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, 2019

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Executive Summary

During the 2018 Regular Legislative session, <u>Engrossed House Bill 2750</u> passed and was signed into law on June 7, 2018. Section 3 of this bill adds a new section to <u>Chapter 18.20</u> <u>Revised Code of Washington</u>, which relates to quality in Washington state's Assisted Living Facilities (ALFs). This report meets the requirement of EHB 2750 to provide the Washington State Legislature with an interim report by September 1, 2019.

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;
- Propose a process for monitoring and tracking performance; and
- Recommend a process to inform consumers.

Twenty-four members were recruited as specified in the bill for the work group including consumers and representatives from the tribes. Monthly meetings began in October 2018.

A key decision of the work group was the unanimous decision that the purpose of the quality metrics system will be to inform consumers. The work group is currently defining potential domains or categories for the quality metrics system. Some domains that are under consideration are:

- Safety and privacy;
- Person-centered care planning;
- Rights and respect; and
- Consumer and family satisfaction.

The work group is exploring specific measures for each domain. The bill stipulates that any proposed quality metrics system may not be unnecessarily burdensome to ALF providers.

Initial research reveals that quality performance metrics are established in three states:

• Wisconsin, through the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) and the University of Wisconsin (UW), created an online reporting system for ALF providers to voluntarily upload data to their provider associations. Individual Assisted Living Communities' (ALCs) data is not shared with the State of Wisconsin Department of Health Services (DHS). The only information WCCEAL shares with DHS is if the member ALC is in good standing. The program received funding to develop the online data reporting system from a number of public and private sources including DHS, the UW and the state's four provider associations. DHS currently contributes \$200,000 annually to the UW to support the online data reporting system on behalf of the associations and DHS. Providers report on 29 measures.¹

¹"A Commitment to Quality – Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)" Webex presentation by the Bureau of Assisted Living Division of Quality Assurance and the Division of Medicaid Services, Long Term Care Benefits and Programs on September 7, 2018.

- The state of New Jersey collaborated with one provider association, the Health Care Association of New Jersey Foundation. For a fee, providers may volunteer to participate and report quality metrics to the Foundation. If all program requirements are met, the provider may receive an Advanced Standing designation from the state's Department of Health. Providers must meet six quality measures.²
- Established in 2017, Oregon's governor-appointed council developed five performance measures for the first year of reporting. Oregon Department of Human Services (DHS) staff are currently developing software for providers to upload data. The data system is unfunded and ALFs are required to begin annual reporting to DHS in 2020.³

On a national level, the American Health Care Association/National Center for Assisted Living developed the LTC Trend TrackerSM for its members. Participation is voluntary and for a minimal cost members may use the web-based system to upload and track four key quality metrics.⁴

Existing online systems are being explored to recommend a process for monitoring and tracking the performance of Washington's ALFs.

The work group is required to recommend a process to inform consumers. The work group recommends enhancements to the state's public webpages and is exploring potential data systems used by other states.

Further exploration and discussions during the second year of the project will result in recommendations for inclusion in the final report to the Washington State Legislature on September 1, 2020.

² Assisted Living Communities: States Embrace Unique Collaborative Quality Efforts, National Center for Assisted Living,

<<u>https://www.ahcancal.org/ncal/advocacy/regs/Documents/NCAL%20AL%20Case%20Studies.pdf</u>>, accessed May 13, 2019, p. 3.

³ Residential Care Quality Measurement Program, <<u>https://www.oregon.gov/DHS/PROVIDERS-</u> <u>PARTNERS/LICENSING/CBC/Pages/Quality-Metrics.aspx</u>>, accessed May 13, 2019.

⁴ American Health Care Association webpage,

< https://www.ahcancal.org/research_data/trendtracker/Pages/default.aspx>, accessed May 13, 2019.

Background

Legislative Mandate

During the 2018 Regular Legislative session, <u>Engrossed House Bill 2750</u> passed and was signed into law on June 7, 2018. Section 3 of this bill adds a new section to <u>Chapter 18.20</u> of the Revised Code of Washington, which relates to quality in Washington state's Assisted Living Facilities (ALFs). 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 ALFs.

This report meets the requirement by EHB 2750 to provide the Washington State Legislature with an interim report by September 1, 2019. A final report is due to the Legislature on September 1, 2020. The report may include a dissent report if agreement is not achieved among stakeholders and DSHS.

Assisted Living Facilities in Washington State

An ALF is a community-based setting licensed by DSHS to care for seven or more residents. ALFs provide housing, basic services and assume general responsibility for the safety and wellbeing of the resident. Basic services may include housekeeping services, meals, nutritious snacks, laundry, activities and transportation. ALFs may also directly or indirectly provide domiciliary care including: assistance with activities of daily living (ADLs), 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.⁵

ALFs vary in size and ownership from a family-operated seven bed facility to a 150-bed facility operated by a large national corporation.⁶ An ALF, 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.⁷

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

• Adults who are older⁸;

⁵ RCW 18.20.020 Definitions, <<u>https://app.leg.wa.gov/RCW/default.aspx?cite=18.20.020</u>>, accessed May 21, 2019.

⁶ Fact Sheet: Programs and Initiatives – Assisted Living Facilities, Aging and Long Term Support Administration, 2019, p.1.

⁷ RCW 18.20.020 Definitions, <<u>https://app.leg.wa.gov/RCW/default.aspx?cite=18.20.020</u>>, accessed May 21, 2019.

⁸ 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.

- 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 and 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 preferences;
- 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, has nearly 350 staff who are tasked with the licensing, certification and oversight of the quality of care in over 3,600 licensed or certified residential long-term care settings statewide.⁹ There are 33,830 licensed ALF beds in Washington's 543 licensed ALFs.¹⁰ Genworth reports that in 2018 the state median cost of care in an ALF in Washington state was \$61,620 annually or \$5,135 per month.¹¹

On April 1, 2019, 6,361 Medicaid-funded residents lived in ALFs. Of these, 826 Medicaid residents lived in ALFs providing specialized dementia care.¹² ALFs that have a Medicaid contract provide a variety of service packages including specialized care for residents with dementia. Appendix 2 contains further information about these Medicaid service options.

Linda Moran, a resident and consumer representative of the work group, pointed out that, "some of the residents of ALFs who need assistance and choose to live in an ALF are younger than the average older adult resident and they have different needs and interests. This resident population is growing. ALFs provide an opportunity to be in a community setting that 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 project sponsor is the Assistant Secretary of ALTSA. Membership includes representatives from across the state including ALF residents, members from the Makah and Squaxin Island Tribes and others as defined in the legislation. See Appendix 3 for a roster of work group's founding members.

⁹ Aging and Long-Term Support Administration Strategic Plan 2019-2021, p. 4.

¹⁰ Data from FAC 1018 Currently Licensed AFH BH, accessed on May 10, 2019.

¹¹ Genworth webpage, <<u>https://www.genworth.com/aging-and-you/finances/cost-of-care.html</u>>, accessed May 13, 2019.

¹² CARE authorizations as of 4/1/2019, DSHS/ALTSA/Office of Rates Management, accessed 6/3/2019.

The work group began monthly meetings in October 2018. The <u>Assisted Living Quality</u> <u>Measures Project</u> website provides information to work group members and the public including: meeting minutes, meeting dates and locations, and other reports and resources.

The work group created and unanimously approved a charter (see Appendix 4) to serve as the foundation for the work group's activities, processes and scope. Appendix 5 contains the timeline developed for the first year.

Environmental Scan

Literature Review

A review of scientific literature related to assisted living facilities was undertaken using the University of Washington Tacoma Library. See Appendix 6 for articles listed in the PubMed database.

Quality Measures Inventory

A scan for existing assisted living facility quality measures was undertaken. The National Quality Forum's (NQF) Quality Positioning System (QPS) was accessed and the search term "Assisted Living Facility" was entered. Of the eight measures produced, four measures remain endorsed. Two measures relate to clinical outcomes and the other two measures relate to resident and family satisfaction.

An additional search was performed using the Centers for Medicare and Medicaid Services (CMS) Measures Inventory Tool (CMIT) revealing three performance measures related to ALFs which are used for federal payment programs. Appendix 7 offers further information about these measures and the NQF measures.

Internet Search

A state-by-state internet search was performed using a standard internet browser to emulate the experience of a prospective ALF resident or family member seeking information about the quality of ALF facilities. The top categories of internet sources for ALF quality information, in descending order of frequency across multiple states, are:

- <u>ALF-Lookup;</u>
- <u>Consumer Health Ratings Quality and Cost Guides | Doctor Reviews | Hospitals;</u>
- <u>McKnight's Long Term Care News;</u>
- <u>Senior Home Blog;</u>
- Blogs produced by elder law attorneys; and
- State government ALF reports.

Of note, the states of Washington and Wisconsin are the only states whose state-sponsored services appeared first on the search return lists. Also of interest, none of the state websites with current consumer-facing ALF quality measurement programs appeared in the first pages of results using this search engine approach. This may be due to targeted paid promotion of

websites by the website domain owners. Appendix 8 provides the results of the internet research and includes information for each state.

Study of the States

Requirements of the Bill

The bill requires that at least one meeting must review and analyze other states with quality metric methodologies for ALFs and how well each state is achieving quality care outcomes. In analyzing other states' quality metrics systems the work group must consider:

- 1. Whether the data that must be reported reflects and promotes quality of care; and
- 2. Whether reporting the data is unnecessarily burdensome upon ALFs.

Research Design

The DSHS Research and Data Analysis (RDA) Division worked with a subgroup of work group members to develop a research design. A survey instrument was developed by the team and the questions are outlined in Appendix 9. States meeting the selection criteria were asked to complete the online survey instrument and interviewed to share their insights and experiences in developing a system. Provider associations were interviewed if the performance metrics system is managed by these entities. DSHS staff continue to coordinate outreach to the states for inclusion in the study.

Work Group Analysis of a Quality Metrics System

Work Group Activities and Findings

Rather than start with evaluating individual measures without context, the work group went through a process to determine the primary purpose of the quality metric system, worked on building domains or categories to organize measures based on the work group's guiding principles, and then began to review measures consistent with the chosen purpose, to inform consumers.

The key challenge in creating a quality metrics system focused on performance is to make a credible projection of expected outcomes:

- An example of an outcome would be: "X% of a given facility's residents reported being satisfied with their care".
- An example of a performance measure would be: "A higher proportion of a given facility's residents report being satisfied with their care, compared to the average experience of comparable residents in similar facilities".

In order to develop a recommendation for quality metrics, the work group explored existing measures. First reviewed were the Home and Community Based Services (HCBS) measures used by ALTSA. Information specific to ALF residents is gathered by ALF licensors who interview 10 percent of the resident population during inspections. Appendix 10 contains page one of the Assisted Living Facility Resident Interview (DSHS form10-365) used by ALTSA to measure resident satisfaction for the HCBS measures. The work group also examined the National Core Indicators™ used by ALTSA and the Developmental Disabilities Administration.

