Washington State Department of Social and Health Services

Transforming Lives

# REPORT TO THE LEGISLATURE

## Assisted Living Facility Quality Measures

RCW 18.20.510
Chapter 18.20, Laws of 2018
September 1, 2020

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Washington State Department of Social & Health Services
Transforming lives

**TABLE OF CONTENTS**

## Contents

## Executive Summary

During the 2018 Regular Legislative session, Engrossed House Bill 2750 passed and was signed into law on June 7, 2018. Section 3 of this bill adds a new section to Chapter 18.20 Revised Code of Washington, which relates to quality in Washington state's assisted living facilities (ALF). This report meets the requirement of EHB 2750 to provide the Washington State Legislature with a final report by September 1, 2020. The bill also allows for dissent reports. No reports were submitted.

The bill mandates that the Department of Social and Health Services (DSHS) facilitate a work group process to:

- Submit recommendations for a quality metrics system for assisted living facilities;
- Propose a process for monitoring and tracking performance; and
- Recommend a process to inform consumers.

Work group members representing a diverse group of stakeholders were recruited as specified in the bill with the addition of consumers and representatives from the tribes. Monthly meetings began in October 2018. Deliberations by the work group were suspended in March 2020 to allow members to respond to the COVID-19 pandemic. As a result, the work group did not have enough time to fully develop their recommendations.

### Recommendations

1. Purpose - Inform Consumers. Based on the guiding principles established by the work group, it was agreed that the primary purpose of the quality metrics system is **to inform consumers**, i.e., individuals and their representatives who are looking for an assisted living facility.

2. Most Important Quality Domains. The work group achieved consensus that the most important domains or categories of quality metrics should be:

- Consumer (resident) satisfaction;
- Safety;
- Equity, Diversity and Inclusivity;
- Informed Choice and Decision Making; and
- Community Participation.

3. Survey Resident Satisfaction. The work group determined the greatest need is for the resident's experience to inform consumers. While there was no consensus on measures for the other domains, there was agreement on the CoreQ$^{SM}$[1] resident survey questions to measure consumer satisfaction:

- In recommending this facility to your friends and family, how would you rate it overall?
- Overall, how would you rate the staff?
- How would you rate the care you receive?

[1] CoreQ$^{SM}$ is a four question resident satisfaction survey developed by the American Health Care Association and National Center for Assisted Living.

- Overall, how would you rate the food?

4. Fund, Centralize Administration of a Survey, and Pilot. The experience in other states of implementing resident satisfaction surveys illustrated the:

- Costs and need for funding a statewide assisted living facility survey estimated at a range of $600,000 to $1.2 million;
- Need for a single third party survey administrator; and
- Benefits of piloting a new resident survey prior to statewide adoption.

5. Enhance the Department's Public Website. Improvements to the DSHS ALF Locator are recommended to better inform consumers. This includes posting the completed Disclosure of Services forms voluntarily submitted by facilities. Funding is likely needed to support improvements to the website.

6. Reconvene the Work Group. There were several domains where valid and tested measures have not yet been identified. The details of implementing a resident survey were neither discussed nor consensus reached on a recommendation. The work group should reconvene to complete the work of developing quality measures and determining a method for operationalizing a performance metrics system to inform consumers.

Guiding future deliberations should be the Department's determination that any quality metrics system that is developed must not create an undue burden or expense for facilities, which could increase the costs for private pay residents or may result in the loss of units for Medicaid residents secondary to survey costs.

# Background

## Legislative Mandate

During the 2018 Regular Legislative session, Engrossed House Bill (EHB) 2750 passed and was signed into law on June 7, 2018. Section 3 of this bill adds a new section to Chapter 18.20 of the Revised Code of Washington, which relates to quality in Washington state's assisted living facilities. See Appendix 1 for Section 3 of the bill. This new section, RCW 18.20.510 Work group-Quality Metrics, requires that the Washington State Department of Social and Health Services (DSHS) facilitate a work group process to recommend quality metrics for assisted living facilities.

This report meets the requirement by EHB 2750 to provide the Washington State Legislature with a final report by September 1, 2020. The bill allows for the submission of dissent reports. None were submitted.

It should be noted that work group activities and deliberations were discontinued in March 2020 to allow members of the work group to respond to the COVID-19 pandemic. As a result, this report reflects the decisions of the work group and identifies areas where further research and discussion are needed to fully develop the recommendations.

## Assisted Living Facilities in Washington State

An assisted living facility (ALF) is a community-based setting licensed by DSHS to care for seven or more residents. Assisted living facilities provide housing, basic services and assume general responsibility for the safety and well-being of the resident. Basic services may include: housekeeping services, meals, nutritious snacks, laundry, activities and transportation. Assisted living facilities may also directly or indirectly provide domiciliary care including: assistance with activities of daily living, arrangements for health support, intermittent nursing services and medication management. Activities of daily living may include assistance with walking, transferring, personal hygiene, eating, dressing and bathing.[2]

Assisted living facilities vary in size and ownership from a family-operated seven bed facility to a 150-bed facility operated by a large national corporation.[3] An assisted living facility, as licensed by the state, is not: a nursing facility, independent senior housing, independent living units in continuing care retirement communities, an adult family home, a group training home or other similar living situations including those subsidized by the Department of Housing and Urban Development.[4]

The variety of facilities is as diverse as the residents they serve. Some assisted living facilities specialize while others serve a mix of populations. Some of the populations served by assisted living facilities include:

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[2] RCW 18.20.020 Definitions, <https://app.leg.wa.gov/RCW/default.aspx?cite=18.20.020>, accessed on March 25, 2020.
[3] *Fact Sheet: Assisted Living Facilities,* Aging and Long-Term Support Administration, 2019, p. 1.
[4] RCW 18.20.020 Definitions, <https://app.leg.wa.gov/RCW/default.aspx?cite=18.20.020>, accessed on March 25, 2020.

- Adults who are older;[5]
- Adults who require only a low level of oversight and care, like special dietary needs; assistance with appointments and occasional monitoring;
- Adults who require a higher level of care, like the need for intermittent nursing services and/or medication administration;
- Adults with Alzheimer's disease or other dementias;
- Individuals with developmental or intellectual disabilities;
- Adults with behavioral health needs including mental illness and substance use disorders;
- Members of various ethnicities, cultures, spiritual or religious beliefs and sexual orientations;
- Traumatic Brain Injury (TBI) survivors;
- Military veterans; and
- Hospice recipients.

