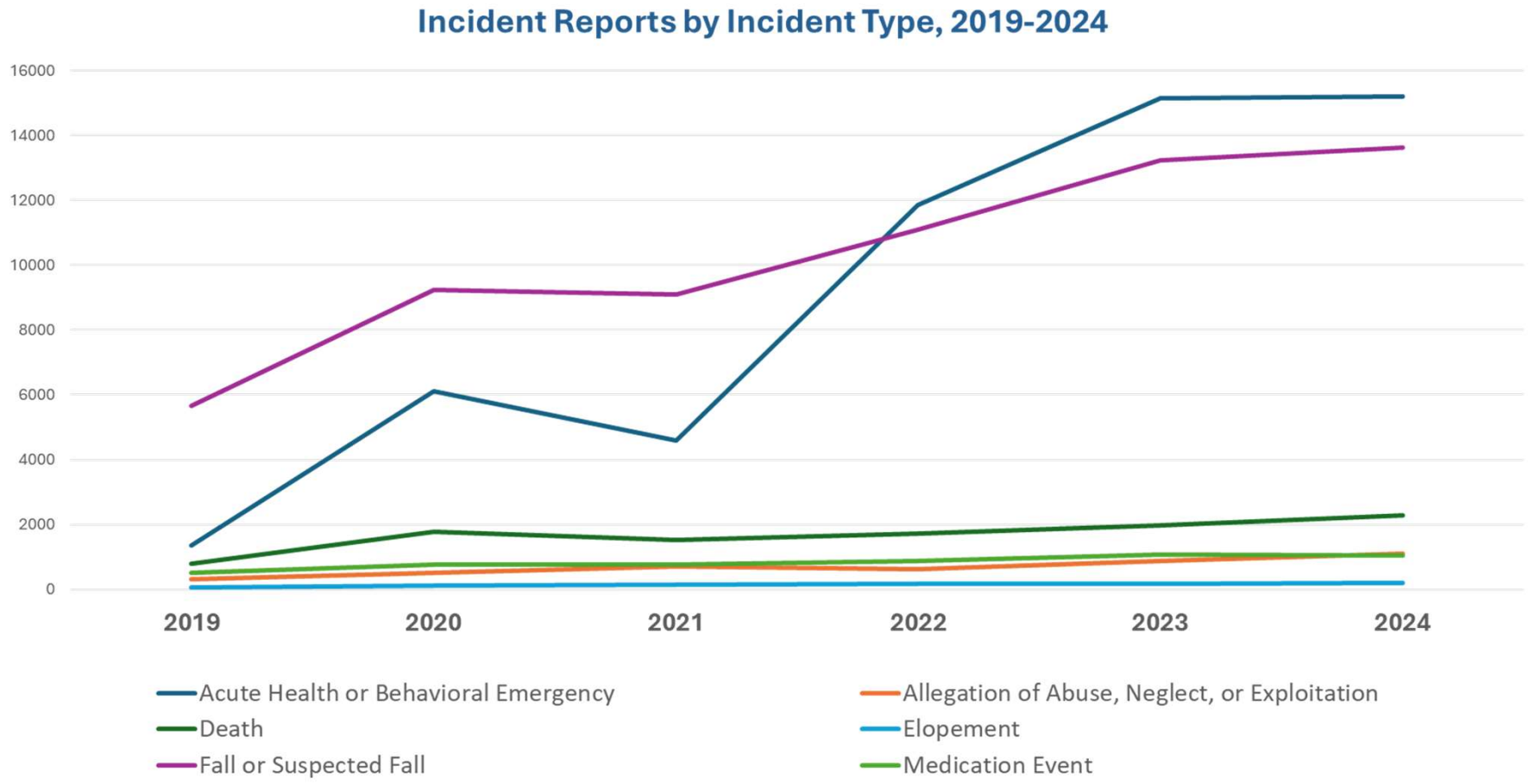
ALR Incident Report Trends | *Types*



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ALR Incident Report Trends | *Volume by Type*

