

**REPORT TO THE ASSISTED LIVING FACILITY  
QUALITY MEASURES WORK GROUP**

**Survey of States' ALF Quality Metric Systems**

**RCW 18.20.510(5)  
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## Executive Summary:

Washington State's 2018 Legislature enacted legislation (RCW 18.20.510), which directed the Department of Social and Health Services (DSHS) to establish an "Assisted Living Facility Quality Measures Work Group (ALF QM Work Group) to make recommendations to the Legislature by September 1, 2020, on a "quality metrics system for assisted living facilities." The legislation also directed DSHS to analyze other states' assisted living facility (ALF) quality metric systems to determine whether these systems were promoting quality of care and if the systems are "unnecessarily burdensome" to participating ALFs.

DSHS ALF QM Work Group staff interviewed three states (Wisconsin, New Jersey and Oregon) that have or are implementing quality improvement systems that met the definition of:

*A system wherein the state assisted living facility regulatory agency, an assisted living facility association, a long-term care (LTC) ombudsman program, and/or a designee systematically and routinely collects data used to compute outcome measures that are publicly reported. "Outcome measures" refers to observed resident or ALF provider experiences or changes over time.*

Information and interviews were also obtained from North Carolina Star Rating program and Ohio's residential care facility (RCF) resident satisfaction survey that are intended to inform consumers in the selection of residential facility options. These states were included because the focus of their programs is to inform consumers, which is the primary goal of the ALF QM Work Group.

The Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) and the Health Care Association of New Jersey Foundation's (HCANJF) Advanced Standing program are voluntary programs, while Oregon's law requires mandatory participation of ALFs in their Residential Care Quality Measurement Program (RCQMP). At the time of the state interviews, 19 percent of Wisconsin's 1,904 ALF facilities were participating in the WCCEAL and 43 percent of the New Jersey 239 ALFs were participating in the Advanced Standing program. Oregon's RCQMP program will not be implemented until 2020.

The three programs have different administrative structures. The WCCEAL is a collaborative between the state and its four provider associations. The University of Wisconsin-Madison's School of Medicine provides analytic and resident survey administration for WCCEAL. The HCANJF Advanced Standing program is administered by the association's foundation in collaboration with the New Jersey Department of Health. Oregon's RCQMP is a legislative initiative administered by Oregon Department of Human Services. All of the programs have an advisory group comprised of state officials, association representatives and the state's ombuds program.

The Wisconsin, New Jersey and Oregon quality metric systems primary purpose is working with their ALFs and their associations on quality improvement initiatives intended to improve services and care of persons residing in their licensed ALF.

The WCCEAL and HCANJF Advanced Standing programs are internal quality improvement initiatives and do not publish results of their facility quality improvement measures on either a by-facility or aggregate basis. As required by law, Oregon's RCQMP will be issuing an annual report describing statewide patterns and trends as well as facility comparisons.

While not their primary objective, the states quality improvement initiatives are intended to provide information to assist potential consumers in selecting an ALF. Participation in WCCEAL or the Advanced Standing programs is noted on the ALFs' association directory list of facilities, and are listed on the state agency directories or a separate listing. Participating facilities in good standing can note participation on their websites and marketing materials. Oregon's RCQM will report facility information in their annual report and note facilities that fail to report on their website directory.

The North Carolina ALF Star Rating scores and Ohio's residential care facility resident and family satisfaction survey overall scores, which are designed to inform consumers, are published in their ALF resident selection directories.

The five programs employ a combination of structural (describing ALF's systems and process), outcome measures (e.g., ALF resident satisfaction experiences, fall rates) and performance measures (impact of ALF service on the status of residents).

Quality Metric Measurement Types					
Measurement Types	Wisconsin WCCEAL Program	New Jersey HCANJF AS Program	Oregon RCQM Program	North Carolina ALF Star Rating	Ohio Resident Satisfaction Survey
<b>Structural Measures</b> (Describes the ALF's systems and processes. Examples: ALF's number of direct care/support staff or fall prevention programs)	36 Measures	3 Measures	2 Measures	22 Measures (Adult Care Facility Licensure Requirements)	
<b>Outcome Measures</b> (Indicates ALF resident experience of changes. This includes resident satisfaction surveys. Examples: Staff treats me with respect, resident fall rates)	45 Measures (28 are Resident Survey)	10 Measures (9 are Resident Survey)	6 Measures (4 are Resident Survey)		33 & 46 Measures (33 are Family Resident Survey and 46 are Resident Survey)
<b>Performance Measures</b> (Impact of a ALF service or intervention on the status of residents. The measure supports an "attribute of causality". Examples: Decrease re-hospitalizations rates to 20%.)		2 Measures			
<b>Structural, Outcome &amp; Performance Measures - Reporting Cycle</b>	Quarterly	Monthly	Annually	Annually	Annually
<b>Resident Satisfaction Survey - Reporting Cycle</b>	Annually	Annually	Annually	No	Bi-Annual
<b>Measures publicly available</b>	No	No	Yes (Individual Facility and Annual Report)	Yes (Star Rating and Score published in state ALF directory)	Yes (Overall Survey Score published in state ALF directory)

Wisconsin's WCCEAL employs 53 quality measures. The largest number of measures are related to medication errors (19 percent), fall prevention (17 percent), and resident behavior (13 percent). The New Jersey HCANJF currently employs six measures, including two each pertaining to hospitalizations and quality improvement activities. Oregon's RCQM program will initially use four measures related to ALF staffing, fall prevention and medication errors.

Quality Metrics Measures - Domains (Excludes Satisfaction Survey Measures)				
Domain <sup>1</sup>	Wisconsin WCCEAL Program	New Jersey HCANJF AS Program	Oregon RCQM Program	Total
ALF Facility Profile	7			7
ALF Staffing	4	1	2	7
ALF Quality Improvement Activities/Functions	5	2		7
Fall Prevention	9		1	10
Medication Errors	10	1	1	12
Infections	5			5
Resident Behavior	7			7
Resident Hospitalizations	2	2		4
Resident Weight Changes (Optional)	4			4
Total Number of Variables	53	6	4	63
<sup>1</sup> <b>NOTE:</b> The measurement domain categories are those developed by the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) for their "Quality Improvement Variables".				

Four of the states employ annual resident satisfaction surveys. New Jersey and Oregon use the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) CoreQ questions, while Wisconsin and Ohio have developed their own satisfaction surveys. The four state's surveys include a scaled question on whether the residents would recommend the facility. The questionnaire also include items on facility meals and staffing.

State ALF Resident Satisfaction Survey					
	Wisconsin WCCEAL Program	New Jersey HCANJF AS Program	Oregon RCQM Program	Ohio	
				RCF Resident Satisfaction Survey	RCF Family Satisfaction Survey
Resident Survey Instrument	Standardized questionnaire with 28 questions across 7 domains (Staff, Rights, Environment, Activities, Meals & Dining, Health Management, and Overall)	Non-standardized questionnaire. However the instrument must include seven specified questions ranked on a five-point scale, or CoreQ four measures.	The survey must include the four CoreQ - Assisted Living Resident & Family Member question. The ALF may also include other questions.	Standardized questionnaire with 46 questions across 7 domains (Moving In, Spending Time, Care & Services, Caregivers, Meals & Dining, Room or Apartment Environment, and Facility Culture)  (NOTE: The Resident and Family surveys have 22 similar questions.)	Standardized questionnaire with 33 questions across 7 domains (Moving In, Spending Time, Care & Services, Caregivers, Meals & Dining, Room or Apartment Environment, and Facility Culture)  (NOTE: The Resident and Family surveys have 22 similar questions)
Sample Size Requirements	WCCEAL ALFs must have a 25% response rate	No	Minimum of 20 valid responses with at least 30% valid response.	Specified sample size based on +/-10% margin of error for each RCF size	Specified sample size based on +/-10% margin of error for each RCF size
Survey Cycle	Annual	Annual	Annual	Bi-Annual (odd-number years)	Bi-Annual (even-number years)
Survey Administration & Reporting	University of Wisconsin-Madison's Department of Medicine	Individual ALF	Each ALF must contract with a third-party consultant with CoreQ capacity to conduct the survey.	Vital Research	Miami University Scripps Gerontology Center
Public Reporting	No ALF can compare results with total WCCEAL ALFs	No	Yes Department of Human Services will make available	Yes Available on Department of Aging's ALF Directory	Yes Available on Department of Aging's ALF Directory

In comparing ALFs quality measures or resident experiences, it is important to account for differences across facilities in resident characteristics in order to equitably compare facilities. For example, the expected incidence of falls would be different for an ALF serving adults requiring a lower level of oversight versus a facility specializing in serving frail elders with Alzheimer's requiring a higher level of

care. Based on available information, there are no specific ALF risk-adjustment models. However, Wisconsin's WCCEAL quality comparison reports and New Jersey's Advanced Standing program allow a facility or their association to create reports that filter by facility attributes to help create more appropriate cross-facility comparisons.

The measurement of outcomes has become widely used in health care to assess health plan and provider effectiveness. Payers are now requiring that health plans have measures audited for accuracy and reliability. WCCEAL, HCANJF, and Oregon are, however, currently relying on self-reporting and training.

