



# Assisted Living Report Card Advisory Group

Tuesday, Jan. 27, 2026, 1 – 2:50 p.m.

# Organizations represented on the Advisory Group

- AARP Minnesota
- Alzheimer's Association
- Care Providers of Minnesota
- Diverse Elders Coalition (Minnesota Leadership Council on Aging)
- Elder Voice Family Advocates
- LeadingAge Minnesota
- Managed Care Organizations
- Minnesota Board on Aging
- Minnesota Department of Health
- Minnesota Elder Justice Center
- Ombudsman for Long Term Care
- Stratis Health
- Residential Providers Association of Minnesota (RPAMN)

# Meeting agenda

<b>Topic</b>	<b>Presenter</b>	<b>Time</b>
Marketing campaign and phased launch updates	DHS	1:05-1:30pm
Changes to star ratings and thresholds	UMN	1:30-2:00pm
2025 resident and family survey outcomes	Vital Research	2:00-2:40pm
Next steps and closing	DHS	2:40-2:45pm



# Marketing campaign planning updates

- DHS contracted with 5 By 5 Design in 2025 to develop a marketing campaign plan for the Assisted Living Report Card.
- 5 By 5 Design gathered advisory group feedback in November 2025 to further refine the campaign strategies and messages.
- DHS aims to launch a campaign in SFY 2027.

- Emphasize flexibility and how the tool helps people find what they need based on what matters most to them
- Replace “answers” with “information” across all targeted messages
- Explore alternatives to the phrase “rigorous data”
- Highlight credibility through clear explanations of methodology and trust-building language that feels accessible

# Audience-Specific Message Updates

- **Residents**

- Shift focus away from facts and data
- Emphasize emotional concerns, reassurance, and decision confidence

- **Caregivers**

- Adjust language to be more general and inclusive (e.g. replace “loved ones” with alternative language)

- **Referral sources**

- Lead with: “A tool that makes a complicated task easier”
- Align supporting language to emphasize simplicity and usability.

- Focus on improving overall website user experience. Add content to explain:
  - What the tool is and how to use it
  - Its value and supporting evidence
  - Testimonials, videos, and additional resources
- Explore a coordinated marketing effort for assisted living and nursing home report cards
- Develop messages and associated KPIs for provider audiences



# Report card phased launch updates

Release month	Data and features added
January	<ul style="list-style-type: none"><li>• Jun. – Aug. 2024 MDH ratings</li><li>• Resident survey ratings from 2025</li></ul>
April	<ul style="list-style-type: none"><li>• Sept. – Nov. 2025 MDH ratings</li><li>• Family survey ratings from 2025</li><li>• <b>MDH maltreatment investigations table</b></li></ul>
July	<ul style="list-style-type: none"><li>• Dec. 2025 – Feb. 2026 MDH ratings</li></ul>
October	<ul style="list-style-type: none"><li>• Mar. – May 2026 MDH ratings</li></ul>

Questions or feedback on DHS updates?

