**Testimony on Assisted Living Residences: Benefits, Challenges, and Recommendations**

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Background. I have 45 years of professional experience in academia and professional services, mainly administering healthcare facilities with experiences ranging from hospitals to in-home care For the last five years, I have been a member of the [Dignity Alliance](https://nonprofitquarterly.org/dignity-in-action-from-institutional-failure-to-decentralized-empowerment/) Coordinating Committee working on issues relative to long-term care and accessibility issues for people with disabilities and aging I have several recent publications I have also, for 21 years, been a surveyor of medical, behavioral, and aging facilities and programs both in this country and in Canada I accredited assisted living facilities in the United States and Canada through [CARF International](https://carf.org/).

Thank you for the opportunity to provide testimony regarding Assisted Living Residences (ALRs) and their impact on older adults in our communities My testimony today draws from extensive experience working with seniors in various care settings, both as an administrator and surveyor for CARF International, working with Dignity Alliance, engaging in many conversations with residents, families, caregivers, regulators, owners, and administrators across the assisted living landscape I would like to address how we can improve Massachusetts' regulatory framework by examining developed standards (CARF)[[1]](#footnote-1) and models of ALR governance particularly Pennsylvania's and California's approach.

## Strengths of the Assisted (Supportive) Living Model

Isolation is one of the greatest threats to the health and well-being of older adults. In my experience, ALRs provide a powerful antidote to the loneliness many seniors face when living alone. Structured social programming can improve the lives of residents. The daily rhythm of communal meals, group activities, and casual interactions in common areas provides direction and connection. Research consistently demonstrates that socialization improves cognitive function, reduces depression, and even extends life expectancy among seniors. ALRs create the opportunity for these interactions. When professionals are implemented in compliance with standards, these social environments help preserve residents' sense of identity and purpose, which are fundamental to the quality of life in advanced age.

**Safety and Security:** Peace of mind and comfort arise from a secure environment for residents and their families. Modern systems need to incorporate multilayered safety features that balance protection with dignity. 24-hour staffing ensures that help is available. Emergency response systems with rapid staff alerts are particularly valuable for residents with chronic health conditions. Systems have evolved significantly, from simple pull cords to sophisticated wearable devices that detect falls automatically and summon help. Secure entrances and exits protect vulnerable residents while maintaining an open, homelike atmosphere. The best facilities employ subtle security measures that don't create an institutional feeling—keypad entries disguised as decorative panels, discreet door alarms, and strategically placed monitoring stations. Environmental safety features such as adequate lighting, contrast-colored surfaces to improve depth perception, and strategically placed grab bars reduce accidents while supporting independence. These seemingly small details profoundly affect residents' ability to navigate their environment safely.

**Adaptability and Aging in Place.** The most valuable aspect of well-designed ALRs is their ability to adapt to support residents' needs as they change over time. This flexibility reduces the trauma of multiple moves and supports aging. Tiered service models allow residents to add care components incrementally. For example, a resident might initially need only medication management but later require support with bathing or dressing. ALRs with flexible care plans can seamlessly integrate these additional services. Coordinated care teams, including nursing staff, medication technicians, and personal care aides, provide continuity as needs evolve. This team approach ensures that subtle changes in a resident's condition are noticed and addressed promptly. Service adjustment protocols with regular reassessments help anticipate needs before they become crises. Quarterly assessments, or more frequent evaluations following health events, enable proactive rather than reactive care planning. Partnership networks with external healthcare providers extend the capacity of ALRs to manage complex conditions. These relationships with visiting physicians, therapists, and hospice services allow many residents to remain in their ALR home even during increased medical need.

## Areas for Improvement in the Assisted Living Model

### Affordability and Access Barriers

Despite the clear benefits of the ALR model, affordability remains its greatest limitation: Massachusetts's average monthly cost of assisted living is high, placing it out of reach for middle and lower-income seniors.[[2]](#footnote-2) Medicaid coverage for assisted living varies dramatically by state, creating geographic inequities in access. In states with limited Medicaid waiver programs, seniors often have no choice but to enter nursing homes—a more restrictive environment than many require—simply because Medicaid will cover those costs. The middle-income gap is particularly concerning, as these seniors earn too much to qualify for assistance but not enough to afford private-pay assisted living. This demographic is growing rapidly and often must deplete their life savings before becoming eligible for help. Financial assistance programs remain inadequate and complex to navigate. Even in states with robust waiver programs, waiting lists are long, and application processes are daunting for older adults.[[3]](#footnote-3)

