

# Massachusetts

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## **Opening Statement**

Assisted living residences offer a combination of housing, meals, and personal care services to adults on a rental basis. Assisted living does not provide medical or nursing services and are not designed for people who need serious medical care. Assisted living is intended for adults who may need some help with activities such as housecleaning, meals, bathing, dressing and/or medication reminders and who would like the security of having assistance available on a 24-hour basis in a residential and noninstitutional environment.

Special care residences can be certified for provide an enhanced level of supports and services to address personalized needs due to cognitive or other impairments.

Assisted living residences must meet regulatory standards to be certified by the Executive Office of Elder Affairs (EOEA).

## **Licensure Term**

Assisted Living Residences

## **Definition**

An assisted living residence is any entity, however organized, whether conducted for profit or not for profit, which meets all of the following criteria:

- (1) provides room and board; and
- (2) provides, directly by its employees or through arrangements with another organization which the entity may or may not control or own, personal care services for three or more adults who are not related by consanguinity or affinity to their care provider; and (c) collects payments or third-party reimbursements from or on behalf of residents to pay for the provision of assistance with the activities of daily living (ADLs) or arranges for the same.

## **Regulatory and Legislative Update**

No recent changes to regulations or legislation reported pertaining to assisted living.

## **Move-in Requirements Including Required Disclosures/Notifications**

An assisted living residence shall not provide, admit, or retain any resident in need of skilled nursing care unless:

- (1) the care will be provided by a certified provider of ancillary

health services or by a licensed hospice; and

(2) the certified provider of ancillary health services does not train the assisted living residence staff to provide the skilled nursing care.

Before execution of a residency agreement or transfer of any money, sponsors shall deliver a disclosure statement to prospective residents and their legal representatives. The statement shall include:

(1) The number and type of units the residence is certified to operate;

(2) The number of staff currently employed by the residence, by shift, an explanation of how the residence determines staffing, and the availability of overnight staff, awake and asleep, and shall provide this information separately for any special care residence within the residence;

(3) A copy of the list of residents' rights set forth in 651 CMR 12.08(1);

(4) An explanation of the eligibility requirements for any subsidy programs including a statement of any additional costs associated with services beyond the scope of the subsidy program for which the resident or his or her legal representative would be responsible. This explanation should also state the number of available units, and whether those units are shared;

(5) A copy of the residence's medication management policy, its Self-Administered Medication Management policy, including its policy on assistance with as-necessary or pro re nata medication, and, if applicable, Limited Medication Administration;

(6) An explanation of any limitations on the services the residence will provide, including, but not limited to, any limitations on specific services to address ADLs and any limitations on behavioral management;

(7) An explanation of the role of the nurse(s) employed by the residence;

(8) An explanation of entry criteria and the process used for resident assessment;

(9) Statement of the numbers of staff who are qualified to administer cardio pulmonary resuscitation (CPR); and the residence's policy on the circumstances in which CPR will be used;

(10) An explanation of the conditions under which the residency agreement may be terminated by either party, including criteria the residence may use to determine to that any of those conditions have been met, and the length of the required notice period for termination of the residency agreement;

(11) An explanation of the physical design features of the residence including that of any special care residence;

- (12) An illustrative sample of the residence's service plan, an explanation of its use, the frequency of review and revisions, and the signatures required;
- (13) An explanation of the different or special types of diets available;
- (14) A list of enrichment activities, including the minimum number of hours provided each day;
- (15) An explanation of the security policy of the residence, including the procedure for admitting guests;
- (16) A copy of the instructions to residents in the residence's Disaster and Emergency Preparedness plan; and
- (17) A statement of the residence's policy and procedures, if any, on the circumstances under which it will, with the member's permission, include family members in meetings and planning.

Each special care residence shall also provide a written statement describing its special care philosophy and mission and explaining how it implements this philosophy and achieves the stated mission.

If a residence allows non-residents to use any of its facilities, such as a swimming pool, gymnasium or other meeting or function room, it shall disclose the fact of such usage to its residents with specified information.