INCIDENT TYPE	COUNT					
Year	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Acute Health or Behavioral Emergency	1,345	6,117	4,603	11,843	15,141	15,207
Allegation of Abuse, Neglect, or Exploitation	312	502	703	634	876	1,088
Death	783	1,765	1,513	1,726	1,982	2,289
Elopement	67	129	151	181	183	200
Fall or Suspected Fall	5,658	9,251	9,108	11,110	13,241	13,631
Medication Event	504	754	757	880	1,060	1,031
Grand Total	**8,669**	**18,518**	**16,835**	**26,375**	**32,483**	**33,446**

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Long Term Care (LTC) Ombudsman Program

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- Purpose: Provide free advocacy for residents living in nursing homes, rest homes, and assisted living residences
- Funding: Federal and state resources

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- Key Activities:
  - Investigate & Resolve Complaints (e.g., care quality, resident rights, billing, discharges)
  - Advocate for Resident Rights (e.g., promote dignity, choice, and quality of life)
  - Educate Residents, Families & Staff (e.g., resident rights, care options, complaint process)
  - Visit Facilities Regularly (e.g., build relationships and identify issues early)
  - Support Resident & Family Councils (e.g., strengthen self-advocacy and community voice)
  - Collaborate with State Agencies (e.g., Coordinate with AGE, DPH, and others)
  - Promote System-Level Improvements (e.g., address trends and recommend policy changes)
- **Staff and Population Served:**
  - 41 paid Ombudsman staff and 199 Certified Volunteer Ombudsmen, who last year donated 15,797 hours to the program.
  - They provided advocacy to over 65,000 residents living in over 683 nursing homes, rest homes, and assisted living residences across the State.

Slide 56

S(1 Dr. Jessica Zeidman'c comment:

we believe there is an ombudsperson assigned to each LTC facility, would be good to make that clear here
Sullivan, Francis P (ELD), 2025-07-22T13:54:36.881

S(2 Carolyn Fenn:

updated data for FFY24
o # paid ombudsman = 41
o # Ombudsman Volunteers = 206
o # donated hors = 17,923
Sullivan, Francis P (ELD), 2025-07-22T15:58:58.061

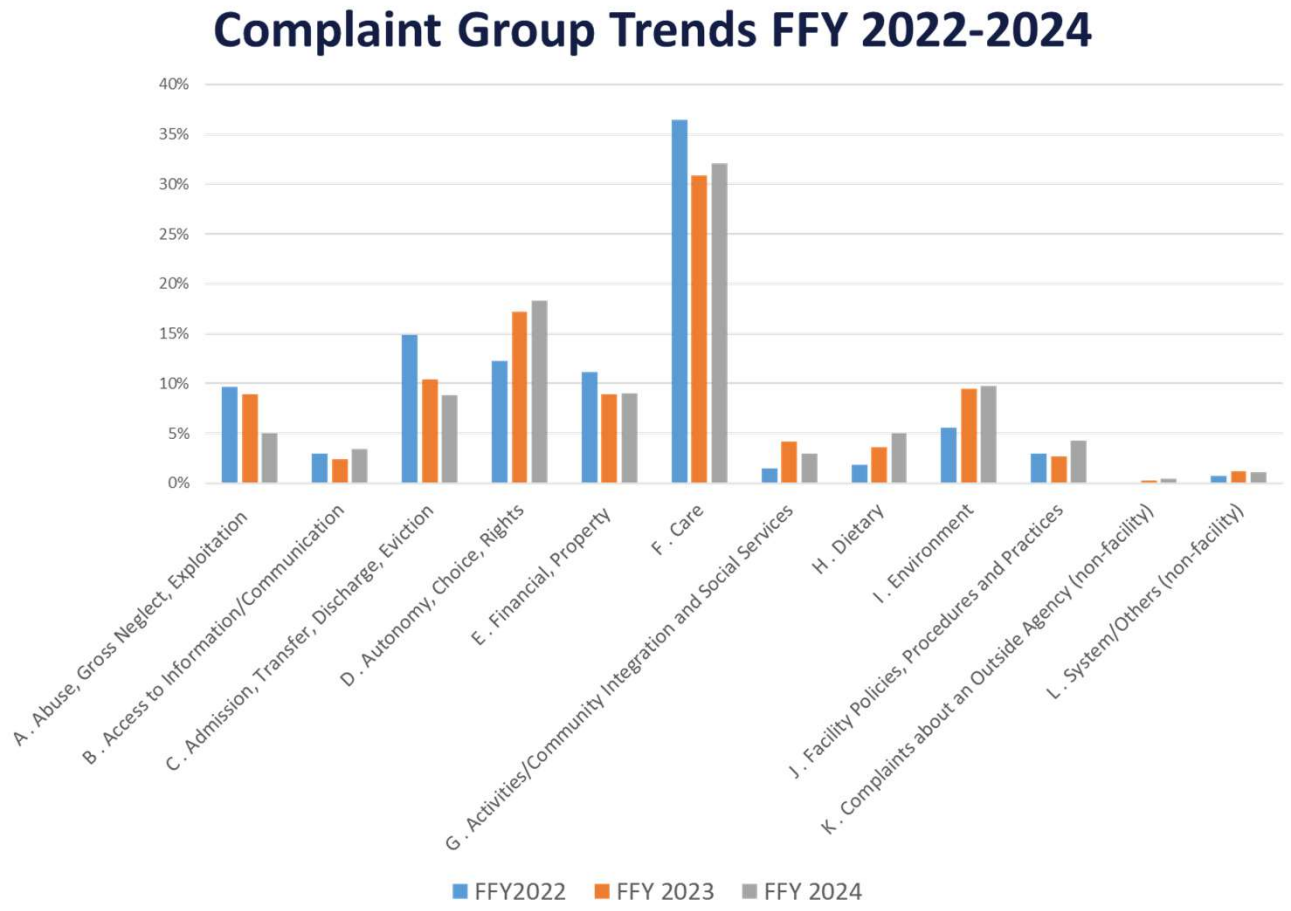
LTC Ombudsman Program | *FFY2024 Complaint Outcomes*