Residential Care Services (RCS), a division of the Aging and Long-Term Support Administration (ALTSA) within DSHS, is tasked with the licensing, certification and oversight of 3,900 licensed or certified residential long-term care settings statewide.[6] There are 34,667 licensed assisted living facility beds in Washington's 537 licensed assisted living facilities.[7] Nationwide the occupancy rate was 85.7 percent during the fourth quarter of 2019.[8] Genworth reports that in 2019 the median cost of care in an assisted living facility in Washington state was $66,000 annually or $5,500 per month.[9]

As of February 1, 2020, 6,543 Medicaid-funded residents lived in assisted living facilities. Of these, 843 Medicaid residents lived in facilities providing specialized dementia care.[10] Assisted living facilities with Medicaid contracts provide a variety of service packages including specialized care for residents with dementia. Regulations for assisted living facilities exist within multiple statutes including: administrative procedures, licensing, long-term care resident rights, criminal history background check and abuse of vulnerable adults.[11]

Linda Moran, a resident and consumer representative of the work group, stressed that, "some of the residents of assisted living facilities who need assistance and choose to live in

[5] The definition of an adult who is older is variable. For example, the Aged, Blind and Disabled Medicaid Program uses the age 65 years or older whereas the Supplemental Nutrition Assistance Program (SNAP) uses 60 years or older.
[6] Aging and Long-Term Support Administration Strategic Plan 2019-2021, January 2020, p. 4.
[7] Data from DSHS FAC 1018 Report - Currently Licensed AFH BH, accessed on February 6, 2020.
[8] NIC: Assisted Living Occupancy Rate Strongest in Two Years at 85.7% in Fourth Quarter, Bower, January 10, 2020, <https://www.mcknightsseniorliving.com/home/news/nic-assisted-living-occupancy-rate-strongest-in-2-years-at-85-7-in-fourth-quarter/>, accessed on March 25, 2020.
[9] Genworth webpage, < https://www.genworth.com/aging-and-you/finances/cost-of-care.html>, accessed on March 16, 2020.
[10] CARE authorizations as of 2/1/2020, DSHS/ALTSA/Office of Rates Management, accessed on April 6, 2020.
[11] Revised Code of Washington related to ALFs is located on the DSHS website at: https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals.

an assisted living facility are younger than the average older adult resident and they have different needs and interests. This resident population is growing. Assisted living facilities provide an opportunity to be in a community setting that is ADA accessible and provides care, support and activities to assist them in living as independently as they can."

## Process Description and Structure

### Work Group Composition and Process

EHB 2750 defines the composition of the work group. The Assistant Secretary of ALTSA is the project sponsor. Members included representatives from across the state including assisted living facility residents, members from the Makah and Squaxin Island Tribes and others as specified in the legislation. Appendix 2 contains a comprehensive list of work group members.

The work group began monthly meetings in October 2018. They created and unanimously approved the charter contained in Appendix 3 to serve as the foundation for the work group's activities, processes and scope. The Assisted Living Quality Measures Project public website provides information including: meeting dates and locations, meeting minutes, the Interim Report published September 1, 2019 and other resources.[12]

Results from a literature review and research on existing web resources for other states were shared with the work group during the April 2019 meeting.[13]

The work group wishes to acknowledge the many professionals and volunteers who contributed to the success of the project. See Appendix 4 for the list of contributors.

## Study of the States

The bill requires that at least one meeting must be utilized to review and analyze other states with quality metrics methodologies for assisted living facilities and how well each state is achieving quality care outcomes. The DSHS Research and Data Analysis Division worked with work group members to develop a research design and survey instrument. Appendix 5 contains the Executive Summary from the Study of States report. The full report and exhibits may be accessed on the Assisted Living Quality Measures Project website.[14]

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[12] The work group's website is located at: https://www.dshs.wa.gov/altsa/stakeholders/assisted-living-quality-measures-project

[13] Maggie Lohnes, "Assisted Living Facility Quality Measures: An environmental scan," University of Washington Tacoma, Gig Harbor, Wa., June 6, 2019, pp. 1-131.

[14] The report and exhibits are located at: https://www.dshs.wa.gov/altsa/stakeholders/assisted-living-quality-measures-project

## Findings

Two states currently track and monitor assisted living facility performance and provide the results to the public. The North Carolina Division of Health Service Regulation's rating system for assisted living facilities is based off of the inspection process and survey results. Using an algorithm, the results are quantified and converted to a star rating, which are posted on a public website.[15] In Ohio, the Area Agency on Aging's (AAA) Department of Aging manages the assisted living facilities quality metrics program. Miami University administers resident and family satisfaction surveys on behalf of the AAA. Overall survey scores are posted publicly for individual assisted living facilities on the Long-Term Care Consumer Guide website.[16]

The Oregon Department of Human Services (DHS) was mandated by the Legislature in 2017 to develop a Residential Care Quality Measurement Program for monitoring and tracking residential care facility and assisted living facility performance. The legislation required the formation of a governor-appointed Quality Measurement Council and stipulated five quality metrics for the program to measure in its first few years. Results from the first reporting will be available to the public through a published online report by July 1, 2021.[17]

In Wisconsin and New Jersey, state agencies collaborate with providers and their associations to track and monitor assisted living facility performance. In 2009, the state of Wisconsin established the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) in partnership with the University of Wisconsin (UW), agencies, resident advocates, providers, and their associations.[18] The UW administers and analyzes the 53 quality measures on behalf of WCCEAL. Results are not posted publicly however the WCCEAL website indicates whether a facility is in good standing with the program.[19] The state allocated $220,193 for the past fiscal year to maintain the UW's IT infrastructure.[20]

New Jersey offers a voluntary program administered through the Health Care Association of New Jersey Foundation. The program uses the CoreQ℠ resident and family satisfaction surveys. Results of the surveys are not publicly posted however assisted living facilities that meet performance benchmarks are awarded the designation of Advanced Standing. This designation is included in the Foundation's Facility Locator, a public website.[21]

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[15] North Carolina Division of Health Service Regulation, <https://info.ncdhhs.gov/dhsr/acls/star/search.asp#usestar>, accessed on April 22, 2020.
[16] Ohio Department of Aging, <https://ohio.gov/wps/portal/gov/site/residents/resources/long-term-care-consumer-guide> accessed on April 22, 2020.
[17] Ann McQueen, "Information on Oregon for Draft Final Report," email message, May 12, 2020.
[18] Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL), <https://wcceal.chsra.wisc.edu/>, accessed on April 22, 2020.
[19] Roger Gantz, "Report to the Assisted Living Facility Quality Measures Work Group," Washington State Department of Social and Health Services, Olympia, Wa., November 15, 2019, p. 5.
[20] Kevin Coughlin, "Hello, Again," email message April 23, 2020.
[21] Health Care Association of New Jersey (HCANJ), <https://www.hcanj.org/facility-finder/?ill_directory_search=1&ill_directory_keywords=&ill_directory_category%5B15%5D%5B16%5D=16&ill_directory_city=&ill_directory_state=>, accessed on April 22, 2020.

On a national level, the American Health Care Association and National Center for Assisted Living launched a quality initiative for members in 2012. The CoreQ℠ resident and family satisfaction surveys were developed as a part of this initiative. Survey results are not available to the public.[22]

In addition to surveying the efforts of other states, the work group explored quality metrics used by a variety of entities. See Appendix 6 for a summary of these quality metrics.

## Recommendations

### Quality Metrics System

Rather than starting with evaluating individual measures without context, the work group first went through a process to determine the primary purpose of the quality metrics system, and next worked on building domains or categories based on the work group's guiding principles. The final step was to review each domain and consider measures consistent with the chosen purpose, to inform consumers.

#### Purpose Defined – to Inform Consumers

Most states reviewed had quality metrics systems aimed at supporting internal quality improvement processes within assisted living facilities and were not geared towards sharing publicly. The work group determined the highest priority at this point in Washington was to inform consumers, so they can be fully informed when they choose a place to make their home.

