



## Assisted Living Facility Quality Measures Work Group Meeting Minutes

March 21, 2019

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On March 21, 2019, the Department of Social and Health Services convened the sixth meeting of the Assisted Living Facility Quality Measures Work Group. This work group was established in response to [Engrossed House Bill 2750](#), passed during the 2018 legislative session, with authority found in [RCW 18.20.510](#). The meeting was facilitated by DSHS staff, Jessica Dingwall-Salquist.

**Work Group attendees:** G De Castro (Asian Counseling and Referral Service), Robin Dale (Washington Health Care Association), Vicki Elting (LTC Ombuds), Brad Forbes (NAMI Washington), Candy Goehring (DSHS-Residential Care Services), Andrea Kadlec (Developmental Disabilities Ombuds), David Lord (Disability Rights Washington), Sandra Miles (Sea-Mar Community Health Centers), Linda Moran (resident representative), and Alyssa Schnitzius (LeadingAge Washington)

**Work Group attendees on the phone or webinar:** David Black (King County Behavioral Health Ombuds), Ian Davros (consumer representative), George Dicks (Harborview Medical Center), Erica Farrell (Alzheimer's Association), David Haack (Living Care Lifestyles), Carolyn Ham (Department of Health), Katie Jacoby (Community Health of Central Washington), Morei Lingle (Argentum), Cathy MacCaul (AARP Washington), and Don Tavalacci (CRH Northwest)

**Guest attendees:** Kristian Rodriguez (DSHS-Home and Community Services)

**Department of Social and Health Services staff attendees:**

Amy Abbott, Clare Bantog, Jeanette Childress, Beverly Court, Jessica Dingwall-Salquist (facilitator), Roger Gantz, Cathy McAvoy, Ken Michie, Jody Pilarski, Tracey Rollins, Rhonda Schultz, and Jim Sherman

**Logistics and introductions**

Jessica Dingwall-Salquist presented the housekeeping instructions and reviewed the ground rules. Members introduced themselves. Cathy McAvoy welcomed the newest member, John Swenson, who is a resident of Westhaven Villa in Aberdeen. He is ill and unable to attend the meeting.

## **Collected data by domains: How could it be more consumer friendly?**

Beverly Court reported her use case findings related to the ways through which people can currently access ALF information. She proposed that the group review and make a recommendation to enhance the ALF Locator. A subgroup could be formed for further discussion and to create some options. Bev provided a handout, the Purpose of the Quality Metric System is to Inform Consumers – Use of Existing Information, and guided a discussion regarding pros and cons of the following 3 resources:

1. the ALF Locator;
2. the Disclosure of Services form and;
3. licensing information available internally by Residential Care Services (RCS).

### **1. ALF Locator**

The ALF Locator informs consumers through existing information and is available on the AL TSA website. The ALF Locator offers options for search opportunities including county, city, zip, license number, Medicaid contracts and specialty designations. The webpage for the individual facilities provides the option to “View Reports” including enforcement letters, inspection/fire inspection results, and investigations. There is also a link for directions to the facility, as well as other information, such as the number of beds and contact name(s).

Beverly Court questioned why there are separate interfaces for the general public and providers. The webpage for LTC Professionals and Providers has more search criteria. It also indicates that the website was developed for use by professionals which is off-putting and not helpful to the general public. The webpage is not organized in a way that the public can easily get to when searching for ALFs on the internet. The ALF Locator contains lots of information and perhaps this may be something to share in the report to the legislature as a means for informing consumers. Facility ownership, current and historical, is not currently available on the website.

Candy Goehring stated that RCS will look into the ALF Locator and put this ‘on the list’ to improve. She offered that the ‘public’ page is different in that it includes a description of the care setting and the first level search is basic. It offers the option to do an advanced search and get to the same reports that are contained in the LTC Professionals and Providers ALF Locator website.

Linda Moran said she doesn’t know what she would call this resource aside from the current ‘ALF Locator’, pointing out that when attempting to find the ALF Locator using a Google search, it does not appear in the search results unless you know the exact words to use. A generic search for ALFs in Washington pulls up the ‘A Place for Mom’ website first.

Vicki Elting characterized the locator as difficult to get to and related her experience with the public contacting her. She reported her struggles to guide them to the ALF Locator. Jim Sherman agrees and has had the same experience when assisting the public. He finds that it is easier just to send the caller the link to the ALF Locator. Robin Dale thinks the design of the ALF Locator is a department issue. Candy Goehring searched using the term “Find an ALF” and was directed to the ALF Locator page.