The program worked to resolve

443

complaints initiated by residents, their families, and other concerned individuals.

LTC Ombudsman Program | *Distribution of Complaint Types*



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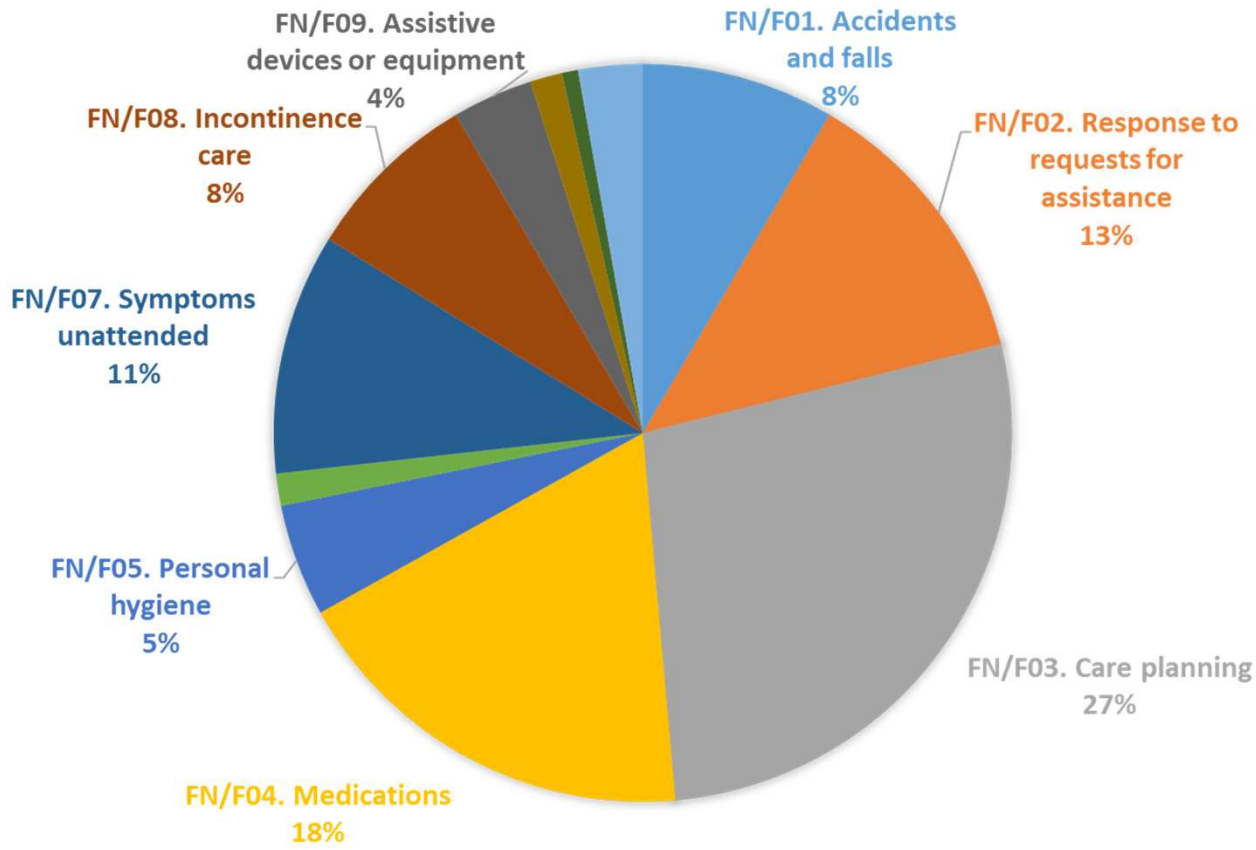
LTC Ombudsman Program | *FFY 2024 Care Complaints Detail*