EOEA may create and require the inclusion of an informational cover sheet for each Residency Agreement. Each Resident or Legal Representative executing the Residency Agreement must also sign the cover sheet in the presence of a witness.

### **Facility Scope of Care**

The facility must provide for the supervision of and assistance with ADLs and instrumental activities of daily living; self-administered medication management for all residents whose service plans so specify; timely assistance to residents and response to urgent/emergency needs; and up to three regularly scheduled meals daily (at a minimum, one meal).

### **Limitations of Services**

The Residency Agreement and Disclosure Statement shall include an explanation of any limitations on the services the Residence will provide, specifically including any limitations on services to address specific Activities of Daily Living and behavioral management. Such explanation shall also include a description of the role of the nurse(s) employed by the Residence, and the nursing and personal care worker staffing levels.

Resident Services do not include optional services such as concierge services, recreational, or leisure services.

**Resident Assessment  
Requirements and  
Frequency**

Prior to a resident moving in, a nurse must conduct an initial screening. The initial screening must include an assessment to determine: the prospective resident's service needs and preferences and the ability of the resident to meet those needs; the resident's functional abilities; the resident's cognitive status and its impact on functional abilities; an observation assessment to determine if self-administered medication management is appropriate for the resident; whether the resident is at risk for elopement; and whether the resident is suitable for a special care residence. The pre-admission assessment shall note the name of any legal representative, health care proxy, or any other person who has been documented as having decision-making authority for the resident and the scope of his or her authority. The initial screening findings shall be documented and disclosed to the resident, his or her legal representative and resident representative, if any, before the resident moves into the residence. The resident record must include a resident assessment, including the resident's diagnoses, current medications (including dosage, route, and frequency), allergies, dietary needs, need for assistance in emergency situations, history of psychosocial issues including the presence of manifestations of distress or behaviors which may present a risk to the health and safety of the resident or others, level of personal care needs (including the ability to perform ADLs and IADLs), and ability to manage medication. EOEA does not require a standardized form to be utilized for the assessment.

**Medication Management**

Self-administered medication management is permitted (SAMM) and can be provided by train resident care aides with training in the process of SAMM assistance.

Limited medication administration (LMA) is provided by licensed nurses employed by the assisted living residence as long as there is a Dr's order on file. The nurse may administer non-injectable medications prescribed or ordered by an authorized prescriber to residents by oral or other routes (e.g., topical, inhalers, eye and ear drops, medicated patches, as-necessary oxygen, or suppositories).

**Staff Scheduling  
Requirements****Staffing Requirements**

No person working in an Assisted Living Residence shall have been convicted of a felony

related to the theft or illegal sale of a controlled substance.

(1) Qualifications for the Manager. The Manager of an Assisted Living Residence shall be at

least 21 years of age and must have demonstrated experience in administration, supervision, and management skills. The Manager must also have a Bachelor's

degree or equivalent experience in human services management, housing management or nursing home management. The Manager must be of good moral character, and must never have been convicted of a felony.

(2) Qualifications for the Service Coordinator. The Service Coordinator of an Assisted Living Residence must have a minimum of two years' experience working with elders or persons with disabilities. The Service Coordinator shall be qualified by experience and training to develop, maintain and implement or arrange for the implementation of individualized service plans. The Service Coordinator must also have a Bachelor's degree or equivalent experience, and knowledge of aging and disability issues.

(3) General Staffing Requirements. All staff shall possess appropriate qualifications to perform the job functions assigned to them. No person working in a Residence shall have been determined by an administrative board or court to have violated any local, state or federal statute, regulation, ordinance, or other law reasonably related to the safety and well-being of a Resident at an Assisted Living Residence or patient at a health care facility.

(4) Staffing Levels.

(a) Each Residence must develop and implement a process for determining its staffing levels. The plan must include an assessment, to be conducted at least quarterly but more frequently if the Residence so chooses, of the appropriateness of staffing levels.

(b) The Residence shall have sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled Resident needs as required by the Residents' assessments and service plans on a 24-hour per day basis. The Residence's staffing shall be sufficient to respond promptly and effectively to individual Resident emergencies. The Residence shall have a plan to secure staffing necessary to respond to emergency, life safety and disaster situations affecting Residents.