The discussion concluded with general agreement that the DSHS & AL TSA websites are not user-friendly in general. Linda Moran said if the legislature needs to fund changes to make enhancements, here’s an opportunity. Sandra Miles thought the information on the locator is good information for the public to see in order to make a decision and see what’s happened with facilities over time. (Currently, the repository covers 3 years to date.)

**2. ALF Disclosure of Services (DOS) form ([DSHS 10-351](#))**

Beverly Court reported that facilities are required under RCW to provide this completed form, developed by the department, to disclose general information about the facility and scope of care and services offered to residents (or their representatives) and interested consumers, upon request. The Adult Family Home (AFH) Disclosure of Services is posted on the AFH Locator and is readily available for consumers. Candy Goehring reports that the ALF statutes and workload do not support the ability to upload these documents, but we could eventually get there with the resources to support adding the form to the ALF Locator.

Beverly Court is researching SmartForms as a potential system to post these forms for the purpose of data collection and consumer information. There would have to be a user management process to secure the entry of information.

Vicki Elting stated that the DOS is not a ‘legal document’ that can hold ALFs accountable for what they state they will provide. The DOS is about the level of services a provider chooses to provide. Regulations outline what must be on the form. Robin Dale agrees that posting the DOS would be a useful means for the public to access to this information electronically. Currently, consumers have to go to the facility to get a copy of the DOS.

Robin Dale asked if posting the DOS will become a quality metric this group is going to propose. David Lord and Alyssa Schnitzius supported this. Candy Goehring stated that the DOS provides consumer information but it not necessarily a quality metric. Robin Dale sees the DOS as a metric when the facility states that they provide a DOS online. David Haack stated, regarding the Negotiated Service Agreement, that a change in level of care could be a temporary plan of care. Erika Farrell believes that the DOS should be more accessible but not necessarily a metric at this point.

Don Tivolacci stated that he is not sure a quality initiative of work force turnover is in the DOS. He has concerns about those served for behavioral health. Beverly Court believes Don Tivolacci is referring at the American Health Care Association information

and NCAL's quality measures. Robin Dale pointed out that this information is mostly focused on nursing homes. He recommends consumer satisfaction, along with staffing and retention as appropriate measures to consider. He recommends we do not include hospital admissions and antipsychotic information.

Carolyn Ham stated that hospital readmissions are not an interest to the consumer but antipsychotic use is something that family members would want to know.

Sandra Miles expressed concern about using antipsychotics as a measure as it may not reflect the facility accurately.

Ian Davros stated that he believes the quality metric is not readmission for hospital stays, but how the ALF successfully transitions residents back to their facility.

Candy Goehring stated that RCS, as a regulator, would investigate and make sure the facility handled the transition of a resident back to the ALF appropriately, as this is when residents are most vulnerable.

Beverly Court stated that she heard hints during the discussion that staff stability may be something the group wants to consider. She asked if there should be subgroups based on apparent consensus discussions. She asked the group if anyone had a proposal. David Lord and Robin Dale both expressed their opinion that any discussion of domains needs to stay at the full group level as opposed to subgroups.

Candy Goehring reported that RCS will do its homework to get ALF information for the next meeting. She will get data on admission and discharge criteria, the DOS form, resident rights, regulations, and other information. Candy will also ask Jody Pilarski and Clare Bantog to look into posting the DOS online in the ALF Locator.

Roger Gantz asked if the DOS could be expanded. Robin Dale does not support an expansion since it is already a comprehensive document based on levels of care plus facilities are used to using the current form. Jeanette Childress reported that it would take a rule change to add information to the DOS.

### **3. Licensure data**

Beverly Court shared that RCS licensure data is only available in the facility file and the RCS Facility Management System. This information is for internal use only and would require a public disclosure request in order to release it to the public. Any information released may be heavily redacted.

### **Home and Community Based Services (HCBS) rules and measures**

As requested by the work group during the February meeting, Kristian Rodriguez, DSHS Home and Community Services Quality Assurance Policy Manager, presented on HCBS setting rules.