S(1 Dr. Jessica Zeidman's comment:

increase in incidents due in part to improved reporting, which is wonderful. However, given numbers of events related to medical complexity, would recommend including comment to explore/increase supports to reduce those which can be (eg falls).

Sullivan, Francis P (ELD), 2025-07-22T13:55:11.773

Key Takeaways

Trends

- Incident reports rising, in part due to improved training
- Most complaints resolved satisfactorily by LTC Ombudsman Program
- Still limited real-time, centralized public visibility
- Recommend strengthening reporting transparency

DRAFT – NOT FOR DISTRIBUTION

(vii) methods to provide transparency of information for potential consumers and family members researching and comparing residences

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Why Transparency Matters in Assisted Living

- **Key Considerations for Families and Residents:**
  - Choosing an Assisted Living Residence (ALR) is a significant life decision.
  - Consumers need **clear, accessible, and comparable information** to make informed choices.
  - Transparency helps families:
    - Understand care offerings and limitations.
    - Compare costs and contract terms.
    - Evaluate safety and quality records.

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Current Transparency Practices in Massachusetts

What's Available Today:

- ALR Directory: Basic contact information
- Certification Status: Publicly available through the Executive Office of Aging & Independence (AGE)
- Incident Reports: Available upon request, but not centralized or user-friendly
- Documents that AGE makes or receives are subject to the Massachusetts Public Records Law.

Challenges:

- Information is fragmented across sources
- Limited standardization across facilities
- Consumers often rely on word-of-mouth or marketing materials

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Slide 63

S(1 Beth and Brian's comment:

We encourage AGE to include the Mass-ALA Resource Guide in this list
Sullivan, Francis P (ELD), 2025-07-22T17:13:16.302

Opportunities for Improvement

Making ALR Information Easier to Find and Understand:

- **Online Consumer Portal:**
  - Searchable database with filters (e.g., location, pricing, services offered, safety records)
- **Standardized One-Page Summaries:**
  - Key details on costs, services, staff qualifications, and safety history
- **Public Posting of Key Reports:**
  - Inspection results, incident trends and ownership changes

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Considerations for Massachusetts

Ideas for Enhancing Transparency:

- **Uniform Disclosure Statement.** Require all ALRs to use a standardized, consumer-friendly disclosure form (similar to Minnesota's model) that clearly presents:
  - Fee schedules and cost tiers
  - Services offered
  - Refund policies
  - Key resident rights and contract terms
- **Expand Public Access to Compliance Results.**
  - Publish enhanced, easy-to-navigate online information
  - Regularly update and display ALR compliance review results, inspection reports, and significant incident trends
- **Define Nursing Scope of Practice for ALRs.** Clearly communicate what nursing services can and cannot be provided in ALRs to avoid consumer confusion.
- **Standardize Assessments.** Consider **uniform intake and reevaluation assessments** across all ALRs to:
  - Improve care consistency
  - Enhance predictability for families regarding services, care level changes, and associated costs
- **Promote Transparent Cost Tiers.** Require ALRs to clearly disclose how care level changes may affect costs to help families plan and compare options.

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Slide 65

S(1 Carolyn Fenn:

repeat of p. 10 “what nursing services can and cannot be provide “in” versus “by” ALR’s?
Sullivan, Francis P (ELD), 2025-07-22T16:00:55.392

Key Takeaways

Transparency

- **Consumers Need Clear, Comparable Information.** Choosing an ALR is a major life decision—families need access to consistent data on services, safety, and costs.
- **Current Information is Fragmented.** While certification status and incident reports are available, they are spread across sources and not easily accessible or standardized.
- **Lack of Standardization Makes Comparisons Difficult.** Fee structures, service offerings, and contract terms vary widely, with no uniform disclosure format to aid decision-making.
- **The Commission recommends:**
  - A uniform disclosure statement outlining key cost and service information
  - An online portal with searchable compliance and service data
  - Public posting of inspection results, incident trends, and ownership changes

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(viii) safety standards

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Core Services Required at All ALRs

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

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Slide 68

S(1 Dr. Jessica Zeidman's comments:

Under "Assistance with ADLs" add eating/feeding
Sullivan, Francis P (ELD), 2025-07-22T13:56:09.180

Other Types of Support

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

Additional points to keep in mind:

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

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Safety Standards

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

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

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

S(1

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

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Slide 70

S(1 Dr. Jessica Zeidman's comment:

under emergency preparedness for annual simulated evacuation drills - Noting that the CMS standard for nursing homes is quarterly drills and that they must be held on different shifts. This would be considered a best practice for all settings.
Kate Fillo provided the following resource
https://www.ahcancal.org/News-and-Communications/Blog/Pages/Conducting-Effective-and-Compliant-Fire-Dril
Sullivan, Francis P (ELD), 2025-07-22T13:57:00.494

Quality Assurance & Performance Improvement

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

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

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Key Takeaways

Safety Standards

- **Core Safety Supports Are Required in All ALRs**. ALRs must provide assistance with ADLs and IADLs, 24/7 staff or emergency response systems, and secure, accessible private living spaces.
- **Environmental and Emergency Protocols.** Residences must comply with building and fire codes, maintain emergency plans, and conduct evacuation drills across all shifts.
- **Incident Reporting is Mandatory.** Significant negative events (e.g., falls, infections, elopements) must be reported to AGE within 24 hours.
- **Ongoing Quality Assurance is Required.** ALRs must maintain performance improvement programs, conduct service and medication audits, and have anonymous issue reporting systems.
- **Areas for Continued Attention:**
  - ALRs vary in their ability to support higher-acuity physical needs (e.g., lifts or two-person transfers);
  - Consumers should confirm capabilities before move-in.

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(ix) existing consumer protections for residents in statutes and regulations

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Consumer Protections for ALR Residents | *Current*

Certification & Oversight: AGE certifies ALRs, conducts biennial visits and enforces compliance

Resident Rights: Rights under Chapter 19D including refusal of services, participation in service plans, privacy protections, and landlord-tenant protections apply

Landlord-Tenant Law: ALRs subject to landlord-tenant law including security deposit rules (SJC ruling 2019)

Financial Protections: Prohibition on ALR control of resident funds; transparency on fees; Medicaid estate recovery limited to federal minimum

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Consumer Service Quality & Safety Protections | *Current*