RCW 18.20.510(5) directed the survey of other states to assess whether the states' quality metric systems were creating an unnecessary burden for participating ALFs. The survey did not contact individual facilities to assess their "burden." The three states rely on a combination of the following to address facility burden:

- **Advisory Groups:** The three programs have advisory groups (WCCEAL Coalition Advisory Group, NCANLF Advanced Standing Peer Review Panel, and RCQMP Quality Measurement Council), which include association members. These participants are to provide feedback from their members on the selection of quality improvement measures and strategies to reduce reporting burden.
- **Online Data Entry:** The three programs have on-line methods to submit data.
- **Reporting:** Each program has an external entity that collects the data and generates facility-specific and aggregate reports. The WCCEAL program also has a report filter that allows a facility to compare themselves with other facilities across six dimensions.
- **Resident Satisfaction Surveys:** WCCEAL's University of Wisconsin-Madison Department of Medicine conducts the resident satisfaction surveys and compiles facility-specific and statewide reports. Ohio contracts with Miami University's Scripps Gerontology Center and Vital Research to conduct their RCF and nursing home satisfaction surveys. Oregon's RCQMP will require ALFs to contract with outside contractors to conduct the satisfaction surveys and submit the data to the Oregon Department of Human Services (DHS) who is responsible for generating facility and statewide reports.
- **Survey Licensing:** The WCCEAL and NCANLF Advanced Standing program reduces the survey cycle for participating ALFs in good standing, and North Carolina reduces their cycle for facilities with a Four-Star Rating.

RCW 18.20.510(5) directs that the survey of other states assess whether their initiatives have improved ALF quality of care. The absence of public reporting makes it difficult to assess whether Wisconsin's WCCEAL and New Jersey's Advanced Standing initiatives have achieved improvement in their ALFs. Wisconsin's Division of Medicaid Services staffed shared that a 2-year study of the "WCCEAL Effect" may be funded. It should be noted that given their respective participation rates, it will be difficult to make statewide inferences.

Wisconsin reported that state staff and the University of Wisconsin-Madison's Department of Medicine, which administers the WCCEAL, conduct a quality and annual analysis of the reported measures and survey results. They in turn meet monthly with their associations to discuss strategies for improvement.

The three state quality improvement initiatives, Ohio satisfaction survey and North Carolina Star Rating have required funding to implement and maintain the initiatives. Each state has employed a different funding approach based on which state entity was the lead in designing and implementing the programs.

The ALF QM Work Group's goal for the project is to develop recommendations to the Legislature on a quality metric system to "*inform consumers.*" A key component of informing consumers is providing information to them, family members, advocates and/or members of the public to aid in the selection of an ALF. An initial step in that process is to publish readily available information about ALFs. North Carolina's Department of Health and Human Services (DHHS) implemented an ALF Star Rating Program to assist consumers in making informed decisions regarding residential options. The Star Rating for each facility is including in the DHHS's ALF directory. Ohio's Department of Aging's consumer guide directory has a "quality measures" section on each RCF facility's page. These measures include: an overall Resident Satisfaction Survey score; the most recent annual survey date; number of citations; substandard quality of care (No/Yes); and immediate jeopardy (No/Yes).

The survey of states report provides a description of the five states ALF directories, including the selection criteria that can be used to identify facilities by location, size, and types of services offered. It is recommended that the ALF QM Work Group review these directories for opportunities to enhance DSHS' current ALF locator to provide additional information for assisting the public in selecting facilities.

DSHS's Aging and Long-Term Support Administration requires ALFs and adult family homes (AFH) to submit and update a Disclosure of Services document, which includes information on services that the ALF provides. In order to provide the ALF QM Work Group with content that may help inform consumers, the survey team obtained the service disclosure forms from the four states that have a public disclosure forms.

At this time none of the other states have their service disclosure information integrated into their on-line ALF directories. As with Washington, the states require the disclosure information to be made available to applicants and residents. The ALF QM Work Group may want to review the Wisconsin, New Jersey, Oregon and Ohio disclosure of services forms to assess whether information on the forms should be included to enhance Washington's ALF locator. Service information on the forms could be included in the directory selection criteria similar to Wisconsin and Ohio's directory.

In conclusion, few states have quality metrics systems for ALFs. To date, existing systems are administered in partnership with ALF provider associations and results are not available to the public. Oregon is currently the only state with a legislative mandate to establish a system for monitoring and tracking ALF performance. Implementation of Oregon's system in 2020 will provide a system design that could potentially be adopted by the state if mandated by the Legislature.

## Introduction:

Washington State's legislature enacted legislation (RCW 18.20.510), which directed the Department of Social and Health Services (DSHS) to establish an "Assisted Living Facility Quality Measures Work Group (ALF QM Work Group) to make recommendations to the Legislature by September 1, 2020, regarding a "quality metrics system for assisted living facilities." RCW 18.20.510(5) directed the DSHS to:

*"...include at least one meeting dedicated to review and analysis other states with quality metric methodologies for assisted living facilities and must include information on how well each state is achieving quality care outcomes. In addressing data metrics the work group shall consider whether the data that must be reported reflects and promotes quality of care and whether reporting the data is unnecessarily burdensome upon assisted living facilities."*

The ALF QM Work Group instructed staff to conduct a survey of other states with a "quality metric system" program to:

- Identify the purpose and objectives of their quality metrics system,
- Identify the measures they were using in their quality improvement programs,
- Identify what the programs were doing to reduce the burden on participating facilities, and
- Assess whether the programs were improving the quality of residents' care if information publicly available.

Given that RCW 18.20.510 deals exclusively with ALFs, the survey focused on only states with ALF quality metric systems. Though "assisted living facility" is a nationally recognized term, states have various licenses and titles for their facilities. As used in this survey, ALFs were defined as a:

*"Home or other institution for the purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care. ALFs are entities licensed by the state. They are not a nursing facility or independent senior housing, independent living units in continuing care retirement communities, or other similar living situations. ALFs provide basic services, including housekeeping services, meals, nutritious snacks, laundry, and activities. ALFs domiciliary care includes: assistance with activities of daily living provided by the ALF either directly or indirectly; or health support services, if provided directly or indirectly by the ALF; or intermittent nursing services, if provided directly or indirectly by the assisted living facility."*

As used in the survey, "quality metrics system" is defined as"

*A system that systematically and routinely collects data used to compute outcome measures that are publicly reported. Outcome measure refers to observed resident or assisted living facility experiences or changes over time. The data used for measures may come from a survey of assisted living facility residents or licensed facilities, state assisted living facility licensing or contracts, assisted living facility payments, or other administrative data. Examples of assisted living facility measures include: staffing levels and retention rates; occupancy rates; survey deficiencies; resident satisfaction; abuse/neglect complaint rates; grievance resolution rates; fall rates; re-hospitalizations; depression; dementia screening; use of anti-psychotics; immunizations; and medication errors.*



While RCW 18.20.510 does not define the purpose of the quality metrics system, the ALF QM Work Group Work defined the purpose of a Washington quality metric system to be to “*inform consumers*”.<sup>2</sup> For this state survey, the quality metrics system was assumed to fulfil one or more of the following purposes:

- Used by potential clients, family members, advocates and/or members of the public to select an Assisted Living Facility
- Used by the state to determine if the ALF meets licensing requirements
- Used by the state to measure ALF contract compliance
- Used by the state to determine rates for Medicaid residents
- Used by the state to improve the quality of an ALF and the ALF program
- Used by ALF management or an ALF Provider Association to improve resident satisfaction or service outcomes
- Used by ALFs for marketing

Given resource constraints and the legislative mandate, the ALF QM Work Group directed that the survey should focus on a sample of states. Information from the American Seniors Housing Association and LeadingAge “Seniors Housing State Regulatory Handbook” indicated that all states have residential programs meeting our ALF definition.<sup>3</sup> Initially, it was decided that the sample of states should be drawn from AARP’s Public Policy Institute’s ranking of states long-term services and supports for older adults and people with physical disabilities. The initial survey of states was going to focus on the top ten states with the highest overall ranking.<sup>4</sup>

The Quality Improvement Work Group association members contacted their respective associations to see if these states had ALF quality metric systems. They also asked if other states had quality metric systems. Based on the association information, Wisconsin, New Jersey and Oregon were identified as having quality metric systems or were in the process of implementing a system. The National Center for Assisted Living (NCAL) also identified these states as having innovative quality measurement and improvement programs.

Because the ALF QM Work Group’s primary objective was to make recommendations on how to inform consumers, information was also obtained from North Carolina ALF Star Rating and Ohio’s residential care facility resident/family satisfaction survey that are intended to inform consumers in the selection of residential facility options.

DSHS conducted telephone interviews with state staff and association officials using an AFL survey guide (Exhibit 1 contains a copy of the interview guide). The interviews were conducted by telephone with state agency state staff, Health Care Association of New Jersey, and Miami University’s Scripps Gerontology Center. In addition to an interview, follow-up telephone and email exchanges were used to confirm the accuracy of data and information obtained in the interviews.

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<sup>2</sup> See the DSHS Aging & Long Term Support Administration’s “Report to the Legislature – Assisted Living Facility Quality Measures” (September 1, 2019).

