

Assisted Living Report Card Advisory Group Meeting

Date: 10/23/2023

Location: Zoom virtual meeting hosted by University of Minnesota

Attendance

Advisory Group Attendee	Organization
Jeff Bostic	LeadingAge Minnesota
Patti Cullen	Care Providers of Minnesota
Kari Everson	LeadingAge Minnesota
Angie Kluempke	Medica
Laura Orr	Minnesota Elder Justice Center
Daphne Ponds	MDH
Carolyn Perron	Minnesota Board on Aging
Sam Smith	Alzheimer's Association
Kristine Sundberg	Elder Voice Family Advocates
Adam Suomala	Minnesota Leadership Council on Aging/Diverse Elders Coalition
Ann Thole	Minnesota Board on Aging

Staff and presenters	Organization
Lauren Glass	Department of Human Services
Jen Olson	Department of Human Services
Rachel Shands	Department of Human Services
Julie Angert	Department of Human Services
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota
Observers	Organization
Olivia Boyer	MN Elder Justice Center
Jean Peters	Elder Voice Family Advocates
Parichay Rudina	Ombudsman for Long Term Care
Mark Schultz	LeadingAge Minnesota
Michaun Shetler	Care Providers

Agenda

- Welcome, roll call, introduction of new attendees, and overview of agenda
- DHS present:
 - Assisted Living Report Card (ALRC) website launch
- University of Minnesota Present:
 - Decisions how to score resident and family surveys
 - Recommendations about building a measure from MDH's investigations data
- MDH present:
 - Background on investigations findings

Updates on Assisted Living Report Card (ALRC) website launch

- Timeline:
 - November 2023- AL Report Card soft launch – 2023 resident and family survey ratings are published
 - December 2023- DHS announces AL Report Card launch to the public
 - January 2024- Vital Research begins 2024 round of rolling data collection
 - April 2024- 1st set of licensing and investigations ratings are published
 - July 2024- 1st set of 2024 resident and family survey ratings are published
- Quarterly Advisory Group (AG) meetings will be held through at least summer 2024
- Ways the AG can support the AL Report Card Work:
 - Attend meetings and provide feedback
 - Assist with testing the AL Report Card website
 - Publicize the AL Report Card to your agency members once the launch of the report card is publicly announced
- A demo of the AL Report Card website was provided

Advisory Group questions for DHS

Question: When showing the demo, there were some items listed as NA and some that had X's. NA is usually not applicable, and you are using it because you don't have results yet. What do the X's mean?

Response: The X's indicate facilities that don't have data available because they specifically declined to participate in the resident or family satisfaction survey.

Question: Will the website show how many beds or what size the facility is?

Response: At this time, facility size will not be displayed on the report card however, there are other resources that people can use to look up facility size.

Comment: For both consumers and providers, it seems important for people to have the information on facility size available. Some people may not know about the resources to find out that information from other sources.

Response: This could be looked at for future enhancement if Advisory Group members think that showing the facility size on the report card is important.

Question: What are the number of licensed facilities that have under 20 beds.

Response: Using a data file from the MDH Health Care Provider Directory, there are 1,433 licensed facilities with under 20 beds.

Comment: I agree that offering the occupancy data within the report card platform would be helpful. The data may influence how consumers prioritize their next steps in their search.

U of MN follow-up recommendations for resident and family survey ratings

- **How surveys results are calculated:**
 - Results from resident QOL and family satisfaction surveys will show the score for each domain and an overall composite score. Domain scores come from responses to survey questions listed in the Resident Quality of Life Survey (9 domains) and the Family Satisfaction survey (8 domains). Domains capture questions around staff, food, engagement and other important factors associated with quality in the facility. Scores for domains are listed as an average of all reportable scores for each individual domain. To calculate a composite score for resident quality of life surveys, totals from each domain (9 in total) are combined and reported as the average for the entire facility. The same process is used to calculate the composite score for family surveys where totals from each of the 8 domains are averaged and reported.
- U of MN's recommendation for how to handle missingness and reporting on the report card:
 - **Individual-level:** For each individual survey, half or more questions in each domain must be answered for that survey to have a valid score for that domain.
 - **Facility-level:** To arrive at a facility-level score:
 - Use the mean score for all valid surveys.

- If the number of valid surveys in a domain is <50% of the target minimum survey count (set by margin of error (MOE)), we do not report that domain's score for that facility.
 - A facility may have scores for less than the full set of 10 (9 domains + composite).
- Recommendation for domain scoring:
 - Leave finances domain out of the composite score for resident QOL rating.
 - At a 50% missingness threshold, very few facilities will be able to have this domain reported.
 - Finances domain will still be displayed on the report card as its own score for facilities to have reportable data in this domain.
- U of MN's recommendation for how to distribute star ratings:
 - 5 stars: Mean plus 1 ½ standard deviations OR top 7% of facilities
 - 4 stars: Mean plus ½ to 1 ½ standard deviations
 - 3 stars: mean plus or minus ½ standard deviations
 - 2 stars: Mean minus ½ to 1 ½ standard deviations
 - 1 star: Mean minus 1 ½ standard deviations

Advisory Group questions for U of MN

Question: What could happen in the future based on the decision to go with the top 7% of facilities in the 5-star category? Is that decision final or could it potentially be shifted back to the one and a half standard deviations if the numbers change?