(5) Special Care Residence Staffing.

(a) A Special Care Residence shall have sufficient staff qualified by

training and experience  
awake and on duty at all times to meet the 24-hour per day  
scheduled and reasonably  
foreseeable unscheduled needs of all Residents of a Special Care  
Residence based upon the  
Resident assessments and service plans. A Special Care Residence's  
staffing shall be  
sufficient to respond promptly and effectively to individual Resident  
emergencies.

(b) For the purposes of 651 CMR 12.05(5)(b), it shall never be  
considered sufficient to have  
fewer than two staff members in a Special Care Residence.

(c) Exemption.

1. At his or her sole discretion, the Secretary may grant an  
exemption from the  
requirement set forth in 651 CMR 12.06(5)(b) and allow one staff  
member and one  
Floater to be on duty during an overnight shift if it is determined  
that:

a. the physical design of the Special Care Residence is conducive to  
the provision

of sufficient care to all Residents;

b. staff members possess the means to conduct immediate  
communication with each  
another;

c. the waiver request is not based on a fluctuation in Residence  
occupancy; and

d. the safety and welfare of Residents are not compromised.

2. The Applicant/Sponsor shall request such an exemption in writing  
and shall enclose

supporting documentation. The Secretary may grant such an  
exemption at his or her sole

discretion, and may, at any time, revoke such an exemption. Such  
decisions made by the  
Secretary are final.

(6) Emergency Situations. The Residence shall have a plan to secure  
staffing necessary to  
respond to emergency, safety and disaster situations affecting  
Residents.

(7) Special Care Residence Manager. A Special Care Residence must  
designate an individual  
who will be responsible for all Special Care operations. The Manager  
of a Special Care  
Residence shall be at least 21 years of age, must have a minimum of  
two years' experience

working with elders or disabled individuals, knowledge of aging and disability issues, demonstrated experience in administration, and demonstrated supervisory and management skills. The Manager must also have a Bachelor's degree or equivalent experience in human services management, housing management or nursing home management. The Manager must be of good moral character and must never have been convicted of a felony.

**Administrator/Director  
Education and Training  
Requirements**

The Manager of a Special Care Residence must be at least 21 years of age and must have a minimum of two years' experience working with elders or disabled individuals, knowledge of aging and disability issues, demonstrated experience in administration, and demonstrated supervisory and management skills. The manager must also have a bachelor's degree or equivalent experience in human services management, housing management, or nursing home management. Additionally, the manager must be of good moral character and must never have been convicted of a felony.

The Service Coordinator of an Assisted Living Residence must have a minimum of two years' experience working with elders or persons with disabilities. The Service Coordinator shall be qualified by experience and training to develop, maintain, and implement or arrange for the implementation of individualized service plans. The Service Coordinator must also have a bachelor's degree or equivalent experience, and knowledge of aging and disability issues.

As part of general orientation, both the Residence Manager and Service Coordinator shall receive an additional two-hour training devoted to dementia care topics.

**Direct Care Staff  
Education and Training**

**Training Requirements**

The purposes of the requirements of 651 CMR 12.07 are to ensure employees of Assisted Living Residences have a clear understanding of their jobs and the way in which their work intersects with and supports the work of other employees, of the policies and procedures of the Residence, of the rights of the Residents, and of the particular and distinctive service needs and health concerns of the Residents. All curricula for training should reflect current standards of practice and care, be designed to enhance the professionalism of

the employees, and to enable employees to provide good service. Training requirements may be satisfied by such means as practical demonstration, lectures, lectures with accompanying role playing, video with facilitated discussion, and other generally accepted techniques. No more than two of the seven hours required for orientation may be conducted by un-facilitated media presentations by such means as video or audio. Instructors and facilitators shall be appropriately qualified by training or demonstrated experience. The Residence shall maintain documentation in the employee's personnel file regarding the completion of training or eligibility for any exemption.

