Assisted Living Report Card Advisory Group Meeting

Date: 3/15/2024
Location: Zoom virtual meeting hosted by University of Minnesota

Attendance

Advisory Group Attendee	Organization
Jeff Bostic	LeadingAge Minnesota
Todd Bergstrom	Care Providers Minnesota
Kari Everson	LeadingAge Minnesota
Angie Kluempke	Medica
Laura Orr	Minnesota Elder Justice Center
Jane Pederson	Stratis Health
Carolyn Perron	Minnesota Board on Aging
Daphne Ponds	Minnesota Department of Health
Sam Smith	Alzheimer's Association
Kristine Sundberg	Elder Voice Family Advocates
Adam Suomala	Minnesota Leadership Council on Aging/Diverse Elders Coalition
Tom Rinkoski	AARP Minnesota
Parichay Rudina	Ombudsman for Long Term Care
Michaun Shetler	Care Providers

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
Val Cooke	Department of Human Services
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota
Mark Woodhouse	University of Minnesota
Observers	**Organization**
Rick Michals	Minnesota Department of Health
Jean Peters	Elder Voice Family Advocates

Agenda

- Welcome and brief introduction of new attendees
- DHS present:
  - Update on status of Assisted Living Report Card (ALRC) milestones
    - Vital Research data collection update
    - Discuss status of ALRC launch
    - Update on ALRC decisions from previous AG meeting discussions
- UMN present:
  - Update on MDH licensure survey measure recommendations
  - Discuss frequency of updates for all measures

Updates on Vital Research's data collection progress

- Tier 1 (Northern MN) resident surveys began in February, 2024 and are scheduled to end March, 2024, but could continue until April, 2024 as needed.
  - As of March 4, 2024, 70 facilities participated in resident interviews with 69 facilities meeting the Margin of Error (MOE) to report results.
  - Family surveys were mailed the week of March 4, 2024.
  - No facilities have refused to participate as of March 4.
- Tier 2 surveys are scheduled for April – Jun, 2024.
  - Tier 2 includes facilities in the 7 county Twin Cities metro area

Assisted Living Report Card updates

Assisted Living Report Card usage

- The AL Report Card publically launched on January 29, 2024.
- 181 unique visitors visited the website between March 7-12, 2024.
- DHS and MNIT are working to obtain more usage data and will provide updates at future AG meetings.

Responding to Advisory Group input

- Providers raised concerns about displaying facility rank on the report card.
  - UMN recommended removing facility rank due to facilities grouping closely together.
  - DHS decided to remove facility rank from the report card.
- Providers raised concerns that 2024 quality of life (QOL) scores will include facilities with <20 residents for the first time.

- UMN will analyze surveys by provider size before 2024 QOL scores are calculated and provide recommendations to DHS about whether to risk adjust QOL ratings by size.
- Consumer advocates and providers recommended adding facility size to the report card.
  - DHS will add facility size to the report card in a future update to the website.

Scope of the Assisted Living Report Card

- The report card is a useful tool to help consumers compare AL settings by quality, but it doesn't contain all the information a user will need to choose an AL facility. The AL report card focuses on quality ratings based on scores given to a facility from statewide data sources.
- We encourage consumers to also use MNHelp.info, which provides facility information about services offered and populations served.
- MNHelp is working with the AL Report Card website team to link providers' individual report card profiles to their MNHelp.info profiles.

MDH licensing survey measures: reconsiderations

- Providers raised concerns that publishing ratings based on MDH's initial licensure survey findings will hurt providers whose reconsiderations result in a change or removal of a citation.
  - Statute allots 60 days for MDH to make a determination on a reconsideration. According to MDH, there is currently a delay of several months.
  - DHS is working with MDH and UMN to explore options that provide timely information while accounting for the reconsideration process and timelines.

Revised timelines

- Resident and Family Surveys: In 2024, resident and family surveys will be published semi-annually
  - January – June 2024 QOL survey ratings will be published in late 2024/early 2025
  - July – December 2024 QOL survey ratings will be published in the first half of 2025
  - In the future, thresholds will be updated annually, and scores published quarterly.
- DHS plans to begin publishing MDH licensing survey and investigation findings measures in early 2025. New MDH survey ratings will be added quarterly.
  - DHS will use licensing surveys completed on or after July 1, 2024 for ratings.

- DHS plans to communicate this news to AL providers ahead of July 1 via MDH GovDelivery and AL licensure webpage announcements.

Recommendations on MDH licensure survey measures (UMN)

- Goals/objectives
  - Establish a methodology for weighting tags according to scope and severity and developing a system for calculating scores and star ratings.
  - Determine the need and parameters for implementing risk adjustment.
  - Define a schedule for updating scores across all measures, including MDH licensure surveys and resident and family quality of life surveys.

Calculating scores

- We recommend using the same scoring system that the Centers for Medicare and Medicaid Services (CMS) uses for national skilled nursing facility provider ratings. The more serious, wide-spread deficiencies receive more points, whereas minor tags (codes A-C) are scored as 0.
- Facilities will receive a total score based on all tags of interest in the 3 domains (safety, staff, and resident health outcomes). The scores assigned is the sum of the deficiency score for every tag assessed in each domain.
  - In data from January 2022-December 2023, safety is the most frequently cited domain and most tags are level 2 violation.

