

Assisted Living Report Card Advisory Group Meeting

Date: 12/11/2024

Location: Zoom virtual meeting hosted by University of Minnesota

Attendance

Advisory Group Attendee	Organization
Jeff Bostic	LeadingAge Minnesota
Angie Kluempke	Medica (Managed Care Organization)
Laura Orr	Minnesota Elder Justice Center
Julie Pager	Residential Care Providers of MN (RPAM)
Jane Pederson	Stratis Health
Tom Rinkoski	AARP
Parichay Rudina	Ombudsman for Long Term Care
Michaun Shetler	Care Providers Minnesota
Reena Shetty	MN Board on Aging
Ann Thole	Minnesota Board on Aging

Staff and presenters	Organization
Julie Angert	Department of Human Services
Lauren Glass	Department of Human Services
Rachel Shands	Department of Human Services
Ben Hanson	Department of Health
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota
Colleen Ehatt	Vital Research
Sim Somerville	Vital Research
Observers	Organization
Tori Edie	Stratis Health
Jean Hanvik	Stratis Health
Mary Henschel	Community Member
Teresa Lewis	Department of Human Services
Mark Matis	Community Member
Tabitha Meyer	Stratis Health
Rick Michals	Minnesota Department of Health
Jean Peters	Elder Voice Family Advocates
Lynn Shannon	Department of Human Services

Agenda

- Welcome and brief introduction of new attendees
- DHS present:
 - Updates on survey scope for the 2025 round of resident and family surveys
 - Plans for publishing Minnesota Department of Health (MDH) data on the Assisted Living (AL) Report Card

Updates on survey scope for the 2025 round of resident and family surveys

2024 residential survey outcomes:

- At the last meeting, Vital Research highlighted challenges with conducting surveys with small providers.
 - Facilities with a capacity of 5 residents
 - Out of 640 facilities that are licensed to have 5 beds, 3% were visited and met their MOE and 5% were visited, but did not meet their margin of error (MOE).
 - In total, 8% of facilities that are licensed to have 5 beds were visited.
 - There were 65% that were out-of-scope primarily due to having less than 5 residents at the time of outreach.
 - Facilities with the capacity of 6 residents
 - Out of 130 facilities, 18% were visited and met their MOE.
 - In total, 43% of facilities that are licensed to have 6 beds were visited.
 - There were 28% that were out-of-scope, primarily due to having less than 5 residents at the time of outreach.
 - Facilities with the capacity of 7+ residents
 - Out of 1,006 facilities, 75% have been visited and met their MOE.
 - In total, 81% of facilities that are licensed to have 7+ beds were visited.
 - There were 2% of facilities that were out-of-scope.
- To make the best use of limited resources available for conducting surveys, **the providers in-scope for the 2025 survey and future years will be providers with a capacity to serve 7 or more residents** (excluding providers with 5-6 resident capacity).
 - This represents 44% of licensed facilities, and 91% of overall capacity.

Plans for publishing Minnesota Department of Health (MDH) data on the report card

Linking MDH licensing survey and maltreatment reports to the AL Report Card

- DHS plans to link to providers' MDH licensing survey and maltreatment findings reports on each assisted living's individual quality profile page. This will include:
 - A link to the provider's most recent MDH licensing survey.
 - A list of substantiated maltreatment findings within the past twelve months where the facility is found to be wholly or jointly responsible, and a link to the MDH maltreatment findings report for each.
- Links will be automatically updated as MDH publishes new findings online.
- DHS plans to add this enhancement to the report card during the February 2025 release.

How will reconsiderations be handled for MDH survey ratings?

- Resident health, safety, and staffing ratings will be published to the report card quarterly starting in February 2025.
- DHS will publish ratings based on initial survey findings, regardless of whether a finding is under reconsideration.
- DHS plans to flag ratings where findings are under reconsideration. Because providers must request a reconsideration within 15 days of receiving notice of finding, DHS will be able to flag a reconsideration at the time of publishing ratings.
- If the reconsideration process results in a changed finding, DHS will revise the rating as needed during the next regularly scheduled quarterly update.

MDH maltreatment findings indicator

- DHS plans to add an MDH maltreatment findings indicator to the AL Report Card in early 2025.
- This indicator will report on whether an AL setting has had a substantiated maltreatment finding where the provider is wholly or partially responsible.
- This indicator will have a 12-month lookback period and be updated automatically as MDH publishes findings online.

How will reconsiderations be handled for the maltreatment indicator?

- DHS will publish initial findings on the report card, regardless of whether a finding is under reconsideration.
- DHS has decided not to flag reconsiderations for maltreatment findings.

- The indicator will automatically be changed from “yes” to “no” if MDH publishes a revised finding because of a reconsideration.
 - DHS explored the possibility of flagging where maltreatment findings are under reconsideration. Because the indicator will update automatically, while the reconsiderations flag would have to be updated manually, the reconsiderations flag would lag behind the indicator, causing misalignment between the two. For this reason, DHS has decided not to flag reconsiderations for maltreatment findings.
- Additional information on maltreatment findings reconsiderations
 - According to MDH, it currently takes an average of 167 days to complete a maltreatment reconsideration.
 - The average length of time it takes MDH to complete a maltreatment reconsideration has been reduced considerably. MDH believes it can achieve a 20-day average by the end of 2025.
 - This excludes cases that go to a hearing (4-5 a year), which take considerably longer to resolve.
 - Over the past two years, MDH has changed roughly 10-12% of maltreatment findings under reconsideration.

