

Assisted Living: A Community Conversation November 4, 2019

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Thank you sponsors!









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Thank you team!

- Lauren Bangerter, PhD
 - Mayo Clinic College of Medicine and Science
- Rajean Moone, PhD, LNHA
 - Minnesota Leadership Council on Aging
 - UMN College of Continuing & Professional Studies
- · Jane Pederson, MD
 - Stratis Health

Thank you local partners!

- Arrowhead Area Agency on Aging
- Brown County
- Central MN Council on Aging
- Land of the Dancing Sky Area Agency on Aging
- Metropolitan Area Agency on Aging
- MN River Area Agency on Aging
- SE MN Area Agency on Aging

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Thank you experts!

- Marie Dotseth, MN Department of Health
- Amanda Vickstrom, MN Elder Justice Center
- Mary Jo George, AARP MN
- Genevieve Gaboriault, Ombudsman for LTC
- Kari Benson, MN Board on Aging/DHS
- Tetyana Shippee, UMN School of Public Health

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Overview

- Regulations Overview
- Consumer Protections Overview
- Ombudsman Overview
 - ⇒ Local Conversation
- Assisted Living Report Card Overview
 - ⇒ Local Conversation

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New Regulatory Framework

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DEPARTMENT OF HEALTH

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTAN

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Numbers Tell a Story

Licensed Nursing Homes

Peaked in 1980s

- 468 NFs
- 48,307 beds

Today

- 377 NFs (19% reduction)
- 28,968 (40% reduction)

Assisted Living Establishments

1980

• 0 AL Establishments

Today

- 1,857 HWS
- 78,358 estimated capacity
- 1,226 AL designation (55,192)
- 1,194 special care

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Registration 144D Housing with Services 144G Assisted Living Care Licens e

	Comparison
144D and 144G	144A
 Annual registration 	Annual license
No inspection	• Temp license inspection & every 3 years
No mandatory incident reporting	 Required incident reports
No complaint investigation	 Complaint investigation authority
No physical plant requirements	 Client care and business related
Protected by landlord tenant law requirements	requirements
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 Protected by 144A, VAA and child maltreatment
11/1/2019 PROTECTING, MAINTAINING	AND IMPROVING THE HEALTH OF ALL MINNESOTANS 12



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Background and Timeline

Pre-2017: Some work to address OHFC issues
Winter 2017: Star Tribune series and Gov. Consumer Taskforce
2018 Legislative Session: Various bills but session ends with veto of Omnibus Bill
Fall/Winter 2018: Commissioner Malcolm convenes work groups

- 2019 Legislative Session: Stakeholders work to pass legislation with compromises from all sides
2019-2021: Transition period from current regulatory scheme to Assisted Living Licensure
- 2021 and beyond

Informal Work Groups Key to ALL Success

Fall 2018 Informal Working Groups – Built understanding and trust

Sample conclusions from the working groups:

Assisted living service and housing regulation should be one license

- Consumers should retain the ability to grow and age in place where
 possible, including the ability to bring additional services into their place
 of residence
- Don't require people who have dementia to live in dementia care settings but do require additional certification or licensure for special dementia care settings

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Informal Work Groups Key to ALL Success, cont.



Sample conclusions from the working groups:

- Electronic monitoring devices should be permitted, resident rights protected and the process for placing devices clarified
- We should better educate consumers about their rights, better enforce those rights, and strengthen rights in key areas
- A report card is needed and should be pursued as part of a multi-pronged effort to encourage and reward quality
- Quality and patient safety information is transparent and easy to understand for residents, families, and providers and is fair/just and promotes accountability across all settings

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Informal Work Groups Key to ALL Success, cont. 2



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Key Highlights of Assisted Living Licensure Law

- · Single license and assisted living contract
- · Physical plant requirements & fire safety
- · Enhanced bill of rights
- · Licensing of Assisted Living Directors
- Facility responsibilities and requirements
- · Surveys, investigations, and enforcement
- Consumer protections



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Two Categories of Licensure: Assisted Living Facility License