<sup>3</sup> Of note, six states (Arizona, Florida, Georgia, Iowa, Nebraska and Texas) have language in state regulation that allows Third-Party accreditation for ALFs. Minnesota requires their ALFs to have a home care license, while the facility is registered but not licensed by the state.

<sup>4</sup> The AARP’s 2017 state scorecard ranked the top ten states as: Washington, Minnesota, Vermont, Oregon, Alaska, Wisconsin, Hawaii, Colorado, California and Connecticut.

## Quality Metric System Programs

### Wisconsin – WCCEAL Program <sup>5</sup>

The Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) program was implemented in November 2009. The program’s primary objective is a “public/private collaboration” to improve the quality of non-nursing home residential programs through an internal quality improvement initiative. Improvement is through the use of performance measures, information, and decision support systems.

The collaborative was initiated by the Department of Health Services (DHS) with technical support from the University of Wisconsin-Madison’s Department of Medicine (UW-M DM). The WCCEAL collaborative is comprised of: DHS’s Division of Quality Assurance and Division of Medicaid Services, UW-M DM, Wisconsin’s four provider associations (LeadingAge Wisconsin, Wisconsin Assisted Living Association (WALA), Wisconsin Health Care Association/Wisconsin Center for Assisted Living (WHCA/WiCAL) and Disability Service Provider Network), and Wisconsin’s state ombuds program.

Three state licensed residential programs participate in the WCCEAL: Community-Based Residential Facilities (CBRF), Residential Care Apartment Complexes (RCAC), and Adult Family Homes (AFH). DHS’s Division of Quality Assurance is responsible for licensing these facilities. The CBRFs are licensed under Wisconsin Administrative Code Chapter DHS 83 and the RCACs are licensed under Wisconsin Administrative Code Chapter DSH 89.

The CBRF and RCAC are similar to Washington’s ALFs and were the focus of the ALF State Survey. As of June 2019, there were a total of 3,926 licensed facilities, of which 1,904 were CBRF or RCAC licensed facilities (see Table 1)

**TABLE 1**

Wisconsin Residential Programs				
Facility Type		Number of Facilities	Number of Beds	Average Number of Beds
Community-Based Residential Facilities	CBRF	1,571	29,959	19
Residential Care Apartment Complex	RCAC	333	15,398	46
Adult Family Homes	AFH	2,022	7,804	4
Total		3,926	53,161	14

SOURCE: Wisconsin Department of Health Services Residential Facility Directories (06/10/19 & 06/20/19)

WCCEAL is a voluntary program. As of June 2019, 361 (19%) of the CBRF and RCAC facilities were participating in the collaborative (see Table 2)

**TABLE 2**

Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)				
Facility Type		Number of Facilities <sup>1</sup>	WCCEAL Participation <sup>2</sup>	WCCEAL Participation Rate
Community-Based Residential Facilities	CBRF	1,571	250	15.9%
Residential Care Apartment Complex	RCAC	333	111	33.3%
Total		1,904	361	19.0%

SOURCE:  
<sup>1</sup> Wisconsin Department of Health Services Residential Facility Directories ((06/10/19 & 06/20/19)  
<sup>2</sup> Kevin Coughlin, Department of Health Services, Division of Medicaid Services (06/20/19).

<sup>5</sup> WCCEAL information is based on an interviews and e-mails with Kevin Coughlin, Policy Initiative Advisor, Department of Health Services, and Division of Medicaid Services.

Information on the WCCEAL collaborative is located at <https://wcceal.chsra.wisc.edu/>. The password protected sections of the WCCEAL website, which includes quality improvement measures reports and annual resident satisfaction surveys, are available only to WCCEA members.

### New Jersey – Health Care Association of New Jersey’s Advanced Standing Program <sup>6</sup>

The Health Care Association of New Jersey Foundation’s (HCANJF) Advanced Standing program is a collaboration with the New Jersey Department of Health (DOH). HCANJ approached DOH about an internal quality improvement initiative. The program was started in 2012. The Advanced Standing program is open to all licensed assisted living residences (ALR) and comprehensive personal care homes (CPRH) in New Jersey. There are 239 facilities (see Table 3). As of July 2019, 103 (43%) of the facilities are participating in the Advanced Standing program.

**TABLE 3**

<b>New Jersey Assisted Listing Facilities</b>			
	Number of Facilities	Number of Licensed Beds	Average Number of Licensed Beds
Assisted Living Residences	206	19,279	94
Comprehensive Personal Care Homes	33	2,648	80
Total	239	21,927	92
Source: NJ DOH LTC Directory (07/08/2019)		<a href="https://healthapps.state.nj.us/facilities/fsSearch.aspx">https://healthapps.state.nj.us/facilities/fsSearch.aspx</a>	

To receive DOH’s Advanced Standing designation, a facility must comply with all applicable local, state and federal regulations as well as submit quality data that reaches benchmarks established by the HCANJF’s Peer Review Panel. In addition, a facility must use a Disclosure Statement outlining the services received at the facility. Once all state licensing regulations are satisfactorily met and the quality measures meet the established benchmarks, DOH makes the final determination on Advanced Standing. A facility granted Advanced Standing is able to advertise that designation and HCANJF members with Advanced Standing status will have a designation on the HCANJF website.

The HCANJF foundation conducts annual compliance visits to ensure that the New Jersey state licensing regulations are substantially met. DOH conducts follow-up surveys on a random sample of up to 10% of the facilities that participate in the program. Any time a facility falls below DOH standards, such as poor performance on a complaint investigation, the facility can be removed from the program for cause by DOH.

Information on the Advanced Standing program can be found at the HCANJ website at <https://www.hcanj.org/facility-resources/advance-standing/>. Report information is only available to participating facilities. Program participation is noted as “AS” on the HCANJ facility locator.

<sup>6</sup> Advised Standing program information is based on a series of interviews and emails with Kathy Fiery, Vice President, Health Care Association of New Jersey, and Jacqueline Jones, Supervisor of Inspections, Department of Health, Division of Health Facility Survey & Field Operations.

## Oregon Residential Care Quality Measurement Program <sup>7</sup>

In 2017, the Oregon Legislative Assembly enacted Engrossed House Bill 3359. The request legislation was sponsored by the Oregon Health Care Association. The bill covered a variety of licensing and civil penalty revisions, and included enabling legislation for the Residential Care Quality Measurement Program (RCQMP), codified as ORS 443.446 and 443.447.

The law requires a uniform quality metrics reporting system be developed to measure and compare the performance of assisted living facilities and residential care facilities across the state. The law established as governor-appointed Quality Measurement (QM) Council comprised of membership from: (1) One individual representing the Oregon Patient Safety Commission; (2) One individual representing residential care facilities; (3) One consumer representative from an Alzheimer’s advocacy organization; (4) One licensed health care practitioner with experience in geriatrics; (5) one individuals associated with an academic institution (Portland State University) who has expertise in research using data and analytics and in community-based care and quality reporting; (6) The Long Term Care Ombudsman or a designee of the Long Term Care Ombudsman; and (7) One individual representing DHS.

As prescribed in law, the QM Council is tasked with developing metrics to measure the quality of care provided by facilities. The legislation also requires the QM Council to ensure the measurement program will not be burdensome to facilities. DHS, in conjunction with the QM Council, is charged with developing an online, user-friendly system for facilities to submit data.

DOH will compile data from ALFs and RCFs and publish an annual report describing statewide patterns and trends. This report is to be made available online to be used by facilities and the general public to evaluate and compare facilities. As required by law, the ALF and RCF data will be available to the public at an individual facility level.

The RCQMP is mandatory with all RCF and ALF facilities required to participate. There currently are 237 ALFs and 313 RCFs (Table 4).

TABLE 4

<b>Oregon Assisted Listing Facilities</b>			
	Number of Facilities	Number of Licensed Beds	Average Number of Licensed Beds
Assisted Living Facilities	237	16,046	68
Residential Care Facilities	313	12,330	39
Total	550	28,376	52
Source: OR Department of Human Services (09/29/2019)			

The RCQMP is in the design and implementation stage. Pre-testing of an online data collection application is scheduled for September/October 2019. ALFs will be required to submit the CY 2020 data in January 2021. DHS will be issuing their first annual report in July 2021. Information on the RCQMP is available at <https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/Quality-Metrics.aspx>.

<sup>7</sup> RCQMP information is based on interviews and emails with Lynn Beaton, Policy Analyst, Department of Human Services, and Aging & People with Disabilities.

## North Carolina ALF Star Rating Program <sup>8</sup>

North Carolina's Department of Health and Human Services (DHHS) Division of Health Service Regulation implemented an ALF Star Rating Certification Program in January 2009. The enabling legislation for the program (Chapter 131.D-10) was in part due to the long-term care advocates request for a nursing home and ALF rating system to help individuals select a facility. The Star Rating program was designed as a tool to assist consumers in making informed decisions regarding residential options.

The ALF Star Rating program is patterned after the federal Health and Human Services (DHHS) skilled nursing facility (SNF) Five-Star Quality Rating System. Like the DHHS SNF rating, North Carolina ALF Star Rating Program reports a set of stars rating for each facility on its ALF directory. Unlike the SNF rating, the ALF rating is based only on annual licensing inspections. Each facility receives a score and Star Rating based on compliance with 22 surveyed regulations. The facility's score and Stars (one through four Stars) is reported on the state's ALF directory. Multi-year state rating are also retained on the directory listing.