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) adopted performance measures for its national Quality Initiative. The work group looked at the four measures:

- Staff Stability Reduce turnover among direct care staff to a rate of 50% or less;
- Customer Satisfaction 90% or more residents and/or family members are satisfied 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.

The work group also explored AHCA/NCAL's Resident and Family Satisfaction measures endorsed by the National Quality Forum (NQF) contained in Appendix 7.

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". The work group identified the need to document what measures/performance standards would not be recommended, as well as documenting recommended measures.

Exploration of existing measures resulted in RDA staff being tasked with developing domains based on the five guiding principles of the work group's charter as listed below:

Gu	iiding Principle	Potential Domains
1.	ALF residents are entitled to care and support that promotes safety, independence and privacy.	Safety, independence, access to community, privacy and a homelike environment
2.	ALF 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
3.	ALF residents should receive services that are inclusive, respect diversity and ensure equity.	Rights and respect, inclusion and diversity
4.	ALF residents and their families should have access to accurate, truthful and fair information about ALFs.	Informed choice
5.	ALFs should include inquiry into the experiences and responses of residents and their families in assessing and improving quality.	Consumer satisfaction and family satisfaction

The work group expanded this preliminary list. The full list of domains being considered is recorded in Appendix 11. After the domains are established the work group will develop specific measures which will result in a final recommendation for a performance metrics system.

John Swenson, work group member and secretary of his ALF's residents' council, asserts that, "any measures defined by the work group must encourage ALFs 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."

Work Group Analysis of a Process for Monitoring and Tracking ALF Performance

Work Group Activities and Findings

The work group examined state and national efforts to monitor and track the performance of ALFs. Preliminary findings reveal that two states currently have a system to track performance and one state is currently developing a system:

- Wisconsin developed a system that allows ALFs to voluntarily submit data on quality metrics through their four provider associations. Results for individual ALFs are not available to the public.
- In New Jersey, ALFs may submit data through the Health Care Association of New Jersey (HCANJ) Foundation. Providers may voluntarily submit data on quality metrics through an online reporting system. Results are not posted on the state's public website. However, providers achieving the Advanced Standing designation by the state are identified on the HCANJ Foundation's <u>Facility Locator</u> website. The website is accessible by the public.
- Oregon's Department of Human Services is developing a mandatory process for reporting and monitoring performance. Reporting by ALFs is slated to begin in 2020.
- On a national level, one provider association, the American Health Care Association, offers the <u>LTC Trend TrackerSM</u> web-based tool for member ALFs to report on quality metrics.

Further detail about these four programs is contained in Appendix 12.

Work Group Analysis of a Process to Inform Consumers

EHB 2750 requires that the work group recommend a process to inform consumers about ALFs. 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 ALF residents that could be used to monitor and track the performance of ALFs or be used for reporting quality metrics.

The ALF Locator

RCS currently manages the <u>ALF Locator</u>. It is the only database accessible by the public and it enables an internet search by city, county, zip code, license number, bed count and specialty care type. It displays demographic information, deficiency reports, enforcement actions, and specialty certifications.

As a preliminary recommendation, the work group is proposing changes to the ALF Locator. Redesigning its features and improving functionality would increase its value to the public. Coding the website within various internet search engines so that they display the DSHS website and ALF Locator at the beginning of a web search would make it easier for the public to access these webpages.

ALF Disclosure of Services

ALFs are required to submit a completed Disclosure of Services form at the time of initial application for an ALF license and to any interested person, upon request . The form is located in Appendix 13.

Another preliminary recommendation of the work group is to offer ALF providers the opportunity to voluntarily post their Disclosure of Services form on the ALF Locator. Precedence is already set for public posting, since the online <u>AFH Locator</u> posts the Disclosure of Services form for Adult Family Homes, as required by statute. The work group also considered that publicly posting the Disclosure of Services form could become a quality performance measure.

The evaluation of existing data systems and information from the study of the states will steer the work group in developing recommendations for an online system to track, monitor and report ALF performance to the public. Costs associated with procurement of a new software system by ALFs and staff time needed to submit data must not be burdensome to providers, as required by the bill.

Any recommendation must consider the time, money and effort necessary to design, implement and maintain an electronic system to track quality performance metrics for licensed ALFs. Funding will be needed to support:

- Software development for a data system;
- Training for ALF staff about the online data reporting system and reporting requirements;
- Piloting of a prototype data system; and
- Installation and maintenance of the system for participating ALF providers.

Conclusion

Summary

At this time Washington has neither a quality metrics system nor a public-facing system to track and monitor the performance of ALFs outside of regulatory compliance and

enforcement. EHB 2750 establishes a work group to address this lack of information and to propose a method for informing the public about ALFs and their quality of care.

The work group agreed to a four-step process for developing recommendations for a quality metrics system. Members unanimously agreed that the purpose of the system would be to inform consumers. Potential domains and measures are being drafted.

The work group explored four models for tracking and monitoring performance. The group continues to explore options in order to develop a recommendation for a more comprehensive online system to capture information from ALF providers.

The work group proposes two preliminary recommendations as they continue to explore options to better inform the public. The following suggestions would not require regulatory changes:

- 1. Offer ALF providers the opportunity to voluntarily post their Disclosure of Services form on the ALF Locator; and
- 2. Enhance the ALF Locator to expand information on the consumer webpage and design the webpage so it is easier for consumers to navigate.

Work group member and consumer, Ian Davros, states that, "ALFs are a valuable option in the continuum of care and the public is best served when information about individual ALFs is in a single easy to access location. By providing information about what's available we can make a more informed choice and live a more productive and uplifting life in our new home with opportunities to grow as individuals."

The ALF Quality Measures Work Group is entering its second year (see Appendix 14 for the proposed Project Timeline for Year Two). The group is tasked with creating recommendations for the final report due to the Legislature on September, 1, 2020. The work group envisions that these recommendations will fuel discussion by DSHS administrators and the Legislature, and result in a quality metrics systems to inform consumers.

Appendices

Appendix 1: Engrossed House Bill 2750 Section 3

Appendix 2: Assisted Living Facility Service Packages

Appendix 3: ALF Quality Measures Work Group Member Roster

Appendix 4: Assisted Living Facility Quality Measures Work Group Charter

Appendix 5: Work Group Project Timeline for Year One

Appendix 6: Literature Review

Appendix 7: National Quality Forum and Centers for Medicare and Medicaid Services Measures Inventory Tool

Appendix 8: Assisted Living Facility Public Facing Websites State-by-State

Appendix 9: Outline of State Survey Instrument

Appendix 10: Assisted Living Facility Resident Interview Form, Page One with HCBS Questions

Appendix 11: Guiding Principles and Potential Quality Performance Metrics Domains

Appendix 12: Current State and National ALF Quality Metrics Program

Appendix 13: Disclosure of Services Form

Appendix 14: Work Group Project Timeline for Year Two

Appendix 1 Engrossed House Bill 2750 Section 3

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 persons 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.

Appendix 2 Assisted Living Facility Service Packages

Assisted Living Facility Service Packages

Assisted Living Facilities that provide care for state-funded (Medicaid) residents offer one or more of the following service packages. These service packages help you understand what options or services an Assisted Living Facility provides.

Adult Residential Care (ARC)

This service package includes helping a resident who is able to take his/her own medication but needs some help (e.g. a reminder to take it or the medication handed to him/her) and personal care (e.g. bathing, dressing, personal hygiene). Residents who need to be monitored for their safety may get limited supervision.

Enhanced Adult Residential Care (EARC)

This service package includes all of the services as listed in the Adult Residential Care (ARC) package above and help for a resident who can't take his/her own medication (medication administration). Some type of nursing care must be provided occasionally. No more than two people will share a room.

Enhanced Adult Residential Care - Specialized Dementia Care Services

This service package includes all services as outlined in the Enhanced Adult Residential Care package above and additional services for a resident with dementia. Learn more about this program.

Assisted Living

This service package includes a private apartment. Some type of nursing care must be provided occasionally and help is available for medication administration and personal care.¹³

¹³ Aging and Long Term Support Administration Long-Term Care Housing Options website

<<u>https://www.dshs.wa.gov/altsa/home-and-community-services/assisted-living-facility-service-packages</u>>, accessed May 13, 2019

Appendix 3 ALF Quality Measures Work Group Member Roster

ALF Quality Measures Work Group Member Roster

Name	Represents
David Black King County Behavioral Health Ombuds Behavioral Health Ombuds Service for King County	Experience serving persons with mental health needs in an institutional setting
Robin Dale President and CEO Washington Health Care Association	Assisted living provider association
Ian Davros Former ALF Resident Consumer Representative	Individual with additional expertise - consumer of ALF services
G De Castro Director of Aging and Adult Services Asian Counseling and Referral Service	Expertise in serving culturally diverse and non-English-speaking persons in an institutional setting
George Dicks Mental Health Practitioner, Lead Geriatric Psychiatric Service Harborview Medical Center University of Washington	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 Clinical Manager Alzheimer's Association of Washington	Alzheimer's advocacy organization
Brad Forbes Director of Policy and Advocacy National Alliance On Mental Health (NAMI)	Experience serving persons with mental health needs in an institutional setting
Nora Gibson Care Consultant, former Executive Director 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
Candace Goehring Director of Residential Care Services Aging and Adult 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

Name

Represents

David Haack	Experience serving persons with
Executive Vice President and Chief	mental health needs in an institutional
Marketing Officer	setting and assisted living facility
Living Care Lifestyles	provider
Carolyn Ham	Licensed health care professional with
Older Adult Falls Prevention Specialist	expertise caring for geriatric patients
Injury and Violence Prevention Unit	and health care professional with
Prevention and Community Health Division	experience caring for diverse and non-
Washington State Department of Health	English-speaking patients
Jan Hanson	Health care professional with expertise
Registered Nurse	caring for diverse and non-English-
Makah Health Home and Senior Aide	speaking patients and licensed health
Program	care professional with experience
riogram	caring for geriatric patients and
	individual with additional expertise –
	tribal member
Patricia Hunter	Long-term care ombuds
State Long-Term Care Ombuds	Long term care ombuds
Washington State Long-Term Care Ombuds	
Katie Jacoby	Licensed health care professional with
Senior Care Program Manager	experience caring for geriatric patients
Community Health of Central Washington	and health care professional with
Community meaning of Central Washington	-
	experience caring for diverse and non- English speaking patients
Morei Lingle	Assisted living provider association
0	
Senior Vice President, Chief Administrative	and assisted living facility provider
Officer for Merrill Gardens and Representative	
for Argentum	
Merrill Gardens/Argentum	
David Lord	Expertise in serving persons with
Director of Public Policy	developmental disability needs in an
Disability Rights Washington	institutional setting and expertise in
	serving persons with mental health
	needs in an institutional setting
Cathy MacCaul	Individual with additional expertise -
Advocacy Director	policy and consumer advocacy
AARP Washington	
Sandra Miles	Expertise in serving persons with
Director of Long Term Care Services	mental health needs in an institutional
Sea-Mar Community Health Centers	setting, expertise in serving culturally
	diverse and non-English-speaking
	persons in an institutional setting and
	assisted living facility provider

Name	Represents
Linda Moran ALF Resident Consumer Representative	Individual with additional expertise - consumer of ALF services
Jamie Queen Vulnerable Adults Specialist Squaxin Island Tribe Family Services Division	Individual with additional expertise - tribal member
Alyssa Schnitzius Director of Senior Living & Community Services LeadingAge Washington	Assisted living provider association
Betty Schwieterman State Developmental Disabilities Ombuds Washington State Developmental Disabilities Ombuds	Expertise in serving persons with developmental disability needs in an institutional setting
John Swenson ALF Resident Consumer Representative	Individual with additional expertise - consumer of ALF services
Don Tavolacci Principal 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

Appendix 4 Assisted Living Facility Quality Measures Work Group Charter

Assisted Living Facility Quality Measures Work Group Charter

Sponsor: Bill Moss, ALTSA Assistant	Project lead: Cathy McAvoy, ALF Outcome
Secretary, DSHS	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 (ALFs), 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 ALFs. 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 ALFs.