The Home & Community Services (HCS) Division within ALTSA has a statewide network of offices that provide assessments for functionally disabled adults/seniors in residential care and home-based settings. HCS utilizes case managers and nurses within HCS and employed by the Area Agencies on Aging (AAAs). Case Managers from HCS and the AAAs conduct initial and annual reviews to determine eligibility. HCS primarily serves as the front door for eligibility and partners with AAAs to provide specialized programs for seniors and family caregivers.

HCBS ensures individuals receiving long-term services and support (LTSS) rights are protected, have the opportunity to receive services in the most integrated setting appropriate, and have full access to the benefits of community living. CMS requires quality control measures for their waiver programs. HCBS requirements apply to all community-based settings including ALFs, adult family homes, and enhanced services facilities.

Resident interviews completed during inspections and licensing visits provide data on quality measures including quality of life and tie into HCBS. The questions are contained in the ALF Resident Interview form DSHS 10-365 handout provided to the group.

Candy Goehring asked how often the Medicaid contracts are renewed for ALFs. Kristian Rodriguez believes they are renewed every 4 years. She asked whether they distinguish between the number of intakes and substantiated complaints, and Kristian replied that they do distinguish between the two.

Kristian Rodriguez provided a handout of the National Core Indicators – Aging and Disabilities (NCI-AD) which is a survey that gathers measures as well. Interviews take about a half of an hour each. UW surveyors completed 455 face-to-face surveys between August 23, 2018 and March 8, 2019. Candy shared that AFH and ALF residents may be part of the sample poll. RCS sent letters to providers advising of the survey's existence and that a consultant from the UW may contact their residents to schedule a face-to-face interview.

Robin Dale asked for a sense of what those questions are, if it's done anonymously, whether individual populations split out by facility type and part of the state, and how it's determined who gets surveyed?

Questions include things such as where do you live, do you have access to visitors, are you able to get medical appointments? The survey uses Medicaid clients receiving HCS services. The sample uses a proportionate number of individuals based on waivers, and is distributed regardless of ethnicity, religion, etc. The only exclusion to breaking out the data is for those 92 years old or older because there may be the potential that they may be identifiable in less populated areas of the state.

Robin Dale asked once the analysis is completed, what will be done with that information? Kristian Rodriguez responded that the information captured by the interviews can be used to identify strengths and weaknesses within ALTSA

programs/systems which can be used to develop quality measures to address any issues.

Andrea Kadlec asked what NASUAD stands for? Candy Goehring indicated that it is the acronym for the National Association of State Units on Aging and Disability.

Andrea Kadlec also asked about the assurances and sub assurances, asking if we can look at that information. It seems to her that restraint data could be a good metric.

Amy Abbott asked if the sample was stratified by a percentage based on care setting. Kristian Rodriguez replied that it is not, it is based on program and by regions. HCS may do this survey again in the future if it is determined that it would be useful or identify a need HCS should hone in on.

Candy Goehring shared that RCS already asks these questions when RCS licensors survey AFH/ALF/ESFs. RCS reports these findings to HCS.

Amy Abbott stated that this survey data could show that we are meeting our HCBS measures required for residents.

George Dicks requested the list of assurances and sub assurances. Kristian Rodriguez will send a link to Cathy McAvoy for distribution. The assurances and sub assurances can be found online.

## **Study of the States**

Roger Gantz provided an update on the study of the states. He is currently finalizing the survey instrument and it will be posted on the work group's website when it is finalized, it will probably be ready next week. Once completed, the survey will be piloted with 3 states (Oregon, Wisconsin, and New Jersey). Roger will provide summary reports at the April meeting. Once piloted the survey will be modified, if needed, and we will move forward with polling the remaining 47 states.

The survey asks states:

- What is the purpose of your initiative (inform consumers, licensing/contracting/reimbursement purposes, marketing, etc.)?
- What measures are you using or may be developing?
- Can you share your methodology for risk adjustments?
- Is this information publicly available? If so can we see it?
- Do you have a Disclosure of Services form, or similar form and is it required? Can you share your form with us?

## **Review and approval of February minutes**

The members of the committee voted to approve the minutes from the February 21<sup>st</sup> meeting with the following edits:

- Correct the spelling of Betty Schwieterman's last name;

- Remove Amy Abbott's name from the attendees list; and
- Correct the language of the third guiding principle as stated by G De Castro.

Robin Dale, George Dicks, Vicki Elting, Katie Jacoby, Andrea Kadlec, Don Tivolacci, and David Haack abstained from voting because they did not attend the meeting. All other voting members present or on the phone/webinar voted to approve the minutes with the edits. The minutes will be posted to the website.