ALFs with a 4-Star Rating are surveyed biennially. Facilities with a Star Rating of Three or less are surveyed on an annual basis.

Information on North Carolina's ALF Star Rating program is available at:  
<https://info.ncdhhs.gov/dhsr/acls/star/index.html>.

## Ohio ALF Resident & Family Satisfaction Survey <sup>9</sup>

Ohio's Legislature enacted legislation (Chapter 173.47 – Consumer satisfaction survey for long-term care facilities) in October 2005. The legislation was requested and supported by the Ohio Health Care Association. The legislation requires the Ohio Department of Aging (ODA) to conduct annual customer satisfaction survey of each licensed nursing home and residential care facility (RCF). The survey results are part of the "Ohio Long-Term Care Consumer Guide". The enacted legislation (Chapter 173.48) authorizes the ODA to charge an annual fee to nursing homes and residential care facilities for the publication of the consumer guide.

The survey is intended to (1) provide resident and family satisfaction information to help consumers looking for a long-term care facility, (2) increase facility awareness of residents' perceptions of the facility, and (3) provide facilities with information for their internal quality improvement activities. Exhibit 9 is a copy of the 2017 resident satisfaction survey and 2018 family survey instruments.

The residential survey was implemented in 2006 for nursing home and RCF residents. Given the potential for client cognitive impairment and the role families' play in the care of family members in RCFs, a family survey was implemented in 2015. Currently, residents are surveyed each odd-number year and families are surveyed each even-number year. The department contracts with Miami

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<sup>8</sup> ALF Star Rating program information is based on interviews and with Megan Lamphere and Warren Wilson, Department of Health & Human Services, Division of Health Services Regulation.

<sup>9</sup> Ohio survey information is from interviews with Jane Straker, Director of Research at Miami University's Scripps Gerontology Center and the University of Miami University's Scripps Gerontology Center's "Implementation of the 2018 Ohio nursing Home and Residential Care Facility Family Satisfaction Surveys" report (March 2019) ,  
<https://miamioh.edu/cas/academics/centers/scripps/research/publications/2019/05/implementation-of-the-2018-ohio-nursing-home-and-residential-care-facility-family-satisfaction-surveys.html>

University’s Scripps Gerontology Center to conduct the family satisfaction surveys and Vital Research conducts the resident satisfaction surveys.

Table 5 lists the participation and response rates for the 2017 and 2018 surveys. The resident survey’s higher participation rates are due to the interviews of residents being conducted at the facility, while the family surveys are conducted by mail.

TABLE 5

Ohio RCF Resident & Family Satisfaction Surveys		
	2017 Resident Survey <sup>1</sup>	2018 Family Survey <sup>2</sup>
Number of facilities	691	722
Number/Percent of participating facilities	687 99.4%	693 96.0%
Number of completed interviews	12,658	13,856
Average resident/family participation/response rate in participating facilities	74%	51%
<sup>1</sup> Source: Vital Research's "2017 Ohio Long-Term Care Resident Satisfaction Survey - Survey Findings Report"		
<sup>2</sup> Source: Miami University's Scripps Gerontology Center's "Implementation of the 2018 Ohio Nursing Home and Residential Care Family Satisfaction Surveys" (March 2019)		

The resident and family survey overall scores are reported in the ODA RCF consumer guide directory. The directory also includes a “quality measures” section on each RCF facility’s page. These measures include: Resident Satisfaction Survey overall score; most recent annual survey date; number of citations; substandard quality of care (No/Yes); and immediate jeopardy (No/Yes).

While the resident and family surveys are not part of a formal ODA quality improvement initiative, participating nursing homes RCFs receive a report that lists the survey questions and how each facility compares with the state average. The family survey report includes a “priority index” score and “target domains” that a facility can use to help them improve their overall scores.

The consumer guide is available at <https://ltc.age.ohio.gov/AssistedLiving> .

## Quality Metrics System - Purpose

The ALF State Survey sought information on the purpose of the states “quality metrics systems” because the purpose sets the parameters for the types of measures likely to be prioritized for collection. Table 6 lists the survey responses to this question across seven domains:

**TABLE 6**

<b>Quality Metrics System Purpose</b>			
	<b>Wisconsin WCEAL Program</b>	<b>New Jersey AS Program</b>	<b>Oregon RCQM Program</b>
Help consumers, family member or advocates select an Assisted Living Facility	Yes (ALF directory notes WCEAL participation. No measure are made public)	Yes (ALF directory notes AS facility. No measure are made public)	Yes (Public ALF specific reports)
Used by the State to determine if the Assisted Living Facility meets licensing requirements	No (WCEAL participants in "good standing" have an abbreviated on extended survey cycle)	No (AS facilities subject to HCANJ compliance visit and are not subject to routine survey)	No
Used by the State to determine if the Assisted Living Facility meets contract requirements	No	No	No
Used by the State to determine rates for Medicaid residents	No	No	No
Used by state to improve quality of Assisted Living Facilities	Yes (State WCEAL collaborative participant)	Yes (State AS collaborative participant)	Yes (Annual statewide and facility specific reports)
Used by Assisted Living Facility Association and Facility to improve resident satisfaction and service outcomes	Yes (Association WCEAL collaborative participant)	Yes (NJHCA Foundation administers the AS program)	No
Used by Assisted Living Facilities for marketing	Yes (ALF directory notes WCEAL participation. No measure are made public)	Yes (ALF directory notes AS facility. No measure are made public)	No

The three states said the primary purpose of their initiatives was quality improvement. The programs view their quality metrics system program as a collaborative initiative between the state agency and their state’s ALF facility associations. The collaboratives also involve their state’s ombuds programs. The Wisconsin WCEAL and New Jersey HCANJF Advanced Standing programs are internal quality improvement initiatives in that their measures are not made available on a facility-level basis. In contrast, state law requires that the Oregon RCQM program’s measure be available at the facility level.

The states also said their quality metrics systems initiatives were intended to assist consumers in their selection of a facility. To that end, Wisconsin WCEAL and New Jersey HCANJF Advanced Standing programs denoted initiative participation with their association and state agency directories. Oregon’s RCQM program will make available measures and data from their system to inform consumers.

While none of the states reported using the quality metrics system for licensing or contracting, the HCANJF's Advanced Standing program delegates a portion of licensing to the HCANJF. Participating facilities are subject to an annual Foundation staff compliance visit. The compliance visit results, application, and affidavit are sent to DOH for review and determination that the facility is eligible for Advanced Standing. If approved, DOH will not schedule a routine survey of the facility for a 12-month period following approval. In addition, DOH will conduct random surveys of 10 percent of the Advanced Standing facilities.

A WCCEAL facility in good standing is subject to a different survey cycle than non-WCCEAL providers. WCCEAL facilities in good standing may be subject to an abbreviated survey cycle by DHS. However the survey cycle depends on agency workload constraints. WCCEAL members in good standing are still subject to complaint investigations as any ALF.

WCCEAL and HCANJF staff view their quality metrics systems as having marketing potential, with facilities able to publicly advertise that they are a program participant. The New Jersey and Wisconsin ALF associations also advertise their members participate in their state's quality improvement programs.

### Quality Metrics System - Measures

The three states quality improvement initiatives use a combination of measurement types (see Table 7). Exhibits 2 through 5 provide a detailed lists of each state's measures and explanations on how the measures are calculated.

Thirty-six (43 percent) of the three states' measures are "structural." They describe the ALF's facility and staff, the attributes of their quality improvement initiatives and resident safety activities. Forty-five of the measures are "outcome" measures. They focus on resident experiences including experiences in the facility and health outcomes such as falls, medication usage and hospitalizations. The HCANJF Advanced Standing initiative has two performance measures that have specified outcomes.

**TABLE 7**

Quality Metric Measurement Types			
Measurement Types	Wisconsin WCCEAL Program	New Jersey HCANJF AS Program	Oregon RCQM Program
<b>Structural Measures</b> (Describes the ALF's systems and processes. Examples: ALF's number of direct care/support staff or fall prevention programs)	36 Measures	3 Measures	2 Measures
<b>Outcome Measures</b> (Indicates ALF resident experience of changes. This includes resident satisfaction surveys. Examples: Staff treats me with respect, resident fall rates)	45 Measures (28 are Resident Survey)	10 Measures (9 are Resident Survey)	6 Measures (4 are Resident Survey)
<b>Performance Measures</b> (Impact of a ALF service or intervention on the status of residents. The measure supports an "attribute of causality". Examples: Decrease re-hospitalizations rates to 20%.)		2 Measures	
<b>Structural, Outcome &amp; Performance Measures - Reporting Cycle</b>	Quarterly	Monthly	Annually
<b>Resident Satisfaction Survey - Reporting Cycle</b>	Annually	Annually	Annually
<b>Measures publicly available</b>	No	No	Yes (Individual Facility and Annual Report)



Using the WCCEAL quality improvement measure domain scheme, Table 8 describes the domains for the 63 quality measures. ALF staffing and medication error domain measures are used by all three states. Two of the states (Wisconsin and Oregon) have counts on the number of direct care staff and two (New Jersey and Oregon) have measures on off-label antipsychotic drug usage. Three of the measure domains are used by at least two the states. Wisconsin and Oregon include fall rates during specified report periods, and Wisconsin and New Jersey have measures of hospital readmissions within 30 days.