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 DSHS's 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. ALFs 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 ALFs.
- 5. ALFs 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 members for the work group. EHB 2750 stipulates which organizations, health care professionals, and licensed health care professionals must be represented. If a work group member is no longer able to serve on the work group, the Department may recruit a replacement for the member to ensure that the work group meets the requirements of the bill. The work group will comprise a maximum of 23 members.

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 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 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 <u>https://informingfamilies.org/pcp/</u>

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. Time is allocated at the end of every work group meeting for guests and others to ask questions and provide comments. Guests and others may not participate in work group discussions, activities, or voting.

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.

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.

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

- 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: <u>ALFQualityMeasuresProject@dshs.wa.gov</u>
- An Assisted Living Quality Measures Project webpage is available on the DSHS Aging and Long Term Support Administration (ALTSA) Internet webpage at: <u>https://www.dshs.wa.gov/altsa/stakeholders/assisted-living-quality-measuresproject</u>

A work group member roster is posted on the webpage. Announcements, meeting minutes, resources, and reports will be posted on this website.

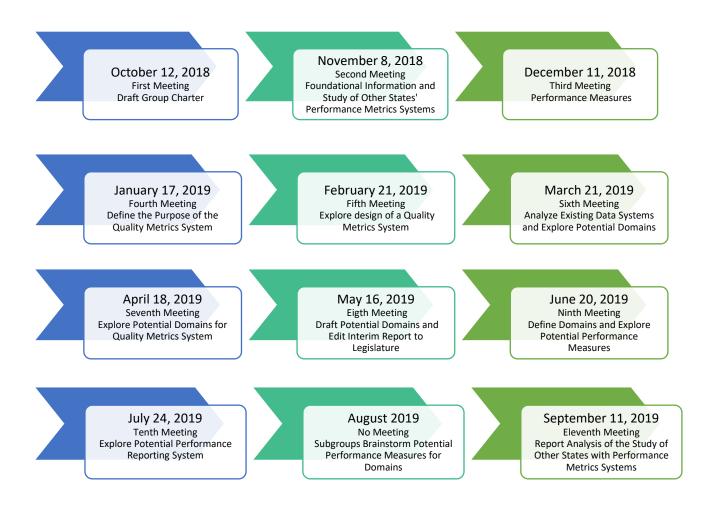
• The sponsor or their designee will be responsible for official communication with the Legislature and retains final authority on the content of the interim and final report.

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

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		

Appendix 5 Work Group Project Timeline for Year One

Work Group Project Timeline for Year One 2018-2019



Literature Review

Search results are from the University of Washington Tacoma Library PubMed database. Articles with an asterisk stood out as especially relevant to the discussions of the ALF work group:

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Appendix 7 National Quality Forum and Centers for Medicare and Medicaid Services Measures Inventory Tool

Measure Title	NQF#	Measure Steward	Updated Date	Status	Type of Measure
Hypertension: Blood Pressure Control	0013	AMA-convened Physician Consortium for Performance Improvement	February 27, 2012	No Longer Endorsed	Quality
Chronic Stable Coronary Artery Disease: Symptom and Activity Assessment	0065	AMA-convened Physician Consortium for Performance Improvement	May 08, 2012	No Longer Endorsed	Quality
Chronic Stable Coronary Artery Disease: Lipid Control	0074	American College of Cardiology	March 07, 2017	No Longer Endorsed	Quality
Heart Failure: Symptom and Activity Assessment	0077	AMA-convened Physician Consortium for Performance Improvement	May 08, 2012	No Longer Endorsed	Quality
PointRight® Pro Long Stay(TM) Hospitalization Measure	2827	American Health Care Association	December 09, 2016	Endorsed	Quality
PACE-Acquired Pressure Ulcer/Injury Prevalence Rate	3000	CMS	March 05, 2018	Endorsed	Quality
CoreQ: AL Resident Satisfaction Measure	3420	American Health Care Association/Nation al Center for Assisted Living	October 26, 2018	Endorsed	Quality

National Quality Forum Search Results

Measure Title	NQF#	Measure Steward	Updated Date	Status	Type of Measure
CoreQ: AL Family Satisfaction Measure	3422	American Health Care Association/Nation al Center for Assisted Living	October 26, 2018	Endorsed	Quality
NQF Disclaimer: Measures may be used for non-commercial implementation and/or reporting of performance data. Contact the Measure Steward if you wish to					

and/or reporting of performance data. Contact the Measure Steward if you wish to use the measure for another purpose. NQF is not responsible for the application or outcomes of measures.

Centers for Medicare and Medicaid Services Measures Inventory Tool Results

Measure List	Measure List Export (Exported 2019/05/27 23:07)				
Query: "assist	ted living facilities"	Sort Order: sc	ore(des	scending)	
Relevance	Measure Title	NQF Endorsement Status	NQF ID	Programs	Measure Type
100.0%	Percentage of Participants Not in Nursing Homes	Unknown	9999	Program of All-Inclusive Care for the Elderly (PACE) (Development)	Outcome
67.3%	Discharge to Community- Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program (Required under the IMPACT Act)	Unknown		Skilled Nursing Facility Quality Reporting (Considered)	Outcome
64.5%	PointRight Pro Long Stay(TM) Hospitalization Measure	Unknown	2827	Medicare Shared Savings Program (Declined), Skilled Nursing Facility Quality Reporting (Declined), Skilled Nursing Facility Value Based Purchasing (Declined)	Outcome

Appendix 8 Assisted Living Facility Public Facing Websites State-by-State

Assisted Living Facility Public Facing Websites State-by-State May 2019

The state-by-state internet search was performed to emulate the experience of a prospective ALF resident or family member seeking information about the quality of ALF facilities. Using a standard internet browser, a search was executed using the terms "Assisted Living Facilities" and "quality measures" and "[name of state]". After eliminating any websites marked as paid advertisements, a sample of up to three sites for each state was documented and reviewed. This assessment demonstrated that quality metric information using this commonly used methodology resulted in limited objective or easy-to-consume information.

As each website was subjectively viewed, examples of sites considered most usable for their clarity, objectivity, ease of reading and navigation are:

Maryland Health Care Commission

Choose Well in San Diego County

Delaware Long Term Care Guide

Purpose: Identify any public-facing state Assisted Living Facility (ALF) Quality Measure websites by state

Methods: Search engine was utilized using the terms "Assisted Living Facility," "Quality Measures," "[State name]" Eliminated sites marked "Ads" Location Services feature turned off

Themes:

Few websites other than ALF facilities or ads Most objective information provided in downloadable PDF documents – weighty to read Law firms specializing in Elder Law, Trusts, Life Planning News stories of unsafe conditions McKnight's Long Term Care News Senior Home Blog Consumerhealthratings.com

STATE	WEBSITES
Alabama	 <u>Alabama Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/alabama/</u> <u>McKnight's Long-Term Care News</u>

STATE	WEBSITES
	 <u>https://www.mcknights.com/news/products/poarch-band-of-creek-indians-opens-assisted-living-facility/</u> <u>ALF Lookup Camden Nursing Facility</u> <u>http://alflookup.com/ALABAMA/WILCOX/CAMDENNURSINGFAC</u> <u>ILITYINC.html</u>
Alaska	 <u>Assisted Living Licensing</u> <u>http://dhss.alaska.gov/dhcs/pages/cl/all/default.aspx</u> <u>480 Assisted Living Facilities in Alaska Seniorly</u> <u>https://www.seniorly.com/assisted-living/alaska</u> <u>Long Term Care Information</u> <u>http://dhss.alaska.gov/dhcs/Pages/hflc/fac_LTC.aspx</u> <u>Prestige Care and Rehabilitation Center of Anchorage</u> <u>http://dhss.alaska.gov/dhcs/Pages/hflc/fac_LTC.aspx</u>
Arizona	 <u>Guiding Principles - Arizona ALFA</u> <u>https://azalfa.org/homepage/guiding-principles/</u> <u>Programs and Covered Services</u> <u>https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/</u> <u>Best Assisted Living in Arizona Compare Nursing Homes in AZ</u> <u>https://www.seniorliving.org/arizona/</u> <u>Advanced Healthcare of Mesa Ratings & Performance</u> <u>https://health.usnews.com/best-nursing-homes/area/az/advanced-healthcare-of-mesa-035266</u>
Arkansas	 <u>Arkansas Compendium of Residential Care and Al Regulations and Policy</u> https://aspe.hhs.gov/system/files/pdf/110531/15alcom-AR.pdf <u>Arkansas Health Care Association Arkansas Assisted Living Association</u> https://arhealthcare.com/about-us/assisted-living <u>Meadowview Healthcare and Rehabilitation Ratings & Performance https://health.usnews.com/best-nursing-homes/area/ar/meadowview-healthcare-and-rehabilitation-045341</u> <u>The National Center for Assisted Living (NCAL) https://www.ahcancal.org/ncal/Pages/index.aspx</u>
California	 State Inspection Reports and Quality Ratings - Long Term Care - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/state-inspection- reports-and-quality-ratings-long-term-care/ Making Sense of Assisted Living Ratings https://www.assistedlivingfacilities.org/resources/choosing-an-assisted- living-facility/making-sense-of-assisted-living-ratings/