### Staffing and Workforce Challenges[[4]](#footnote-4)

The quality of care in any ALR is directly tied to its staff, yet the industry faces endemic workforce issues: Insufficient wages and benefits lead to high turnover rates. This revolving door disrupts the continuity of care that is essential for residents, particularly those with cognitive impairment who rely on familiarity and routine. Training standards vary widely between states, with some requiring as little as 10 hours of initial training for caregivers. This minimal preparation is wholly inadequate for staff who must manage complex medications, recognize subtle health changes, and support residents with diverse physical and cognitive needs. Career advancement opportunities are limited, causing talented caregivers to leave the field entirely. Without clear pathways for professional growth, many exceptional caregivers eventually seek employment in other healthcare settings or industries. Staff-to-resident ratios are often inadequate, especially during evening and weekend shifts. This understaffing can lead to rushed care, missed safety checks, and limited time for meaningful resident engagement.

### Complex Care Needs[[5]](#footnote-5)and Service Limitations

As ALR residents' average age and acuity level continue to rise, many facilities struggle to adapt. Dementia care requires specialized training and environmental design that many standard ALRs lack. Without these accommodations, residents with cognitive impairment may be prematurely transferred to more restrictive settings. Multiple chronic conditions present management challenges that exceed some ALRs' capacities. Residents with diabetes, heart failure, COPD, and other complex conditions often require more monitoring and intervention than ALR staffing models support. Behavioral health needs, including depression, anxiety, and adjustment disorders, remain under addressed in many settings. Mental health services are often minimal or nonexistent, despite the high prevalence of these conditions among older adults.

Regulatory limitations sometimes prevent ALRs from providing services that enable residents to age in place. For example, in some states, ALRs cannot administer certain types of medications or treatments that residents need, forcing transfers to higher levels of care. Regulatory limitations in Massachusetts currently create unnecessary barriers to aging in place. Unlike Pennsylvania, which has developed a more nuanced regulatory approach, Massachusetts lacks clear processes for:

1. Determining when a resident's needs exceed an ALR's scope of service

2. Creating individualized exception plans for residents whose needs slightly exceed standard service scopes

3. Establishing a state-involved mediation process when residents/families disagree with an ALR's assessment

4. Allowing ALRs to apply for site-specific exceptions to expand their service capabilities

These regulatory gaps force Massachusetts ALRs and families into adversarial positions, often resulting in disruptive transitions or inappropriate care arrangements that serve neither the resident nor the community.

### Transition and Adjustment Support

The emotional and logistical challenges of moving to an ALR are frequently underestimated. Downsizing trauma affects many new residents, who must part with possessions and homes that hold decades of memories. Without proper support, this loss can trigger depression and difficulty adapting to the new environment. Identity preservation becomes a challenge in communal settings. Residents who defined themselves through their homes, gardens, cooking, or other aspects of independent living may struggle to maintain their sense of self. Family role adjustments create tension as adult children and spouses navigate new caregiving relationships. Families often need guidance on remaining meaningfully involved without overstepping or under participating. Community integration takes time and intentional effort. New residents need structured opportunities to build relationships and find their place in the social fabric of the ALR.

## Specific Concerns -Safety and Person-Centered Care

### Safety Rules

Certain safety measures are non-negotiable in quality assisted living: Emergency response systems must be accessible, reliable, and regularly tested. Every resident should be able to summon help within minutes, whether through wearable pendants, strategically placed call buttons, or voice-activated systems. Environmental safety features like adequate lighting, non-slip flooring, stair contrast marking, and bathroom grab bars prevent many common accidents. These universal design elements benefit all residents without singling out those with limitations. Medication management protocols must include multiple safeguards against errors if medication management is permitted. Proper storage, clear labeling, regular medication reviews, and staff training in administration techniques are essential. Infection control practices have become of new importance in recent years. Regular staff training, appropriate personal protective equipment, and thoughtful visitation policies protect vulnerable residents from communicable diseases. Staff competency verification ensures that all team members can respond appropriately to emergencies. Regular drills and skills assessments keep safety procedures fresh in staff members' minds.