**TABLE 8**

<b>Quality Metrics Measures - Domains</b> (Excludes Satisfaction Survey Measures)				
<b>Domain <sup>1</sup></b>	<b>Wisconsin WCCEAL Program</b>	<b>New Jersey HCANJF AS Program</b>	<b>Oregon RCQM Program</b>	<b>Total</b>
ALF Facility Profile	7			7
ALF Staffing	4	1	2	7
ALF Quality Improvement Activities/Functions	5	2		7
Fall Prevention	9		1	10
Medication Errors	10	1	1	12
Infections	5			5
Resident Behavior	7			7
Resident Hospitalizations	2	2		4
Resident Weight Changes (Optional)	4			4
Total Number of Variables	53	6	4	63

<sup>1</sup> **NOTE:** The measurement domain categories are those developed by the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) for their "Quality Improvement Variables".

### Quality Metrics System – Resident Satisfaction Survey

Wisconsin, New Jersey, Oregon, and Ohio measure resident experiences through the use of satisfaction surveys (see Exhibits 6-9 for survey instruments). Wisconsin’s survey is administered annually by the University of Wisconsin-Madison School of Medicine. The HCANJF Advanced Standing program requires that each facility’s resident survey includes seven specified questions or the facility may use the CoreQ Measures, including at least four prescribe resident satisfaction measures. Oregon’s RCQMP will require facilities to contract with CoreQ qualified consultants to conduct their annual survey. DHS will be responsible for generating the survey results for each facility and statewide comparisons. Ohio Department of Aging contracts with Vital Research to conduct their resident satisfaction survey and the Miami University’s Scripps Gerontology Center for the nursing home and residential care facility family satisfaction survey.

Wisconsin and Ohio have state-specific survey questions. New Jersey and Oregon use the CoreQ Assisted Living Resident Satisfaction questions. All four states’ survey instruments include a question asking if the resident would recommend the facility to a friend or family member. The surveys also have questions regarding the quality of the facility’s meals and staff, and three have one or more questions on care.

The WCCEAL and HCANJF Advanced Standing resident satisfaction survey measures are not publicly available on an individual ALF facility basis. Ohio publishes a “Resident Satisfaction Survey Overall Score” and “Family Satisfaction Survey Overall” for each facility on their RCF consumer directory guide.

**TABLE 9**

State ALF Resident Satisfaction Survey					
	Wisconsin WCCEAL Program	New Jersey HCANJF AS Program	Oregon RCQM Program	Ohio	
				RCF Resident Satisfaction Survey	RCF Family Satisfaction Survey
Resident Survey Instrument	Standardized questionnaire with 28 questions across 7 domains (Staff, Rights, Environment, Activities, Meals & Dining, Health Management, and Overall)	Non-standardized questionnaire. However the instrument must include seven specified questions ranked on a five-point scale, or CoreQ four measures.	The survey must include the four CoreQ - Assisted Living Resident & Family Member question. The ALF may also include other questions.	Standardized questionnaire with 46 questions across 7 domains (Moving In, Spending Time, Care & Services, Caregivers, Meals & Dining, Room or Apartment Environment, and Facility Culture)  (NOTE: The Resident and Family surveys have 22 similar questions.)	Standardized questionnaire with 33 questions across 7 domains (Moving In, Spending Time, Care & Services, Caregivers, Meals & Dining, Room or Apartment Environment, and Facility Culture)  (NOTE: The Resident and Family surveys have 22 similar questions.)
Sample Size Requirements	WCCEAL ALFs must have a 25% response rate	No	Minimum of 20 valid responses with at least 30% valid response.	Specified sample size based on +/-10% margin of error for each RCF size	Specified sample size based on +/-10% margin of error for each RCF size
Survey Cycle	Annual	Annual	Annual	Bi-Annual (odd-number years)	Bi-Annual (even-number years)
Survey Administration & Reporting	University of Wisconsin-Madison's Department of Medicine	Individual ALF	Each ALF must contract with a third-party consultant with CoreQ capacity to conduct the survey.	Vital Research	Miami University Scripps Gerontology Center
Public Reporting	No ALF can compare results with total WCCEAL ALFs	No	Yes Department of Human Services will make available	Yes Available on Department of Aging's ALF Directory	Yes Available on Department of Aging's ALF Directory

Ohio is the first of these states to design and implement both a resident and family satisfaction survey. The ODA felt that consumer expectations had changed and a new emphasis on both person-centered care practices and the role that families were now playing in the care management of family members in nursing homes and RCFs was needed.<sup>10</sup> The survey of family members was developed in 2015 and the resident survey was redesigned at that time. The resident survey instrument has 46 questions across seven domains and the family survey instrument has 33 questions across seven domains. The two survey instruments have 22 similar questions. The family survey also included 24 resident/respondent demographic and care support questions.

### Quality Metrics System - Risk Adjustment

As described in the 2019 ALF Report to the Legislature, ALFs vary in size and ownership from family-operated seven bed facilities to 150-bed facilities operated by national corporations. ALFs are not nursing facilities or independent living facilities. It can be argued that they serve the widest range of intensity of service needs among their residents. Some ALFs specialize while others serve a mix of populations. These include:

- Adults requiring only a low level of oversight and care, like special dietary needs, assistance with appointments and occasional monitoring;
- Adults requiring a higher level of care, like the need for intermittent nursing services and/or medication administration;
- Adults with Alzheimer’s or other dementias;

<sup>10</sup> Straker, et.al, “Implementation of the 2018 Ohio nursing Home and Residential Care Facility Family Satisfaction Surveys” report (March 2019), page 9.

- Individuals with developmental and intellectual disabilities;
- Adults with behavioral health needs including mental illness and substance use disorders;
- Traumatic Brain Injury (TBI) survivors; and
- Hospice recipients.

In comparing ALFs quality measures or resident experiences, it essential to be able to account for these resident differences in order to equitably compare facilities. For example, the expected incidence of fall rates would be different for an ALF with adults requiring a low level of oversight versus a facility that specializes in serving adults with Alzheimer’s who are frail and require a higher level of care. Risk adjustment models employ a set of patient/resident attributes (e.g., admitting diagnosis, activities of daily living (ADL) scores, cognitive scores) to compute a numeric score that is used to adjust the facility’s actual performance against its expected performance. This adjustment allows for more accurate comparisons across ALFs.

In health care, risk-adjustment mechanisms take into account the underlying health status of the enrollees in an insurance plan when looking at their health care outcomes or health care costs. Example of risk-adjustment models are the CMC-HCC Model used by the Department of Health and Human Services’ (HHS) Centers for Medicare and Medicaid Services (CMS) for Medicare Advantage (Medicare’s Part C health plan coverage) and the HHS-HCC Risk Adjustment Model used in the Affordable Care Act’s (ACA) individual and small group markets.

Risk adjustment models are also used for nursing home analysis and reimbursement. The CMS Nursing Home Compare website uses a risk-adjustment model for its Quality Measures Domain. A form of risk-adjustment is used by Medicare and state Medicaid program payments that are adjusted for acuity through the use of Resource Utilization Groups (RUGs).

Based on available information, we are not aware of risk-adjustment models for ALFs. The American Health Care Association’s (AHCA) “LTC Trend Tracker” provides quality measures (hospital readmissions and discharges to the community) to member nursing homes and ALFs. The measures for nursing homes are risk-adjusted (actual rates / expected rates). There is no risk adjust for ALFs.<sup>11</sup>

Wisconsin, New Jersey and Oregon do not risk-adjust their process measures (see Table 10). However, the Wisconsin WCCEAL quality comparison reports allow a facility or their association to create reports that filter by facility attributes to help achieve comparable groups. Among its filters are primary and secondary resident population types, which includes 11 categories (Advanced Age; Developmental Disabled; Alcohol/Drug Dependent; Physical Disability; Terminally Ill; Irreversible Dementia/Alzheimer’s; Correctional Clients; Emotionally Disturbed/Mental Illness; Veterans Administration; Traumatic Brain Injury; and Pregnant Women/Counseling).

New Jersey facilities may report their hospital readmission rates and antipsychotic drug usage in the AHC/NCAL LTC Trend Tracker which allows them to compare their facility across five criteria – (1) Geography (Nation, State, County, City, zip code, Congressional district, CMS region, CBSA/MSA); (2) Location (Urban, Rural); (3) Ownership Type (Free standing, associated with a hospital, part of a multi-center org, independent owner, not-for-profit, government); (4) Center Type: Continuing Care Retirement Community (CCRC), State Veterans Home; and, (5) Number of Beds.

**TABLE 10**

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<sup>11</sup> Information on LTC Trend Tracker is from interview with Lindsay Schwartz, Associate Vice President, Workforce & Quality Improvement, American Health Care Association/National Center for Assisted Living.