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	 Find a Nursing Home, Assisted Living Facility, Geriatric or Senior Care Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/find-a-nursing-home-assisted-living-facility-geriatric-or-senior-care/ Find The Right Assisted Living Facility in San Diego County https://choosewellsandiego.org/ 2013 Edition — Long-Term Care in California https://www.chcf.org/publication/2013-edition-long-term-care-california-ready-tomorrows-seniors/ Defining Quality in Assisted Living: Comparing Apples, Oranges, and Broccoli The Gerontologist Oxford Academic https://academic.oup.com/gerontologist/article/47/suppl_1/40/614181
Colorado	 <u>The Aurora Assisted Living Facilities List (CO)</u> <u>https://www.assistedseniorliving.net/facilities/colorado/aurora-co/</u> <u>LTC Community Coalition: Assisted Living, Advancing Quality,</u> <u>Dignity and Justice</u> <u>https://static1.squarespace.com/static/5b3aa3744cde7ae1090463ad/t/5be</u> <u>1d3ea032be41f24c12fb0/1541526508563/LTCCC-Report-on-Assisted- Living.pdf</u> <u>Residential Care and Assisted Living: State Oversight Practices and State Information Available to Consumers</u> <u>https://theconsumervoice.org/uploads/files/long-term-care- recipient/Residential-Care-and-AL-Compendium07-Report.pdf</u>
Connecticut	 <u>Consumer Health Ratings, Your guide to quality and cost</u> <u>https://consumerhealthratings.com/healthcare_category/connecticut/</u> <u>i Advance Senior Care</u> <u>https://www.iadvanceseniorcare.com/</u> <u>US Senate Special Committee on Aging Report - April 2003</u> <u>https://www.huduser.gov/portal/sites/default/files/pdf/Assuring-Quality-in-Assisted-Living-Guidelines.pdf</u>
Delaware	 Delaware Nursing Home Residents QA Commission - FY 2015 https://courts.delaware.gov/forms/download.aspx?id=84418 How To Select Long Term Care AL and NH https://www.dhss.delaware.gov/dhss/dsaapd/files/long_term_care_guide .pdf Delaware - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/delaware/

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Florida	 Facts About Long Term Care In Florida Florida Health Care <u>Association</u> <u>https://www.fhca.org/media_center/long_term_health_care_facts</u> Find a Nursing Home, Assisted Living Facility, Geriatric or Senior Care <u>- Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/find-a-nursing- home-assisted-living-facility-geriatric-or-senior-care/</u> <u>News at Savannah Court and Cottage of Oviedo</u> <u>https://www.slm.net/senior-living/fl/oviedo/savannah-court-of- oviedo/our-newsletter?article=savannah-cove-of-maitland-rated-5-stars- for-quality-by-medicare-gov</u> <u>GAO Report to Congressional Requestors - January 2018</u> <u>https://www.gao.gov/assets/690/689302.pdf</u>
Georgia	 LTC Community Coalition - Advancing Quality, Dignity & Justice https://static1.squarespace.com/static/5b3aa3744cde7ae1090463ad/t/5be 1d3ea032be41f24c12fb0/1541526508563/LTCCC-Report-on-Assisted- Living.pdf Find a Nursing Home, Assisted Living Facility, Geriatric or Senior Care - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/find-a-nursing- home-assisted-living-facility-geriatric-or-senior-care/ Miller County Nursing Home - Hospital Authority of Miller County https://www.millercountyhospital.com/our-services/miller-county- nursing-home/
Hawaii	 <u>Assisted Living Facility Lookup</u> <u>http://alflookup.com/HAWAII/honolulu/CONVALESCENTCENTERO</u> <u>FHONOLULU.html</u> <u>Hawaii - Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/hawaii/</u> <u>Nursing Homes In America - Care.com</u> <u>https://www.care.com/c/stories/15840/nursing-homes-in-america/</u>

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Idaho	 <u>Facts, Figures and Trends 2018-2019</u> <u>https://healthandwelfare.idaho.gov/Portals/0/AboutUs/Publications/FFT</u> <u>2018-2019.pdf</u> <u>Assisted Living Lookup</u> <u>http://alflookup.com/IDAHO/bingham/BINGHAMMEMORIALSKILL</u> <u>EDNURSINGANDREHABILITATION.html</u> <u>Heritage Retirement Center - Assisted Living Communities near Boise</u> <u>http://www.seniorhomeblog.com/content/senior-home/assisted- living/heritage-retirement-center</u>
Illinois	 How to Choose a NH in the State of IL http://www.illinoiscares.org/sites/default/files/How%20to%20Choose% 20a%20Nursing%20Home%20in%20State%20of%20IL%202013.pdf Illinois Department of Public Health: Nursing Home Violations 1Q 2018 https://www.rosenfeldinjurylawyers.com/news/illinois-department-of- public-health-january-march-2018-quarterly-nursing-home-report/ How to Find Dignity and Choice in a NH http://illinoispioneercoalition.org/wp-content/uploads/2017/02/final- copy-website2.pdf
Indiana	 Indiana - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/indiana/ Selecting the right NH https://sweeneylawfirm.com/Data/Accounts/Files/1/The_10_Things_Yo u_Need_to_Do_to_Select_the_Right_Nursing_Home.pdf The 24 Best Assisted Living Facilities in Zionsville, IN for 2019 https://www.caring.com/senior-living/assisted-living/indiana/zionsville
Iowa	 <u>Assisted living industry's growth causes some safety concerns The Gazette https://www.thegazette.com/subject/news/business/assisted-living-industrys-growth-causes-some-safety-concerns-20181227</u> <u>Iowa Health Care Association – Summer Quarterly Education Conference https://www.thegazette.com/subject/news/business/assisted-living-industrys-growth-causes-some-safety-concerns-20181227</u> <u>Iowa Health Care Association – AL Nurse Conference https://www.iowahealthcare.org/aspx/events/brochure.aspx?EventID=87 0&t=2&locid=877</u>

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Kansas	 Skyline payroll issues force Kansas to seek its largest-ever nursing home takeover - McKnight's Long Term Care News https://www.mcknights.com/news/skyline-payroll-issues-force-kansas- to-seek-its-largest-ever-nursing-home-takeover/ Butterfly Haven - Assisted Living Communities near Kansas City http://www.seniorhomeblog.com/content/senior-home/assisted- living/butterfly-haven Kansas - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/kansas/
Kentucky	 Kentucky - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/kentucky/ Guide to Retirement Articles Dayton Magazine http://thedaytonmagazine.com/DM/Articles/Guide_to_Retirement_5213 .aspx What to Look For When Choosing a Nursing Home Hare Wynn Newell & Newton https://www.hwnn.com/blog/2016/february/what-to-look-for-when- choosing-a-nursing-home/
Louisiana	 Louisiana - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/louisiana/ Chateau De Notre Dame New Orleans, LA - Nursing Home Facilities https://www.skillednursingfacilities.org/directory/la/new- orleans/chateau-de-notre-dame/195589/ How to Check the Reputation of a Long Term Care Facility https://www.caregivers.com/blog/2017/04/how-to-check-the-reputation- of-a-long-term-care-facility/
Maine	 <u>Maine Quality Forum Home Page</u> <u>https://mhdo.maine.gov/mqf.html</u> <u>Maine - Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/maine/</u> <u>Kindred Reviews 2016 Accomplishments</u> <u>https://consumerhealthratings.com/healthcare_category/maine/</u>

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Maryland	 Assisted Living Quality - Maryland Health Commission http://mhcc.maryland.gov/mhcc/pages/apcd/apcd_quality/apcd_quality_ assisted_living.aspx State Inspection Reports and Quality Ratings - Long Term Care - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/state-inspection- reports-and-quality-ratings-long-term-care/ Medicare Warns ¼ of Maryland Nursing Homes are Unsafe https://www.brownbarron.com/blog/2018/august/28-of-maryland- nursing-homes-fall-below-medicare/
Massachusetts	 <u>Assisted Living Lookup</u> <u>http://alflookup.com/MASSACHUSETTS/Bristol/ALDENCOURT.html</u> <u>Bay State prepares for more closures - McKnight's Long Term Care</u> <u>News</u> <u>https://www.mcknights.com/daily-editors-notes/bay-state-prepares-for-more-closures/</u> <u>Tips for Selecting a NH in Massachusetts and Nationally</u> <u>https://www.noreenmurphylaw.com/tips-for-selecting-a-nursing-home-in-massachusetts-and-nationally/</u>
Michigan	 Long Term Care Michigan Elder Justice Initiative http://meji.org/topics/long-term-care Michigan LTC Ombudsman Program Fact Sheets http://region7aaa.org/assets/Index-of-Fact-Sheets2.pdf 2019 January Jim Schuster – Certified Elder Law Attorney https://www.jimschuster.com/2019/01/
Minnesota	 <u>Nursing Homes and Assisted Living The Office of Attorney General http://meji.org/topics/long-term-care</u> <u>Assisted Living and Nursing Homes LawHelp Minnesota https://www.lawhelpmn.org/self-help-library/seniors/assisted-living-and-nursing-homes</u> <u>Minnesota - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/minnesota/</u>
Mississippi	 <u>Mississippi - Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/mississippi/</u> <u>Assisted Living Lookup</u> <u>http://alflookup.com/MISSISSIPPI/STONE/AZALEAGARDENSNUR</u> <u>SINGCENTER.html</u> <u>Assisted Living Regulations by State Seniorly</u> <u>https://www.seniorly.com/resources/articles/assisted-living-regulations</u>

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Missouri	 <u>Missouri Long-Term Care Information Update</u> <u>https://ltc.health.mo.gov/page/20</u> <u>Missouri - Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/missouri/</u> <u>Don't be a statistic: avoiding a Missouri nursing home nightmare</u> <u>https://www.carterlaw.org/Articles/Don-t-be-a-statistic-avoiding-a-Missouri-nursing-home-nightmare.shtml</u>
Montana	 <u>Assisted Care Facilities Blog</u> <u>http://assistedcarefacilities.net/blog/</u> <u>Creating the Nursing Home of the Future I Advance Senior Care</u> <u>https://www.iadvanceseniorcare.com/article/creating-nursing-home-future</u> <u>Senior and Long Term Care - Montana</u> <u>https://dphhs.mt.gov/SLTC</u> <u>Assisted Living Lookup</u> <u>http://alflookup.com/MONTANA/garfield/GARFIELDCOUNTYHEAL</u> <u>THCENTER.html</u>
Nebraska	 <u>Nebraska Now - Advocate, Educate, Support</u> <u>https://www.nehca.org/wp-content/uploads/3.30.17-NebraskaNow.pdf</u> <u>Nebraska - Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/nebraska/</u> <u>The New Caregivers Who Help Residents Age in Place I Advance Senior Care</u> <u>https://www.iadvanceseniorcare.com/article/new-caregivers-who-help-residents-age-place</u>
Nevada	 Nursing Home Quality & Long-term Care Ratings https://consumerhealthratings.com/healthcare_category/nursing-home- quality-long-term-care-ratings-free/ Nursing Home : Nevada Senior Guide https://nvseniorguide.com/tag/nursing-home/ Alterra Villas Of Sparks - Assisted Living Communities near Sparks http://www.seniorhomeblog.com/content/senior-home/assisted- living/alterra-villas-of-sparks

