Assisted Living Report Card Advisory Group Meeting

Date: 1/27/2026
Location: Zoom virtual meeting hosted by University of Minnesota

Attendance

Advisory Group Attendee	Organization
Todd Bergstrom	Care Providers Minnesota
Jeff Bostic	LeadingAge Minnesota
Angie Kluempke	Medica (Managed Care Organization)
Carolyn Perron	Minnesota Board on Aging
Tom Rinkoski	AARP
Michaun Shetler	Care Providers of Minnesota
Kris Sundberg	Elder Voice Family Advocates
Tori Anderson	Stratis Health

Staff and presenters	Organization
Julie Angert	Department of Human Services
Lauren Glass	Department of Human Services
Martina Johnson	Department of Human Services
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota
Colleen Ehat	Vital Research
Sim Somerville	Vital Research
Observers	**Organization**
Toby Pearson	Care Providers of Minnesota
Jane Pederson	Stratis Health
Lynn Shannon	Department of Human Services
Reena Shetty	Department of Human Services

Agenda

- Welcome and brief introduction of new attendees
- DHS present:
    - Marketing campaign and phased launch updates
- UMN present:
    - Changes to star ratings and thresholds
- Vital Research present:
    - 2025 resident and family survey outcomes

Marketing campaign planning updates and report card phased launch updates- DHS

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 fiscal year 2027
- General message updates include:
    - Emphasize the flexibility of the tool to help people find what matters most to them
    - Highlight credibility through clear explanations of methodology in accessible language
- Audience-specific message updates
    - *Residents:* emphasize emotional concerns, reassurance, and decision confidence
    - *Caregivers:* replace “loved ones” with alternative language that is more general
    - *Referral sources:* supporting language should emphasize usability and simplicity
- Strategy updates
    - Focus on improving overall website user experience and add content to explain:
        - What the tool is and how to use it
        - Its value and supporting evidence
        - Testimonials, videos, and additional resources
    - Explore coordinated marketing efforts for assisted living and nursing home report cards

Report card phased launch updates for 2026

- January 2026: to be added to the Assisted Living Report Card website

    - June - August 2025 MDH ratings
    - 2025 resident survey ratings
- April 2026: to be added to the Assisted Living Report Card website
    - September - November 2025 MDH ratings
    - 2025 family survey ratings
    - MDH maltreatment investigations table
- July 2026: to be added to the Assisted Living Report Card website
    - December 2025 – February 2026 MDH ratings
- October 2026: to be added to the Assisted Living Report Card website
    - March – May 2026 MDH ratings

Advisory Group questions and answers – DHS updates

Question: Are all the marketing strategy updates part of your original scope?

> **Response from DHS:** The original scope was to get general ideas for a marketing campaign. The other ideas such as coordinated marketing for the assisted living and nursing home report cards and improving the website user experience are outside of our original scope.

Recommendations for how to score severity level changes for MDH surveys - UMN

Turning MDH survey findings into star ratings

1. UMN sorts all survey tags into one of four buckets: 1) resident health, 2) safety, 3) staffing, or 4) N/A
2. UMN calculates a score for each tag in each of the three measures based on scope & severity
3. UMN combines these tag scores to calculate a total score for each measure
4. UMN assigns a star rating for each measure based on where the scores fall within the star rating thresholds.

How to score recent severity changes?

- Severity changes are based on a recent change in assisted living statute.
- The severity of tags assessed to each facility factor into their star rating for the domains of safety, resident health, and staffing. These were based on the Centers for Medicare and Medicaid (CMS) structure for nursing homes which have 4 severity levels.
    - The assisted living report card added a level 5 severity rating.

- The purpose of adding a 5th severity level was to break up the previous level 3 violations assessed which resulted in the need for new scores for the new levels 3 & 4 violations.
- UMN recommends keeping the scores within the current scoring range of 0-150.
    - Levels 1, 2, and 5 violation scores will remain the same.
    - Levels 3, and 4 violation scores will change

Table 1. Proposed scoring

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

- MDH started assessing new severity levels in August 2025.
- The August and September surveys are included in ratings.
    - To date, only two level 4 severity tags and zero level 5 severity tags have been given. This does not affect current thresholds.
- UMN will monitor how the addition of the new severity level may affect established thresholds and they 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.
- UMN presented slides detailing 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 the resident and family surveys.

MN Resident Quality of Life and Family Satisfaction Surveys – Vital Research

2025 timeline and overview

- March 2025
  - Outreach to facilities
- April 2025
  - Data collection begins
- October 2025
  - Resident survey ends
- November 2025
  - Family survey ends
- December 2025 – January 2026
  - Reporting
- Resident surveys completed = 12,690
- Family surveys completed = 14,643
- 92% of facilities participated
- 96% of facilities were satisfied with the project

Facility participation characteristics

Table 2. 2025 facility participation

	Percent
Completed, met target	81%
Completed, did not meet target	7%
Passive refusal	6%
Too few residents	4%
Facility closed	1%

Active refusal	<1%
Other	1%

Table 3. 2025 facility participation by facility size

	Up to 9 residents	10-19 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%

Table 4. 2025 facility participation by geography

	Northern MN	Central MN	Southern MN
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%

2025 resident survey outcomes

- Average 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 complete
  - 1% started an interview
- 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+)

2025 family survey outcomes

- 86% of all facilities were eligible
- 14,643 completed surveys
- Mixed modes helped to reach family members
  - Mail = 57%
  - Online = 29%
  - Phone = 14%

Recommendations for 2026

- Continue visiting facilities with a capacity to serve 7 or more residents
  - Overall, there was higher participation and responsiveness
- Improve facility engagement to reduce passive refusals
  - Mass scheduling email from Vital Research at the start of the project
  - Vital Research will coordinate with DHS to investigate updated contact information
- Conduct analysis of data comparing results of residents receiving memory care services to those that do not

Advisory Group questions and answers related to Vital Research's presentation

Question: In looking at resident participation by facility size, facilities that have up to 9 residents had an 82% non-completion rate? If so, that seems concerning.