#### Most Important Quality Domains

The work group agreed on a set of guiding principles to be clear on the values held to be most important. The guiding principles led to the identification of potential domains or categories to group measures. Below are the guiding principles and corresponding potential domains:

| Guiding Principle | Potential Domains |
|---|---|
| 1. Assisted living facilities should include inquiry into the experiences and responses of residents and their families in assessing and improving quality. | Consumer satisfaction and family satisfaction |
| 2. Assisted living facility residents are entitled to care and support that promotes safety, independence and privacy. | Safety, independence, access to community, privacy and a homelike environment |
| 3. Assisted living facility residents should receive services that are inclusive, respect diversity and ensure equity. | Rights and respect, inclusion and diversity |

[22] American Health Care Association/National Center for Assisted Living website, <https://www.ahcancal.org/quality_improvement/qualityinitiative/Pages/default.aspx>, accessed on April 23, 2020.

| | |
|---|---|
| 4. Assisted living facility residents and their families should have access to accurate, truthful and fair information about assisted living facilities. | Informed choice |
| **Guiding Principle** | **Potential Domains** |
| 5. Assisted living facility residents should receive person-centered care that reflects their individual preferences, care needs, social support and activity needs. | Person-centered care planning, choice and decision making, self-direction, community participation and social support |

The work group then refined the proposed domains down to five:

- Consumer (resident) satisfaction;
- Safety;
- Equity, Diversity and Inclusivity;
- Informed Choice and Decision Making; and
- Community Participation.

### Need for a Resident Satisfaction Survey

In reviewing the experience of other states, the guiding principles and purpose of a quality metrics system, it became clear that the most important element was the opinion of consumers. Consensus was reached quickly on the survey questions that appeared most validated and already in use throughout the country, the CoreQ[SM] measures, to measure consumer (resident) satisfaction:

1. In recommending this facility to your friends and family, how would you rate it overall?
2. Overall, how would you rate the staff?
3. How would you rate the care you receive?
4. Overall, how would you rate the food?[23]

The work group considered a range of issues that would need to be resolved before implementing a resident survey, but did not have time to fully discuss and come to consensus on these issues. Appendix 8 reflects the list of issues and work group member voting. Some members wanted to ensure that certain populations of residents were not screened out from completing the resident satisfaction surveys due to developmental disabilities, behavioral health diagnoses, or Alzheimer's disease or other dementias.

### Measures Are Needed for Other Remaining Domains

The work group explored a myriad of other measures proposed by researchers, industry groups, and those used in Washington and other states. Measuring quality in assisted living facilities is still a new field. There is a lack of well-crafted, validated survey questions or measures for the domains the work group deemed to be most important. Measures need to be developed for the remaining domains: safety, equity, diversity, and inclusivity, informed choice and decision making and community participation. The work group considered an additional domain (Quality of Life), but was split as to whether it was a

[23] CoreQ[SM] is a four question resident satisfaction survey developed by the American Health Care Association and National Center for Assisted Living. It is endorsed by the National Quality Forum.

domain in its own right or was captured by the resident satisfaction survey questions. Appendix 7 contains a detailed summary of the discussion. The work group's decisions are summarized below:

| Domain | Motions on Measures | Work Group Discussion |
|---|---|---|
| Resident Satisfaction | The 4 CoreQ[SM] resident survey questions as currently written | Unanimous approval of the domain and measures |
| Safety | Validated measures need to be further explored | Unanimous approval of the domain |
| Equity, Diversity and Inclusion | Validated measures need to be further explored | Unanimous approval of the domain |
| Informed Choice and Decision Making /Person Centered Planning | Validated measures need to be further explored | Approved except for one dissenting vote of the domain |
| Community Participation | Validated measures need to be further explored | Unanimous approval of the domain |

John Swenson, work group member and secretary of his facility's resident council, asserts that, "any measures defined by the work group must encourage assisted living facilities to provide a whole environment for residents that allows the individual the option to mandate and self-direct their care in a way that guarantees their independence."

## Process for Monitoring and Tracking Assisted Living Facility Performance

The work group examined state and national efforts to monitor and track the performance of assisted living facilities. Findings revealed that five states are tracking performance:

- North Carolina's Department of Health and Human Services tracks performance with 22 regulations as part of its inspection process.[24]
- Ohio contracts with Miami University to administer resident and family satisfaction surveys. [25]
- In Oregon, Residential Care Facility and Assisted Living Facility providers began collecting data on metrics for 2020 and must report the first year's data to the Department of Human Services by January 31, 2021.[26]
- WCCEAL in Wisconsin offers a voluntary program for assisted living facilities. The University of Wisconsin – Madison's School of Medicine administers the resident satisfaction surveys.[27]

[24] Roger Gantz, "Report to the Assisted Living Facility Quality Measures Work Group," Washington State Department of Social and Health Services, Olympia, Wa., November 15, 2019, p. 13.
[25] Ibid., p. 13.
[26] Ann McQueen, "Information on Oregon for Draft Final Report," email message, May 12, 2020.
[27] Roger Gantz, "Report to the Assisted Living Facility Quality Measures Work Group," Washington State Department of Social and Health Services, Olympia, Wa., November 15, 2019, p. 21.

- In New Jersey, assisted living facilities may voluntarily submit quality metrics data to the Health Care Association of New Jersey Foundation through an online reporting system.[28]

On a national level, one provider association, the American Health Care Association, offers the LTC Trend Tracker℠ web-based tool for members to report on quality metrics.[29]

Approaches for monitoring and tracking a resident survey were voted on (see Appendix 8). There were no unanimous recommendations; work group members felt further discussion was necessary to develop final recommendations.

### Process to Inform Consumers

EHB 2750 requires that the work group recommend a process to inform consumers about assisted living facilities. An assessment of existing data systems within the state was completed by DSHS staff and presented to the work group. At this time, the state does not possess a data system that captures comprehensive information about non-Medicaid assisted living facility residents that could be used to monitor and track the performance of assisted living facilities or be used for reporting quality metrics.

Implementing a resident survey to inform consumers requires many considerations (see Appendix 8 for the work group's comments). Funding of a resident survey is paramount, whether by the Legislature, grants or the facilities themselves. The survey could be voluntary on the part of the facility or mandatory; incentives could be offered. The work group agreed that a single entity should be responsible for administering the survey, rather than the facility themselves, but there was not consensus on who the entity should be. On the issue of who should be able to see the individual answers to the survey the work group was split. Still to be determined is whether individual responses should be shared with the facility (for internal quality improvement), the external entity collecting the survey only or the state. Public posting options explored included publicly posting the results for each assisted living facility by each survey question or by an aggregate score, like a star rating. There was consensus that the resident survey be piloted first, to allow time to test the collection process. Consideration was given to delaying public posting until after the pilot phase. Work group members felt in-depth discussion was necessary to finalize recommendations related to a process to inform consumers.

Ian Davros, a consumer and work group member, supports a centralized location for the public to access the experiences of residents living within facilities. He emphasizes the importance of, "finding an apartment that you can call 'home' where you can feel safe to be yourself and receive the level of support needed to continue our worthwhile lives."

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[28] The Health Care Association of New Jersey, <https://www.hcanj.org/facility-finder/?ill_directory_search=1&ill_directory_keywords=&ill_directory_category%5B15%5D%5B16%5D=16&ill_directory_city=&ill_directory_state>, accessed on June 2, 2020.
[29] The AHCA/NCAL LTC Trend Tracker℠ website is located at: https://www.ahcancal.org/research_data/trendtracker/Pages/default.aspx

### The ALF Locator

Residential Care Services currently manages the ALF Locator website located at: https://fortress.wa.gov/dshs/adsaapps/lookup/BHAdvLookup.aspx. This database is accessible by the public and enables an internet search by city, county, zip code, license number, bed count and specialty care type. It displays specialty certifications, demographic information, deficiency reports, and enforcement actions.