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New Hampshire	 New Hampshire - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/new-hampshire/ State entry regulation and home health agency quality ratings https://link.springer.com/article/10.1007/s11149-018-9351-4 Picking The Right Skilled Nursing Facility https://www.assistedlivingconnections.com/picking-the-right-skilled- nursing-facility/
New Jersey	 <u>Chestnut Hill Nursing and Rehabilitation Center</u> <u>https://www.chestnuthillcc.net/</u> <u>Best Home Care Providers in NJ</u> <u>https://www.familyassets.com/home-care/new-jersey</u> <u>Princeton LTC — Hopkins Investment Management</u> <u>https://hopkinsim.com/long-term-care/princeton-ltc</u>
New Mexico	 <u>Strategic Plan SFY-2015</u> <u>http://www.nmaging.state.nm.us/uploads/FileLinks/363c8188926e46b7</u> <u>9e1e74888bf40f54/Strategic_Plan_FY15_final.pdf</u> <u>New Mexico LTC Ombudsman Program Annual Report</u> <u>https://ltcombudsman.org/uploads/files/support/nm-2013.pdf</u> <u>New Mexico - Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/new-mexico/</u>
New York	 Assisted Living Safety Lags As Need for Dementia Care Grows https://khn.org/news/assisted-livings-breakneck-growth-leaves-patient- safety-behind/ Dementia Patients Fuel Assisted Living's Growth. Safety May Be Lagging The New York Times https://www.nytimes.com/2018/12/13/business/assisted-living- violations-dementia-alzheimers.html A Way to Help Meet Federal Oversight Goals for Assisted Living https://www.governing.com/gov-institute/voices/col-private- accreditation-oversight-national-standards-assisted-living.html

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North Carolina	 North Carolina Medical Journal - LTC in N. Carolina http://classic.ncmedicaljournal.com/wp- content/uploads/2014/03/NCMJ_75-5.pdf Navigating WNC's long-term care options Mountain Xpress https://mountainx.com/news/navigating-wncs-long-term-care-options/ Assisted Living Lookup http://alflookup.com/NORTHCAROLINA/CATAWBA/CONOVERNU RSINGANDREHABCTR.html
North Dakota	 North Dakota - LTC Study https://www.nd.gov/dhs/info/pubs/docs/medicaid/ltc-interim-report- final.pdf North Dakota - LTC Decision Tree https://www.ndhealth.gov/HealthCouncil/LTC_DecisionTree_FINAL.p df?v=2 North Dakota - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/north-dakota/
Ohio	 <u>Market Structure, Competition from Assisted Living Facilities, and</u> <u>Quality in the Nursing Home Industry on JSTOR</u> <u>https://www.jstor.org/stable/23273823?seq=1#page_scan_tab_contents</u> <u>Ratings reveal nursing home scores Marietta Times</u> <u>http://www.mariettatimes.com/news/2017/05/ratings-reveal-nursing-home-scores/</u>
Oklahoma	 <u>Medicaid payments tied to quality measures - News - McKnight's Long</u> <u>Term Care News</u> <u>https://www.mcknights.com/news/medicaid-payments-tied-to-quality- measures/</u> <u>Oklahoma - Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/oklahoma/</u> <u>Assisted Living Lookup</u> <u>http://alflookup.com/OKLAHOMA/KAY/WILLOWHAVEN.html</u>
Oregon	 <u>Assisted Living Lookup</u> <u>http://alflookup.com/OREGON/umatilla/MILTON.html</u> <u>Outcome Trajectories for AL & NF Residents in Oregon</u> <u>https://www.researchgate.net/publication/12010987_Outcome_Trajector</u> <u>ies for Assisted Living and Nursing Facility Residents in Oregon</u> <u>Long-term assisted living facilities</u> <u>http://briahs.com/tag/long-term-assisted-living-facilities/</u>

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Pennsylvania	 Evaluating AL versus personal care homes in PA - McKnight's Long <u>Term Care News</u> https://www.mcknights.com/blogs/guest-columns/evaluating-al-versus- personal-care-homes-in-pa/ Assisted Living Lookup http://alflookup.com/PENNSYLVANIA/centre/HEARTHSIDEREHAB ILITATIONANDNURSING.html Elmcroft Senior Living Reviews, Complaints, Cost & Pricing https://www.seniorliving.org/companies/elmcroft-senior-living/
Rhode Island	 <u>How to Choose a Rhode Island Assisted Living Facility For Your Loved One</u> <u>https://www.m-n-law.com/rhode-island/personal-injury-attorney/nursing-home-abuse/how-to-choose-a-rhode-island-nursing-home/</u> <u>Centers Health Care - Glossary</u> <u>https://centershealthcare.com/glossary/</u> <u>Forand Manor - Assisted Living Communities near Central Falls</u> <u>http://www.seniorhomeblog.com/content/senior-home/assisted-living/forand-manor</u>
South Carolina	 When It Comes To Governmental Oversight, Assisted Living Residents Are On Their Own - Nursing Home Law Center https://www.nursinghomelawcenter.org/news/nursing-home- chains/when-it-comes-to-governmental-oversight-assisted-living- residents-are-on-their-own/ A question of care https://www.independentmail.com/story/news/local/2017/03/30/questio n-care-upstate-nursing-homes/99584338/ Ombudsman – South Carolina Nursing Home Law Blog https://scnursinghomelaw.com/category/ombudsman/
South Dakota	 <u>Chronic underfunding of long-term care is coming home to roost in</u> <u>South Dakota - News - McKnight's Long Term Care News</u> <u>https://www.mcknights.com/news/chronic-underfunding-of-long-term-care-is-coming-home-to-roost-in-south-dakota/</u> <u>South Dakota Dept of Health Educational Presentations</u> <u>https://doh.sd.gov/documents/Providers/Licensure/August_2016.pdf</u> <u>Dakota Sun Assisted Living - Assisted Living Communities near Volga</u> <u>http://www.seniorhomeblog.com/content/senior-home/assisted-living/dakota-sun-assisted-living</u>

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Tennessee	 Knox nursing home starts quality improvement https://www.knoxnews.com/story/money/2016/06/03/knox-nursing- home-starts-quality-improvement/91006704/ Tennessee - Consumer Health Ratings https://consumerhealthratings.com/healthcare_category/tennessee/ The Legal Handbook for Tennessee Seniors https://www.tba.org/sites/default/files/TBA- The_Legal_Handbook_for_TN_Seniors-February_24-2014.pdf
Texas	 Quality Care - THCA <u>https://txhca.org/quality-care</u> Texas Nursing Home Quality Act (NHQA) - THCA <u>https://txhca.org/nhqa</u> LTCO Ombudsman <u>http://www.ltco.org/resources1.aspx</u>
Utah	 Utah Health Care Association - Assisted Living Members <u>https://www.uthca.org/members/join-as-assisted-living-facility</u> <u>About Us - Superior Home Care & Hospice</u> <u>http://slcsuperiorhomecare.com/about-us/</u> <u>Assisted Living Lookup</u> <u>http://alflookup.com/utah/emery/EMERYCOUNTYCARE.html</u>
Vermont	 <u>Assisted Living Lookup</u> <u>http://alflookup.com/VERMONT/lamoille/THEMANORINC.html</u> <u>Vermont - Consumer Health Ratings</u> <u>https://consumerhealthratings.com/healthcare_category/vermont/</u> <u>Vermont ACO tests 1-night hospital-stay waiver - McKnight's Long</u> <u>Term Care News</u> <u>https://www.mcknights.com/news/vermont-aco-tests-1-night-hospital-stay-waiver/</u>
Virginia	 The Health Care M&A Report https://www.levinassociates.com/wp- content/uploads/sites/4/2016/03/mam2014q2.pdf Virginia Dept of Health Professional Regulatory Advisory Panel http://townhall.virginia.gov/L/GetFile.cfm?File=Meeting%5C28%5C29 217%5CAgenda DHP_29217_v4.pdf Senior Citizens Handbook https://www.vsb.org/docs/conferences/senior-lawyers/VSB- SCHandbook.pdf

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Washington	 Long-Term Care Residential Options DSHS https://www.dshs.wa.gov/altsa/residential-care-services/long-term-care- residential-options 524 Assisted Living Facilities in Washington SeniorHomes.com https://www.seniorhomes.com/washington/ Washington Health Care Association https://www.whca.org/blog/
West Virginia	 Public Consulting Group - LTC Rebalancing Study https://www.wvdhhr.org/oig/pdf/OLMSTEAD/Rebalancing%20and%2 OMFP%20Executive%20Summary.pdf Still fighting \$90 million verdict, HCR ManorCare settles a second negligence lawsuit in West Virginia - McKnight's Long Term Care News https://www.mcknights.com/news/still-fighting-90-million-verdict-hcr- manorcare-settles-a-second-negligence-lawsuit-in-west-virginia/ Pleasant Acres Christian Haven - AL Communities near Fairmont http://www.seniorhomeblog.com/content/senior-home/assisted- living/pleasant-acres-christian-haven
Wisconsin	 Quality Assurance Archives - WiHCA/WiCAL https://www.whcawical.org/ill_pubs_article_category/quality- assurance/ Pathway Health - Assisted Living http://www.pathwayhealth.com/tag/assisted-living/ Department of Health Services - Resolve Forum https://www.dhs.wisconsin.gov/regulations/assisted-living/resolve- improving-care-transitions.pdf
Wyoming	 Training Materials - Wyoming Department of Health https://health.wyo.gov/aging/hls/educational-training-materials/ Wyoming Dept of Health - Joint Appropriations Committee https://www.wyoleg.gov/InterimCommittee/2016/10- 0825AppendixH.pdf Nursing Home Care Find Nursing Homes Near Me https://www.senioradvice.com/nursing-homes

Appendix 9 Outline of State Survey Instrument

Outline of State Survey Instrument

	Part 1: To be completed by state staff
1	Interviewee Information: name of state, agency, interviewee's name, job title, telephone number, and email address
2	Does your state have licensed Assisted Living Facilities?
3	How many licensed Assisted Living Facilities does your state currently have as of December 2018?
4	How many licensed Assisted Living Facility apartments/beds does your state currently have as of December 2018?
5	What type of license must an Assisted Living Facility have?
6	Who licenses Assisted Living Facilities?
7	What is the link to the Internet site of the licensure survey instrument?
8	Are any of the following services provided by Assisted Living Facilities?
9	Private apartment-like unit
10	Access to an on-site washing machine and dryer
11	Meals, beverages and snacks
12	Transportation
13	Personal care (ADL) services
14	Supportive services to promote independence and self-sufficiency
15	Medication assistance
16	Intermittent nursing services
17	Dementia care
18	Mental health and/or substance use disorder services
19	Specialized services for persons with intellectual disabilities
20	Other types of Assisted Living Facility services provided, please specify.
21	Are there restrictions on the number of beds/apartments that an Assisted Living Facility may have? If yes, describe restrictions.
22	Are there restrictions on the number of residents in an apartment that an Assisted Living Facility may have? If yes, describe restrictions.
23	Are there restrictions on who can reside in an Assisted Living Facility?
24	Are the Assisted Living Facility licensing requirements codified in law or rules?
25	If, yes, what are the statutory and rule citations?
26	Does your state have Assisted Living Facility service contracts for Medicaid ALF residents?
27	If yes, what type of Medicaid contracts (Name & type of contract/funding source)?
28	Does your state have an Assisted Living Facility directory that persons can use to locate an ALF?

