

## Assisted Living Report Card Advisory Group Meeting

Date: 6/28/2024

Location: Zoom virtual meeting hosted by University of Minnesota

### Attendance

<b>Advisory Group Attendee</b>	<b>Organization</b>
Jeff Bostic	LeadingAge Minnesota
Todd Bergstrom	Care Providers Minnesota
Kari Everson	LeadingAge Minnesota
Laura Orr	Minnesota Elder Justice Center
Jane Pederson	Stratis Health
Carolyn Perron	Minnesota Board on Aging
Michaun Shetler	Care Providers Minnesota
Kristine Sundberg	Elder Voice Family Advocates
Tom Rinkoski	AARP Minnesota
Parichay Rudina	Ombudsman for Long Term Care
Ann Thole	Minnesota Board on Aging

<b>Staff and presenters</b>	<b>Organization</b>
Julie Angert	Department of Human Services
Lauren Glass	Department of Human Services
Jen Olson	Department of Human Services
Rachel Shands	Department of Human Services
Michael Fong	MNIT
Gary Johnson	MNIT
Darla Jones	MNIT
Beth Simacek	MNIT
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota
Mark Woodhouse	University of Minnesota
<b>Observers</b>	<b>Organization</b>
Becky Bills	Medica
Mary Henscel	Community Member
Rick Michals	Minnesota Department of Health
Toby Pearson	Care Providers Minnesota

## Agenda

- Welcome and brief introduction of new attendees
- DHS present:
  - Progress on resident and family survey data collection
  - Updates on ALRC rollout
- UMN present:
  - Review of AL licensing survey recommendations to date
  - Updated recommendations on peering and thresholds that affect facility 5-star ratings
- MN-IT:
  - Types of data points that are available on the ALRC

## Updates on Vital Research's resident and family survey data collection progress

- Resident Quality of Life (QoL) Surveys:
  - Tier 1 (Northern MN) began in February, 2024 and ended April, 2024.
  - Tier 2 (Twin Cities Metro) began April, 2024 and are scheduled through July, 2024.
  - Tier 3 (Central & Southern MN) are scheduled for July, 2024 – September, 2024.
- Resident QoL data collection progress as of 6/24/2024
  - 973 ALFs contacted (55% of all in-scope facilities)
  - 432 surveys complete that met the margin of error (MOE)
  - 46 facilities refused to participate
  - 383 facilities were incomplete (non-refusal)

## Updates on the Assisted Living Report Card website rollout

- DHS plans to begin publishing the resident health, safety, and staffing ratings based on MDH licensing surveys in early 2025.
  - DHS plans to indicate where ratings are based on tags under reconsideration. Ratings will be updated when a tag is changed.
- DHS plans to add substantiated maltreatment findings indicator to the report card at the same time as MDH licensure ratings in early 2025. DHS has decided to use a 12 month look back period for this indicator.
- Timeline for AL Report Card updates:
  - In November 2024, January – June 2024 resident survey ratings and facility size will be published.

- In February 2025: January – September 2024 family survey ratings, July – August 2024 MDH licensing survey ratings, and substantiated maltreatment findings will be published.
- In May 2025: August – December 2024 resident surveys ratings, January – December 2024 family survey ratings, and September – November 2024 MDH licensing survey ratings and substantiated maltreatment findings will be published.

## **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.

## **Advisory Group questions and answers (DHS)**

**Question:** Can you speak to the refusals (to participate in resident and family surveys) a little bit, those numbers are not inconsequential.

**Response:** When Vital Research contacts a facility to participate and schedule surveys, there are two instances where a facility might be marked as a refusal: 1) the director of the facility specifically states they decline to participate and 2) the facility does not respond to Vital’s attempts to reach out (don’t answer calls or respond to emails). Vital Research regularly sends DHS a list of facilities they haven’t been able to schedule. DHS will then follow-up to let these facilities know that this is a state requirement to participate in these surveys and within state statute.

DHS stated that not many providers have refused to participate and out of the 46 refusals, most of them were providers that did not respond to Vital Research or DHS. This is something DHS will continue to monitor and strategize how to reduce refusals.

**Follow-up question:** What happens once a facility doesn’t respond at all? Then, do you send them a letter or other follow-up?

**Follow-up response:** Most facilities decide to participate after they receive a letter or email from DHS. However, the 46 providers during this round are providers who have continued not to schedule surveys after outreach from DHS.

**Question:** What did we decide about licensing survey deficiencies that are being appealed and maltreatment findings that are being appealed?

**Response:** There would be an indicator next to the tag or maltreatment finding that is under reconsideration. The indicator will remain on the report card until we are notified of the outcome (upheld, reversed, or scope & severity changed). At that time, we would make the change on the report card.