The work group proposes redesigning its features and improving functionality to increase its value to the public. Coding the website within various internet search engines to display the DSHS website and ALF Locator at the beginning of a web search would make it easier for the public to access these online resources.

### Assisted Living Facility Disclosure of Services

Assisted living facilities are required to submit a completed Disclosure of Services form at the time of initial application for an assisted living facility license and to any interested person upon request. Some of the information on the form includes: services and care, assistance with daily tasks, intermittant nursing services, help with medications, scope of licensed services, services related to end-of-life care, payments and Medicaid support.

A recommendation of the work group is to allow assisted living facility providers the opportunity to voluntarily post their completed Disclosure of Services form on the ALF Locator. Precedence is already set for public posting, since the online AFH Locator posts the completed Disclosure of Services form for adult family homes, as required by statute. The work group also considered that public posting of the Disclosure of Services form could become a quality performance measure.

### Reconvene the Existing Work Group

Because activities of the work group were suspended in order to allow members to focus on the response to the COVID-19 pandemic, the work group was unable to fully develop its recommendations. Therefore, the work group recommends that current members of the work group reconvene to complete the development of quality measures for the quality metrics system and further define a system for monitoring and tracking the performance of assisted living facilities. This system will define how consumers will be informed about assisted living facilities within the state.

## Conclusion

### Summary and Next Steps

At this time, Washington has neither a quality metrics system nor a public-facing system to monitor and track the performance of assisted living facilities outside of regulatory compliance and enforcement. EHB 2750 established a work group to address this lack of information and to propose a method for informing the public about these facilities and their quality of care.

In summary, the work group determined that the purpose of the quality metrics system would be to inform the consumer and recommends:

1. Adopting and piloting the four question CoreQ℠ resident satisfaction survey with additional questions included as they are developed. Measures need to be developed for the four remaining domains:
    a. Safety;
    b. Equity, Diversity, and Inclusivity;
    c. Informed Choice and Decision Making; and
    d. Community Participation.

Next steps for developing the quality metrics system could include:

1. Reconvening the work group to further research and develop quality measures for the four domains listed above. Finalizing recommendations for monitoring and tracking assisted living facility performance and informing the public is also needed.
2. Submitting a Decision Package by DSHS to the Legislature with a funding request to:
    a. Cover the costs for one vendor to administer the CoreQ℠ resident satisfaction surveys and analyze the results; and
    b. Fund reprogramming and ongoing support of the ALF Locator in order to post voluntary Disclosure of Services descriptions, annual resident satisfaction survey results when deemed appropriate and other potential measures developed in the future.

Assisted living facilities provide a valuable option for those wishing to live independently. Gathering the consumer's experience, without burdening providers or resulting in the loss of Medicaid units, will provide consumers with information about the unique services and quality of care these communities offer.

## Appendixes

Appendix 1: Engrossed House Bill 2750 Section 3
Appendix 2: Assisted Living Facility Quality Measures Work Group Member Roster
Appendix 3: Assisted Living Facility Quality Measures Work Group Charter
Appendix 4: Acknowledgements
Appendix 5: Survey of States' ALF Quality Metric Systems, Executive Summary
Appendix 6: Quality Measures and Indicators Explored
Appendix 7: Summary of Assisted Living Facility Quality Domains and Measures
Appendix 8: Report on a System for Monitoring and Tracking Performance

# ENGROSSED HOUSE BILL 2750 Section 3

NEW SECTION. **Sec. 3.** A new section is added to chapter 18.2015RCW to read as follows:

(1)The department shall facilitate a work group process to recommend quality metrics for assisted living facilities. The department shall keep a public record of comments submitted by stakeholders throughout the work group process.

(2)The work group shall consist of representatives from the department, assisted living provider associations, the long-term care ombuds; organizations with expertise in serving persons with mental health needs in an institutional setting, as selected by the department; organizations with expertise in serving persons with developmental disability needs in an institutional setting, as selected by the department; organizations with expertise in serving culturally diverse and non-English-speaking persons in an institutional setting, as selected by the department; health care professionals with experience caring for diverse and non-English-speaking patients, as selected by the department; licensed health care professionals with experience caring for geriatric patients, as selected by the department; and an Alzheimer's advocacy organization. The work group may solicit input from individuals with additional expertise, if necessary.

(3) The work group shall make an interim report by September 1, 2019, and final recommendations to the appropriate legislative committees by September 1, 2020, and shall include a dissent report if agreement is not achieved among stakeholders and the department.

(4) The work group must submit recommendations for a quality metric system, propose a process for monitoring and tracking performance, and recommend a process to inform consumers.

(5) The department shall include at least one meeting dedicated to review and analysis of other states with quality metric methodologies for assisted living 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 reflect and promote quality of care and whether reporting the data is unnecessarily burdensome upon assisted living facilities.

## Assisted Living Facility Quality Measures Work Group Member Roster

| Name | Represents |
|---|---|
| **David Black**<br>King County Behavioral Health Ombuds<br>Behavioral Health Ombuds Service for King County | Experience serving persons with mental health needs in an institutional setting |
| **Robin Dale**<br>President and CEO<br>Washington Health Care Association | Assisted living provider association |
| **Ian Davros**<br>Former Assisted Living Facility Resident<br>Consumer Representative | Individual with additional expertise - consumer of assisted living facilities services |
| **G De Castro**<br>Director of Aging and Adult Services<br>Asian Counseling and Referral Service | Expertise in serving culturally diverse and non-English-speaking persons in an institutional setting |
| **George Dicks**<br>Mental Health Practitioner, Lead<br>Geriatric Psychiatric Service<br>Harborview Mental Health and Addiction Services | Experience in serving persons with mental health needs in an institutional setting and expertise in serving culturally diverse and non-English-speaking persons in an institutional setting |
| **Erica Farrell**<br>Clinical Manager<br>Alzheimer's Association of Washington | Alzheimer's advocacy organization |
| **David Foltz**<br>Assisted Living Facility Administrator<br>Transforming Care | Expertise in serving persons with mental health needs in an institutional setting and assisted living facility provider |
| **Brad Forbes**<br>Director of Policy and Advocacy<br>National Alliance On Mental Health Washington | Experience serving persons with mental health needs in an institutional setting |
| **Nora Gibson**<br>Care Consultant, former Executive Director<br>Full Life Care | Expertise in serving persons with mental health needs in an institutional setting and expertise in serving culturally diverse and non-English-speaking persons in an institutional setting and assisted living facility provider |

| Name | Represents |
|---|---|
| **Candace Goehring**<br>Director of Residential Care Services<br>Aging and Long-Term Support Administration, Washington State Department of Social and Health Services | Licensed health care professional with expertise caring for geriatric patients, health care professional with experience caring for diverse and non-English-speaking patients and DSHS department representative |
| **David Haack**<br>Executive Vice President and Chief Marketing Officer<br>Living Care Lifestyles | Experience serving persons with mental health needs in an institutional setting and assisted living facility provider |
| **Carolyn Ham**<br>Older Adult Falls Prevention Specialist<br>Injury and Violence Prevention Unit<br>Prevention and Community Health Division<br>Washington State Department of Health | Licensed health care professional with expertise caring for geriatric patients and health care professional with experience caring for diverse and non-English-speaking patients |
| **Jan Hanson**<br>Registered Nurse<br>Makah Health Home and Senior Aide Program | Health care professional with expertise caring for diverse and non-English-speaking patients and licensed health care professional with experience caring for geriatric patients and individual with additional expertise – tribal member |
| **Nicholas Hart**<br>Policy Manager<br>Alzheimer's Association of Washington | Alzheimer's advocacy organization |
| **Patricia Hunter**<br>State Long-Term Care Ombuds<br>Washington State Long-Term Care Ombuds | Long-term care ombuds |
| **Katie Jacoby**<br>Senior Care Program Manager<br>Community Health of Central Washington | Licensed health care professional with experience caring for geriatric patients and health care professional with experience caring for diverse and non-English-speaking patients |