	Part 1 continued
29	How is the directory made available to the public?
30	If there is a public website link, what is the link?
31	Are these types of information in the Assisted Living Facility directory?
32	Assisted Living Facility's name and address
33	Assisted Living Facility ownership
34	Number of apartments/beds
35	Pictures of the Assisted Living Facility
36	Meal menus
37	List of Assisted Living Facility's state contracts
38	List of services that Assisted Living Facility can provide
39	State license status, including licensing deficiencies
40	State contract status
41	Rating system
42	Quality metrics measures
43	Other types of information in the Assisted Living Facility directory, please specify
44	Are Assisted Living Facilities required to submit to the state licensing agency a completed "Disclosure of Services" form or other similar document describing the services they provide to residents?
45	If yes, would you email a copy of the disclosure form?
46	If Assisted Living Facilities are required to submit service information, is the information also available to the public?
	Part 2: To be completed by Washington state staff
1	Does your state have an Assisted Living Facility "quality metrics system"?
2	Yes, it is in the design stage.
3	Yes, it is in the implementation stage.
4	Yes, it is operational.
5	Which of these are purposes for the Assisted Living Facility's quality metrics system.
6	Help consumers, family members, or advocates select an Assisted Living Facility.
7	Used by state to determine if the Assisted Living Facility meets licensing requirements.
8	Used by state to determine if the Assisted Living Facility meets contract requirements.
9	Used by state to determine rates for Medicaid residents.
10	Used by state to improve quality of Assisted Living Facilities.
11	Used by Assisted Living Facility management and/or Association to improve resident satisfaction or service outcomes.
12	Used by Assisted Living Facility for marketing.

	Part 2 continued
13	Other purposes of the Assisted Living Facility quality metrics system, please specify.
14	What quality metrics measures does your state collect on Assisted Living Facilities?
15	Can you provide us a copy of your state quality measures and their technical specifications?
16	Who collects the data and computes the quality metrics measures you identified:
17	Help consumers, family members, or advocates select an Assisted Living Facility.
18	Used by state to determine if the Assisted Living Facility meets licensing requirements.
19	Used by state to determine if the Assisted Living Facility meets contract requirements.
20	Used by state to determine rates for Medicaid residents.
21	Used by state to improve quality of Assisted Living Facilities.
22	Used by Assisted Living Facility management and/or Association to improve resident satisfaction or service outcomes.
23	Used by Assisted Living Facility for marketing.
24	Who collects the data and computes the "other" quality metrics measures you identified?
25	For each objective/purpose identified, how are the measures used to achieve the purpose?
26	Help consumers, family members, or advocates select an Assisted Living Facility.
27	Used by state to determine if the Assisted Living Facility meets licensing requirements.
28	Used by state to determine if the Assisted Living Facility meets contract requirements.
29	Used by state to determine rates for Medicaid residents.
30	Used by state to improve the quality of Assisted Living Facilities.
31	Used by Assisted Living Facility management and/or Association to improve resident satisfaction or service outcomes.
32	Used by Assisted Living Facility for marketing.
33	For each "other" objective/purpose identified, how are the measures used to achieve the purpose?
34	For each objective/purpose identified, how are the measures publically presented (e.g., website, published document)?
35	Help consumers, family members, or advocates select an Assisted Living Facility.
36	Used by state to determine if the Assisted Living Facility meets licensing requirements.
37	Used by state to determine if the Assisted Living Facility meets contract requirements.
38	Used by state to determine rates for Medicaid residents.
39	Used by state to improve quality of Assisted Living Facilities.
40	Used by Assisted Living Facility management and/or Association to improve resident satisfaction or service outcomes.
41	Used by Assisted Living Facility for marketing.
42	For each "other" objective/purpose identified, how are the measures publically presented (e.g., website, published document)?

	Part 2 continued
43	If the measures are used in a quality improvement initiative, who is responsible for administering the initiative?
44	Given the acuity range and care support needs among Assisted Living Facility residents, are the Assisted Living Facility measurements risk adjusted to account for these differences?
45	If yes, please describe the risk adjustment mechanism you use, and could we have a copy of it technical specifications?
46	Does collecting and reporting data for the measures create a burden on the Assisted Living Facilities?
47	If yes, what does the state do to reduce the burden on the Assisted Living Facilities?
48	Has your legislature mandated that your agency collect data on quality measures?
49	If yes, please provide an Internet link to the enabling legislation.
50	Has your state received any funding for your initiative?
51	If yes, what is the funding source?
52	Has your state made any efforts to include consumers and family members in the discussion about quality metrics for Assisted Living Facilities?
53	If yes, what approaches have been used to include consumers and family members in improving the quality of care in Assisted Living Facilities?
	Part 3: To be completed by Washington state staff
1	Does your state have an association and/or organization that represents Assisted Living Facility providers?
2	What are the names and addresses of the associations and/or organizations?
3	Are any of the associations collecting data for their own performance measures?
4	If yes, how long have they been collecting data?
5	Is this information available to the public?
6	If yes, who should we contact to obtain this information on the data?
7	What is the name and address of your state's ombuds organization?
8	Does that organization collect data for their own performance measures?
9	If yes, how long have they been collecting data?
10	Is this information available to the public?
11	If yes, who should we contact to obtain information on the data?

Appendix 10 Assisted Living Facility Resident Interview Form, Page One with HCBS Questions

揃	Department of Social & Health Services Transforming lives		ted Livii sident In	ng Facili Iterview	ty		
ASS	ISTED LIVING FACILITY NAME				LICENSE NUMBER	2	
INSF	PECTION DATE	LICENSOR NAME					
RES	IDENT NAME		RESIDENT	UMBER	ROOM NUMBER	PAY STATUS Private	State
Brie	of Review of Negotiated Service	Agreement					
Dife	in Neview of Negotiated Service	Agreement					
ask ans Intr inte	e questions in Section B – K b ing more questions or obtain wers, please investigate furth oductory questions: The inte erview. ECT ONE	ing more data if er.	concerns a	re identified	d. If you are conce	erned about t	he
	Resident Interview 🗌 Rep	resentative Inter	view				
Α.	The following are REQUIRED of check "N," if the answer is no a answer the question.			-			
Y	N D		Q	uestions us	ed for HCBS me	asures for H	ome and
	Can you make choices services you receive he		nd		nity Services - AI		
	If you have a roommate						
	you would have a room		u				
Π.	change roommates if y Do you have an opport		e in				
	community activities?						
	Can you choose who vi						
say	?	vour door?					
H	Do you have access to						
	Do you receive service	s in the communi	ty?				
que	TRUCTIONS: Your interview n <u>estion</u> . If you are concerned ab dify questions for Representative	out the answers,					
в.	Care and Service Needs						
	What kind of help do you get fr			Other:			
	How well does staff meet your	needs?		No Conce	rns		
c.	Support of Personal Relation			amily or sig	nificant others)		
	Does staff give you time and s friends and family who come to		sit with	Other:			
	Are you able to make personal being overheard?		out	No Conce	rns		
D.	Reasonable House Rules						
_	Tell me about the rules of the f	-		Other:			
	What have you been told about stay up at night or how early or TV?			No Conce	rns		

Appendix 11 Guiding Principles and Potential Quality Performance Metrics Domains

Guiding Principles and Potential Quality Performance Metrics Domains May 16, 2019 Meeting

Guiding Principles*	Domain	Sample Indictors (Just examples)
1. ALF residents are entitled to care, support and a home-like environment that promotes personal safety, independence and privacy.	Safety	 Proportion of residents who feel safe around their paid support staff Proportion of residents who feel safe and secure at home Proportion of residents experiencing resident-to-resident violence Proportion of residents who feel confident they can evacuate in an emergency Proportion of residents who feel confident that their personal belongings would be secure following an evacuation Proportion of residents who report that staff response time is adequate after the call button is activated
	Independence/Access to Community/Access to the ALF's Community	- Proportion of residents who have adequate transportation
	Privacy	- Proportion of residents who feel their privacy is respected
	Personal Care	-Proportion of residents who are satisfied with the manner their personal care is provided
	Homelike Environment	- Proportion of residents who feel their personal décor choices are respected
2. ALF residents should receive person-centered care that reflects their individual preferences, care	Person-Centered Planning	- Proportion of residents who are involved in making choices and decisions about their service plan
needs, social support and activity needs.	Choice and Decision Making	- Proportion of residents who are involved in making decisions about their everyday lives
	Self-Direction	- Proportion of residents who can choose or change the kind of services they receive and who provides them
	Community Participation	- Proportion of residents who are able to participate in preferred community activities

Guiding Principles	Domain	Sample Indictors (Just examples)
2. ALF residents should receive person-centered care that reflects their individual preferences, care needs, social support and activity needs. (continued)	Social Support	- Proportion of residents who report support by staff to coordinate their social activities
	Coordination of care and support	-Proportion of residents who report satisfaction with the coordination of their care and services
3. ALFs should provide an environment that is inclusive, respects diversity and ensures equity.	Rights and Respect	 Proportion of residents whose paid support staff treat them with respect Proportion of residents whose basic rights are respected by others
	Inclusivity, Diversity and Cultural Sensitivity	 Proportion of residents who report feeling welcomed and included by facility staff Proportion of residents who report satisfaction with the diversity of residents and staff Proportion of residents who feel that paid support staff provides their care with sensitivity to their cultural preferences Proportion of residents who feel that the facility offers activities that are inclusive of cultural preferences
4. ALF residents and their family and/or friends should have access to accurate, clear and objective information about ALFs.	Informed Choice	- Proportion of residents who received a completed Disclosure of Services prior to residency
5. ALFs should include inquiry into the experiences and responses of	Consumer Satisfaction	- Proportion of residents who are satisfied with their experience
residents and their family and/or friends.	Family Satisfaction	- Proportion of family member representatives who are satisfied with their family member experience

*Guiding Principles from the Assisted Living Facility Quality Measures Work Group Charter adopted February 21, 2019.

Appendix 12 Current State and National ALF Quality Metrics Programs

Wisconsin

Wisconsin has had a system for monitoring and tracking performance in place for a number of years. In 2009 the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) formed to redesign the way quality is ensured and improved for individuals living in Assisted Living Communities (ALCs). WCCEAL is a public/private collaboration with:

- The Wisconsin Department of Health Services (DHS);
- The University of Wisconsin-Madison's Center for Health Systems Research and Analysis (CHSRA);
- Wisconsin's four provider associations;
- Wisconsin's advocacy agency; and
- The state ombuds program.

In order to become a member of WCCEAL, the ALC must be a member in "good standing" with one of the four associations. $^{\rm 14}$

In 2011, CHSRA received a \$200,000 grant from the University of Wisconsin to:

- Develop an IT infrastructure for WCCEAL;
- Develop a resident satisfaction survey;
- Develop performance measures (data collection system); and
- Evaluate the impact of the collaborative.