- Individualized service plans with resident involvement

- To prevent inappropriate placements:
  - ALRs must ensure residents receive proper assessments before and during their stay
  - ALRs cannot admit residents requiring 24-hour skilled nursing supervision unless the resident elects to receive Basic Health Services from residences that are certified to provide such services or from qualified third parties
  - Skilled nursing beyond Basic Health Services care can only be provided under specific conditions, such as through certified home health agencies

- 24/7 on-site staff and emergency response systems required

- Mandatory reporting of incidents affecting residents within 24 hours to AGE

- Elder abuse protections and mandatory reporting laws apply

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Consumer Protections for ALR Residents | *Forthcoming Enhancements (1 of 2)*

Chapter 197 of the Acts of 2024, introduced significant reforms within ALRs to enhance transparency, expand service offerings, and strengthen enforcement.

Key Enhancements:

- **ALRs may become certified to directly provide Basic Health Services, which include:**
  - Injections,
  - Simple dressing changes,
  - Oxygen management,
  - Specimen collection with home diagnostic tests, and
  - Applying ointments or drops.

- **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.

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Consumer Protections for ALR Residents | *Forthcoming Enhancements (2 of 2)*

Mass. Gen. Laws, Chapter 93A, Massachusetts' Attorney General's Office (AGO) is drafting consumer protection regulations for ALRs under the consumer protection statute (Mass. Gen. Laws, Chapter 93A)

Key Enhancements:

- **Prohibit unfair and deceptive business practices**
- **Authorize the Attorney General to promulgate regulations requiring disclosures about contractual terms**
- **Allow for declaration of certain acts and practices as unlawful**

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Key Takeaways

Consumer Protections

- **Foundational Protections in Statute and Regulation**. M.G.L. c. 19D and 651 CMR 12.00 require individualized service planning, pre-admission assessments, and incident reporting.
- **Enhanced Protections Through 2024 Reforms (Ch. 197).**
  - ALRs can now be certified to offer Basic Health Services (BHS)
  - AGE can impose fines and require greater transparency
  - Whistleblower protections prohibit retaliation against those reporting violations
- **Forthcoming Consumer Protection Regulations Under Ch. 93A**. The Attorney General is developing regulations to:
  - Ban unfair/deceptive practices
  - Mandate standardized disclosures
  - Declare specific violations unlawful
- **Ombudsman Program Provides Independent Advocacy**. Residents have access to LTC Ombudsman support for complaints, education, and rights advocacy.

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S(1 Dr. Jessica Zeidman's comment:

under enhance protections - if you need to/want to address where fines go when they are levied, could consider something analogous to DPH. DPH has a QI fund that state fines go into that is used for educational programs to improve quality of care at facilities.

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(x) basic health services in residences

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Basic Health Services

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

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

**Including but not limited to warfarin, prothrombin or International Normalized Ratio (INR) testing and glucose testing, provided such home diagnostic testing or monitoring is approved by the US FDA for home use*

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Integrating Basic Health Services with Residential Model

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

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- **Training, staffing, and infrastructure needs:**
  - Ensuring staff competencies for injections, oxygen management, diagnostic testing
  - Staffing level needed to safely support Basic Health Services under review as proposed ALR regulations are being drafted

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S(1 Dr. Jessica Zeidman's comment:

second bullet add "nursing" -"still excludes 24/7 skilled nursing care"
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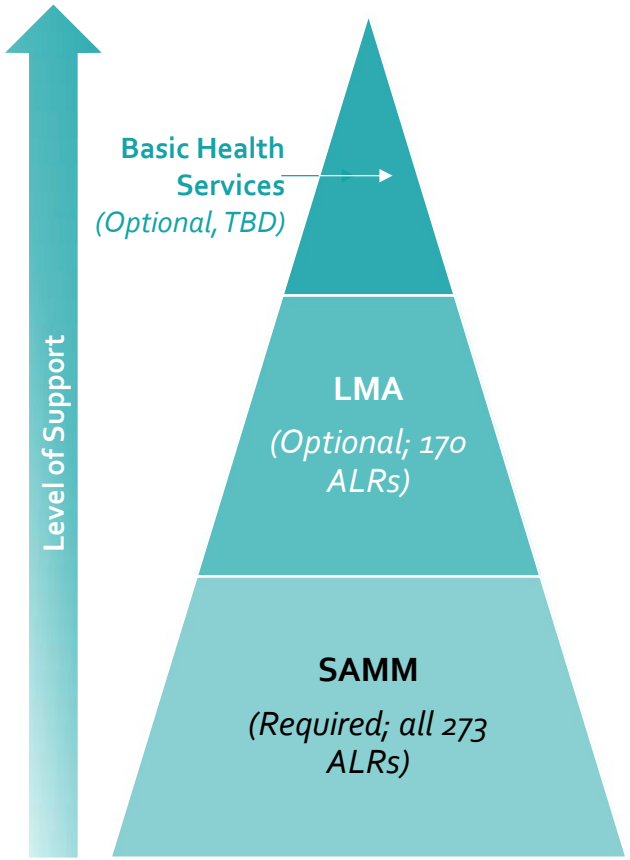
Medication Support Levels