5-star ratings for licensure surveys

- We propose the 5 star-rating system:
  - 5 Stars: Mean plus 1½ standard deviations or top 7%
  - 4 Stars: Mean plus ½ to 1½ standard deviations
  - 3 Stars: Mean plus or minus ½ standard deviations
  - 2 Stars: Mean minus ½ to 1½ standard deviations
  - 1 Star: Mean minus 1½ standard deviations
- We recommend the same method as the QOL surveys which includes the top 7% due to the large number of 0s in the data (tags assessed A-C scope/severity).
- The upper bound of the 5-star rating is set at the higher of:
  - Peer mean: 1.5 SD or 7th percentile value within peer group
  - In nearly every case, this licensure threshold data set had a higher 7th percentile value than the mean 1.5 SD value and that was used to establish the model.

- Once a facility has 2 eligible surveys, we propose weighting surveys using a similar method CMS uses for nursing homes (for surveys completed prior to 7/1/24 will be excluded).
  - Current survey will be weighted 2/3 and the previous survey 1/3
  - If there is only 1 survey, it will be weight by 1
  - Most facilities will have 1 survey for a long time

Peer approach for licensure surveys

- A peer group is a group of facilities with similar characteristics. We do not risk adjust in a sense of applying a function that alters a facility's scores based on its characteristics. Instead, we use a peer approach in which the scores needed to achieve a particular star rating are set within similar facilities.
- We explored peer groups by geography, size, and license type
  - Size groups used are: 1) micro (1-5 beds), 2) small (6-50 beds), and 3) large (51+ beds).
  - Geography is Twin Cities metro (TCM) which includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties and Rest of State (ROS).
  - License type: Assisted Living Facility (ALF) and Assisted Living Facility-Dementia Care (ALF-DC).
- We ended up creating an intersection of these characteristics. An example of one peer group we are looking at is small facilities in the metro and small facilities in the rest of the state.
- Based on licensure surveys from 1/1/22 – 12/31/23, our early recommendation is to peer by size and geography. We plan to conduct additional analysis prior to making a final recommendation on peering.

How to establish a scoring method with rolling data collection: Thresholds

- Licensure surveys are conducted approximately every 24 months using rolling data collection. This may result in the earliest participants getting more stars for lower scores and the later participants getting less stars for higher scores because of the differences in the sample composition (could go either direction).
- A way to lessen this issue is to develop thresholds that will be used as a benchmark for all facilities. Thresholds are based on the previous round of survey data.

What is a threshold?

- For our purposes, a threshold is a fixed score that defines the boundaries for each 5-star category for a given peer group.
  - Each 5-star category will have an upper and lower boundary

- An example: 5-star (0-16),4-star (17-39), 3-star (40-83), 2-star 84-127) and 1-star (128 or higher)
  - Thresholds will be communicated to stakeholders before they are applied- informing every one of benchmarks for the coming year.

Frequency of updates for licensure surveys

- Thresholds will be updated yearly using the previous 2 years of licensure survey data.
- Tentative schedule: thresholds are calculated using the calendar year (Jan-Dec) and they will apply to surveys in the following state fiscal year (July-June). Every year, thresholds will be applied to surveys that are conducted in July and reported to providers ahead of July.
- The long-term goal is to update licensure survey 5-star ratings quarterly.

Frequency of updates for resident and family quality of life surveys

- For 2024 and 2025, two thresholds will be calculated and reported to stakeholders after data collection has begun.
  - Why?
    - The 2022-23 quality of life survey data was about 50% of facilities that were in scope (surveys were not mandatory).
    - Small facilities (<20 residents) were not included in the 2022-23 surveys. Because this is not a representative sample of all AL facilities, we did not want to use the 2022-23 data to establish a threshold.
- The first half of 2024 resident and family quality of life surveys will be used to establish the first threshold.
- January – December 2024 resident and family surveys will be used to calculate the second threshold. This threshold will also be used for all 2025 data.
- For this time period only, thresholds will not be able to be communicated to stakeholders prior to the start of the survey cycle.
  - Threshold will be reported to stakeholder prior to the survey cycle starting with the 2025 resident and family surveys.
- The 2024 ratings will be published semi-annually. The goal is to move towards quarterly updates of 5-star ratings.

Advisory Group questions and answers

Question: What are some strategies that DHS would appreciate from stakeholders in order to ensure that more people are aware of this resource and use it to make informed decisions about where they want to stay?

Response from DHS: Thank you. DHS has done a little bit of social media promotion of the report card. It doesn't need to be a centralized communication strategy, but we'd appreciate any organization using the opportunity with your communication methods – social media, newsletters, anything that you think would be appropriate to get the word out about the report card. From DHS's perspective, once we get to 2025 and we have more data populating the report card, we plan to do an additional media push and outreach to let people know about the report card. As the report card continues to get more useful data, we'll continue to look for ways to promote it.