### Balancing Safety and Autonomy

The tension between safety and independence requires thoughtful navigation. Negotiated risk agreements document discussions about activities where residents choose to accept certain risks in exchange for greater independence. These agreements should detail steps to mitigate risks while respecting residents' choices. Technology solutions like discrete monitoring systems can enhance safety without restricting movement. Motion sensors that alert staff to unusual patterns, smart medication dispensers, and fall detection systems provide safety nets without constant oversight. Choice architecture within the physical environment allows residents to make independent decisions within a framework that minimizes danger. For example, circular walking paths for residents with dementia satisfy the need to move freely while preventing wandering off the property. Regular reassessment of restrictions ensures that safety measures remain proportional to actual risks. Safety protocols should be adjusted as residents' abilities change, becoming either more or less restrictive as appropriate. Resident participation in safety planning increases both compliance and satisfaction. When residents help develop their safety plans, they are likelier to follow them and less likely to feel controlled.

### Proactive Care Planning

Anticipatory planning is essential for successful aging in place: Structured care conferences should occur quarterly, bringing together the resident, family members, and an interdisciplinary team. These meetings provide an opportunity to review the resident's status, discuss potential future needs, and adjust care plans accordingly. Clear documentation of preferences and priorities helps ensure that care remains aligned with residents' values even as their health changes. Advanced care planning discussions should be ongoing, not one-time conversations. Scenario planning with residents and families reduces anxiety about potential changes. For example, discussing what would happen if walking becomes difficult helps everyone prepare practically and emotionally for this possibility. Graduated care implementation allows residents to maintain independence in areas where they remain capable while receiving support in areas of emerging need. This balanced approach preserves dignity and self-efficacy.

### Transparent Communication and Full Disclosures

Dialogue builds trust and prevents misunderstandings: Candid discussions about ALR capabilities and limitations help set realistic expectations. Facilities should clearly articulate what conditions or care needs might necessitate transferring to another setting. Regular updates to families, with resident permission, keep everyone informed about subtle changes that might otherwise go unnoticed. Weekly email summaries or monthly calls can maintain this information flow without becoming burdensome. A clear explanation of assessment findings helps residents and families understand why care recommendations are changing. When residents understand the "why" behind new assistance, they are more likely to accept it. Accessible documentation ensures that care plans and service agreements are understandable to residents and families, not just professionals. Documents should be written in plain language and reviewed in person to address questions.

### Personalized Assessments

Regular, comprehensive evaluations are the foundation of resident-centered care, including multidimensional assessments that examine physical, cognitive, emotional, and social functioning, providing a complete picture of each resident's strengths and needs. These should occur at move-in, quarterly thereafter, and after any significant health event. Observation-based data collection by all staff members, not just nursing personnel, captures important information about daily functioning. For example, dining staff might notice changing eating patterns, while activities directors might observe new difficulties with manual dexterity. Resident self-assessments provide valuable subjective information that complements objective measures. Residents should be asked about their perception of their own needs, preferences, and challenges. Over time, comparative trending of assessment data helps identify gradual changes that might otherwise be missed. This longitudinal perspective is particularly important for detecting subtle cognitive changes or functional decline.

### Family Involvement

Families remain crucial partners in resident care: Education for family members about normal aging processes and common health conditions helps them recognize significant changes and know when to raise concerns. Family observation often catches subtle shifts that even attentive staff might miss. Decision-making partnerships that respect resident autonomy and family concerns improve outcomes. When disagreements arise about care needs, structured family conferences with neutral facilitators help reach consensus.

Regular feedback opportunities through surveys, care conferences, and casual check-ins keep families engaged and informed. This ongoing dialogue builds trust and prevents communication gaps. Resource connection for families under stress ensures they can continue to provide emotional support to residents. Family caregivers often need respite services, support groups, or counseling to manage their well-being while supporting their loved one.

### Resident Advocates

Independent advocacy ensures resident voices remain central. Formal ombudsman programs provide external oversight and support for residents navigating complex decisions. These advocates help residents understand their rights and options when care needs change. Resident councils with actual decision-making authority give seniors a collective voice in ALR policies and practices. These groups should be consulted about potential changes to services or community rules. Peer mentoring programs pair new residents with established community members who can provide guidance and support. These relationships help newcomers adjust and learn to advocate for themselves effectively. Legal advocacy resources should be readily available for residents facing complex healthcare or financial decisions. Access to elder law attorneys and financial advisors helps residents maintain autonomy in decision-making.