Quality Metric Measurement - Risk Adjustment			
Measurement Types	Wisconsin WCCEAL Program	New Jersey HCANJF AS Program	Oregon RCQM Program
<b>Risk Adjustment Measures</b>	No	No	No
<b>Comparison Group Filters</b> (Report filters to compare facilities with similar attributes)	Yes 1. Residential (ALC) Type 2. Licensed Beds 3. Reported Occupancy 4. Public Payer 5. Primary Population 6. Secondary Population	Yes (LTC Trend Tracker) 1. Geographic Location 2. Location (R/U) 3. Ownership Type 4. Center Type 5. Licensed Beds	No

### Quality Metrics System – Measurement Auditing

The measurement of outcomes has become widely used in health care to assess effectiveness and as a requirement of Medicare, state Medicaid programs, and private payers in contracting with health plans. HEDIS (Healthcare Effectiveness Data and Information Set) is one of the most widely used performance improvement tools and the standard for measuring health plans’ performance.<sup>12</sup> Data accuracy and reporting is critical for benchmarking performance and measuring change. HEDIS has developed a “compliance audit” to help ensure accurate and reliable data. Over time, the auditing of health plans’ HEDIS measures by National Community for Quality Assurance (NCQA) licensed organizations and certified individuals has become a requirement for public programs and private payers.

As part of the ALF survey, WCCEAL, HCANJF and Oregon DHS were asked if they required participating ALFs to have their measures audited by an outside entity. They do not; at this time they rely on self-reporting and training.

### Quality Metric System - Provider Burden

Both the Oregon and Washington legislatures expressed concern that their quality metrics systems not be overly burdensome to ALFs. Oregon’s EHB 3359 requires that the Quality Measurement Council:

*“... In developing quality metrics the council shall consider ... whether reporting the data is unnecessarily burdensome on residential care facilities.”* (EHB 3359, SECTION 16(3)(b))

Washington’s RCW 18.20.510(5) stipulates that:

*“... In addressing data metrics the work group shall consider ... whether reporting the data is unnecessarily burden upon assisted living facilities.”*

<sup>12</sup> HEDIS includes more than 90 measures across 6 domains of care: Effectiveness Care; Access/Availability of Care; Experience of Care; Utilization and Risk Adjustment Utilization; Health Plan Description Information; and, Measures Collected Using Electronic Clinic Data Systems.

Wisconsin, New Jersey and Oregon rely on a combination of association participation, online data entry, and external data collection entities to address facility reporting burden.

The three states have ALF association membership on their advisory entities (WCCEAL Advisory Group, HCANJF's Peer Review Panel, and RCQMP's Quality Measurement Council). Among their other functions, the associations provide feedback and guidance from members to ensure the burden on participating ALFs is "reasonable."

WCCEAL and RCQMP developed or are developing data entry systems that allow ALFs to enter their quality improvement measures online. HCANJF allows their participating members to submit analytic measures through either the American Health Care/National Center for Assisted Living (AHC/NCAL) Long Term Care (LTC) Trend Tracker or Health Research & Education Trust of New Jersey's (HRET) Garden State Patient Safety Center. The intent of these on-line reporting systems is to reduce data entry requirements. The collaborative also provides education and staff support to their participating facilities.

The UW-M Department of Medicine collects WCCEAL facility quality improvement measurement data and generates a variety of reports that individual facilities, their associations, and the state can use to compare facilities and industry trends. It should be noted that quality improvement measures are available on a restricted website to the participating ALFs, University of Wisconsin staff, DHS staff, and the four participating associations. Individual facility data is only available to that facility and their association. Associations can only compare their members to another identifiable WCCEAL facility in their association, but not a facility in another association.

The RCQMP is in the process of developing their online data entry system. The DHS Office of Safety, Oversight and Quality, Community-Based Care Team (CBC) will be responsible for compiling the measurement data and publish an annual report describing statewide patterns and trends. This report will be available online to be used by facilities and the general public to evaluate and compare facilities.

The three state initiatives require their participating facilities obtain an annual resident satisfaction survey of their residents (see Table 8). The UW-M DM is responsible for conducting the surveys with participating WCCEAL facilities. They also are responsible for generating annual aggregate survey findings and make available facility-specific reports to members. Oregon's RCQMP will require facilities to contract with CoreQ qualified consultants to conduct their annual survey. However, DHS will be responsible for generating the survey results for each facility and statewide comparisons.

The quality improvement initiatives have made a good faith effort to reduce the burden on participating facilities. However, it should be noted the WCCEAL, which has done an exemplary job in minimizing facility burden, has a low participation rate (19%). Although at a higher rate, the HCANJF Advanced Standing program's participation rate is below 50%. While mandatory, Oregon's RCQMP cannot fine facilities that do not submit data.

### Quality Metrics System - Outcomes

The three state initiatives are preliminary quality improvement initiatives. They are intended to help ALFs and their association improve through process and outcome measures that allow a facility to compare themselves over time and with other facilities. Oregon has gone a step further in requiring an issuance of a public report that is to describe statewide and regional patterns and trends from the measures and other compliance data (e.g., number, severity, and scope of regulatory violations and

abuse investigations) maintained by the department. While WCCEAL has not issued public reports to date, they are discussing what aggregate data may be posted on the public WCCEAL website.

The absence to date of public reporting makes it difficult to assess whether Wisconsin's WCCEAL and New Jersey's Advanced Standing initiatives have achieved improvement in their ALFs. We have been informally told that Wisconsin's Division of Medicaid Services may be funding a 2-year study of the "WCCEAL Effect." It should be noted that given their respective participation rates, it may be difficult to make statewide inferences.

### Quality Metric System - Financing

The three state quality improvement initiatives have required funding to implement and maintain the initiatives. Each state has employed a different funding approach based on which state entity was the lead in designing and implementing the programs.

In May 2011, WCCEAL's UW-M DM was awarded \$200,000 UW Institute for Clinical and Translational Research (ICTR) Community Collaboration Grant to develop and pilot-test WCCEAL. The UW-M DM was later awarded \$150,000 to investigate falls prevention programs among WCCEAL members. In October 2015, DHS and UW-M-DM were awarded a five year \$1,000,000 Wisconsin Partnership Program Community Impact Grant to scale-up the statewide impact of WCCEAL.

In addition to the grant funding, the Wisconsin Department of Health Services (DHS) provides funding support for the initial and ongoing infrastructure development. Activities include but are not limited to ongoing support for the monthly WCCEAL collaborative meetings; creation and ongoing maintenance of the WCCEAL website; and development, testing, and implementation of the reporting infrastructure for the resident satisfaction and quality improvement measures as well as benchmark reports. The Wisconsin Division of Medicaid Services provides funding to UW-M DM for the operations of the website, reports, survey processing, maintenance and help desk. The division also provides staff support for WCCEAL.

As described above, the HCANJF Advanced Standing Program is an association-initiated quality improvement initiative. The program is financed through a "Program Fee." HCANJ members pay a \$3,000 per year fee and non-members pay a \$3,700 fee. If the HCANJ Foundation consultants are required to make follow-up visits for compliance, members could be charged \$150/hour and non-members \$200/hour. Depending on which data reporting service they use, a participating New Jersey ALF will pay a "Patient Safety Organization (PSO) Fee" to the Garden State Patient Safety Center or a "LTC TT" fee to the American Health Care/National Center for Assisted Living (AHCA/NCAL) Long Term Care Trend Tracker. The LTC TT fee is free to members and is \$21/licensed beds for non-members, not to exceed \$2,940.

As a legislatively authorized program, Oregon's RCQMP has been funded by the state from a \$1.275 million biennial authorization for the implementation of all EHB 3359 provisions. At the time of their interview, staff estimated that 1 FTE would be assigned for the RCQMP implementation. To date, the DHS has used existing staff in the design process.

Ohio's legislature authorized and funds the Department of Aging for the Long-Term Care Consumer Guide. The Department also charges an annual fee to ALFs and nursing homes to for the consumer guide and annual surveys. The annual fee for nursing homes is currently \$650. The fee is \$350 for ALFs.

## ALF Star Rating Program

North Carolina's Department of Health and Human Services (DHHS) Division of Health Service Regulation's (DHSR) ALF star program is patterned after the federal Centers for Medicare and Medicaid Services (CMS) skilled nursing facility (SNF) Five-Star Quality Rating System. The CMS system, located on Nursing Home Compare Web site, has a quality star rating for each nursing home. Nursing homes with five stars are considered to have much above average quality and nursing homes with one star are considered to have quality much below average.

The SNF Star Rating has an overall five-star rating for each nursing home, and a separate rating for each of the following three domains of information:

- Health Inspections – The health inspection rating contains the 3 most recent health inspections and investigations due to complaints. The most recent survey findings are weighted more than the prior year.
- Staffing – The staffing rating is based on the number of hours of care provided on average to each resident each day by nursing staff. This rating considers differences in the levels of residents' care need in each nursing home.
- Quality Measures (QMs) – The quality measure rating has information on 17 different physical and clinical measures for nursing home residents. The QMs offer information about how well nursing homes are caring for their residents' physical and clinical needs.

Like the DHHS SNF rating, North Carolina ALF Star Rating Program reports a set of stars rating for each facility on its ALF directory. Unlike the SNF rating, the ALF rating is based only on annual licensing inspections. Each facility receives a score and Star Rating based on compliance with surveyed regulations.