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

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Key Takeaways

Basic Health Services (BHS)

- **New Authority for ALRs to Offer Basic Health Services On-Site,** which includes:
  - Injections
  - Simple dressing changes
  - Oxygen management
  - Specimen collection (e.g., glucose testing)
  - Ointment or drop application
- **Certification Requirements are Enhanced.** ALRs offering BHS must undergo annual reviews, maintain updated operating plans, and demonstrate staff competency and safety protocols.
- **BHS Do Not Replace Skilled Nursing Care.** ALRs offering BHS are still not licensed for 24/7 skilled nursing; higher-acuity care must be provided via home health agencies or transitions.
- **Supports Aging in Place When Safely Delivered.** When implemented with appropriate staffing and training, BHS can reduce avoidable transitions and improve continuity of care.

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S(1 Dr. Jessica Zeidman’s comment:

under bullet, "BHS Do not replace skilled nursing care" at end of text add "...transition to appropriate care settings"

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Appendix A

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List of Commission Members

Seat on Commission	Commission Member
Secretary of Aging & Independence and Commission Chair	Robin Lipson, Secretary, Executive Office of Aging & Independence
DPH Commissioner or designee	Dr. Jessica Zeidman, Deputy Commissioner/ Chief Medical Officer, DPH
MassHealth Assistant Secretary or designee	Pavel Terpelets, Director of Institutional Programs, Office of Long-Term Services and Supports (OLTSS), MassHealth
Long-term Care Ombudsman Program	Carolyn Fenn, State Ombudsman and Director of the Long-Term Care Ombudsman Program, EOHHS
House Chair of the Joint Committee on Elder Affairs, designee	Representative Tom Stanley
Senate Chair of the Joint Committee on Elder Affairs, designee	Senator Patricia Jehlen
Appointee of the Senate President	Senator Mark Montigny
Appointee of the Senate Minority Leader	Tara Gregorio, President- Massachusetts Senior Care Association
Resident or family member of a resident at an ALR # 1	Kathleen Lynch Moncata
Resident or family member of a resident at an ALR # 2	Rose-Marie Cervone
At-Large	Beth Anderson, EPOCH Senior Living, Treasurer, Mass-ALA
Representative of the MassNAELA	Liane Zeitz, Owner-Law Office of Liane Zeitz
Representative of Leading Age MA	Elissa Sherman, President – Leading Age MA
Representative of MassALA	Brian Doherty, President & CEO - MassALA
Representative of AARP	Jen Benson, Executive Director – AARP MA
Representative of the New England Chapter of the Gerontological Advanced Practice Nurses Association	Katherine Ladetto, Assistant Professor, School of Nursing- Simmons University
Representative of the Alzheimer's Association	Lainey Titus Samant, Senior Advocacy Manager, Alzheimer's Association, MA/NH Chapter
Representative of MassPACE	Dr. Jennifer Maynard, Executive Director-MassPACE
Representative of Greater Boston Legal Services	Lindsay Mitnik, Staff Attorney, Elder Law-Greater Boston Legal Services

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Appendix B

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Commission Meetings & Presentations

Date	Topic	Key Focus	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	(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			

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