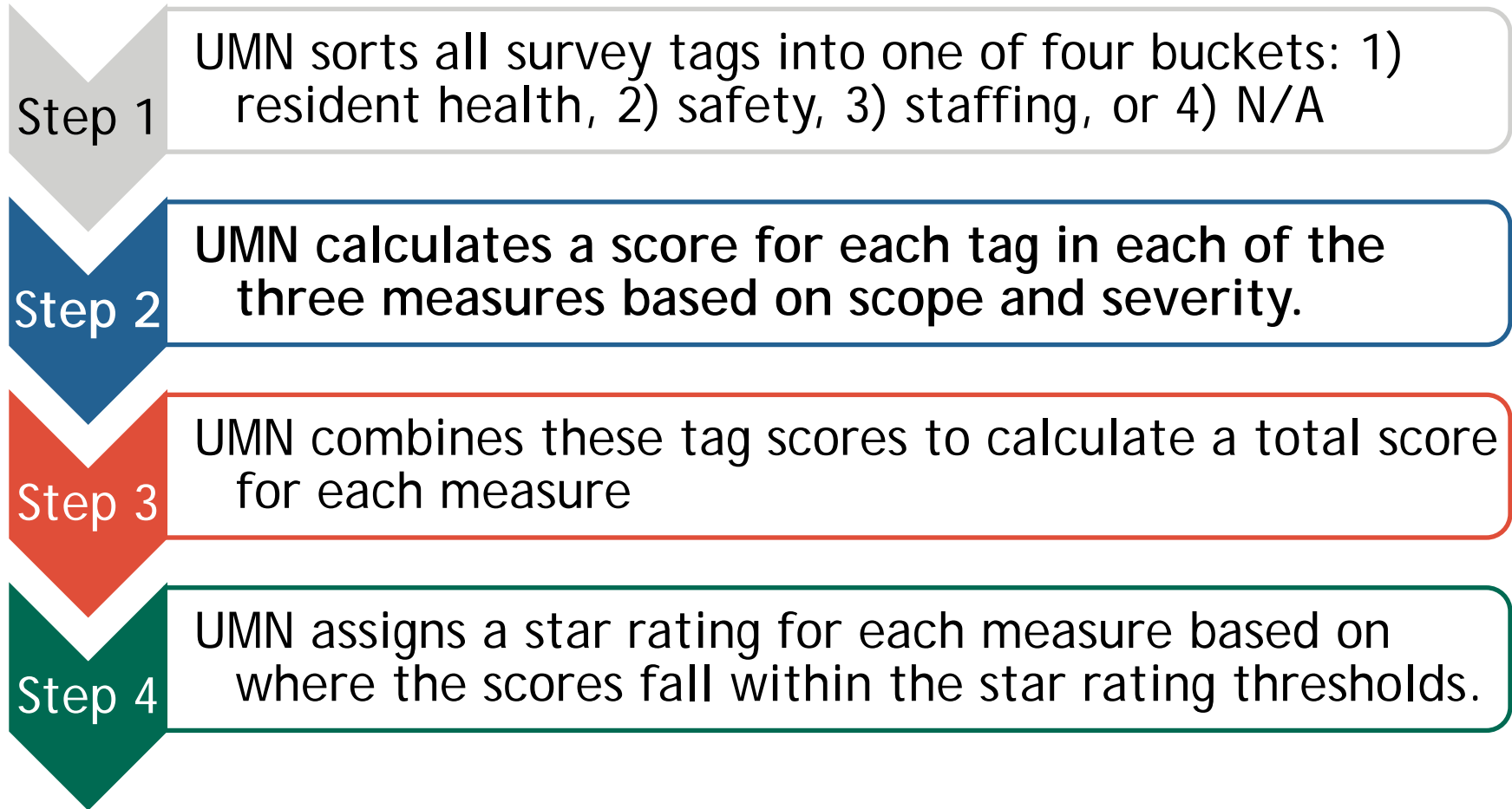




# Recommendations for how to score severity level changes for MDH surveys

Tetyana Shippee, PhD  
Professor, Health Policy & Management  
School of Public Health  
University of Minnesota

# Turning MDH survey findings into star ratings



# Changes to the definition of severity violations

Previous violation level statement	<u>New</u> violation level statement
Level 1: no actual harm with potential for minimal harm	Level 1: violation that will cause only minimal impact on the resident and does not affect health or safety
Level 2: No actual harm with potential for more than minimal harm that is not immediate jeopardy	Level 2: violation that did not harm resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment or death
Level 3: Actual harm that is not immediate jeopardy	Level 3: violation that harmed a resident's health or safety, -or a violation that had the potential to cause more than minimal harm to the resident
Level 4: Immediate jeopardy to resident health or safety	Level 4: violation that harmed a resident's health or safety, not including serious injury or death, or a violation that was likely to lead to serious injury or death
Level 5: not defined	Level 5: violation that results in serious injury or death

Severity changes are based on a recent change in assisted living statute.

# Previous scoring system for severity

- The severity of tags assessed to each facility factor into their star rating for the domains of safety, resident health outcomes, and staff (ALRC uses the lower scores)
- We based this on the CMS structure for nursing homes which has 4 severity levels

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

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

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care.

Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care. See the Electronic Code of Federal Regulations ([https://www.ecfr.gov/cgi-bin/text-idx?SID=9c4d022241818fef427dc79565aba4b5&mc=true&node=pt42.5.488&rgn=div5#se42.5.488\\_1301](https://www.ecfr.gov/cgi-bin/text-idx?SID=9c4d022241818fef427dc79565aba4b5&mc=true&node=pt42.5.488&rgn=div5#se42.5.488_1301)) for a definition of substandard quality of care.

\* If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a "G-level" deficiency (i.e., 20 points) are assigned.

Source: Centers for Medicare & Medicaid Services

# How to score the additional severity violation level?

- After discussions with MDH, the proposal for an additional severity level was to help break up the previous level 3 violations assessed.
  - This resulted in the need for new scores for the new levels 3 & 4 violations.
- We want to keep the scores within the current scoring range of 0-150.
  - Levels 1,2 and 5 scores will remain the same
  - Levels 3 and 4 scores will change

# Proposed scoring

Severity	Isolated	Pattern	Widespread
Level 5	M 50 points	N 100 points	O 150 points
<b>Level 4</b>	<b>J</b> 35 points	<b>K</b> 39 points	<b>L</b> 45 points
<b>Level 3</b>	<b>G</b> 20 points	<b>H</b> 24 points	<b>I</b> 30 points
Level 2	D 4 points	E 8 points	F 16 points
Level 1	A 0 points	B 0 points	C 0 points

# Next steps

- MDH starting assessing new severity levels in August 2025.
- The August and September surveys are included in ratings.
  - To date, only 2 level 4 severity tags and zero level 5 severity tags have been given.
  - This does not affect current thresholds.
- UMN will continue to monitor how the addition of the new severity level may affect established thresholds and we may provide interim thresholds if warranted.