| Name | Represents |
|---|---|
| **Morei Lingle**<br>Senior Vice President, Chief Administrative Officer for Merrill Gardens and Representative for Argentum | Assisted living facility provider and assisted living provider association |
| **David Lord**<br>Director of Public Policy<br>Disability Rights Washington | Expertise in serving persons with developmental disability needs in an institutional setting and expertise in serving persons with mental health needs in an institutional setting |
| **Cathy MacCaul**<br>Advocacy Director<br>AARP Washington | Individual with additional expertise - policy and consumer advocacy |
| **Sandra Miles**<br>Director of Long Term Care Services<br>Sea-Mar Community Health Centers | Expertise in serving persons with mental health needs in an institutional setting, expertise in serving culturally diverse and non-English-speaking persons in an institutional setting and assisted living facility provider |
| **Linda Moran**<br>Assisted Living Facility Resident<br>Consumer Representative | Individual with additional expertise - consumer of assisted living facility services |
| **Alyssa Odegaard**<br>Director of Senior Living & Community Services<br>LeadingAge Washington | Assisted living provider association |
| **Jamie Queen**<br>Vulnerable Adults Specialist<br>Squaxin Island Tribe Family Services Division | Individual with additional expertise - tribal member |
| **Betty Schwieterman**<br>State Developmental Disabilities Ombuds<br>Washington State Developmental Disabilities Ombuds | Expertise in serving persons with developmental disability needs in an institutional setting |
| **John Swenson**<br>Assisted Living Facility Resident<br>Consumer Representative | Individual with additional expertise - consumer of assisted living facility services |

| Name | Represents |
| --- | --- |
| **Don Tavolacci**<br>Principal<br>CRH Northwest | Expertise in serving persons with mental health needs in an institutional setting, expertise in serving persons with developmental disability needs in an institutional setting and assisted living facility provider |

# Assisted Living Facility Quality Measures Work Group Charter

| | |
|---|---|
| **Sponsor:** Bill Moss, ALTSA Assistant Secretary, DSHS | **Project lead:** Cathy McAvoy, ALF Outcome Improvement Program Manager, DSHS |

**Purpose**

This work group, facilitated by the Department of Social and Health Services, hereafter referred to as the Department, will develop recommendations for quality metrics in Assisted Living Facilities for the Washington State Legislature in response to Section 3 of Engrossed House Bill (EHB) 2750. The purpose of the quality metrics will be to inform consumers. The work group must meet the following goals and objectives:

- submit recommendations for a quality metrics system,
- propose a process for monitoring and tracking performance, and
- Recommend a process to inform consumers.

**Background**

The Department licenses Assisted Living Facilities (Assisted Living Facilities), which are community-based residential settings that provide housing and basic support services to seven or more residents. An ALF that is licensed for three to six residents prior to or on July 1, 2000, may maintain its ALF license as long as it is continually licensed as an ALF. Each ALF may provide a different set of services, but services generally include: housekeeping, meals, laundry, activities, health support services, intermittent nursing services, and may include assistance with activities of daily living such as bathing, dressing, eating, personal hygiene, transferring, toileting, mobility, and medication assistance.

On June 7, 2018, EHB 2750 was enacted and relates to quality in Assisted Living Facilities. The bill amends RCW 18.20.190 and 18.20.430. Section 3 of the bill added a new section to chapter 18.20 RCW. This new section, RCW 18.20.510 Work group-Quality Metrics, directs the Department to facilitate a work group process related to Assisted Living Facilities.

**Scope and Boundaries**

The scope of the work group is to meet the three goals or objectives stipulated in the bill. It is within the scope of the work group to develop recommendations for submission to the Legislature. There is no budget for administrative costs, travel costs for work group members, or the development of software or other methods for collecting data related to performance measures. A full-time position is funded for the ALF Quality Improvement Program Manager within the Aging and Long-Term Support Administration/Residential Care Services to act as the project lead. A part-time position within the Research and Data Analysis Division was created to support work group activities.

Creating rules, writing legislation, and developing budget requests are out of the scope for the work group.

**Guiding Principles**
The following are guiding principles for reference in the course of the work group's deliberations:

1. ALF residents are entitled to care, support and a home-like environment that promotes personal safety, independence, and privacy.
2. ALF residents should receive person-centered care* that reflects their individual preferences, care needs, social support, and activity needs.
3. Assisted Living Facilities should provide an environment that is inclusive, respects diversity, and ensures equity.
4. ALF residents and their family and/or friends should have access to accurate, clear, and objective information about Assisted Living Facilities.
5. Assisted Living Facilities should include inquiry into the experiences and responses of residents and their family and/or friends.

**Timeline and Deliverables**
The work group shall make an interim report by September 1, 2019, and final report with recommendations to the appropriate legislative committees by September 1, 2020, and shall include a dissent report if agreement is not achieved among stakeholders and the Department. The Department shall also keep a public record of comments submitted by stakeholders throughout the work group process.

**Roles and Responsibilities**

The Department is responsible for recruiting founding members for the work group. EHB 2750 stipulates which organizations, health care professionals, and licensed health care professionals must be represented. The work group will comprise a maximum of 23 members. If a vacancy is created on the work group the work group will:

- Determine if the vacancy will be filled;
- Nominate and review qualifications of potential candidates; and
- Hold a vote to approve the preferred candidate.

The role of the sponsor is to provide support to the work group to ensure the success of the work group. The sponsor will provide leverage to remove barriers and obstacles to the work group in completing the requirements of the bill. The sponsor is responsible for the content of reports and all other communication to the Legislature.

The role of the project lead is to coordinate the activities of the work group and ensure that work group members receive the logistical and administrative support needed to meet the objectives of the bill. The project lead will collaborate with work group members and DSHS staff to compose legislative reports and ensure that the reports meet requirements and deadlines for submission through the sponsor's office. The project lead is responsible for scheduling monthly and special

* The term **person-centered** refers to a process of planning that's driven by the individual and is rooted in community. It's focused on the **person**, not the service system.
Source: Informing Families website https://informingfamilies.org/pcp/

meetings, generating meeting agendas and minutes, and providing all resources and information needed so that work group members may effectively and efficiently meet the requirements of the bill.

The role of work group members is to discuss and create recommendations to meet the three objectives for the work group as defined by the bill. Only work group members will be seated at the meeting table and may participate in discussions, activities, and voting during meetings. Work group members may contribute to the drafting and editing of the interim and final reports to the Legislature.

One DSHS staff will serve on the work group as a voting member. The role of other DSHS staff is to provide technical assistance to work group members during meetings and as needed by the work group, sponsor, and project lead. As DSHS is responsible for the public record, a designated DSHS staff member will be seated at the meeting table to ensure an accurate record of minutes. All other DSHS staff, guests, and others will not be seated at the meeting table, as it is reserved for work group members.