Advisory Group Next Steps

- 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 TBD. Topics will likely include:
 - Plans for 2025 round of resident and family surveys
 - Website usage and communications planning updates

Advisory Group questions and answers

Questions related to updates on survey scope related to the 2025 round of resident and family surveys

Question: When you say 7 or more for resident capacity, does this include the facilities with 100 or more residents?

Response: Yes, this is correct- any facility with 7 to 100+ residents.

Follow-up question: Did you look closely at whether 7 is the right number? Do the facilities with a capacity for 7, 8, 9, or 10, do they also have a fairly high fail rate like the facilities with a capacity to serve 5 or 6 residents?

Follow-up response: Yes, we did look at that. The number of facilities that have the capacity to serve 7, 8, or 9 residents are minimal in terms of numbers, so it was a judgement call as to where to draw the line. We thought if we were able to include these facilities, we would have a higher likelihood of success. But it seemed facilities with the capacity to serve 5 or 6 residents were having the most challenges meeting the margin of error (having enough residents to survey and report results).

Question: In the data you shared, I was most surprised by the percentage of responses that reflect that the setting had closed. I am particularly concerned about that outcome from the context of what statute intended for a process when there is a closure. Do you have any insight to offer about this apparent disconnect of reaching out as an agency for response in the survey, and then finding out that the facility was closed when there should have been a process for approval of a closure plan with the Department of Health?

Response: It is a matter of timing. We pull a list of licensed providers potentially months ahead of when we will be surveying in that region. When we reach out to a facility, the closure process may have been initiated prior to us contacting the facility. Sometimes we found out they were closing in advance and then do not reach out for surveys and other times we found out they were closing soon, a sudden closure, and then we would not visit that facility. Most of the disconnect is related to timing.

Questions related to DHS plans for publishing MDH data on the Assisted Living Report Card

Question: If MDH does not meet the 20-day average (to complete a maltreatment finding reconsideration), will there be a report at the end of 2025 to look at this again?

Response: This is something we can continue to inform Advisory Group members about in terms of what our experience has been. Once this functionality on the report card is launched and updated with MDH information on maltreatment reconsiderations, we can look at the number of reconsiderations and how long it takes to complete a maltreatment reconsideration, and communicate this information to you.

Follow-up response: There has been a lot of thought and intentionality about what you are doing. I do get concerned sometimes when we project that we will reduce things (time to complete maltreatment reconsiderations), and we have not seen that happen yet. But I am hopeful, and I know it has been a heavy lift with licensure, not only for providers but also for the Department of Health and they have worked hard to improve those metrics. It is also important to make sure that we see these metrics realized, too. I appreciate your willingness to revisit and track that information and adjust as you have all along.

Question: When hearing that you plan to reduce reconsideration requests from 160 days to an anticipation of a 20-day average by the end of 2025, I have a question. There was a concern particularly from the provider standpoint about the impact on the report card when a reconsideration is not addressed quickly. Likewise, from the consumer standpoint, there is a concern about the impact if a report card is not able to report promptly that consumers have raised concerns. Systems improvements that improve how the report card would reflect a request for reconsideration would affect a provider's approach to timeliness. In the report card, are the same improvements that are being made on that reconsideration timeline expected to impact how promptly consumer concerns brought to MDH show up in the report card?

Response question: The way I am interpreting your question is, are those updates going to be switched from No (reported maltreatment finding) to Yes (reported maltreatment finding) as promptly as they may switch from Yes to No? [yes, that is the question.]

Response: The improvements in the reconsiderations unit are mostly about making sure we have the correct number of analysts working on reconsiderations. For example, when we are handling requests for reconsiderations, we are not prioritizing requests that come in from facilities over any other individual. We are just handling maltreatment reconsiderations and working our best to get decisions out as promptly as we can regardless of who made the request.

As far as optimism is concerned, adding more reconsiderations staff has led to immense improvements in our licensing order reconsiderations timeline and that is freeing up time for my other analysts to address and reduce the reconsiderations backlog.

Follow-up question: I do not know the extent of your work, but I am mainly hearing about assessment for the reconsideration process more so than the investigation process that triggers the initial determination. It sounds like your assessment of that timeline is from the standpoint of a substantiated concern that enters reconsideration or that defined window of the review process.

Follow-up response: Yes, we also review the unsubstantiated group reconsiderations that are requested by a family member. But anything that happens before the reconsideration comes in, that is going to be outside of my scope of work.

Comment: DHS presented at Stratis Health's Community Outreach Committee meeting, and people are excited about this tool. Particularly members of the Minnesota Congressional delegation have something to share with their constituents.

I am curious about the rollout strategy. With any project like this, we get entrenched in the development and I think really socializing it and making sure it is available to people is going to be so important.

Response: Communications and how we get the word out is absolutely something that we are focusing on in the near future. Once we get the Department of Health indicators and ratings launched, it will certainly be part of our work moving forward.

We will have more measures to add to the report card in early 2025, which is more data than at the initial launch. We are thinking about how we can promote the site even more and get the word out to the right people. To this group, if you have specific avenues, ideas, or venues for promotion, please send those our way. We would like to hear your thoughts and ideas about how to distribute information about the AL Report Card far and wide.

Comment: I helped MDH with the rollout of DPP statewide and we created a toolkit for different audiences. There might be items to pull out and repurpose for this work.

Comment: Providers are excited to use this data to look across their continuum to see how they can improve quality. I think that can also help promote and increase access to data for many individuals. We appreciate ongoing conversations about how to use this data to its fullest capacity to improve quality.

Response: We want to work on making the data as usable as possible for providers – thank you for that feedback.

Comment: I appreciate the progress made in search engine optimization. Earlier in the meeting I did a quick Google search of best assisted living in Minnesota to see if the report card would show up. It is now 5th in Google results. Thanks for prioritizing this.