(1) General Orientation. Prior to active employment, all staff and contracted providers who will have direct contact with Residents and all food service personnel must receive a seven-hour orientation which includes the following topics:

- (a) Philosophy of independent living in an Assisted Living Residence;
- (b) Resident Bill of Rights;
- (c) Elder Abuse, Neglect and Financial Exploitation;
- (d) Residence policies and procedures related to disaster and emergency preparedness;
- (e) Communicable diseases including, but not limited to, AIDS/HIV and Hepatitis B;
- (f) Infection control in the Residence and the principles of universal precautions based on DPH guidelines;

(g) Communication Skills;

(h) Review of the aging process;

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(i) Dementia/Cognitive Impairment, including a basic overview of the disease process, communication skills and behavioral interventions;

(j) Resident Health and related problems;

(k) General overview of the employee's specific job requirements;

(l) The Residence's policy on emergency response to acute health issues, and first aid; and

(m) Sanitation and Food Safety.

(2) Additional General Orientation Requirements.

(a) At least one hour of general orientation training shall be devoted to the topic of elder abuse, neglect, and financial exploitation.



(b) At least two hours of general orientation training shall be devoted to the topic of dementia and cognitive impairments. All curricula for training related to dementia shall reflect current standards of practice and care.

(c) In addition to the requirements relative to the general orientation set forth in 651 CMR 12.07(1)(a) through (m), all personnel providing Personal Care Services shall receive at least one additional hour of orientation devoted to the topic of Self-administered Medication Management provided by a nurse.

(d) Both the Residence Manager and Service Coordinator shall receive an additional two hour training devoted to dementia care topics.

(e) A Residence may include the use of techniques such as the shadowing of more experienced employees during the first five days of an employee's tenure.

(3) Orientation for Staff Working within Special Care Residences. In addition to completing requirements for general orientation as set forth under 651 CMR 12.07(1)(a) through (m), all new employees who work within a Special Care Residence and have direct contact with Residents must receive seven hours of additional training on topics related to the specialized care needs of the Resident population (e.g., communication skills, creating a therapeutic environment, interpreting manifestations of distress, decisional capacity, sexuality, family issues, and caregiver support).

(4) Ongoing In-service Education and Training.

(a) A minimum of ten hours per year of ongoing education and training is required for all employees, with at least two hours on the specialized needs of Residents with Alzheimer's disease and related dementia.

(b) Employees working in a Special Care Residence must receive an additional four hours of training per year related to the Residents' specialized needs. Such training shall include the development of communications skills for Residents with dementia.

(c) In addition to the general ten-hour continuing education

requirement for all employees,  
Residence Managers shall complete an additional five hours of  
training which shall be  
intended to complement the individual's background and  
experience. Credits for completing  
annual continuing education requirements for Residence managers  
may be transferable to  
other Residences.

(d) No more than 50% of the ongoing training requirement may be  
conducted by

unfacilitated media presentations by such means as video or audio.

(e) Upon submitting proof in a manner and form prescribed by  
EOEA, training received

within the past 18 months at another Assisted Living Residence, a  
similar facility or agency

may be used to satisfy the requirements of 651 CMR 12.07.

Satisfaction of the requirements

of the general orientation shall not be used to fulfill the  
requirements of 651 CMR 12.04(4).

(f) Specialized Training Requirements.

1. All staff providing assistance with Personal Care Services shall be  
trained in the

Residence's policy on emergency response to acute health issues  
and first aid, and must

also complete at least one hour of ongoing education and training  
per year on the topic

of Self-administered Medication Management; and

2. All employees and providers shall receive ongoing in-service  
education and training,

provided by a professional with relevant experience, that is designed  
to ensure orientation

training is reinforced, from among the following topics:

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a. Behavioral interventions, including prevention of manifestations  
of distress such

as aggressive behavior and de-escalation techniques (mandatory);

b. Defining, recognizing and reporting elder abuse (mandatory);

c. Communication and teamwork;

d. The aging process, including typical changes and those related to  
disease;

e. The causes and prevention of falls and related injuries, and the  
Residence's

established policies and procedures for an Evidence Informed Falls  
Prevention

Program;

- f. The effects of dehydration;
- g. Alzheimer's disease and cognitive impairments;
- h. Conflict resolution;
- i. Resident rights;
- j. Self-administered Medication Management;
- k. Death and dying;
- l. Maintaining skin integrity;
- m. Nutrition;
- n. Emergency procedures; and
- o. Training which addresses topics required in the general orientation.