# 2026 thresholds for resident and family surveys

- Vital Research has completed resident interviews and collected all family satisfaction surveys.
- The following slides detail the 2026 thresholds for each peer group by composite scores.
  - The composite score is the mean across all domains for each survey.
- DHS plans to publish 2026 thresholds for providers prior to the start of resident and family surveys.

# 2026 resident quality of life thresholds

Peer Group	5-star	4-star	3-star	2-star	1-star
<b>Medium+ TCM</b>	87.38 – 100	82.42 – 87.37	74.29 – 82.41	66.16 – 74.28	0 – 66.15
<b>Medium+ ROS</b>	94.21 – 100	89.72 – 94.20	82.87 – 89.71	76.02 – 82.86	0 – 76.01
<b>Large + TCM</b>	91.7 – 100	87.86 – 91.69	82.42 – 87.85	76.98 – 82.41	0 – 76.97
<b>Large + ROS</b>	92.51 – 100	88.42 – 92.50	83.38 – 88.41	78.34 – 83.37	0 – 78.33

TCM= Twin Cities Metro

ROS = Rest of State

# 2026 family satisfaction thresholds

Peer Group	5-star	4-star	3-star	2-star	1-star
Medium+ TCM	93.84 – 100	83.45 – 93.83	72.82 – 83.44	62.19 – 72.81	0 – 62.18
Medium+ ROS	91.68 – 100	85.13 -91.67	74.99 – 85.12	64.85 – 74.98	0 – 64.84
Large + TCM	85.34 - 100	79.52 – 85.33	72.45 – 79.51	65.38 – 72.44	0 – 65.37
Large + ROS	86.59 – 100	80.5 – 86.58	73.5 – 80.49	66.5 – 73.49	0 – 66.49

TCM= Twin Cities Metro

ROS = Rest of State



# Questions & Discussion

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# MN Resident Quality of Life & Family Satisfaction Surveys

Assisted Living Report Card Advisory Group  
January 2026



**VITAL**  
RESEARCH

# Presentation Overview

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Timeline

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Facility participation

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Resident survey outcomes

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Family survey outcomes

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Recommended changes

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Q&A

# 2025 Timeline

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# 2025 Overview

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12,690

resident  
surveys  
completed

14,643

family surveys  
completed

92%

facilities  
participated

96%

facilities  
satisfied with  
project

# Facility participation



## 2025 Facility participation

Survey outcome	Count	Percent
Completed, met target	815	81%
Completed, did not meet target	68	7%
Passive refusal	60	6%
Too few residents	40	4%
Facility closed	10	1%
Active refusal	1	<1%
Other	11	1%
<b>TOTAL</b>	<b>1,005</b>	<b>100%</b>

# Participation by facility size

Survey outcome	Up to 9 residents	10 to 19 residents	20+ residents
Completed, met target	18%	67%	89%
Completed, did not meet target	30%	18%	3%
Passive refusal	2%	5%	7%
Too few residents	43%	8%	<1%
Facility closed	3%	3%	1%
Active refusal	2%	0%	0%
Other	3%	0%	1%
<b>TOTAL</b>	<b>101%</b>	<b>101%</b>	<b>102%</b>

# Participation by geography

Survey outcome	North region (PSA 1-3)	Central region (PSA 4, 5,7)	South region (PSA 6, 8-11)
Completed, met target	85%	87%	79%
Completed, did not meet target	8%	4%	7%
Passive refusal	5%	6%	6%
Too few residents	2%	1%	5%
Facility closed	0%	1%	1%
Active refusal	0%	1%	0%
Other	0%	1%	1%
<b>TOTAL</b>	<b>100%</b>	<b>101%</b>	<b>99%</b>



“The surveyor was amazing. You could really see she had a passion for the work she was doing and especially with the senior population.”