The role of guests and others is to observe the proceedings of work group meetings. Guests and others may participate in discussions as long as the work group is not delayed in completing discussions and agenda items. Time is allocated at the end of every work group meeting for guests and others to ask questions and provide comments. Guests and others are not allowed to vote on motions.

Effective work group members:*

- Attend all meetings or provide a designated representative to attend in their place.
- Are well prepared for meetings by reviewing or preparing materials in advance.
- Recognize that serving the public interest is the top priority.
- Recognize that the work group must operate in an open and public manner.
- Communicate well and participate in group discussions by:
    - Respecting different points of view and listening as others speak,
    - Providing support for work group members and remaining positive by providing constructive input, and
    - Focusing comments on the process, not the person.
- Exhibit a willingness to work with the group in making recommendations.
- Recognize that while consensus may be the desired outcome, dissenting opinions are heard, may become a part of the public record, and may be included in the final report to the Legislature.
- Report to the project lead when unable to attend meetings. An absence of three consecutive meetings without notification to the project lead will result in dismissal from the work group.

*Adapted in part from the *Boards and Commissions Membership Handbook*, Office of the Governor, January 2013.

**Decision Making Process**

The following guidelines are established to ensure that the decision making process is as efficient and equitable as possible. Work group members:

- Should strive toward consensus in developing recommendations to the Legislature.
- Should understand that consensus may not be possible in all areas of discussion. Work group members are responsible for developing recommendations, as well as, pros and cons, for each recommendation. To achieve the goal of transparency to the public, dissenting opinions will be recorded.
- Have one vote. When consensus cannot be achieved a vote will be taken and simple majority rules will apply. A tie vote will be recorded into the record as a tie vote when a majority vote cannot be achieved.
- May be asked to serve on a subcommittee when additional information or discussion is needed in order for work group members to develop recommendations. The Department may recruit content and subject matter experts to provide technical assistance to the work group.
- Are encouraged to honor their commitment to the work group and its purpose. If unable to attend a meeting, work group members should send a representative to participate in discussions and cast a vote on their behalf if needed.

**Communication**

Transparency will be maintained through effective communication. Work group members may expect that:

- The Department will create minutes for all regular meetings. Draft minutes will be emailed to work group members for review before the subsequent meeting. The minutes will be approved by the work group.
- Each meeting will allow a brief period of time (ten to fifteen minutes) for guests and others to share their comments and ask questions.
- An email box is available to submit comments which may become part of the public record. The address is: ALFQualityMeasuresProject@dshs.wa.gov
- An Assisted Living Quality Measures Project webpage is available on the DSHS Aging and Long-Term Support Administration (ALTSA) Internet webpage at: https://www.dshs.wa.gov/altsa/stakeholders/assisted-living-quality-measures-project A work group member roster is posted on the webpage. Announcements, meeting minutes, resources, and reports will be posted on this website.
- The sponsor or their designee will be responsible for official communication with the Legislature and retains final authority on the content of the interim and final report.

| Version Number | Date | Description |
|---|---|---|
| 1.0 | February 21, 2019 | Initial Charter approved by Work Group |
| 1.1 | March 21, 2019 | Correction of the third guiding principle |
| 1.2 | July 24, 2019 | Revisions to guest policy and member vacancies |

Please contact Cathy McAvoy, ALF Outcome Improvement Manager at the Washington State Department of Social and Health Services at cathy.mcavoy@dshs.wa.gov for information regarding this charter.

## Appendix 4 Acknowledgements

The project's success was due to the generous contribution of time and expertise from a number of individuals. In addition to the work group members listed in Appendix 2, the Department would like to recognize the following individuals:

**State Agencies**

**Kevin Coughlin**, Policy Initiative Advisor - Executive
*Wisconsin Department of Health Services*
**Jacqueline Jones,** Supervisor of Inspections
*State of New Jersey Department of Health*
**Megan Lamphere,** Section Chief, Adult Care Licensure Section
*North Carolina Department of Health and Human Services*
**Ann McQueen,** Research and Policy Integration Manager
*Oregon Department of Human Services*
**Erin Pettegrew,** Deputy State Long-Term Care Ombudsman
*Ohio Department of Aging*

**Provider Associations**

**Kathy Fiery**, Vice President
*Health Care Association of New Jersey*
**Linda Kirschbaum,** Senior VP Quality and Services
*Oregon Health Care Association*
**Lindsay Schwartz**, Associate Vice President, Workforce and Quality Improvement
*National Center for Assisted Living*

**University of Washington Tacoma**

**Maggie Lohnes**, MN Graduate
*College of Nursing and Healthcare Leadership*

**Other**

**Rich Kortum**, Director - Strategic Partnerships
*NRC Health*
**Fred Steele**, Oregon Long Term-Care Ombudsman
*Oregon Office of the Long-Term Care Ombudsman*
**Jane Straker**, Director of Research
*Miami University Scripps Gerontology Center*

**Department of Social and Health Services**

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**Tracey Rollins**, Quality Assurance Unit Manager, *Residential Care Services*
**Jessica Salquist**, Work Group Meeting Facilitator and Regulatory QA Training Program Manager, *Residential Care Services*
**Jim Sherman**, Field Manager, *Residential Care Services*
**Frances Wellsbury**, Operations and Performance Accountability Manager, *Residential Care Services*
**Michael Wong,** Web Services Manager, *Management Services Division*

## Appendix 5 Survey of States' ALF Quality Metric Systems Executive Summary

Report to the Assisted Living Facility Quality Measures Work Group
Survey of States' ALF Quality Metric Systems - Executive Summary
November 15, 2019

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 Assisted Living Facilities.

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 Assisted Living Facilities 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 Assisted Living Facilities 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 Assisted Living Facilities 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 Assisted Living Facilities' 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 RCQMP 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** |
| **Structural Measures** (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) | |
| **Outcome Measures** (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) |
| **Performance Measures** (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 | | | |
| **Structural, Outcome & Performance Measures - Reporting Cycle** | Quarterly | Monthly | Annually | Annually | Annually |
| **Resident Satisfaction Survey - Reporting Cycle** | Annually | Annually | Annually | No | Bi-Annual |
| **Measures publicly available** | 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 [1]** | **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 |

[1] **NOTE:** 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 includes items on facility meals and staffing.

| State ALF Resident Satisfaction Survey | | | | | |
|---|---|---|---|---|---|
| | | | | **Ohio** | |
| | **Wisconsin WCCEAL Program** | **New Jersey HCANJF AS Program** | **Oregon RCQM Program** | **RCF Resident Satisfaction Survey** | **RCF Family Satisfaction Survey** |
| Resident Survey Instrument | Standardized questionnaire with 28 questions across 7 domains (Staff, Rights, Environment, Activities, Meals & Dinning, 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, Rom or Apartment Enviornment, and Facility Culture)<br><br>(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, Rom or Apartment Enviornment, and Facility Culture)<br><br>(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<br>ALF can compare results with total WCCEAL ALFs | No | Yes<br>Department of Human Services will make available | Yes<br>Available on Department of Aging's ALF Directory | Yes<br>Available on Department of Aging's ALF Directory |

In comparing Assisted Living Facilities 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 Assisted Living Facilities. 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, HCANJF 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 Assisted Living Facilities 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 HCANJF Advanced Standing program reduces the survey cycle for participating Assisted Living Facilities 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 Assisted Living Facilities. 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 Assisted Living Facilities. 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 Assisted Living Facilities 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 Assisted Living Facilities. 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.

