

Assisted Living Report Card Advisory Group Meeting

Date: 9/26/2024

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
Naima Mohamed	Residential Care Providers of MN (RPAM)
Laura Orr	Minnesota Elder Justice Center
Daphne Ponds	Minnesota Department of Health
Carolyn Perron	Minnesota Board on Aging
Michaun Shetler	Care Providers Minnesota
Parichay Rudina	Ombudsman for Long Term Care
Ann Thole	Minnesota Board on Aging

Staff and presenters	Organization
Julie Angert	Department of Human Services
Lauren Glass	Department of Human Services
Jen Olson	Department of Human Services
Rachel Shands	Department of Human Services
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota
Mark Woodhouse	University of Minnesota
Colleen Ehatt	Vital Research
Sim Somerville	Vital Research
Observers	Organization
Mary Henscel	Community Member
Teresa Lewis	Department of Human Services
Mark Matis	Community Member
Tabitha Meyer	Stratis Health
Rick Michals	Minnesota Department of Health
Jean Hanvik	Stratis Health

Agenda

- Welcome and brief introduction of new attendees
- DHS present:
 - Website usage updated and status of developing an evaluation plan
 - Updates for timing and design for adding provider size to the ALRC
- Vital Research present:
 - General updates on the 2024 round of data collection
 - Outcomes of including facilities with a capacity to serve 5-19 residents in the 2024 surveys
 - The rate of provider refusals this year vs. last year, and recommendations for how to improve provider participation in 2025.
 - Recommendations for provider size to include in survey scope for the next round of surveys
- UMN present:
 - Recommendations for peering by size for resident and family quality of life surveys
 - Recommended resident quality of life survey thresholds
 - Challenges to collecting enough family data in time to publish ratings in the fall and adjusted timing for publishing 2024 family satisfaction ratings and thresholds

DHS updates

Ratings and enhancements to be published:

- Items to be published in November 2024:
 - January-July 2024 resident survey ratings
 - Capacity (facility size)
- Items to be published in February 2025:
 - August-October 2024 resident survey ratings
 - January-October 2024 family survey ratings
 - July-August 2024 MDH licensing survey ratings
 - Maltreatment findings (12 month look back period)
- Items to be published in May 2025:
 - September-November 2024 MDH licensing survey ratings
 - Maltreatment findings (12-month lookback period)
- Provider capacity
 - DHS will add a column on the Assisted Living Report Card website that lists the maximum number of residents that can live at a facility.

Assisted Living Report Card (ALRC) website usage

- DHS has developed a plan to evaluate ALRC usage. They will bring back regular updates to the advisory group on the following.
 - Number of website sessions per month
 - Number of sessions from return users
 - Average session length in minutes
 - Average number of different report card webpages a person views per session

Assisted Living Report Card usage (June-August 2024)

- First time visitor usage:
 - June had slightly less than 800 visitors, July 829 visitors, and August 754 visitors
- Repeat visitor usage:
 - June=151 repeat visitors, July=slightly less than 300 repeat visitors, and August=309 repeat visitors
- The total number of visits increased between June-August. An increase in repeat visits made up for the drop in first-time visits.
- The average amount of time a visitor spends on the ALRC page is 5-5 ½ minutes and they view an average of 6-7 pages per session.

2024 Resident and Family Survey Updates (Vital Research)

Project timeline

*Surveys are still being conducted; the data presented today is as of 9/11/2024.

- This is the first year that facilities with an assisted living license were mandated to participate. 2024 surveys also include facilities with 5 or more residents.
- Resident surveys are collected between February – September 2024. Family surveys are collected between March – October 2024.

Resident survey outcomes

Types of participation outcomes:

1. Completed, Target Met: Required number of surveys to meet a 6% margin of error (MOE) was met.
2. Visited, Target Not Met: The facility was visited, but required number of surveys to meet a 6% MOE was not met.
3. Closed: The facility is not operating.
4. Out of Scope: The facility is not eligible to participate.

- a. Less than five residents at the time of contact.
 - b. No longer has the capacity to serve five or more residents.
5. Passive Refusal: The facility is unresponsive during scheduling and census submission.
- a. Scheduling: No response after a minimum of three contact attempts (phone and email).
 - b. Census: The facility was unable to submit its census in time and was unresponsive upon follow-up.