In 2015, DHS and CHSRA were awarded a \$1,000,000 five-year Wisconsin Partnership Program Community Impact grant to scale-up and improve the statewide impact of WCCEAL.¹⁵

In addition to the grants, WCCEAL receives \$200,000 annually from the state's Division of Medicaid Services to maintain the data infrastructure, generate quarterly reports, produce annual satisfaction survey results, provide upkeep and enhancements and support the helpdesk.¹⁶

There is no fee for ALCs to use WCCEAL's data system managed by the University of Wisconsin. ALC's submit their reports on a quarterly basis. On average it takes less than 30 minutes for ALC staff to input the information. Resident satisfaction surveys are completed and submitted once a year. Participation is voluntary with 15.9 percent of the Community

¹⁴ "A Commitment to Quality – Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)" Webex presentation by the Bureau of Assisted Living Division of Quality Assurance and the Division of Medicaid Services, Long Term Care Benefits and Programs on September 7, 2018.

¹⁵ Email from Kevin Coughlin, Policy Initiatives Advisor – Executive, Wisconsin Department of Health, April 24, 2019.

¹⁶ Ibid.

Based Residential Facilities and 33.3 percent of the Resident Care Apartment Complexes submitting data to the program. $^{\rm 17}$

Individual ALC data is not shared with DHS. The only information WCCEAL shares with DHS is if the member ALC is in "good standing". ALCs are able to see their own data and can trend their data over time. The provider associations have access to their members' data so they can coach, mentor and provide resources for their members.¹⁸

There are 29 quality measures across nine domains used by WCCEAL including:

- Staff retention rates;
- Staff immunizations;
- RN access;
- Falls with injury;
- Percent of Medicaid residents;
- Infection rates;
- Re-hospitalization rates;
- Behaviors; and
- 28 areas of resident satisfaction.¹⁹

The goal is that ALCs and their associations will be proactive and help ALCs so they have better outcomes for their residents and avoid regulatory issues. The WCCEAL data is showing higher resident satisfaction, lower falls with injury, lower infection rates and lower hospital readmissions. The Wisconsin regulatory agency provides regulatory relief by inspecting WCCEAL facilities in "good standing" less frequently than facilities that have not received the "good standing" rating or are not participating in the program.²⁰

New Jersey

New Jersey offers a voluntary program for ALFs to achieve the distinction as a facility with Advanced Standing. Providers must apply to the Health Care Association of New Jersey (HCANJ) Foundation and pay an annual fee to participate in the program. There are six quality measures:

- 1. Does the community have a formal on-going training program for all employees?
- 2. Does the community measure resident and family satisfaction?
- 3. Does the community act upon suggestions from Resident Council? Is the Resident Council inclusive of residents with dementia?
- 4. Does the community promote Advanced Care Planning?

¹⁷ Telephonic interview with Kevin Coughlin, Policy Initiatives Advisor – Executive, Wisconsin Department of Health, May 10, 2019.

¹⁸ Email from Kevin Coughlin, Policy Initiatives Advisor – Executive, Wisconsin Department of Health, April 24, 2019.

¹⁹ Ibid.

²⁰ Ibid.

- 5. Does the community track re-hospitalization rates and work to reduce those rates to 20% or below?
- 6. Does the community track off-label antipsychotic drug use and work to reduce that rate to 15% or below?²¹

The New Jersey Department of Health (DOH) confirms that a provider meets all regulatory requirements for the facility and verifies that the provider meets the first four quality measures during on-site compliance visits. The provider also submits data to meet benchmarks for the fifth and sixth quality measures to one of two entities that offer an online reporting system on behalf of the Foundation.²²

DOH makes a final determination on Advanced Standing. Providers granted this designation may receive regulatory relief. The Foundation maintains a webpage containing the <u>Facility Locator</u> that the public may use to search for facilities with Advanced Standing. A Peer Review Panel for the Foundation is charged with selecting the performance measures.²³

Oregon

In 2017, the Oregon Legislative Assembly passed House Bill 3359 to establish a governorappointed Quality Measurement Council. The eight member council is tasked with creating an online user-friendly system for ALFs and Residential Care Facilities to annually submit data. The system is currently being developed by the Department of Human Services (DHS) IT staff in preparation for ALF providers to begin collecting data for reporting in 2020. ALFs will initially report on the following five metrics:

- 1. Retention of direct care staff;
- 2. Compliance with staff training requirements;
- 3. Number of resident falls that result in injury;
- 4. Incidence of use of antipsychotic medications for non-standard purposes; and
- 5. Results of annual resident satisfaction survey conducted by an independent entity.²⁴

DHS will compile the data and publish an annual report. The report will be available online so the general public will be able to evaluate and compare individual ALFs.²⁵

²¹ Health Care Association of New Jersey, < <u>https://www.hcanj.org/facility-</u> <u>finder/?ill directory search=1&ill directory keywords=&ill directory category%5B15%5D%5B16%5D=16&</u> <u>ill directory city=&ill directory state</u>= >, accessed June 3, 2019.

²² Email from Kathy Fiery, Vice President, Assisted Living, Health Care Association of New Jersey, June 6, 2019.

²³ Ibid.

²⁴ Oregon Department of Human Services Residential Care Quality Measurement Program, <<u>https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/Quality-Metrics.aspx</u>>, accessed March 20, 2019.

²⁵ Telephone interview with Lynn Beaton, Lead Policy Analyst for Safety, Oversight, and Quality, Oregon Department of Human Services, May 24, 2019.

National program

The work group will examine a reporting system developed by a national provider association when a representative from NCAL provides a demonstration of the LTC Trend TrackerSM system. In 2016 AHCA/NCAL developed and released CoreQ as part of its Quality Initiative. More than 15 vendors agreed to administer CoreQ customer satisfaction questionnaires to ALF residents. ALF members pay a fee for vendors to complete the surveys and upload results on their behalf to AHCA/NCAL's LTC Trend TrackerSM system. Members are able to compare their performance over time and with other ALF providers.²⁶

²⁶ American Health Care Association webpage, < <u>https://www.ahcancal.org/Pages/Default.aspx</u> >, accessed May 13, 2019.

Appendix 13 Disclosure of Services Form

	ASSISTED LIVING FACILITIES (ALF)
////// 4	Disclosure of Services Required by RCW 18.20.300
residen	sisted living facility licensee shall disclose to the residents, the residents' legal representative if any, and if not, the ts' representative if any, and to interested consumers upon request, the scope of care and services offered, using m developed and provided by the department, in addition to any supplemental information that may be provided by ensee.
service	sclosure form provides initial general information about our assisted living facility, and allows you to compare care is of different assisted living facilities. Prior to moving in, you should visit an assisted living facility to ask how they sist you with your unique needs and preferences.
days ao volunta	ed living facilities may change the services that are available and the charges for these services, by providing thirty dvance notice to residents. However, an assisted living facility must give you ninety days advance notice of any any decrease in services that would affect your decision as to whether you would want to move to a different n or require you to move out.
Who m	nay live in an assisted living facility?
•	 No assisted living facility is permitted to provide continuing services to you if you need to have a registered nurse frequently evaluate your condition. However, <u>if</u> you require frequent nursing evaluation and we can meet your needs, you may be allowed to remain in the assisted living facility, when; You have a short term illness that is expected to last less than fourteen days, or You are receiving hospice services.
•	The assisted living facility may not be able to serve you if you need services beyond those disclosed on this form
	You may need to move out when we cannot meet your needs and moving out is necessary for your welfare. However, each assisted living facility must attempt to "reasonably accommodate" your needs before it can require you to move out.
	Per chapter 388-78A-2020, "Reasonable accommodation" and "reasonably accommodate" have the meaning given in federal and state antidiscrimination laws and regulations which include, but are not limited to, the following:
	(1) Reasonable accommodation means that the assisted living facility must:
	 (a) Not impose admission criteria that excludes individuals unless the criteria is necessary for the provision or assisted living facility services;
	(b) Make reasonable modification to its policies, practices or procedures if the modifications are necessary to accommodate the needs of the resident;
	(c) Provide additional aids and services to the resident.
	(2) Reasonable accommodations are not required if:
	(a) The resident or individual applying for admission presents a significant risk to the health or safety of others that cannot be eliminated by the reasonable accommodation;
	(b) The reasonable accommodations would fundamentally alter the nature of the services provided by the assisted living facility; or
	(c) The reasonable accommodations would cause an undue burden, meaning a significant financial or administrative burden.
unantic	ation of increased service which requires a 30 day notice, is waived in the event a resident has an ipated, unplanned, and substantial condition that requires an immediate change in care services that cannot meet day notification requirement under RCW 70.129.060(4).

	1. Services / Care
neg	assisted living facilities must provide the care and services listed below, according to what you have agreed to in your optiated service agreement. Activities: All assisted living facilities must help you arrange social, recreational, religious or other activities in the assisted living facility and in the community. Washington State law, RCW 70.129.030(4), requires the assisted living facility to inform each individual, or their representative, in writing, of the services, items and activities customarily
	 available in the facility or arranged for by the facility as permitted by the facility's license. Contact the assisted living facility for this information if not already provided. Additional activities / comments:
B.	Food and Diets: All assisted living facilities must provide three meals per day, nutritious snacks, and <u>prescribed</u> general low sodium diets, general diabetic diets, and mechanical soft diets. Additionally, we are not required but have chosen to provide the following diets: Yes No
	 Calorie controlled diets for people with diabetes Puree diets Additional dietary services or comments:
C.	 Arranging Health Care Appointments: All assisted living facilities must help you arrange health care appointments and remind you of them, as necessary. Additionally, the facility will provide the following optional services (or clarifying comments):
D.	 Coordinating Health Care Services: All assisted living facilities must coordinate services you receive from health care providers in the community with the services the assisted living facility provides to you, if you agree. Additionally, the facility will provide the following optional services (or clarifying comments):
E.	 Laundry: All assisted living facilities must provide laundry services to keep your clothes clean and in good repair, and provide you with or ensure your towels, washcloths, and bed linens are laundered at least once per week. Additionally, the facility will provide the following optional services (or clarifying comments):

	an and com	g: All assisted living facilities must maintain your living quarters and other areas you may use in a safe ifortable condition. ly, the facility will provide the following optional services (or clarifying comments):
		2. Assistance with Daily Tasks
facility	chooses to ig each ADI	lities are not required to provide assistance with activities of daily living (ADLs). If an assisted living provide assistance with ADLs, it must provide at least the minimum level of assistance described L listed below, consistent with your preference and with reasonable accommodation law.
	The fac	ility will provide assistance with ADLs.
and	-	eeded, assisted living facilities providing assistance with ADLs must occasionally remind you to wash as of your body; provide stand-by assistance getting into and out of the tub/shower; and steady you as
Ad Ye	ditionally, th s No	e facility will provide the following optional services:
	_	Physical assistance getting into / out of the bathtub or shower.
	3.	Help washing areas that may be hard for you to reach, such as your back or feet. Total bathing assistance if you cannot bathe yourself.
	5.	Bed baths. Special equipment, assistance or devices to help transferring into or out of showers or bathtubs. Other bathing services (specify) or comments:
neo toil ass	cessary toile et or adjust sist you in o	-
	ditionally, th s No	e facility will provide the following optional services:
		Physically help you to and from the toilet or bathroom.
	_	Help you with incontinent products and occasionally help to clean you. Provide urinary catheter care (indwelling, external/condom), cleaning and changing bag.
	4.	
	6.	Provide care for bladder incontinence, including routinely cleaning you as necessary. Provide care for bowel incontinence, including routinely cleaning you as necessary. Provide other services (specify) or comments:

		Two-person physical assistance with transferring. Lifting with mechanical equipment Other transferring services (specify) or comments:
D	you to con provide sta	 Hygiene: If needed, assisted living facilities providing assistance with ADLs must occasionally remin by your hair, brush your teeth, shave, wash your face and hands and apply make-up, and occasionall indby assistance and steady you while you perform these activities. y, the facility will provide the following optional services: 1. Set out your personal hygiene and grooming items. 2. Help you with grooming tasks such as brushing your hair, shaving, applying make-up or filing your nails. 3. Help you with oral care and brushing your teeth. 4. Help you wash and dry your face and hands. 5. Help you wash and dry other parts of your body, as needed. 6. Other personal hygiene services (specify) or comments:
dr Ad	ink, and occa ditionally, th es No 1 1. 2 2. 2	ded, assisted living facilities providing assistance with ADLs must occasionally remind you to eat and asionally help you cut up your food, prepare food and beverages for you, and bring them to you. e facility will provide the following optional services: Feed you, if you occasionally need to be fed. Feed you on a routine basis, if you are unable to feed yourself. Other assistance with feeding and eating (specify) or comments:

to re A	oputo equire ddition es N	on, ta d, ar nally No	If needed, assisted living facilities providing assistance with ADLs must occasionally remind and cue you the off, and lay out your clothes and necessary prostheses, when the assistance of a licensed nurse is no ad occasionally provide stand-by assistance and steadying while you perform these activities. The facility will provide the following optional services:
	_		 Help you put on, take off, and button/buckle/fasten your clothes. Dress and undress you if you are not able to help with dressing yourself.
C		_	3. Other assistance with dressing (specify) or comments:
G. M	lobilit	v: lí	f needed, assisted living facilities providing assistance with ADLs must occasionally remind you to move
	etwee 10ve a		cations in the assisted living facility and occasionally provide stand-by assistance and steady you as you t.
	dditio es N		, the facility will provide the following optional services:
			1. Provide stand-by assistance as you walk or move about the building.
5			 Physically help you walk, or move about the building. Other assistance with mobility (specify) or comments:
			5. Other assistance with mobility (specify) of comments.
L			5. Other assistance with mobility (specify) of comments.
A		_	3. Intermittent Nursing Services
Assisi Yes	ted liv	_	
Yes	ted liv No	ring f	3. Intermittent Nursing Services acilities may, but are not required to provide Intermittent Nursing Services The facility will provide intermittent nursing services, including:
Yes	ted liv No	ring f	3. Intermittent Nursing Services acilities may, but are not required to provide Intermittent Nursing Services The facility will provide intermittent nursing services, including: 1. Diabetic management as specified below:
Yes	ted liv No	ring f	3. Intermittent Nursing Services acilities may, but are not required to provide Intermittent Nursing Services The facility will provide intermittent nursing services, including: Diabetic management as specified below: Non-routine ostomy care. Administration of health care treatments, as specified below.
Yes	ted liv No	ring f	3. Intermittent Nursing Services acilities may, but are not required to provide Intermittent Nursing Services The facility will provide intermittent nursing services, including: Diabetic management as specified below: Non-routine ostomy care. Administration of health care treatments, as specified below. Tube feeding. Other nursing services. Please ask the facility staff if they provide other nursing services you may
Yes	ted liv No	ing f	3. Intermittent Nursing Services acilities may, but are not required to provide Intermittent Nursing Services The facility will provide intermittent nursing services, including: Diabetic management as specified below: Non-routine ostomy care. Administration of health care treatments, as specified below. Tube feeding. Other nursing services. Please ask the facility staff if they provide other nursing services you may need, such as care of minor non-infected wounds or preventative skin care. The facility uses nursing assistants under the delegation of a registered nurse to provide some authorize
Yes	ted liv No	ing f A. B.	3. Intermittent Nursing Services acilities may, but are not required to provide Intermittent Nursing Services The facility will provide intermittent nursing services, including: Diabetic management as specified below: Non-routine ostomy care. Administration of health care treatments, as specified below. Administration of health care treatments, as specified below. Administration of health care treatments, as specified below. Tube feeding. Other nursing services. Please ask the facility staff if they provide other nursing services you may need, such as care of minor non-infected wounds or preventative skin care. The facility uses nursing assistants under the delegation of a registered nurse to provide some authorize nursing services. The facility typically has a registered nurse in the building for days per week totaling hours
Yes	ted liv No	ing f A. B. C.	3. Intermittent Nursing Services acilities may, but are not required to provide Intermittent Nursing Services The facility will provide intermittent nursing services, including: Diabetic management as specified below: Non-routine ostomy care. Administration of health care treatments, as specified below. Administration of health care treatments, as specified below. Administration of health care treatments, as specified below. Tube feeding. Other nursing services. Please ask the facility staff if they provide other nursing services you may need, such as care of minor non-infected wounds or preventative skin care. The facility uses nursing assistants under the delegation of a registered nurse to provide some authorize nursing services. The facility typically has a registered nurse in the building for days per week; totaling hours per week. The facility typically has a licensed practical nurse in the building for days per week; totaling
	ted liv No	ning f A. B. C. D.	3. Intermittent Nursing Services acilities may, but are not required to provide Intermittent Nursing Services The facility will provide intermittent nursing services, including: Diabetic management as specified below: Non-routine ostomy care. Administration of health care treatments, as specified below. Tube feeding. Other nursing services. Please ask the facility staff if they provide other nursing services you may need, such as care of minor non-infected wounds or preventative skin care. The facility uses nursing assistants under the delegation of a registered nurse to provide some authorize nursing services. The facility typically has a registered nurse in the building for days per week totaling hours per week.

	4. Help with Medications
<u>nurse rr</u> opening	 ted living facilities must assist you, if you want help, with taking your medications. <u>Someone other than a licensed</u> tay provide such assistance. Assistance includes reminding you to take your medications, handing to you and/or for you the medication container, and putting the medications in your hand. A. We have a licensed nursing staff available to administer directly, or to supervise the administration of the medications listed below: A. We have a licensed nursing staff available to administer directly, or to supervise the administration of the medications listed below: A. Administration of oral and topical medications and eye / ear / nose drops. We use nursing assistants under the delegation of a registered nurse to administer drops and ora and topical medications. B. Administration of injections, excluding insulin. C. Administration of insulin injections.
	5. Family Assistance with Medications Service
Yes N	•
We allo	6. Resident Arranged Services
We allo	6. Resident Arranged Services w residents to independently arrange for outside services under the following conditions:
We allo	
Assisted must pr The faci Yes N	residents to independently arrange for outside services under the following conditions:
Assisted	v residents to independently arrange for outside services under the following conditions:

	8. Transportation Services
Assisted	living facilities are not required to provide or help with transportation.
	ity will provide the following optional services:
Yes No	
	C. Comments, initiations of details regarding transportation services.
	9. Ancillary Services
	ity will have available either directly or by contract, the following additional ancillary services:
Yes No	
	10. Services Related to Smoking
The facil	
Yes No	
	A. Maintains a smoke-free community.
	negotiated service agreement
	11. Services Related to Pets
	wed by the assisted living facility must have regular veterinarian examinations and immunizations, appropriate fo ies, and must be free of diseases transmittable to humans.
The facil	
	Does not permit pets.
	Permit you to have pets under the following conditions.
	12. Services Related to End-Of-Life Care
The	facility will support any advanced directives you may have or choices you may make regarding end-of-life
	sions.
The The	facility may not support all your advanced directives (explain):
	13. Payments
Washing	ton State law, RCW 70.129.030(4), requires the assisted living facility to inform each individual, or their
represen for by the	tative, in writing, of the charges for services, items and activities customarily available in the facility or arranged a facility including charges for services, items, and activities not covered by the facility's basic per diem rate. the assisted living facility for this information if not already provided.
	rtant to note that because each assisted living facility structures its pricing differently, there may be additional
obargee	associated with any service the assisted living facility provides or makes available.

Hom	e / Provider:
	14. "Bed Hold" Services
othe Medi	u are a Medicaid resident and you need to be in a hospital, nursing home, or other rehabilitation facility or are wise away from our facility, we will hold your bed for you if you are likely to return to the facility and are eligible for caid covered bed hold for a period of up to 20 days: u are a private pay resident, the facility may choose whether or not to hold your bed during an absence.
	15. Medicaid Support
The	facility:
	A. Does not accept Medicaid as a source of payment.
	B. Will accept Medicaid payments for any resident.
_	The facility has the following Medicaid contracts:
	Assisted Living Services (ALS)
	Adult Residential Care (ARC)
	Enhanced Adult Residential Care (EARC)
	C. Will accept Medicaid payments only under the following conditions:
_	
	16. Fire Protection Services
_	facility will have the following:
	A. Fire sprinklers throughout, in all resident and non-resident areas.
	B. Fire sprinklers in some, but not all areas (explain):
_	
	C. No fire sprinklers.
T1	17. Security Services
	facility will have the following security service to help protect residents with cognitive impairments and wandering viors:
	x applicable response:
	A. Restricted use of exit doors in a designated portion of the building designed to serve residents with dementia
H	 Restricted use of exit doors throughout the building.
H	C. Outside area available with restricted egress.
H	D. Other protective features (explain):
	D. Other protocave reatures (cypian).
	18. Scope of Licensed Services
_	facility:
	Currently has an assisted living facility license for all resident rooms in the building.
	Does not currently have an assisted living facility license for all resident / tenant rooms in this building.
	The room you will reside in is a licensed room that meets all licensing requirements.
	The room you will reside in meets all contracted residential care services regulations.
	The room you will reside in has exemptions to the room building requirements which include (explain approve exemption):
The	number of residents receiving assisted living services cannot exceed the number of licensed beds.

	Oxygen services provided by	the facility as follows (explain):		
_				
	Hearing aid assistance consis	sting of (explain):		
		For More Inform	ation	
CON	ЛАСТ			
TELP	EPHONE NUMBER	FAX NUMBER		E-MAIL ADDRESS
WEE	3 SITE		1	
For	more information about -assist	ed living facilities in general, you	may visit Aging an	d -Long Term Support rices/information-assisted-living-
faci	lity-professionals	nups.//www.dsns.wa.qov/allsa/h	sidenual-care-serv	rices/information-assisted-living-
The	assisted living facility licensing			and may be found on the Interne
http	://www.leq.wa.gov/wac/index.c	fm/fuseaction=chapterdigest&ch	apter=388-78A	
		' rights law is Revised Code of W dex.cfm?fuseaction=chapterdige		and may be found on the interne
αι.	nup.//www.icq.wa.qov/KC/W/III	uex.cim: iuseaciion=chapieruiqe	siounapid1=70.128	1
	CLOSURE OF SERVICES REQUIRED			Page 9

Appendix 14 Work Group Project Timeline for Year Two

Work Group Project Timeline for Year Two 2019-2020