(5) Each residence shall conduct an annual training needs assessment to prepare the curriculum for its required training and establish a process by which it will evaluate the efficacy of its training program.

(6) Personal Care Services Provider Training Requirements. Assisted Living Residence staff and contracted providers of Personal Care Services must complete an additional 54 hours of training prior to providing Personal Care Services to a Resident, 20 hours of which must be specific to the provision of Personal Care Services. The 20 hours of Personal Care training must be conducted by a qualified Registered Nurse with a valid Massachusetts license. The 54 hours of training must include the following topics:

- (a) Bathing and personal care;
- (b) The effects of dehydration;
- (c) Maintaining skin integrity;
- (d) Self-administered Medication Management;
- (e) Elimination;
- (f) Nutrition;
- (g) Human Growth, Development and Aging;
- (h) Family Dynamics;
- (i) Grief, Loss, Death and Dying;
- (j) Mobility;
- (k) Fall prevention;
- (l) Mental health, depression and loneliness;
- (m) Maintenance of a Clean, Safe and Healthy Environment;
- (n) Home Safety; and
- (o) Assistance with Appliances.

Documentation of completion of the 54-hour training for Assisted Living Residences staff and contract providers who provide Personal Care Services

shall be transferable for each employee from one Residence to another.

## **Quality Requirements**

Administrative staff of the Residence qualified by training and experience shall review the operations of any Special Care Residence twice each year. The reviews may be conducted as part of the Residence Quality Improvement and Assurance program prescribed under 651 CMR 12.04(10).

The Residence shall establish an effective, ongoing quality improvement and assurance program to evaluate its operations and services to continuously improve services and operations, and to assure Resident health, safety, and welfare. The program should encompass oversight and monitoring of Residence services, ongoing quality improvement, and implementation of any plan that addresses improved quality of services. Residence staff shall periodically gather, review, and analyze data at least quarterly to evaluate its provision of services to its residents and assess the overall outcome of services and planning and Resident experience of care. The program must be based on analysis of relevant information focusing on Resident safety, well-being, and satisfaction. The program shall include but not be limited to review and assessment of the following operations:

(a) Service Planning. The Residence shall review a random sample of Resident assessments, service plans and progress notes at least once each year to ensure that the Residents' service plans have been implemented and meet the Resident's general needs and any self-identified goals.

(b) Resident Safety Assurances. The Residence shall review policies and procedures designed to ensure a safe environment for all residents. Such policies and procedures shall include an Evidence Informed Falls Prevention Program.

(c) Medication Quality Plan. The Residence shall develop and implement systems that support and promote safe SAMM, and if applicable, LMA programs. The Medication quality plan shall include but need not be limited to the following components:

1. Semiannual evaluation of each Personal Care worker that examines his or her awareness of SAMM and LMA regulations and applicable policies and verifies his or her demonstrated ability to comply with SAMM and LMA regulations and related Residence policies and procedures; and
2. A quarterly audit of a random sample of the Residence medication documentation sheets required under 651 CMR 12.04(2)(b)2. to ensure compliance with SAMM and LMA protocols

and Residence policies.

(d) A system shall be in place to facilitate the detection of issues and problems, to expedite the implementation of action, to resolve problems and communicate outcomes of actions taken or refused. Information solicited from Residents should be collected in a manner which offers anonymity (e.g., suggestion box, resident satisfaction surveys, etc.).

(e) Data analysis shall be used to identify and implement changes that will improve performance or reduce the risk of Resident harm. The Residence shall maintain documentation demonstrating it has collected and analyzed data, implemented appropriate actions to address identified issues and resolve problems, and shall note any recommended follow-up actions and whether or not they were performed.