Question: One question about the calculation of the 5-star ratings. Is it the greater of the mean plus 1.5 SD or the lesser?

Response from UMN: We will use the greater so it's the mean plus 1.5 SD or the top 7%. We used the same approach for the quality of life surveys. It's necessary because of the positively skewed distribution and the large number of zeroes. Given that most facilities are getting zeroes, we need to create more meaningful cut points to address this issue in the data.

Follow-up question: What does the distribution look like? Have you run those yet?

Follow-up response from UMN: We do not have final numbers yet, but in general, the 7% value in the distribution exceeds the mean plus 1.5 SD. Currently, it appears that the threshold of the 5-star band will fall between 20-30 points, depending on peer group. Micro facilities, however, tend to perform notably better overall, leading to a lower threshold for being in the 5-star range for those cases.

Follow-up question: Scoring is one thing, but to see how the scoring then breaks out as a distribution with regard to the standard deviation would be of interest to the whole group.

Follow-up response from UMN: We can provide more specific information. We will work with DHS to send a 1-pager or a similar document out to the group.

Question: For the facility size, small is 6-50 and this seems like a really large swing... can you explain why it isn't 6-20? The type of buildings/operations we're talking about seem to see a fundamental change under 12-15 people.

Response from UMN: We look at size in different ways; 6-20 (small) and 20-50 (medium) as separate groups, along with their overall scores. The 6-20 mean was 10.6 and the 21-50 mean was 11.1. In comparison, the 1-5 group (micro) mean was 8.6. There is a much bigger difference between the micro facilities and the small facilities

than there is between the small and medium facilities. That is why we grouped the small and medium facilities into one category. As we receive and update data, if we were to see that there are meaningful differences between the small (6-20) and medium (21-50) categories, we can bring this back for discussion. The other issue is the sample size or n. We are peering by 2 characteristics (size and geography) and we don't want to have peer groups that are too small or that aren't stable enough.

Follow-up question: It's interesting to know where the percentages are, but to me a building that holds 7 people and a building that has 51 people is like comparing apples to grapes- just very different worlds. Maybe that matters and maybe that doesn't matter- it is just interesting to know why you chose what you chose.

> **Follow-up response from DHS and UMN:** If you feel these groups really are different, we are can run analysis. Data provide 1 point of view, but also in consultation with DHS, we can consider if these size grouping need to be more nuanced.
>
> Within our state licensing system, there is no definition of what constitutes a difference size. The cut offs we are using should be driven by what makes sense from a research perspective until we have a regulatory definition to help us distinguish between these different sizes.

Question: What does the current data show for surveys completed - are there far more small facilities that have yet to be surveyed - or does there seem to be an equal distribution of surveys? May make a difference in the data used to make the initial decision.

> **Response from UMN:** No, we don't have a fully equal distribution of surveys yet, in particular, micro facilities (1-5 residents) are the least represented. At the last Advisory Group meeting, Daphne Ponds at MDH presented and for the first round of surveys, larger providers were captured earlier in the survey process. MDH is currently wrapping up surveys for the smaller or micro providers.

Question: So I understand more, what do we mean by peer group? Is it for the interface of the website so I'm able to see groups? Or are we awarding stars based on peer groups?

> **Response from UMN:** We are actually determining the points for the star rating system based on peer group. Based on the data so far, the difference for peering is small. From the data I have for the peer group of large facilities, we get a difference of 0.13 points relative to what it would be without peering. Looking at small, Twin Cities

facilities, -0.2 points. So really all of it is less than a 1 point difference, but it is accounting that each group has its own threshold.

Follow-up question: There are 2,200 assisted living facilities. At least half of them are a size of 1-5 residents, then you have the middle, and then you have 51 or larger, I don't know the breakout, but I would guess there is maybe 200-400 in this category. Going back to the distribution question- it seems like the SD can get a bit wonkier the larger the setting because there are fewer of them. Whereas for micro, there is 1200, the average and the distribution should be solid. I'm wondering if using the same standard deviation method makes sense for all 3 categories without seeing the data.

1. **Follow-up response from UMN:** From a research standpoint, peer grouping helps mitigate concerns about instability in standard errors within a particular group. By comparing everyone to the same peer group facing similar challenges, we address this issue. However, the question for the future is whether changes in the data warrant breaking up the larger group. Currently, peer grouping has only a modest effect on ratings. We'll compile a one-pager with standard deviation values and can share it with everyone after the meeting.

Question: What information from today's conversation is public info vs. just for Advisory Group members?

Response from DHS: All information shared with the advisory group and advisory group feedback shared during this meeting is public information. The video recording is for note taking purposes and is not shared with anyone outside of UMN/DHS.

Comment: I like the idea that survey scores will use 2 surveys. I like the idea that the most recent one is weighted more strongly than the one prior, so if there is an occasion where one reflects a different result than the other - the fact that there are 2 surveys taken into account sounds like a reasonable approach to me.

Response from UMN: Again, it won't be a little while until facilities have 2 surveys, but we wanted to share this recommendation early to solicit feedback in the meantime.

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:
    - UMN updates on licensing survey measure development
    - DHS/Vital Research updates on 2024 resident and family surveys