**Follow-up question/comment:** My question would be from a provider timeframe. How long it is taking for those appeals to be completed? I'm very concerned how long they will be on the website, depending on how long they take to be processed. It could be a worry for families and consumers to get accurate information.

**Follow-up response:** This is a topic that we've touched on in previous advisory group meetings and something we continue to monitor in terms of the timeframes and outcomes. The last time we shared some data from MDH with the advisory group, there were very few appeals being overturned, or where the results were changing. We are trying for a balance between knowing there is an appeal and getting information out that we have. There are risks of holding back on information we have to the public or having information change. This is something we continue to evaluate and review the data on how long it take to process an appeal as well as how often appeals information changes. There is no perfect answer to this and our solution of at least indicating something is under appeal or being reconsidered is the best compromise to balance the interests of all.

**Follow-up comment:** I look forward to MDH bringing that data to our next meeting.

**Question:** I have a question about the number of resident and family surveys that were not able to be completed (not refusals). A member thought that the threshold to report, 5 surveys, should be raised because there are a lot of cases where there aren't enough interviews to meet the minimum level. Maybe 10 interviews would be a more efficient process so you don't reach out to facilities where it will likely not work out. Just a suggestion.

**Response:** We are trying to balance getting as much information on as many facilities as we can out to consumers while paying attention to protecting the anonymity and confidentiality of the residents in that process. We can work with Vital Research to monitor the percentage of smaller facilities who are able to participate vs. not participate and make decisions moving forward based on that data.

**Follow-up question/comment:** It is always good to look at the data. It would be helpful if we can get the distribution of incompletes by size to see if most of it is driven by 5 vs larger size. I'm assuming most of them are small facilities, but it would be helpful to know.

**Question:** Do the 46 providers refusing the survey also have complaint investigations?

**Response:** We do not have that information and I think it is something we can look into. Eventually the report card will tell us all this information. We will be able to look to see a particular provider's profile and see if they refused a survey - refusals are indicated differently than incomplete surveys, where surveys were attempted but didn't meet the margin of error, or another reason why the data could not be published.

Right now, we haven't done the analysis to share any kind of correlation between refusals and outcomes on investigations, but that is something that will be available on the report card website as we continue through the initial development period of getting new measures and added at to the report card.

**Follow-up question:** Will the names of the facilities refusing be available?

**Follow-up response:** Yes, this will be indicated by an X on the report card.

**Question:** I know you had shared that DHS had identified a small % of AL providers that had incorrect report card information posted which included "data unavailable" or "refused to participate". Was that information updated and what was put in place to avoid similar issues/errors?

**Response:** Information on the AL Report Card gets updated quarterly, and those ratings and indicators that we identified as incorrect have been updated. We identified the issue in the data transfer process between our partners Vital Research, U of MN, and DHS. We worked between partners as to avoid this issue happening again when we transfer data.

**Follow-up question:** How did you discover these errors? Was it providers reaching out directly stating they participated? I received calls from confused providers why they were categorized that way.

**Follow-up response:** One provider reached out and after that we looked into this further by conducting our own quality assurance. During this process we identified around 12 other providers with the same issue. Specifically, there were providers who

did not have data available for the resident quality of life surveys largely because they didn't meet the margin of error, but we did have data to report for family surveys and those ratings got missed when publishing them on the report card website. This was the main reason and it has been corrected.

## **Final recommendations on MDH licensure survey measures (UMN)**

### **Summary of previous recommendations**

The U of MN provided recommendations on the topics below at the March 2024 Advisory Group meetings. Today's meeting reviewed a recap of those same recommendations. Please see the March 2024 meeting notes detailing the recommendations around:

- Calculating scores based on scope and severity
- 5-star ratings for licensure surveys
- Thresholds
- Facility size categories

### **Updated peering analysis**

#### Peering by dementia care license

- We do not recommend peering by license type (Assisted Living Facility (ALF) vs. Assisted Living Facility with Dementia Care (ALF-DC)).
  - ALF-DC license is highly correlated with size - we do not want to overcorrect.
  - ALF-DC facilities perform better than ALFs.
  - Peering by ALF-DC license would limit direct comparisons between ALF and ALF-DC for consumers. This is important if someone is choosing based on their geographic location.
- The U of MN arrived at dementia care license recommendations after conducting correlation analysis. The strongest correlation (0.7) is observed between size and license type, indicating that by adjusting for size, we are essentially already adjusting for any other differences we might see by license type.

#### Domain regression analysis

We conducted regression analysis, which is a statistical approach where we can consider the influence of multiple factors at once (size, geography, license type) on deficiency scores used to determine star ratings. The dependent variables in this table are the columns (resident health, safety, and staffing score differences from the reference group (small facilities)). This will take into account peering for size and geography, not just size alone.