Resident survey outcomes by tier:

- Northern Minnesota
 - Out of 199 facilities, 87% were visited and met their MOE
 - Minimal facilities did not meet their MOE, or were not visited
- Twin Cities Metro Area
 - Out of 1,158 facilities, 31% were visited and met their MOE
 - There were 40% that were out-of-scope, primarily due to having less than 5 residents
- Central + Southern Minnesota (in progress)
 - Out of 419 facilities, 62% have been visited and met their MOE
 - A small number of facilities have not met their MOE
 - As of September 11, there were over 90 scheduled facilities

Facility passive refusals by tier

- Northern Minnesota
 - Out of 199 facilities, 3% of facilities were unresponsive
 - Minimal facilities did not meet their MOE, or were not visited
- Twin Cities Metro Area
 - Out of 1,158 facilities, 13% were unresponsive
 - Passive refusals in the Twin Cities Metro Area accounted for 85% of total passive refusals for the 2024 round of surveys.
- Central + Southern Minnesota (in progress)
 - Out of 419 facilities, 5% of facilities were unresponsive

Resident survey outcomes by capacity

- Capacity of 5 residents
 - Out of 640 total facilities that are licensed for 5 beds, 3% were visited and met their MOE and 5% were visited and did not meet their 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

- 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% of facilities that were out-of-scope, primarily due to having less than 5 residents
- Capacity to serve 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

Family Survey Outcomes

- Family survey data collection began in March and will continue through October 2024.
 - 43% of family surveys have been completed
 - 27% of family surveys are in progress
 - 30% of family surveys have not yet started

Updates for 2025

1. Revision of outreach documents to provide more clarity on the surveying timeline, scheduling process, and what to expect.
 - a. *Information for facilities document*
 - b. *Administrative Notification Letter*
 - c. *HIPAA letter*
2. Outreach documents will be mailed and emailed
3. Email outreach for scheduling in addition to phone calls
4. Additional details about the Information for Facilities document
 - a. When going to the FAQ document on Vital Research's website <https://vitalresearch.com/mnsurvey/facility/faq.html> , we are updating:
 - i. Interviewing residents with dementia, or in memory care
 - ii. Reporting concerns
 - iii. What to expect during a data collection visit

2024 Resident and Family survey rating recommendations (UMN)

The U of MN has provided previous recommendations for rating resident and family surveys. Today's meeting will discuss updated recommendations for:

- Peering by size for resident and family surveys

- Thresholds for resident surveys
- Family Satisfaction surveys- challenges to reporting ratings

Updated peering analysis

Previous peering recommendations

- For the 2022-2023 survey period, UMN recommended peering by geography (Twin Cities Metro (TCM) vs Rest of the State (ROS))
- Peering allows for fair comparisons between AL providers who may have characteristics beyond the facility's control that can impact quality, such as location or size.
- For the 2024 survey period, UMN recommended peering by geography (TCM vs. ROS) and by size: small (1-5 beds), medium (6-25 beds), and large (26+ beds).

Updated peering recommendations for 2024 resident and family surveys

- Continue to peer by region (TCM vs. ROS)
- Peer by size, but combine small and medium facilities into 1 category (small + medium)
 - To date, only 17 small facilities have reportable surveys. We do not want to exclude these scores, and analysis supports combining small with medium facilities

Resident survey size peering 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 scores used to determine ratings for resident quality of life surveys.

- In regression models, size remains significant for the domains of environment, food, security, and culture.
 - Larger facilities have higher scores for culture, security, and environment
 - Small + medium facilities have higher scores in the food domain
- Size was not significant in the other domains: staff, engagement, autonomy, finances, and the composite score
- If you remember, these scores are pretty clustered together. This means that most resident surveys report scores at the higher end (80-90 out of 100). Because of this, we don't see larger differences in scores, but they are also not completely negligible. In the end, there are no big differences for star ratings, but it is important for us to provide fair comparisons.

Recommendations for publishing family satisfaction ratings

Because of the ongoing nature of family survey data collection, it was difficult to establish peering for family surveys at this time (without peering scores may change).

- We recommend publishing the January-October 2024 family survey in February 2025 (previous timeline was to publish family surveys in fall 2024). This allows us enough surveys to establish peer groups.

Threshold updates

Review: 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 (90-100), 4-star (80-90), 3-star (70-80), 2-star (60-70) and 1-star (0-70)
- This is done to keep stars ratings from shifting. We need a fixed set of benchmarks for providers to be aware of rather than have benchmarks move based on our sample.