Response: This is the current recommendation; it is possible that it could change in the future.

Updates on resident and family survey measures

- Resident quality of life and family satisfaction ratings will be risk adjusted by geography (Twin Cities vs. Greater MN) only.
- Resident and family ratings will be updated quarterly throughout the data collection process.
- The decision was made not to add a gated question to the food domain on resident surveys. We have made all other changes to the resident and family surveys recommended by Vital Research.

OHFC (Office of Health Facility Complaints) Update

- OHFC investigates maltreatment, defined as abuse, neglect, and financial exploitation under the Vulnerable Adults Act.
- Only facilities that the Minnesota Department of Health (MDH) licenses are under this investigative jurisdiction. This means MDH has the authority to investigate all reported instances of maltreatment in assisted living facilities.
- OHFC investigators follow a detailed investigative protocol to guide the process.
- Investigations include touring the facility using observations, interviews, and record reviews, and using any follow-up that is needed including hospital medical records, contact with law enforcement, etc.
- Maltreatment investigation outcomes:
 - Not substantiated- an investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.
 - Inconclusive- there is less than a preponderance of evidence to show that maltreatment did or did not occur.
 - Substantiated- a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.
- Since 2019, submission of state-licensed only facility complaints have continued to rise with about 10,000 complaints received in 2022 (most complaints were assisted living complaints).
- Historically, OHFC averages 850-930 completed complaint investigations annually.
- In 2022, 55% of complaints received were from non-providers, while 45% were from facilities are "self-reports".
- State reconsideration: so far in 2023 MDH has received 36 maltreatment determination reconsideration requests.

Advisory Group questions for U of MN

Question: Will the report card include these investigation reports?

Response: The plan is to include investigation findings in some way and the U of MN will be sharing recommendations.

Findings and recommendations for investigations data

- Main question:
 - Should substantiated maltreatment findings stand alone or be combined with another domain, like safety?
- The study sample consists of 2,092 facilities with a total of 8,440 tags.

- Within this set, 105 facilities received a substantiated maltreatment finding (~5% of the sample), while 1,987 did not.
- We compared facilities with documented findings vs those without investigations findings, regardless of whether they have deficiency tags.
- How the scores were calculated to compare facilities:
 - CMS calculates a health inspection score based on points assigned to deficiencies identified at each provider’s most recent recertification.
 - We used the smaller values listed in this points system

Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

- Finding 1
 - When compared to facilities without findings, facilities with substantiated maltreatment findings consistently have significantly higher deficiency scores per facility level.
 - All observed differences in deficiency scores are statistically significant except for the staffing domain.
- Finding 2
 - The majority of scores for facilities without findings cluster within the range of 0-10 (indicating more minor tags).
 - The range of scores for facilities with findings indicates more major tags.
- We recommend showing substantiated maltreatment findings as a separate measure.
 - There is no scope & severity score assigned to a substantiated maltreatment finding.
 - We propose that findings should be shown as Y or N along with a link to the investigation letter.
- How to address appeals:
 - The scores will be published if there is an appeal in progress.
 - The scorecard will be updated in a timely manner if a substantiated maltreatment finding is overturned.

Advisory Group questions for U of MN

Question: Since so many reports are self-reported by facilities and the research hasn't shown a significant difference between self-reported vs externally reported, how can we prevent a negative impact for facilities that have self-reported?

Response: We are only looking at substantiated maltreatment. Our research has not looked into differences in deficiency scores based on if the substantiated maltreatment started as a self-report vs external reporting. We don't want to reduce self-reporting but if the ultimate result is a substantiated maltreatment claim, then it will show up in the scores.

Question: Some facilities have high rates of mental illness among residents, and self-report incidents between residents. Those would be substantiated and show up, how to we prevent them from being penalized?

Response: DHS has decided to use substantiated maltreatment findings where the facility is found to be fully or partially at fault. So if a facility is found to not be at fault, it would not be included.

Question: How long do substantiated reports stay listed on the report card, is it there forever?

Response: The report will appear on the website for 18 months.

Comment: Some citations for substantiated maltreatment include things like med errors where action was taken against a specific staff member, but the complaint was against the facility. So the facility will have this show up for 18 months even if the staff member is fired, and despite the staff member going against facility protocol.

Comment: From a consumer's viewpoint, the facilities hire and train their employees so the responsibility is on the facilities.

Question: There is no facility size differentiation for this measure, correct?

Response: This data is from substantiated reports rather than surveys, so there is no size limit, meaning this will be available for small providers as well.

Advisory Group Next Steps

- DHS will reach out via e-mail in the coming weeks to provide updates on the Assisted Living Report Card launch.

- Today's meeting slides and notes will be posted to the project webpage: www.mn.gov/dhs/assisted-living-report-card
- Our next meeting is January 8, 2pm-4pm. Topics will likely include:
 - UMN updates on licensing survey measure development.
 - DHS updates on Assisted Living Report Card website launch.
 - Vital Research updates on 2024 resident and family surveys.

Upcoming Advisory Group work

- Meeting notes and materials will be posted on the project website: www.mn.gov/dhs/assisted-living-report-card
- Next Advisory Group meeting: January 8, 2024 from 2:00pm – 4:00pm