The Star Ratings are based on the results of:

1. DHSR annual inspections
2. DHSR follow-up inspections
3. DHSR Construction inspections (Type A and Type B violations cited)
4. Recommendations of Type A and uncorrected Type B violations from the County Department of Social Services (DSS), which have been reviewed and concurred by DHSR

The rating score that determines Star Rating is calculated at each facility's annual inspection. A facility starts with a base score of 100 points. Based on the facility's compliance or non-compliance with rule areas during inspections, the facility earns merit or demerit points which are added or subtracted from the 100 base points respectively (see Exhibit 9 for copy of the worksheet and Star Rating calculation). The merits and demerits are based on compliance with 22 licensing requirements and citation violations.

After each annual inspection, a rating certificate (showing a numeric score and number of stars earned) and the worksheet used to calculate the rating score will be sent to the facility within 45 days of the survey report (called a "Statement of Deficiencies") being mailed. A new certificate and worksheet will be generated after each annual inspection, after subsequent inspections, and each time the rating score changes for administrative licensure actions.

Facilities are required to post the most recent certificate and worksheet in the facility in a location visible to the public. The facility's score and Stars (one through four stars) is reported on the state's ALF directory. Multi-year star ratings for a facility are included in their directory listing.

### State ALF Directories

The ALF QM Work Group's goal for the EHB 2750 project is to develop recommendations to the Legislature on a quality metric system to "inform consumers." A key component of informing consumers is providing information to them, family members, advocates and/or members of the public to aid in the selection of an ALF. An initial step in that process is to publish readily available information about ALFs, questions to be asked of ALFs, and an ALF directory.

To support this effort, the state ALF survey obtained information from the Wisconsin, New Jersey, Oregon, North Carolina and Ohio ALF directories. This information is summarized in Table 11. The five states have online directories that are intended to identify ALFs in given geographic locations as well as statewide. The public can also obtain PDF or Excel copies of the directories.

The directories have search criteria including provider type, name of facility, and geographic locations. Wisconsin and Oregon's directories also allows for searches by distance. Wisconsin, New Jersey, and Ohio's directories include the ability to search for an ALF based on the specialized client populations or services they can provide. Wisconsin and Oregon include information on whether the facilities accept Medicaid as well as private pay.

The state directories include readily available information from facilities licensing surveys, including survey violations. They also include information on facility complaints. The directories allow for more detailed drill down into survey violations and complaints. The Wisconsin directory also includes information on a facility's plan of correction.

It is recommended that the ALF QM Work Group review these directories for opportunities to enhance and improve DSHS's current ALF locator to provide additional information for assisting in selecting a facility.

### ALF Disclosure of Services

DSHS's Aging and Long-Term Support Administration requires ALFs and adult family homes (AFH) to submit and update a Disclosure of Services document. At this time the ALF service disclosure form is not available on its public directory. However, facilities are required to make the form available to applicants and residents upon request.

In order to provide the ALF QM Work Group with information that may help inform consumers, information was obtained from Wisconsin, New Jersey, Oregon, and Ohio. While North Carolina requires service disclosure information to be specified in their resident contracts, they do not use a standardized form.

The four states and Washington's disclosure information is summarized in Table 12. Exhibits 11 – 14 contain copies of the state disclosure forms. Of note, Oregon's disclosure form requires facilities to indicate if services are included in the base rate or at an extra cost. Housekeeping and laundry services also list how often these services are available.



At this time, none of the other states have their service disclosure information integrated into their on-line ALF directories. As with Washington, the other states require the disclosure information to be made available to applicants and residents.

The ALF QM Work Group may want to review Washington, New Jersey, Oregon, and Ohio's disclosure of service forms to assess whether information on the forms should be included in an enhanced ALF directory. Service information on the forms could be included in the directory selection criteria similar to Wisconsin's directory (see Table 11).

**TABLE 11**

Assisted Living Facility Directories					
	Wisconsin Department of Health Services Division of Quality Assurance Facility Directory	New Jersey Department of Health Long-Term Care Facilities Directory	Oregon Department of Human Services Aging & People With Disabilities LTC Directory	North Carolina Department of Health & Human Services Division of Health Services Regulations Facility Inspections, Ratings & Penalties Directory	Ohio Department of Aging Assisted Living (RCF) Directory
<b>Publicly Available</b>	- On-line Directory - Residential Facility Directory (PDF) - Residential Facility Directory (Excel)	- On-line Directory - Long-term facilities (Excel)	- On-line Directory - Residential Facility Directory (PDF) - Residential Facility Directory (Excel)	- On-line Directory - Residential Facility Directory (PDF)	- On-line Directory - Residential Facility Directory (PDF)
<b>Website</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/subsystem/public/DQAProviderSearch.aspx">https://www.forwardhealth.wi.gov/WIPortal/subsystem/public/DQAProviderSearch.aspx</a>	<a href="https://healthapps.state.nj.us/facilities/Search.aspx">https://healthapps.state.nj.us/facilities/Search.aspx</a>	<a href="https://ltclicensing.oregon.gov/Facilities">https://ltclicensing.oregon.gov/Facilities</a>	<a href="https://info.ncdhs.gov/dhsr/acis/star/search.asp#search">https://info.ncdhs.gov/dhsr/acis/star/search.asp#search</a>	<a href="https://ltc.ago.ohio.gov/AssistedLiving">https://ltc.ago.ohio.gov/AssistedLiving</a>
<b>Search Criteria</b>	- Provider Type - Provider Name - Location (City/County/Zip Code) - Distance - Client Groups Served - Advanced Age - Alcohol/Drug Dependent - Developmental Disabled - Emotionally Distributed/Mental Illness - Irreversible Dementia/Alzheimer's - Physically Disabled - Pregnant Women/Counseling - Public Funding - Terminally Ill - Traumatic Brain Injury - Veterans	- Provider Type - Provider Name - Location (City/County) - Funding Source (Medicare/Medicaid/Private Pay) - Specialized Care - Behavioral Management Program - Hemodialysis - Peritoneal Dialysis - Ventrilo Beds - LTC/Hospital Subacute - LTS Pediatric	- Facility Type - Location (City/Zip Code) - Distance - Facility Name - Funding Source (Medicare, Medicaid, Private Pay) - Open Facilities	- County - City - Facility Name	- Facility Type - Location (City/County) - 15 miles from Zip Code - Provider Name - Services - Dialysis - Alzheimer/Dementia Care - Hospice Care - Short-Term Stays for Respite - Formalized Wellness Programs - Special Diets - Total Incontinence Care - 24-Hour Licensed Nursing Care - Medication Administration - Assistance with Self-Administration of Medications - Transportation - Advanced Skin Care - Transfer Assistance - Rehabilitation Therapy
<b>Provider Contract Information</b>	- Facility Name - Facility Address - Google Map - Contact Person - Contract Telephone Number	- Licensed Name - Address - Phone Number - Facility Types	- Facility Name - Facility Address - Administer Name - Phone Number - Email Address	- Facility Name - License - Address - Website	- Facility Names - Facility Address - Contact - Phone Number - Facility Fax Number - Facility Email - Facility Website
<b>Additional Provider Information</b>	- Licensure Status - Licensure Date - Corporate Name - Corporate Address - Resident Gender Type - Capacity (Number of Beds) - Client Groups Served - Advanced Age - Alcohol/Drug Dependent - Developmental Disabled - Emotionally Distributed/Mental Illness - Irreversible Dementia/Alzheimer's - Physically Disabled - Pregnant Women/Counseling - Public Funding - Terminally Ill - Traumatic Brain Injury - Veterans	- License Number & Expiration Date - Administrator - Owner - Owner Officers - Beds	- Total Licensed Beds - Ownership Date	- Stars - Star Score - License - Capacity (Number of Beds)	- Facility Survey Coordinator - Resident Survey Coordinator - Policies - Pets - Smoking - Alcohol - Honor Do Not Resuscitate - Have Family Council - Payment Information - Private pay rate per day - Payment Method - Specialized Services - Alzheimer/Dementia Care - Hospice Care - Special Diets - Rehabilitative Therapy - Short-Term Stays for Respite Care - Advanced Skin Care - Medication Administration - Assistance with Self-Administration of Medication - 24-Hour Licensed Nursing - Transfer Assistance - Transportation - Formalized Wellness Programs - Total Incontinence Care - Services to Non-Residents provided in affiliation with the facility - Quality Measures - Resident Satisfaction Survey - Overall Score - Number of Citations - Substandard Quality of Care (Y/N) - Immediate Jeopardy (Y/N)
<b>Survey &amp; Compliant History</b>	- Survey/Complaint Information - Enforcement History (Sanctions) - Statement of Deficiency - Plan of Correction	- Routine Inspection Summary - Complaint Inspection Summary - Enforcement Action	- Inspection Reports - Violation Reports - Notices (Regulatory Actions)	- Inspection reports (view of Star Score worksheet) - Complaints (available by telephone, fax or mail)	- Number of Citations - Substandard Quality of Care (Y/N) - Immediate Jeopardy (Y/N)