## Appendix 6 Quality Measures and Indicators Explored

In order to develop a recommendation for quality metrics, the work group explored a number of existing quality measures and indicators related to assisted living facilities.

First reviewed were the Home and Community Based Services (HCBS) measures used by the DSHS Aging and Long-Term Support Administration. Information specific to assisted living facility residents is gathered by assisted living facility licensors who interview 10 percent of the resident population. Eight questions are asked during the resident interviews as a part of the inspection process.[30]

The work group also examined the National Core Indicators™ used by both the DSHS Aging and Long-Term Support Administration and the Developmental Disabilities Administration. Membership is voluntary and allows member state agencies to gather a standard set of performance and outcome measures that can be tracked over time and compared with other states.[31]

The National Quality Forum (NQF) sets standards for quality measurement in healthcare and endorses quality measures.[32] Two quality measures use CoreQ℠ to evaluate resident and family satisfaction. Two additional measures relate to clinical outcomes of residents transitioning from assisted living to in-patient care. [33]

In addition to developing the CoreQ℠ resident and family satisfaction surveys the American Health Care Association promotes four performance measures for its long-term and post-acute care centers as a part of its national Quality Initiative:

- Staff Stability – reduce turnover among direct care staff to a rate of 50% or less;
- Customer Satisfaction – achieve a rate of 90% or more resident and/or family member satisfaction with their experience;
- Hospital Readmissions – safely reduce hospital readmissions within 30 days of hospital discharges to a rate of 20% or less; and
- Antipsychotics – safely reduce the off-label use of antipsychotics to a rate of 15% or less.[34]

Work group discussion reflected that hospital readmissions and antipsychotic use was not the direction the work group wanted to go because such measures were medically-focused, more reflective of the nursing home industry and were not directly focused on the purpose of the quality metrics system, which is to "inform consumers".

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[30] DSHS Assisted Living Facility Interview form, DSHS 10-365 (Rev. 04/2019), p. 1.
[31] National Core Indicators, <https://www.nationalcoreindicators.org/about/> accessed on May 26, 2020.
[32] National Quality Forum, <http://www.qualityforum.org/what_we_do.aspx> accessed on May 27, 2020.
[33] Maggie Lohnes, "Assisted Living Facility Quality Measures: An environmental scan," University of Washington Tacoma, Gig Harbor, Wa., June 6, 2019, p. 5.
[34] National Health Care Association/National Center for Assisted Living, https://www.ahcancal.org/quality_improvement/qualityinitiative/Pages/default.aspx>, accessed on May 26, 2020.

## Appendix 7 Summary of Assisted Living Facility Quality Domains and Measures

Summary of Assisted Living Facility Quality Domains and Measures

| Domain | Motion | Discussion | Vote on Motion |
|---|---|---|---|
| **Consumer Satisfaction** | The 4 CoreQ℠ survey questions as currently written should be used as a baseline for a resident survey.<br><br>- "In recommending this facility to your friends and family, how would you rate it overall?"<br>-"Overall, how would you rate the staff?"<br>- "How would you rate the care you receive?"<br>- "Overall, how would you rate the food?"<br><br>Answers using Likert score (1-5) Poor, Average, Good, Very Good, Excellent | Comments included:<br>- While the word "facility" is not as patient-centered as it could be, the CoreQ℠ questions as written are validated and standardized.<br>- The four questions are appropriate for different facility types (memory care, Medicaid, private, etc.) so this creates a "level playing field" for the industry.<br>- The summarized answers to CoreQ℠ questions would be informative to people looking for a facility, but without an open-ended question for specific resident feedback, will be less useful for the facility for quality improvement purposes.<br>- Using a standardized set of survey questions will allow comparisons across other users in other states.<br>- The CoreQ℠ questions can be illustrated as separate questions or aggregated into an overall rate. | Motion made by Linda Moran and seconded by Candy Goehring on 1/23/2020.<br>Voted in favor: G De Castro, Robin Dale, George Dicks, Ian Davros, Erica Farrell, Carol Foltz,* Brad Forbes, Candy Goehring, Carolyn Ham, Patricia Hunter, Morei Lingle, Cathy MacCaul, Sandra Miles, Linda Moran, Alyssa Odegaard, Betty Schwieterman, and Don Tavolacci<br>Voted against: none<br>Abstained: none<br>Not present to vote: David Black and John Swenson |
| **Safety** | Domain is very important, validated measures need to be explored | Comments included:<br>- This domain is extremely important.<br>- The survey question "Do you feel safe" is too vague for a quality performance measure.<br>- To get specific feedback, there would need to be a list of questions related to safety.<br>- If a person didn't feel safe in the facility for whatever reason, they would likely not recommend it to their friends and family (CoreQ℠ question). | Motion made by Betty Schwieterman and seconded by Robin Dale on 2/13/2020.<br>Voted in favor: G De Castro, Robin Dale, Ian Davros, George Dicks, Erica Farrell, Carol Foltz, Brad Forbes, Candy Goehring, Carolyn Ham, Patricia Hunter, Morei Lingle, Cathy MacCaul, Sandra Miles, Linda Moran, Alyssa |

| Domain | Motion | Discussion | Vote on Motion |
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| | | - Offering a closed-ended question followed by an open-ended question may provide more information so that facilities can respond to comments. | Odegaard, Betty Schwieterman, and Don Tavolacci<br>Voted against: none<br>Abstained: none<br>Not present to vote: David Black and John Swenson |
| **Equity, Diversity and Inclusivity** | Domain is very important, validated measures need to be explored. | Comments included:<br>- This domain is extremely important, and will become more important over time as our facilities serve a more diverse population.<br>- Question should be constructed in a meaningful way that transgender residents can answer and people can feel good about answering the question.<br>- The question "Do you feel respected?" is too vague. Suggestions included "Do you feel respected by staff"; "Do you feel respected by fellow residents".<br>- Survey questions that address EDI would need to be vetted with different communities, validated and tested. | Motion made by Robin Dale and seconded by Carolyn Ham and Linda Moran on 1/23/2020.<br>Voted in favor: G De Castro, Robin Dale, Ian Davros, George Dicks, Erica Farrell, Carol Foltz, Brad Forbes, Candy Goehring, Carolyn Ham, Patricia Hunter, Morei Lingle, Cathy MacCaul, Sandra Miles, Linda Moran, Alyssa Odegaard, Betty Schwieterman and Don Tavolacci<br>Voted against: none<br>Abstained: none<br>Not present to vote: David Black and John Swenson |
| **Informed Choice and Decision Making**<br><br>**Person-Centered Planning** | The domains of "Informed Choice and Decision Making" and "Person-Centered Planning" should be combined; the combined domain needs to be considered further; validated measures need to be explored. | Comments included:<br>- The domain is somewhat covered by the CoreQ℠ question "How would you rate the care you receive".<br>- Perception of ability to make decisions may differ based on type of facility and/or a resident's capacity. Concern with "equal playing field".<br>- ALF inspections include open-ended questions on whether staff know their preferences/things they make choices about. | Motion made by Candy Goehring and seconded by Alyssa Odegaard on 1/23/2020.<br>Voted in favor: G De Castro, Robin Dale, Ian Davros, George Dicks, Carol Foltz, Erica Farrell, Brad Forbes, Candy Goehring, Carolyn Ham, Patricia Hunter, Morei Lingle, Cathy MacCaul, Sandra Miles, Linda Moran, Alyssa Odegaard and Betty Schwieterman |