- These scores are shown in standard deviation (SD) units because that is what we are using for star ratings.
- Higher scores indicate worse performance (more weighted tags).
- For resident health:
  - Small facilities perform better than any other combination of size or location.
  - Medium facilities perform worse by 0.44 SD units compared to small facilities.
  - Large facilities in the Twin Cities perform worse by 0.27 SD units compared to small facilities
  - Large facilities in the Rest of the State perform worse by 0.63 SD units compared to small facilities
  - What does this mean and why does it matter?
    - In our calculations, a score for a facility can change if it's different by 0.6 - 1.0 SD. When you see a differences of 0.63 for large facilities in the Rest of the State, which is a meaningful difference that could change star ratings for a number of facilities.
    - When we risk adjust, these facilities will see improved performance in their stars because of risk adjustment.
- For safety:
  - Small facilities perform worse compared to other groupings.
  - Large facilities in the Twin Cities perform better than small facilities.
  - For medium facilities, there are no statistically significant differences compared to small facilities.
- For staffing:
  - There are mixed results in this domain.
  - Medium facilities in the Rest of the State do worse compared to small facilities.
  - Large facilities in the Twin Cities do better compared to small facilities.
- Another important point: we see different performance for these peer groups on different domains (resident health, safety, and staffing). That is important and means that each of these domains are a different measure of quality.

## **Final peering recommendations**

We recommend peering by:

- Size
  - Small (1-5)
  - Medium (6-25)
  - Large (26+)
- Geography (for medium and large facilities)

- Twin Cities Metro
- Rest of State
  - There are no significant differences when we look at more nuanced categories, differences are between Twin Cities and the Rest of the State.

### Threshold updates

- UMN presented updated licensing survey thresholds for each peer group for resident health, safety, and staffing domains based on new size groupings.
  - Peering results are based on surveys from January 1, 2022 – December 31, 2023 and apply to licensing surveys starting July 1, 2024.
- For resident health:
  - Fairly similar across peer groups, but there are differences at the 1-2 star ratings.
    - Even with the 7<sup>th</sup> percentile alternative rule, the 5-star boundary still ends up at 0. This is because for this measure, there are a lot of facilities that do not get significant tags.
- For safety:
  - These measures are quite spread out and the alternative minimum 7% rule is used.
  - The standard deviation (SD) is quite large which means that if we use just the 1.5 SD rule for 5 stars, nobody would get a 5 star rating because you'd need to get less than 0.
- For staffing:
  - This is similar to resident health in that a lot of facilities are doing well, which makes it harder to get a 5 star rating if a facility receives a significant tag.
  - There is a lower spread of scores here, even at the 1-star end that we don't see in other domains, which is why we measure these domains separately.

### Advisory Group questions and answers (UMN)

**Comment:** I appreciate hearing about the data behind better scores for AL facilities with a dementia care license (ALF-DC). A lot of the consumers that I direct to this kind of resource are split between the need for ALF and ALF-DC ratings. I appreciate the data and I did not know that.

**Response:** That is nice to hear. It is validating my 3<sup>rd</sup> point as to why we don't want to adjust for license type. Consumers are not just saying "Oh, I'll only look at dementia care facilities", or "I'll only look at ALFs". Consumers are comparing between license



type pretty regularly and that is what we heard from our other stakeholders and advisors.

## **Types of data points available on the Assisted Living Report Card website (MNIT)**

MNIT presented on the various ways the Assisted Living Report Card (ALRC) can monitor and analyze usage of the ALRC.

- The ALRC is being run and hosted on the DHS Azure cloud and can provide services for monitoring and analyzing the performance and usage of the ALRC.

### Tracking users

- The ALRC website can track new users, active users, user engagement levels, and user location.
  - It can show daily usage and usage through multiple months.
  - It can identify users that visit the site once within 2-6 days and then indicate users who have visited the site again within 7-27 days.
- Monthly unique users can be tracked as a way to measure user loyalty and identify churn patterns.
  - This can give a long-term picture of how modifications or additional data to the site might affect usage.
- Session tracking starts when a user opens and closes an application and includes the duration, frequency, and activities can be tracked.
  - Types of activities on the website such as searches (searching by location or facility name), results lists, or using help or contact us page is available data.
  - This can also give the amount of time a user spends in a session.
- Events, a specific occurrence or action on the website, can be tracked to understand user behavior and usage patterns.
  - Clicks on specific links, use of specific website features, etc.
  - Azure allows for modifications to produce custom events. For example, how often are users opening up the ratings guide or frequently asked questions page can be programmed to be tracked?
- Retention can measure how well we keep users engaged and coming back over time (what percent of users return to the website within a specified timeframe).
  - For the ALRC, retention might not be as high since people tend to use it once or yearly to find an AL facility, whereas sites like Amazon want higher retention.