## Recommendations

The assisted living model offers tremendous potential to provide dignified, personalized care for older adults, but realizing this potential requires addressing significant challenges:

1. Expand financial assistance programs specifically for assisted living to make this valuable care option available to more seniors across the socioeconomic spectrum.

2. Establish oversight and monitoring by state agencies to ensure compliance through an ombudsman program and state surveys.

3. Strengthen workforce development through increased compensation, standardized training requirements, and clear career advancement pathways for assisted living staff.

4. Support specialized programming within ALRs to better accommodate residents with cognitive impairment, complex medical needs, and behavioral health concerns.

5. Develop transition support services to help new residents adjust to community living while preserving their sense of identity and autonomy.

6. Implement standardized assessment protocols across the industry to ensure consistent quality and appropriate care planning as residents' needs change.

7. Create technology infrastructure that enhances safety while preserving dignity and independence for residents.

8. Establish robust quality metrics specifically for assisted living that measure outcomes

9. Determination of when a resident's needs exceed an ALR's scope of service

10. Creation of individualized exception plans for residents whose needs slightly exceed standard service scopes

11. Establishing a state-involved mediation process when residents/families disagree with an ALR's assessment

12. Allowance of ALRs to apply for site-specific exceptions to expand their service capabilities

Assisted living represents a vital component of our senior care continuum. With thoughtful improvement and adequate support, this model can fulfill its promise of providing older adults with the perfect balance of assistance and independence, community and privacy, safety and autonomy. By addressing the challenges outlined in this testimony, we can ensure that assisted living truly supports aging with dignity for all seniors, regardless of financial resources or care needs.

Thank you for your attention to these important issues

1. Much of this testimony is anchored on the standards and approaches[../CARF /2025 CARF AGING STANDARDS 2025.pdf](../CARF%20/2025%20CARF%20AGING%20STANDARDS%202025.pdf) developed, vetted, reviewed, and promulgated by CARF International. Whether accredited or mandated by regulations, it is imperative that there are clear standards that cover the care provided and an overview of compliance with those standards. [↑](#footnote-ref-1)
2. The average cost of assisted living in Massachusetts in 2025 is approximately $6,939 per month. Some sources, such as Genworth’s 2023 Cost of Care Survey, report a similar average of $7,120 per month, with regional variation-costs can be higher in areas like Pittsfield ($9,825/month) and lower in Springfield ($6,368/month). Annually, this translates to about $78,000 for assisted living in Massachusetts, making it one of the most expensive states for this type of care.

   These figures reflect median or average costs and can vary depending on location, amenities, level of care, and room size. Specialized care, such as memory care, typically incurs additional fees. <https://www.goinstacare.com/blogs/assisted-living-cost-2025> <https://www.mass.gov/lists/annual-assisted-living-residence-alr-data-reports> [↑](#footnote-ref-2)
3. In Massachusetts, about 12% of assisted living residents receive public funding to help pay for their care. This support primarily comes through MassHealth (the state’s Medicaid program) and related programs such as the Group Adult Foster Care (GAFC) and Senior Care Options (SCO) waivers, which help eligible low-income seniors afford assisted living and related services. <https://www.bluecrossmafoundation.org/sites/g/files/csphws2506/files/2024-04/LTSS_Access-Affordability_Apr2024_FINAL_0.pdf> [↑](#footnote-ref-3)
4. The staffing turnover rate in Massachusetts assisted living communities is approximately 36% annually for frontline caregiving roles such as resident assistants and personal care aides. This figure aligns with national averages for similar positions in assisted living. Turnover rates are typically highest among direct care staff and dining services, while leadership and executive roles experience much lower turnover.

   For nursing staff, such as registered nurses (RNs) and licensed practical nurses (LPNs), turnover rates in related care settings like nursing homes and adult day health are also high-ranging from about 34% to 47%-indicating similar workforce challenges across the broader long-term care sector in Massachusetts.

   High turnover in assisted living is driven by factors such as low pay, burnout, and limited opportunities for advancement. <https://www.mcknightsseniorliving.com/news/where-turnover-is-highest-lowest-in-assisted-living/\> [↑](#footnote-ref-4)
5. In long-term care, complex care needs describe residents who require specialized, continuous, and coordinated support due to multiple, interacting health and social challenges. Meeting these needs demands a holistic, team-based approach that addresses the whole person-not just their medical conditions. <https://camdenhealth.org/about-us/what-is-complex-care/> [↑](#footnote-ref-5)