Assisted Living Provider

# Resident survey outcomes



# **2025 Resident survey outcomes**

- The average resident age was 81 years
- Most respondents were white (90%) and female (67%)
- Over 17,491 residents were approached
  - 73% completed an interview
  - 27% were not interviewed
  - 1% started an interview

## **2025 Resident survey outcomes, continued**

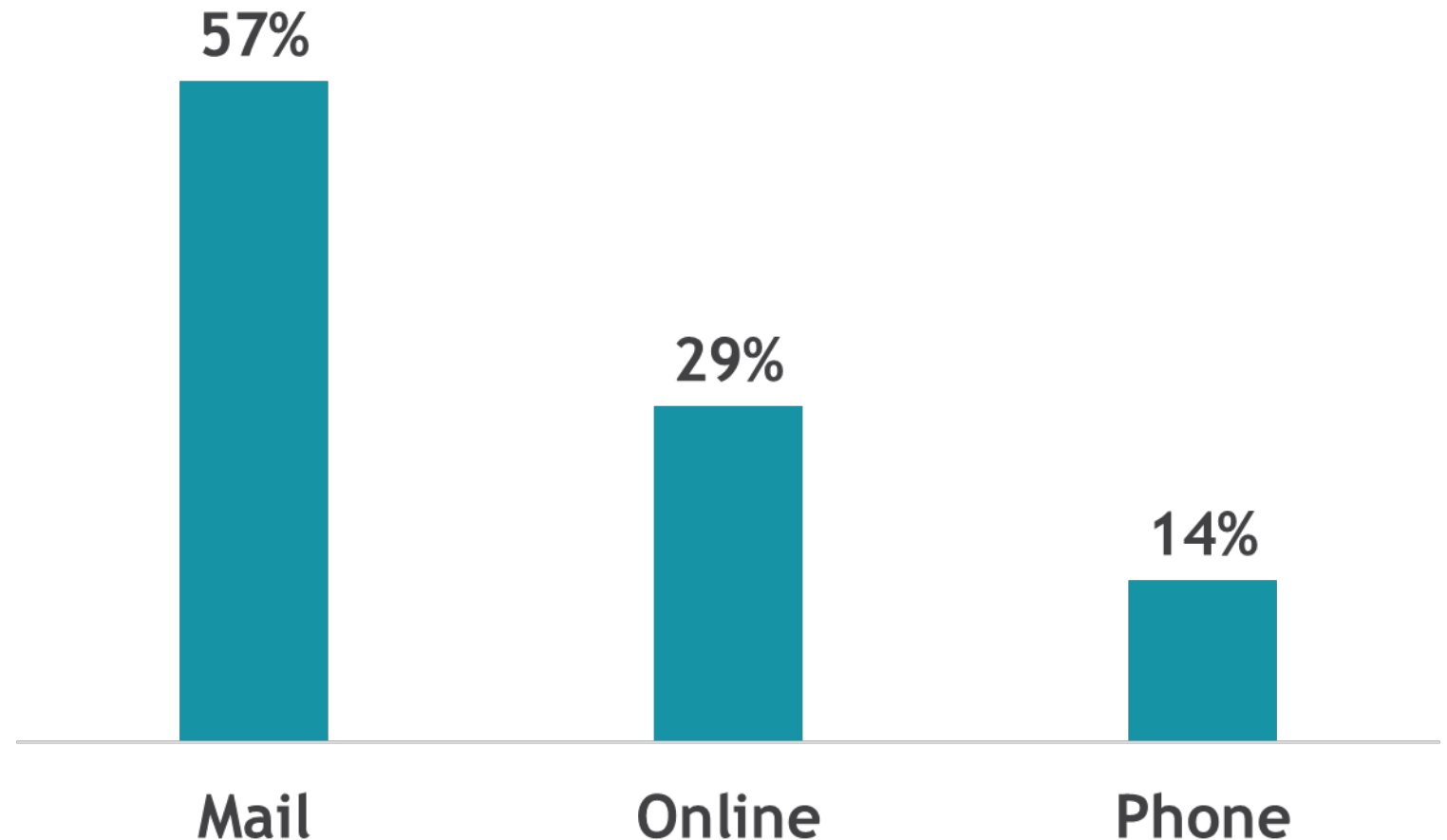
- Of those not interviewed, the main reason was resident refusal (42%)
- The main reason for an incomplete interview was unresponsiveness (48%)
- Survey items had high inter-rater reliability (Kappa=0.80+)



## Family survey outcomes

## 2025 Family survey outcomes

- 86% of all facilities were eligible
- 14,643 completed surveys
- Mixed modes helped us reach family members



# Recommendations for 2026



# Recommendations for 2026, continued

- Continue visiting facilities with a capacity to serve seven or more residents
  - Overall, there was higher participation and responsiveness
- Improve facility engagement to reduce passive refusals
  - Mass scheduling email from Vital at the start of the project
  - Vital will collaborate with DHS to investigate updated contact information
- Conduct analysis of data comparing results of residents receiving memory care services to those that do not

# Questions?



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Next steps and Q&A

## Next steps for the Advisory Group

- Today's meeting slides and notes will be posted to the project webpage: [www.mn.gov/dhs/assisted-living-report-card](http://www.mn.gov/dhs/assisted-living-report-card).
- Our next meeting will likely be held in April. Our tentative agenda includes:
  - DHS phased launch updates



Additional questions?

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