## **DHS questions for Advisory Group feedback regarding the use ALRC website data:**

1. What three website usage data trends are you most interested in getting updates on from DHS at future meetings? Why?
2. What have you heard from consumers and providers about how they are using the report card website?
  - a. **AG member response:** I don't have a lot of comments from consumers. I hear positive things from them that the website exists and they are grateful for that, but unfortunately they haven't provided me with additional comments after they have visited the website.
  - b. **AG member response:** I was talking with someone who had misinformation about the report card website. She thought the website was only facility self-report and that the information would be accurate.
3. What questions do you recommend DHS asks of the website usage data for our evaluation efforts?

## **Advisory Group questions and answers (MN-IT and DHS)**

**Comment:** I would be most interested in new, unique users and how many clicks they have in one session. Consumers I would send to this platform may visit twice to double-check information, but it's the first time they come and what they click on and how long they stay is an indicator, to me, of the value of this website to individual consumers.

**Response from MN-IT:** We are just beginning to investigate this data. Our first step is to find out what is useful information from the data we have and the second step is to find out what useful information that is not being collected can be added. In the future, we'd like to work with the ALRC to figure out what is wanted/needed, put this information into a report and then work towards real-time reports to get the metrics the ALRC is looking for. We are not there yet and the information today is a first step towards this.

**Question:** You indicated that user data would be available on their location. What other things will the data tell us about the user?

**Response from MN-IT:** Some clarification on user location information. We initially looked at that and thought it might be helpful. However, when I did some testing, the Azure reporting mechanism reported that I was from Chicago. The location information is not entirely reliable for many reasons such as proxy servers, VPNs, dynamic IPs, and so on. I'm not sure location information will be useful for the future.

**Follow-up question:** Are there any other types of information we can find out about users from the data that may be more reliable?

**Follow-up response:** The browser they are using, device type or model, the operations system. We can know some of the responses they are getting back such as error messages or successful requests. We can also find out the urls they are using or we can implement custom events.

**Question:** Looking at the data had me wondering about outreach and how people are getting to the report card. What happens if I visit the Department of Health's website looking for this information? I recognize that the report card is being developed by the Department of Human Services. Right now, if I follow the link to "find a facility or provider" on MDH's website, I do not see the Assisted Living Report Card at all. It shows the Nursing Home Report Card, but not the Assisted Living Report Card. This may be off subject of the survey data, but this is an area of interest to me is how are people finding the report card and are there ways to improve people's ability to find it.

**Response from DHS:** Thank you for that feedback. DHS will reach out to contact at MDH to see if this is something we can collaborate on (adding a link to the Assisted Living Report Card on the MDH find a facility search page).

**Comment:** Building on the previous question, it would be interesting to know where the entry points, not just within the state system, but what entry points brought people into this website. For my group, I would like to list the link on our website and it would be interesting to know from what places did people jump to this site.

**Response:** Thank you for that feedback.

**Comment/Question:** When I search, I just put in a Google search to find assisted living facility in Minnesota, I get sponsored a link from different communities. On the first page I see Senior Advisor, find pricing and ratings, A Place for Mom, and Assisted Living Licensure, Minnesota Department of Health, but there is nothing linked to the AL Report Card. Is there a way to be able to promote this more on a typical Google or other search engine where somebody might start looking?

**Response from MNIT:** A lot of our developers are focused on building the functionality of the app and quite frankly, haven't focused on search engine optimization to get it listed

higher on Google search. This is one of the first websites where we are looking at end user usage and performance, which is different than our other work. We have had some preliminary discussions on search engine optimization (SEO) promotion to make sure that the website is higher up on the promotion list when you do a Google search. As mentioned, this is not necessarily something we've been focused on in the past especially with the development of external application. We are having discussions about how to make sure we incorporate whatever code is necessary within the application to help promote this in a Google search.

**Question/comment:** I was talking with someone who had misinformation about the report card website. She thought the website was only facility self-report and that the information would not be accurate. I wonder if there is an opportunity to remind folks of all the important information provided on the AL report card website. Perhaps there is a misunderstanding of the evolution of the report card.

**Response from DHS:** This is helpful to know and we are definitely thinking about ways to promote the website. We are still in the development stage and we're working to get more providers and data on the website, so we've been a little hesitant to do a ton of promotion until we have a little more data. This is something we're thinking about for 2025. This is helpful for us to frame up key message about the website.

**Comment:** I did some exploring on the landing page of the AL report card to find where does the data come from? In my experience, I needed to select a link that says, "get help" and the beginning part of "get help" is about navigating the website. I have to scroll down to the FAQs to find information about where does the AL report card data come from. In thinking about presentation and creating clarity and understanding about how this information is generated, I wonder if there might be a way to get some of the FAQ content more accessible.

**Response from DHS:** Thank you for that feedback.

## **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](http://www.mn.gov/dhs/assisted-living-report-card)
- Our next meeting is TBD. Topics will likely include:
  - Updates on 2024 resident and family surveys
  - AL Report Card rollout and website usage dates