2024 threshold timelines

- September 2024
 - UMN calculates resident threshold #1 using January – July 2024 resident data
 - This threshold applies to January – July 2024 resident survey data
- November 2024
 - UMN calculated resident threshold #2 and family threshold #1 using January – October 2024 resident and family data
 - This threshold applies to July – October 2024 resident data
 - This threshold applies to January – October 2024 family data
 - This threshold applies to all 2025 resident data

January – July 2024 resident survey thresholds

- The score ranges needed to fall into each of the 5-star categories by peer group were reviewed. The 4 peer groups are
 - Twin Cities Metro + Small/Medium facilities (5-25 residents)
 - Twin Cities Metro + Large facilities (26+ residents)
 - Rest of State + Small Medium facilities
 - Twin Cities Metro + Large facilities

- One thing to note is that these scores are very compressed at the high end. The vast majority of facilities scores were in the 80s and 90s; lower scores are much less common.
- The size of the bands gets bigger in the lower score range (1-star ranges are 0-76). It is not easier to get a 1-star because there's 76 points. Most facilities do not get these low scores, so the band looks bigger than it is effectively.

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 December 11 from 11:30am-1:00pm. Topics will likely include:
 - Plans for 2025 round of resident and family surveys
 - Developing a maltreatment finding indicator for the report card
 - Be aware that we may end up needing to reschedule this meeting. If we reschedule, I will send an email to let everyone know in the next week or so.

Advisory Group questions and answers (DHS)

Question: Is there a reason why people might be visiting the sight more in July? Is there a period of enrollment or something similar?

Response from DHS: We have not identified anything internally that would indicate why more people would visit in July.

Comment: I see outreach as being a corresponding factor to the number of session visits. What is happening with outreach?

Response from DHS: We have done outreach to inform providers that we would be adding to the Department of Health licensing survey ratings based on any surveys that were conducted starting July 1, 2024, to let provider know this was coming. Providers are also likely to access this website. This might be a reason why there was an increase, but it's hard to know. Outreach will likely play a big role in seeing numbers increase.

Question: In terms of traffic to the report card, I identified a concern I had lingering from our prior meeting related to outreach and how this link is getting out there. We discussed search engine optimization and the technology staff who were presenting candidly acknowledged that wasn't a field in which they work. I respect that they were not the point people on search engine optimization. But I'm wondering if anybody here can speak to whether the issue of search engine optimization has advanced in any regard since our last meeting. The report card does not appear in a search of "best assisted living MN."

Response from DHS: DHS is developing a report card evaluation plan. Search engine optimization has been identified as a need for us to explore further in our evaluation plan. In the coming months, we plan to identify resources that may be able to assist us with search engine optimization.

Question: I'm wondering about the inclusion of the Assisted Living Report Card link on the Minnesota Department of Health webpage.

Response from DHS: The Department of Health has been a partner on this project, and this is something that we are discussing with them. Currently, we are working on several other items that need to be addressed in a timely manner. Placing a link on the MDH website is something that is on the list of things we are discussing, and we will continue to work on this.

Question: How will the licensed capacity be updated when there is a change?

Response from DHS: License capacity will be updated on a quarterly basis along with other ratings and information on the report card. We collect that data from MDH, so we will pull the most recent data from the Department of Health's data file that is accessible to the public and use that to update the report card on a quarterly basis.

Advisory Group questions and answers (Vital Research)

Comment: Your slide showing the out-of-scope percentage, if I'm understanding this correctly, for those with a capacity to serve 5 is 65%. If a provider is licensed for 5 but only has 3 or 4 residents, this makes sense to me. For the most part, most smaller providers only have up to 4 residents and that's partially due to staffing ratios and things like that. Some are even less than 3, so I wasn't surprised by this number. I was a provider who fell under the

box where I had to reach out to your team and say, “hey, I only have 4 residents, do I qualify for this survey?”

For the passive refusals, I’m wondering if we can help, in some part, for providers who do have 5 residents. Maybe reach out to them on a one-to-one basis to help understand what the survey is could possibly help. Just my initial thoughts from the small provider side.

Response from Vital Research: It makes sense that there would be more small providers out of scope because they have less leeway. Meaning, if you have the capacity for 6 or more residents, only 5 of them must be there. But when there is a capacity for 5, all 5 residents must be there, which may not always happen. For passive refusals, I think some of the outreach communication that we’re drafting for next year would include similar language that you were just mentioning (instructions to let us know if they do not have at least 5 residents). I think some facilities weren’t responding because they didn’t think it was applicable. There could be some confusion for small facilities where they did not know they were supposed to respond.

Comment: I’m wondering about the facilities listed as out of scope because that is a lot, and I appreciate the small provider’s perspective on it- it’s really helpful. Is there an opportunity for Vital Research to go back after a period of months to understand if there are 5 residents now? Then scope is no longer an issue.