(f) The result of the quality assurance and performance improvement program cannot be the sole basis for a determination of non-compliance pursuant to 651 CMR 12.09.

## **Infection Control Requirements**

Communicable Disease Control Plan. The Residence must implement a plan to prevent and limit the spread of communicable disease. The plan shall conform to the currently accepted standards for principles of universal precautions based on DPH guidelines and shall include, but need not be limited to, the following components:

(a) A system to effectively identify and manage communicable diseases;

(b) Organized arrangements to provide the necessary supplies, equipment and protective clothing, consistent with universal precautions under DPH guidelines; and

(c) A process for maintaining records of illnesses and associated incidents involving staff pursuant to 651 CMR 12.06(8)(a).

Contagious Disease and Vaccination Requirements.

(a) No person shall be permitted to work in a Residence if infected with a contagious disease in a communicable form that could endanger the health of residents or other

employees. The Residence shall maintain accurate records of illnesses and associated incidents involving staff as part of its Communicable Disease Control Plan pursuant to 651 CMR 12.04(12).

(b) Consistent with any guidelines, schedules, and reporting requirements established by the Secretary, each Residence shall ensure that all personnel comply

with the vaccination requirements of this section.

© For the purposes of this section, "personnel" means an individual or individuals who either work at or come to the Residence and who are employed by or affiliated with the Residence, whether directly, by contract with another entity, or as an independent contractor, paid or unpaid including, but not limited to, employees, members of the medical staff, contract employees or staff, students, and volunteers, whether or not such individual(s) provide direct care.

(d) For the purposes of this section, "mitigation measures" mean measures that personnel who are exempt from vaccination in accordance with 651 CMR 12.06(8)(g) must take to prevent viral infection and transmission.

€ Influenza Vaccine.

1. Subject to the provisions of 651 CMR 12.06(8)(g), each Residence shall ensure that all personnel are vaccinated annually with seasonal influenza vaccine, inactivated or live, or an attenuated influenza vaccine, including a seasonal influenza vaccine.

2. Each Residence shall provide all personnel with information about the risks and benefits of influenza vaccine.

3. Each Residence shall notify all personnel of the influenza vaccination requirements of this section and provide guidance to personnel regarding how to receive influenza vaccination.

(f) Coronavirus Disease 2019 (COVID-19) Vaccine.

1. For the purposes of this section, "COVID-19 vaccination" means being up to date with COVID-19 vaccines as recommended by the Centers for Disease Control and Prevention (CDC).

2. Subject to the provisions of 651 CMR 12.06(8)(g), each Residence shall ensure all personnel have received the COVID-19 vaccination.

3. Each Residence shall provide all personnel with information about the risks and benefits of COVID-19 vaccination.

4. Each Residence shall notify all personnel of the COVID-19 vaccination requirements of 651 CMR 12.06(8) and provide guidance to personnel regarding how to receive COVID-19 vaccination.

(g) Exemptions.

1. A Residence shall not require personnel to receive a vaccine pursuant to 651 CMR

12.06(8) or (f) if the individual declines the vaccine.

2. An individual who is exempt from vaccination shall sign a statement certifying that they are exempt from vaccination and they received information about the risks and benefits of influenza vaccination and COVID-19 vaccination.

3. For any individual subject to the exemption, the Residence shall require such individual to take mitigation measures, consistent with guidance from EOEa.

(h) Documentation. A Residence shall require, and maintain for all personnel, proof of current vaccination pursuant to 651 CMR 12.06(8) and (f), or the personnel's exemption statement as required by 651 CMR 12.06(8)(g). Such information shall be made available by the Residence for review by EOEa during a Compliance Review pursuant to 651 CMR 12.09.

(i) Each Residence shall ensure all personnel are vaccinated against other novel pandemic or novel influenza virus(es) in accordance with guidelines issued by the Commissioner of Department of Public Health.

(j) Nothing in 651 CMR 12.00 et seq. shall be read to prohibit facilities from establishing policies and procedures for influenza and COVID-19 vaccination of personnel that exceed the requirements set forth in 651 CMR 12.06(8).