**TABLE 12**

State ALF Service Disclosure Form Information					
	Washington Disclosure of Services (RCW 18.20.300)	Wisconsin Online License & Certification	New Jersey HCANJ Assisted Living Community Disclosure Statement	Oregon Uniform Disclosure Statement Assisted Living/Residential Care Facility	Ohio Long-Term Care Consumer Guide
Publicly Available	Facility required to provide applicants and residents	No	Facility required to provide applicants and residents	Facility required to provide applicants and residents	No
Facility Information	No	No	- Facility Name - Facility Address & Telephone - Number of Licensed beds - Ownership Name - Ownership Address & Telephone - Name of Administrator	- Type of facility - Facility Name - Facility Address & Telephone - Number of Apts/Units - Name of Administrator - Date Administrator hired - Ownership Names - Ownership Address & Telephone	-Facility Name - Facility Address & Telephone Number - Facility Fax Number - Facility Contact's Email Address - Facility Website Address - License ID Number - Number of Resident Units - Number of Approved Waiver Units
Financial Information	Requirement to inform each individual in writing of monthly rent and additional service charges	- Minimum & Maximum Monthly Rates	- Application fees - Security deposit - Prepayment amount - Community fee	- Application fees - Security/Damage deposit - Cleaning fees -Pet deposit - Keys	- Based Rate for Private Pay
Admission Process	No	No	- Following are part of admission process: - Application - Community Tour - Family Interview - Medical records assessment - Nursing assessment - Credit check - Background investigation - Residency/Admissions agreement - Doctor's orders - History and physical - Nursing assessment - Trail period for new residents	- Does facility require personal financial information	No
Discharge Process	No	No	- Voluntary Move-out policy - Involuntary Discharge policy	- Discharge transfer policy statement	No
Bed Hold Services	- Medicaid resident policy - Private pay resident policy	No	No	No	No
Medicaid Information	- Does not accept Medicaid as source of payment - Accepts Medicaid payments for residents under specified Medicaid contracts	No	No	- Does facility accept Medicaid payments for new residents - Does the facility accept spend-down and remain in facility as Medicaid resident	No
Staff Coverage	No	No	No	- Number of on-site Registered Nurse hours per week - Shift hour schedule of direct care staff, medication aids, universal workers, activity work and other workers - Description of staff training for new caregiver staff - Hours of staff training before staff provide services without supervision - Description of continuing education provided to caregiver staff	OPTIONAL - Weekdays - Nurses (Day/Evening/Night) - Direct Care Staff (D/E/N) - Other Staff (D/E/N) - Weekends - Nurses (Day/Evening/Night) - Direct Care Staff (D/E/N) - Other Staff (D/E/N)
Fire Protect Services	- Fire sprinklers throughout facility - Fire sprinklers in designed areas - No fire sprinklers - Other fire protection features	No	No	No	No

**TABLE 12 - Continued**

State ALF Service Disclosure Form Information					
	Washington Disclosure of Services (RCW 18.20.300)	Wisconsin Online License & Certification	New Jersey HCANJ Assisted Living Community Disclosure Statement	Oregon Uniform Disclosure Statement Assisted Living/Residential Care Facility	Ohio Long-Term Care Consumer Guide
Security Services	<ul style="list-style-type: none"> <li>- Restricted use of exit doors for persons with dementia</li> <li>- Restricted use of exit doors throughout building</li> <li>- Outside areas available with restricted egress</li> <li>- Other protective features</li> </ul>	No	No	No	No
Resident/Family Council	No	No	<ul style="list-style-type: none"> <li>- Resident Council</li> <li>- Family Council</li> </ul>	No	No
Scope of Licensed Services	<ul style="list-style-type: none"> <li>- Assisted living services for all resident rooms</li> <li>- Does not have assisted living for all residents (specify)</li> </ul>	No	No	No	No
Services/Care	<ul style="list-style-type: none"> <li>- Activities</li> <li>- Food and Diets</li> <li>- Arranging Health Care Appointments</li> <li>- Coordinating Health Care Services</li> <li>- Laundry</li> <li>- Housekeeping</li> </ul>	No	<ul style="list-style-type: none"> <li>- Linen charge</li> <li>- Personal laundry</li> <li>- Housekeeping</li> <li>- Reaction activities</li> <li>- Barber/beauty shop</li> <li>- Special diets</li> <li>- Personal care supplies</li> <li>- Use of wheelchair/walker</li> </ul>	<ul style="list-style-type: none"> <li>- Dietary/Food Services</li> <li>- Meals (3/day)</li> <li>- Snacks/beverages between Meals</li> <li>- Special diets</li> <li>- Vegetarian diets</li> <li>- Housekeeping</li> <li>- Make bed</li> <li>- Change sheets</li> <li>- Clean floors/vacuum</li> <li>- Dust</li> <li>- Clean bathroom</li> <li>- Shampoo carpets</li> <li>- Washing windows/coverings</li> <li>- Laundry</li> <li>- Personal laundry</li> <li>- Launder sheets and towels</li> <li>- Structured activities</li> <li>- Barber/beauty services</li> <li>- Sheets/towels</li> <li>- Apartment/Unit furniture</li> <li>- Personal telephone</li> <li>- Cable TV</li> <li>- Internet access</li> <li>- Meals delivered to residents' room</li> </ul>	<ul style="list-style-type: none"> <li>- Special Diets</li> <li>- Rehabilitative Therapy</li> <li>- Short-Term Stays for Respite Care</li> <li>- Transfer Assistance</li> <li>- Total Incontinence Care</li> </ul>
Assistance with Daily Tasks	<ul style="list-style-type: none"> <li>- Bathing</li> <li>- Toileting</li> <li>- Transferring</li> <li>- Personal Hygiene</li> <li>- Eating</li> <li>- Dressing</li> <li>- Mobility</li> <li>- Hearing aid assistance</li> </ul>	No	<ul style="list-style-type: none"> <li>- Assurances with transferring</li> <li>- Bathing</li> <li>- Incontinence care</li> <li>- Feeding residents</li> <li>- Tube feeding</li> <li>- Private duty aids</li> </ul>	<ul style="list-style-type: none"> <li>- Assistance with mobility including transfer</li> <li>- Bathing and washing hair</li> <li>- Personal hygiene</li> <li>- Dressing</li> <li>- Grooming</li> <li>- Eating</li> <li>- Toilets and incontinence care</li> </ul>	No
Intermittent Nursing Services and health services	<ul style="list-style-type: none"> <li>- Types of intermittent nursing services</li> <li>- Use of nursing assistances</li> <li>- Registered nurse (RN) availability</li> <li>- Licensed practical nurse (LPN) availability</li> <li>- Oxygen services</li> </ul>	No	<ul style="list-style-type: none"> <li>- Injections</li> <li>- Intravenous (IV) therapy</li> <li>- Private duty nursing</li> <li>- Oxygen therapy</li> <li>- Wound care</li> <li>- Diabetic care</li> <li>- Health care supplies</li> <li>- Home health services</li> </ul>	<ul style="list-style-type: none"> <li>- Provide overnight and monitoring of health status</li> <li>- Coordinate provision of health services with outside provider</li> <li>- Provide or arrange for intermittent or temporary nursing services</li> </ul>	<ul style="list-style-type: none"> <li>- 24 Hour Licensed Nursing</li> <li>- Advanced Skin Care</li> </ul>

**TABLE 12 - Continued**

State ALF Service Disclosure Form Information					
	Washington Disclosure of Services (RCW 18.20.300)	Wisconsin Online License & Certification	New Jersey HCANJ Assisted Living Community Disclosure Statement	Oregon Uniform Disclosure Statement Assisted Living/Residential Care Facility	Ohio Long-Term Care Consumer Guide
Medication Services	- RN/LPN administration availability - Administration of injections, excluding insulin - Administration of insulin - Family assistance with medication services	No	- Medicaid management - Staff who routinely administer medications - RNs - LPNs - Certified medication aids	- Assistance with medication - Assistance with medications requiring Registered Nurse - Medication Administration - Who routinely administers medications - Do staff have other duties - Descriptions of staff training for medication services - Who supervises staff that administer medications - Can residents use pharmacy of their choices	- Medication Administration - Assistance with Self-Administration of Medication
Resident Arranged Services	- Allowed under what conditions	No	No	No	No
Care for Residents with Special Needs	- Dementia - Developmental Disabilities - Mental Health - Other	No	- Alzheimer's/dementia program - Rehabilitation services - Behavioral management - Services for blind persons - Services for deaf persons - Interpretation services	- Assistance with cognitive impairment - Intervention and supervision for residents with behavioral symptoms	Alzheimer/Dementia Care
Transportation Services	- Provide transportation for medical appointments - Help arranging transportation for medical appointments - Other	No	- Transportation	- Transportation for medical appointments - Arrange transportation for medical appointments - Transportation for social purposes - Arrange transportation for social purposes	- Transportation
Ancillary Services	- Social work services - Religious or spiritual support services - Other	No	No	No	- Formalized Wellness Programs - Services to Non-Residents provided in affiliation with facility
Services Related to Smoking	- Maintains smoke-free community - Smoking in designated outside areas	No	No	- Does the facility allow smoking - Designated areas indoors - Designated areas outdoors	No
Services Related to Pets	- Pets allowed (Y/N) - Pets allowed under certain conditions	No	No	- Pets allowed (Y/N) - Pets allowed under certain conditions	No
Services Related to End-Of-Life Care	- Support advanced directives - Not support all advanced directives	No	- Hospice services	No	- Hospice services