Follow-up response from Vital: Not with our current data collection process because we only collect data in a certain area for a couple of months. When we do reach out to them initially, for example, individuals that we are contacting in July and if they were too small, then we would let them know that if they get a 5th resident by a certain date, then call us back by August or September. If they don’t get an extra resident by that time, then we wouldn’t be able to go back at that point. We did have some facilities that did reach out and say, “we do have 5 residents now”, but that was a really small amount.

Response from DHS: I appreciated the folks who have weighed in. This year’s latest round of data collection has been an important learning experience for us at DHS, Vital Research, and the University of Minnesota. When interviewing small providers, we didn’t know what to expect because we hadn’t attempted this before. This has been important in terms of understanding potential results. If we look at the chart showing the number of providers with the capacity to serve 5 residents, where we were able to complete the surveys, meet the target, and have results that could be published were incredibly small, for reasons that make sense. The number that sticks out to me is out of scope. There were providers who were engaged and responsive, but a lot just didn’t have enough residents. When we look at passive refusals, we can assume that a lot of

these folks, had they responded, would have fallen in that 'out of scope' category, as well. In planning for future data collection, we need to determine what's the best use of State resources to conduct these surveys. There will be more discussions to come, and I want to thank Vital Research for putting the data together for us to review and digest today. This will be a topic that will need more discussion and planning to figure out what our future survey rounds will look like.

Question: If providers have concerns during the survey process, do you provide information so they know what action steps they can take?

Response from Vital Research: During the scheduling process, we are really in touch with them, we call and email them sending reminders. There is a lot of communication before and then on the day of the visit. There's also an 'information for facilities' handout that can be given to providers. Providers can always call Vital Research or review our website. If they ever have questions, we want to address them. Do you have an example of a type of concern?

Follow-up comment: Any of the concerns that providers have had, I've reached out to Lauren at DHS, and she has passed those on, and I've had follow-up from Vital Research in the past. I want to make sure that those resources are on your website and available to providers as well. I would challenge your thinking and make sure this is also represented on your website.

Follow-up response: Our website has Vital contact information as well.

Question: I have a question regarding the non-responsive category. I can understand where the small facilities just don't have the staff to respond. What do you think the excuse or reason for non-response is for larger facilities?

Response from Vital Research: It is hard to tell for all facilities who are non-responsive and maybe, as you suggested, it could be due to staffing changes or perhaps there is not a staff member available to respond. For the most part, we have updated data from DHS for contact information for facilities. But the non-responsiveness for larger facilities was pretty low. Facilities with 7 residents and above was 5% out of over 1,000 facilities. It's a pretty rare occurrence for those larger facilities. I know that is not a definitive answer.

Follow-up comment: I am a guardian for someone in assisted living. From an advocacy standpoint, one of the things that became extremely apparent to me was that you really have to keep an eye on what's going on. I have found that sometimes they

give me less than satisfactory answers, and I had to probe a little bit more. This is easy for me, but for the average family member, I'm not so sure.

Follow-up response from Vital: I think the other thing to consider is that the survey is still pretty new for assisted living facilities. In the past, we've only approached and visited about a fourth of assisted livings. This is the first year where it is mandatory for all assisted living facilities. A lot of them hadn't participated before, so they may not have known what the survey was or really understood their requirements and their role. We're hoping for better outreach and better informational materials in the second year.

Follow-up comment: That is a good point because anytime you have a new process, the provider may not know what to do with it yet and maybe the number of facilities that respond will go up. If the category of non-response for the second year is similar to the first year, maybe conducting an audit to verify the information was not missing is something to consider.

Follow-up comment from Vital: I also think that once they are familiar with the report card website, once the facilities start to get ratings, it will be awkward if a facility doesn't have ratings and that might make facilities more cognizant of getting their ratings listed on the report card.

Follow-up comment from DHS: I want to mention that for those providers who do refuse, even a passive refusal or nonresponse, are indicated as refusing on the report card. It is an incentive for providers, and I think as they get more familiar with and understand how that data is used, there is an incentive to avoid the indication your facility refused. As we go forward with more years of data collection and this becomes familiar, we expect to see the refusal numbers go down even further.

Advisory Group questions and answers (UMN)

Question: Are these the thresholds that are set for the first half of 2024 resident ratings? Correct? So, these will be applied to the ratings we're getting ready to publish in November? Then, will you recalculate a new set of thresholds for the next round, taking all the data into account?

Response from UMN: That is correct.