### **Draft Outline of Interim Report**

Cathy McAvoy shared a draft outline of the interim report. The report must be submitted to Candy Goehring by mid-May to pass through the various levels of review. Cathy McAvoy is delaying the release of the report in order to reflect activities and decisions resulting from the group's April 18<sup>th</sup> meeting. The report will basically indicate that 'we are up and running, we get it, and we have a lot to do before our final report'. Cathy McAvoy asked for volunteers to serve on a subgroup to edit the draft report before it is reviewed by the full work group: Robin Dale, Alyssa Schnitzius, and Candy Goehring volunteered. Vicki Elting was asked to report to Patricia Hunter that we would like her also to serve on the subgroup.

Cathy McAvoy reviewed the draft timeline for Year One. A project timeline for Year Two was also shared. Both timelines will be amended as the work group makes progress on its goals. The work of the group must be wrapped up by mid-June 2020 in order to meet deadlines for submitting the report to Bill Moss's office in mid-June and the Office of Policy and External Relations by July 15, 2020. It may be appropriate to use the remaining months of the project to do some stakeholder activities. Candy Goehring stated that advocacy groups, providers, and community organizations could provide a nice cross section with a 'natural ability' to include various stakeholders.

### **Public comments**

Jim Sherman commented that he appreciates the robust discussion about the ALF Locator and the Disclosure of Services form and states that in the future, challenges will be in keeping up to date with the 500+ facilities. For example, intermittent nursing services are a big factor and it needs to be accurate.

Carolyn Ham stated that she is a little concerned that the group has not discussed any metrics in concrete detail given the initial report is due so soon. Cathy McAvoy reassured the work group that information is being shared and explored, and that more groundwork is needed before we can develop our domains and measures. We are forming as a group and we will get there now that foundational work has been completed.

Dave Foltz with Fred Lind Manor in King County sent an email to Cathy McAvoy volunteering to become a member of the group. Alyssa Schnitzius stated that she had recommended him when the work group was forming. Robin Dale suggested that Dave is welcome to sit in during meetings and provide public comment. There was general

agreement to this proposal. Alyssa Schnitzius plans to send him as her designated representative to the April meeting.

Jessica Dingwall-Salquist restated the group's agreement that if a subgroup is formed, the greater work group should be made aware of this and that no decisions made without the full work group's vote.

Linda Moran asked if the group anticipates or can identify any future subgroups needed. This would provide a unique opportunity to think about what we might need as everyone does not need a seat at the table to discuss issues and develop proposals. Members can designate representatives and bring in volunteers. Using subgroups to move the work forward may be a more efficient way to use our resources.

Erica Farrell suggested the possibility of a Quality of Care for Memory Care subgroup. Jim Sherman said that could be a stand-alone special population. Candy Goehring mentioned how the range of services in ALFs differ dramatically; this is a huge issue and comes up a lot.

Robin Dale stated that the development of performance measures is substantive and that it is appropriate see how things develop.

Jessica Dingwall-Salquist restated that the work group agreed that if a subgroup is formed, the greater group is aware and no decisions will be made without a full group vote.

## **April agenda**

Jessica Dingwall-Salquist reviewed the notes on the flipchart for April agenda items. The group proposed the following topics:

1. Candy Goehring will provide a report out on:
  - a. ALF license application and whether it asks for profit versus nonprofit
  - b. Resources for helping people choose an ALF- manuals, sources, and links
  - c. What is required by regulation (regulation versus quality metrics)
2. Update on the Study of the States
3. Review and vote on March minutes

Future action/agenda items discussed:

1. The full work group will form subgroups as needed
2. Kristian Rodriguez will send the link to the assurances and sub assurances for HBCS.
3. Erica Farrell will share with the group information that may assist the group to discuss inclusion of memory care if this becomes part of a domain.
4. G De Castro will provide information related to Asian American and Pacific Islander inclusion for consideration during future discussions about domains and measures.
5. Robin Dale may provide information about resident and staff surveys used by some providers.



**Next meeting**

The work group's next meeting is Thursday, April 18, 2019, 1:30 p.m. to 4:30 p.m. at DSHS Blake West Office Park Building located at 4450 10<sup>th</sup> Avenue SE Lacey WA 98503. The meeting will be held in the Washington Conference Room on the first floor.