## **Emergency Preparedness**

Each Residence shall have a comprehensive emergency management plan to meet potential disasters and emergencies, including fire; flood; severe weather; loss of heat, electricity, or water services; and resident-specific crises, such as a missing resident. The plan shall be designed to reasonable ensure the continuity of operations of the Residence.

(a) Plan Requirements.

1. The plan and any changes to the plan, which shall be developed in conjunction with local and state emergency planners, must include the following elements:
  - a. an evacuation strategy for both immediate evacuations, for such events as fires or gas leaks, as well as delayed evacuations, for such events as impending severe weather;
  - b. an established Mutual Aid plan that addresses essential issues, such as supplies, staff, and beds;
  - c. actions necessary to ensure supply, equipment and pharmaceutical support in the event such services are interrupted;
  - d. an established relationship with local public safety officials and with local Emergency Management Services (EMS) officials;
  - e. participation in Health and Homeland Alert Network (HHAN);
  - f. and protocols for full participation in the Silver Alert System (a system to register people at risk of wandering with participating local or county law enforcement to expedite their safe recovery in the event they become lost).
2. The plan shall indicate the location of emergency exits; evacuation procedures; and the telephone numbers of police, fire, ambulance, and emergency medical transport to be contacted in an emergency;
3. The plan shall address the physical and cognitive needs of residents, and shall include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall include provisions related to individuals residing in a Special Care Residence and shall be amended or revised whenever any resident with unusual needs is admitted;
4. The plan shall provide for the conducting of annual simulated evacuation drills and rehearsals for all shifts;
5. The Residence shall provide every Resident with a copy of the instructions they will be given under the Disaster and Emergency Preparedness Plan and shall have available for their review a copy of the Plan.

(b) Staff Training. The Residence shall ensure disaster and emergency preparedness by orienting new employees at the time of employment to the Residence's emergency preparedness plan, periodically reviewing the plan with employees, and making certain that all personnel are trained to perform the tasks assigned to them.

(c) Reporting Emergency Situations. Upon the occurrence of any emergency situation that displaces Residents from their Units for eight hours or more, the manager of the Residence or his or her designee must immediately provide a report to the EOE Assisted Living Residence Certification Unit. This report shall include, at a



minimum:

1. the name and location of the Residence;
2. the nature of the problem;
3. the number of Residents displaced;
4. the number of Units rendered unusable due to the occurrence, and the anticipated length of time before the Residents may return to them;
5. remedial action taken by the Residence; and 6. other State or local agencies notified about the problem.

(d) Reporting Resident-specific Emergencies. A Residence shall report to EOEa the occurrence of an incident or accident that arises within a Residence or its property, that has or may have a Significant Negative Effect on a resident's health, safety, or welfare, as defined by 651 CMR 12.02. A Significant Negative Effect shall be assumed whenever, as a result of an incident or accident, any unplanned or unscheduled visit to a hospital or medical treatment is necessary.

(e) Any report required under 651 CMR 12.04(11)(c) or 12.04(11)(d) shall be filed with the Assisted Living Certification Unit within 24 hours after the occurrence of the incident or accident via EOEa's online filing system. In the event the online filing system is inaccessible, a Residence must submit a temporary report by facsimile and telephone and formally submit the official report via the online filing system as soon as the service becomes accessible. The information submitted in the incident report must be accurate and include all details associated with the incident. This requirement is in addition to the requirements of M.G.L. c. 19A, § 15, and of any other applicable law.

## **Medicaid Policy and Reimbursement**

Massachusetts does not participate in a waiver program for costs in Assisted Living.

Available: Group Adult Foster Care (GAFC) – GAFC is a MassHealth funded program. For information on the GAFC Program, please contact the MassHealth Customer Services line at 1-800-841-2900

## **Citations**

<http://www.maseniorcare.org>

<https://www.mass.gov/assisted-living-residences>

<https://www.mass.gov/regulations/651-CMR-1200-certification-procedures-and-standards-for-assisted-living-residences>