| Domain | Motion | Discussion | Vote on Motion |
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| | | - National Core Indicators™ could be considered for measures.<br>- Consider HCBS question: Can you make choices about the care and services you received here at the facility?<br>- Medicaid residents may feel that their choices are being made for them while private pay may feel that their choices are reflected in the services they purchase.<br>- This may be more appropriate for those living more independently than those with higher acuity due to mental health and dementia.<br>- This is important to those with mental health because decision making is a part of recovery. | Voted against: Don Tavolacci voted no stating, "from our experience as an operator this domain is not tied closely enough to quality measures which can be controlled by facility staff or facility owner. Both questions are excellent questions an individual and their family should ask themselves. But in high acuity facilities like all of the ones we operate, it is primarily the resident's physician and facility nurse who makes most of the important decisions in their daily lives. I could see this domain and its questions being valid for a low acuity or independent living facility."<br>Abstained: none<br>Not present to vote: David Black and John Swenson |
| **Community Participation/ Quality of Life** | Community Participation domain needs to be considered further; validated measures need to be explored. Quality of life should be combined with the first domain (consumer satisfaction) as this is captured by the adoption of CoreQ℠. | Comments included:<br>- There can be a discrepancy between how one ranks one's quality of life, and whether you would recommend the facility to friends and family.<br>- Quality of life, while important, may be independent of the facility you are living in.<br>- Community participation options will vary depending on the resources of the facility, so would not be an | Motion made by Candy Goehring and seconded by Carolyn Ham on 1/23/2020.<br>Voted in favor: G De Castro, Robin Dale, George Dicks, Erica Farrell, Carol Foltz, Brad Forbes, Candy Goehring, Carolyn Ham, Patricia Hunter, Morei Lingle, Cathy MacCaul, Sandra Miles, Linda Moran, Alyssa Odegaard, Betty |

| Domain | Motion | Discussion | Vote on Motion |
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| | | "equal playing field" for all facilities.<br>- Consumers will want to know what specific community activities are offered/available. | Schwieterman, and Don Tavolacci<br>Voted against:<br>Ian Davros voted no stating that, "quality of life should be a stand alone domain and not combined with others."<br>Abstained: none<br>Not present to vote: David Black and John Swenson |

## Appendix 8 Report on a System for Monitoring and Tracking Performance

### Process for Monitoring and Tracking Assisted Living Facility Performance

The primary data collection recommended by the work group was a resident survey, to capture the resident's perception of quality and then inform consumers. The work group considered the following facets of implementing a monitoring and tracking system:

- Funding of the resident survey;
- Administering the resident survey;
- Distribution of the survey findings; and
- Implementation of a resident survey.

**Funding of the resident survey**

Of the 19 voting work group members:

- Sixteen (16) or 84% recommended that the resident survey be funded by the Legislature ("best to have the most secure and sustainable source of funding"), with 2 of those members suggesting that facilities taking Medicaid clients should be wholly funded by the Legislature, with private pay or low Medicaid percentage facilities either covering the cost themselves or splitting the cost with the Legislature.
- One (1) favored grants as the major funding source, with 2 others considering grants in addition to or in lieu of legislative funding.
- One (1) recommended all assisted living facilities fund the resident survey by themselves, with legislative funding as a secondary source. Civil monetary penalties were the favored funding source of a different work group member, though it is noted that accessing these funds for an assisted living facility resident survey would require RCW changes.

**Administering the resident survey**

Of the 19 voting work group members:

- Sixteen (16) or 84% preferred to have one outside vendor administer the resident survey, with three of those members feeling approved certified vendors selected by the facility would also be acceptable, especially after the pilot stage.
- Two (2) felt the state should contract out to a university for the resident survey and 1 felt either DSHS or a university would be their preferred option.
- No work group members recommended having the individual facility conduct the resident survey themselves.

**Distribution of the survey findings**

Of the 19 voting work group members:

Identifiable data (survey respondent is known):

- Twelve (12) or 63% recommended that identifiable survey data (responses identified by resident) be made available to the facility, but not to the state. Aggregates of each measure would then be sent separately to the state. Discussion noted that if facilities received individual responses they could respond to any

concerns raised during the survey as part of a continuous quality improvement effort. It was also noted that individual facilities could add questions to the survey, potentially at their own cost. One of the 12 members felt that identifiable data to the facility should last only for the pilot period, after which the data should be aggregated.

- Five (5) voted that identifiable survey results should not be made available to the facility, but instead be retained only by the survey contractor. Concern was expressed that residents would want their responses to be strictly confidential.
- Two (2) felt identifiable data should go to the state. Of these two, one member felt that a 4 year pilot be implemented, with identifiable data to both the facility and the state, while another felt that identifiable data not be made available to the facility.

Public Posting of Results:

- Thirteen (13) or 68% recommended the results of each question of the survey be publicly posted for each facility, with 5 of the 13 recommending the individual results also be rolled up into a aggregate score like a star rating.
- Four (4) felt the results of the individual questions should not be made public for each facility, instead only showing the aggregate score like a star rating. One of the 4 mentioned making individual question aggregate responses available upon request.
- One member recommended postponing all public result posting until a trial or pilot phase was completed.

**Implementation of a resident survey**

Of the 19 voting work group members:

- All 19 (100%) recommended that the resident survey be piloted first. Eight (8) members favored piloting the resident survey first with voluntary facility participation to test the survey collection system, with no posting of initial results, while nine (9) recommended piloting by <u>all</u> facilities, again with no posting of initial results. One additional work group member favored piloting the resident survey with voluntary participation, but publicly posting results with information about the pilot and the goals of the survey program.
- Sixteen (16) or 84% felt the resident survey, once piloted, should be mandatory for all assisted living facilities, with one of those members recommending that disclaimers be included for specialty facilities (dementia, behavioral health).
- Three (3) felt participation after piloting should be voluntary on the part of assisted living facilities, with one suggesting including incentives for voluntary participation.

Due to the interruption of the COVID-19 pandemic, the final two areas for implementation recommendations (monitoring and tracking) did not benefit from full work group discussion before the vote. Many work group members felt these results may have been different had there been full work group discussion. The results prior to discussion are documented here as a starting place for future discussion.

**Monitoring of the Resident Survey Results.**
Of the 18 voting work group members:*

- Eight (8) felt either that no monitoring of resident survey results by the state (Residential Care Services) should be recommended or that monitoring of resident survey results should be limited to noting which facilities had a resident survey.
- Five (5) felt that monitoring by the state should only be triggered if survey results did not meet predetermined benchmark levels. One of these members suggested that the first survey results would give guidance on developing future benchmarks.
- Five (5) felt that state survey/ inspection staff could use any survey results to identify and act on potential problem areas. One of these work group members felt the resident survey information should be available to the Office of State Long Term Care Ombuds program and the State Developmental Disabilities Ombuds program.

**Tracking of the Resident Survey Results**
Of the 18 voting work group members:*

- Four (4) felt the resident surveys should not be publicly posted by facility for tracking.
- One (1) clarified that the resident surveys should not be posted the first year and that publishing second year data would depend upon survey results, participation requirements, and any incentives recommended by the Legislature.
- Six (6) felt the previous three years of resident survey results should be posted publicly, by facility.
- Three (3) felt all survey results should be shared, so consumers could see if there were any patterns over time.

*One work group member did not cast a vote.