> **Response from Vital:** That is correct. We were only able to complete 18% of surveys for facilities with up to 9 residents. There is a large percentage of facilities that were visited, but there weren't enough residents to meet the margin of error target. Smaller facilities usually have an occupancy rate below 100%.

Question: With an 18% completion rate for facilities with the capacity to serve 9 residents or less, I'm wondering if there is any consideration being given to increasing the minimal number of residents to 10 or so. It looks like there could be extra effort to include providers with the capacity to serve 7, 8, or 9 residents.

Comment from advisory group member: That might be a good point, and I would be comfortable with the threshold at 10 residents.

Comment from advisory group member: Are there some modifiable factors that can be addressed to increase response rates for smaller facilities since 18% of surveys completed is not a representative sample?

> **Response from Vital:** Last year we could not reach many facilities with the capacity to serve 5 and 6 residents; most were out of scope and those few we could reach did not have a representative sample. Increasing our scope from 5 to 7 residents was a good first step since it includes many facilities, if we move up to capacity to serve 10 residents, many more facilities could potentially be excluded and not have information on the report card. Response rates for facilities with 7 or more residents were amazing with all willing to participate, indicating a high willingness to participate from these facilities and the possibility of obtaining a representative sample. It's a delicate balance and we can continue to see if capacity to serve 7 residents is a good number or if this number needs to increase. We are thinking about changing communications techniques like additional email outreach, monitoring, and changing contact information as a way to increase participation in these facilities.
>
> **Response from DHS:** Of the 1,000 assisted living facilities included in this year's survey, 60 (6%) have the capacity to serve 7-9 residents. We want to try to include as many ALs as possible. The costs associated with reaching out and interviewing facilities with 7-9 residents are lower than for facilities with 5-6 residents since we saw many of them did not meet thresholds last year. We will consider whether we need to increase

provider license capacity for facilities required to complete surveys and we want to continue to hear feedback around this issue.

Question: In looking at participation by location, we see that small assisted living facilities are highly concentrated in the Twin Cities metro area (south region). I'm wondering if the differences we are seeing between the South and other regions have something to do with the disproportionate share of very small facilities in the South region?

Response from Vital: Absolutely. Most of the smaller facilities that were marked as out of scope, or too few residents came from the Twin Cities region. With smaller facilities, we also see items that contribute to lower participation rates such as turnover in management roles or the facility was bought out by another organization.

Comment: Passive refusals look similar across regions.

Response from Vital: Many smaller facilities tend not to respond if they know they're already out of scope or not eligible. We think not having current contact information for key facility staff is the driver of passive refusals.

Question: In looking at participation by geography completed, but did not meet target (second row), what was the main issue when interviewers arrived, there weren't enough residents, or the residents decline to participate?

Response from Vital: It could be either one; they declined or there weren't enough residents to interview to meet the margin of error. There are various reasons why residents don't participate (no longer living in the facility, out of the building at the time of interview, not available for other reasons). If we don't reach our target during the first visit, we always schedule a return visit and approach those residents who did not complete the survey. If on the second visit we still don't reach the target, we will mark them in this category.

Question: When you say that staff turnover can be a component of not being able to move forward with the survey, I'm wondering who determines the contact person in each community?

Response from Vital: At the beginning of our survey period, we receive a facility list and usually the administrator is the first point of contact. This varies based on information that is available to DHS. We always ask who the best contact person for scheduling. Here, we may change the contact person based on someone we can reach throughout the duration of data collection.

Comment from DHS: The administrator as we define it is the person who is listed as the authorized administrator with the Department of Health and we at DHS provide that information to Vital. We really rely on that as our centralized database. We will get questions from providers about how they can update their facility's contact information, and we will redirect them to the Department of Health to update their information. DHS will send a letter to both the business address and physical location because sometimes they are not the same.

Question: For small providers, do you rely on email communications?

Response from Vital: We do a mix of both email and phone. Facilities will get one email and two phone calls, and they will receive email communication from DHS as well. We will incorporate more email outreach for the next survey cycle because we do see higher response rates from emails.

Question: When you conduct family surveys, do you break out results by families that have people in memory care and by families that have people in assisted living without memory care? We need to be sure we have good representation from families that have residents in memory care.

Response from Vital: We do not break out memory care vs. non-memory care in terms of tracking and reporting. The total number of surveys in each facility comes from both memory and non-memory care combined. We could add this to our memory care analysis for this upcoming year. We have identifiers that link family surveys to resident surveys, and we can examine trends and responses.

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 will likely be held in April 2026. Our tentative agenda includes:
    - DHS phased launch updates