I. Assisted Living Facility License

- Provides housing and AL services to residents
- May provide AL services to residents with dementia
 - · Must meet resident's assessed needs
- Diagnosis does not dictate setting
- Prohibited from having a secured dementia care unit



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Two Categories of Licensure: Assisted Living Facility with Dementia Care License

II. Assisted Living Facility with Dementia Care License

- Can advertise, market, or promote as providing specialized care for residents with dementia
- Must meet requirements of the ALF license and additional requirements:
 - License
 - Training
 - Programming
 - Staffing



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Minimum Physical Environment Requirements	
Starting August 1, 2021: A physical environment survey every 2 years Plan reviews and final construction inspections for a new license or new construction by MDH engineering	
 Smoke detectors in each occupied room or automatic sprinkler system Portable fire extinguishers Fire drills Physical environment in good repair 	
 Existing buildings must always be maintained in a manner that does not 'constitute a distinct hazard to life' 	-
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Fire Protection Requirements	
Assisted Living Facilities with Dementia Care and a secured dementia care unit (additional requirements):	
 Comply with the Health Care Occupancy chapter (limited care) of the National Fire Protection Association (NFPA), Standard 101, Life Safety Code 	
Conduct hazard vulnerability analysis to identify risk and mitigation strategies on the property	
 Facility shall be protected throughout by an approved supervised automatic sprinkler system by August 1, 2029 	
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Other Requirements	
	<u> </u>
Competent staff and appropriate staffing levelsNutrition requirements	
Required services (Health services and supportive services)	
Ongoing training	-
Assisted Living Director	
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Key activities for FY20

- Rulemaking for Assisted Living Licensure
- · Communications and engagement work
- Hiring, hiring and hiring
- Continuous improvement
- Planning for new IT systems
- Data and analytics

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Rulemaking Progress Chart



MINNESOTA

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Rulemaking Time Line & Advisory Committee

Rulemaking Timeline

144G.09, subd. 3:
• The Commissioner shall publish the proposed rules by December 31, 2019, and shall publish final rules by December 31, 2020.

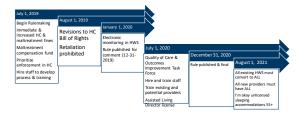
Rules Advisory Committee

- Committee of stakeholders who will advise MDH on the rules.
 Committee represents a wide variety of viewpoints.
 Will work with MDH for a year until rules are published.

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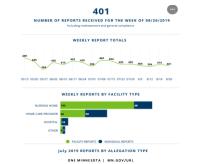
Rulemaking Topics			
	ving:	s tha	t include, but are not limited to
	 Staffing levels for each license category 	•	Training prerequisites and ongoing training
	Discharge planning	•	Initial and continuing assessments, and uniform assessment tool
	Uniform checklist disclosure of services	•	Definition of serious injury that results from maltreatment
	Procedures and timelines for termination appeals		Procedures to transition HWS registration and home care licenses to assisted living licensure

Implementation overview



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Vulnerable Adult Protection Dashboard











Consumer Protections in the 2019 Elder Care and Vulnerable Adult Act

ASSISTED LIVING CONVERSATION NOV. 4, 2019





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Winter 2017-2018







Minnesota

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Why 2019 in Minnesota?

Pre-2017: Some work to address Health Department investigations of abuse and neglect

Winter 2017: MN Star Tribune series, Governor creates a Consumer Taskforce and Health Commissioner resigns

2018 Legislative Session: Various bills but session ends with veto of an Omnibus Bill





	Why 2019 in Minnesota?	
	Fall/Winter 2018: New Health Commissioner convenes assisted living work groups	
	2019 Legislative Session: Stakeholders work to pass legislation with compromises from all sides	
	2019-2021: Transition period from current regulatory scheme to Assisted Living Licensure Minnesota MINNESOTA	
	ELDER JÜSTICE Center	
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	Key Parts of the Law	
Δ	ssisted Living • New physical plant standards	
ľ	Licensure • Licensed Assisted Living Director	
A	Sessisted Living Licensure New Dementia Care requirements One Accountable Entity	
	Minnesota Minnesota ELDER JUSTICE CENTER	
	CENTER	
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	Key Parts of the Law	
	New prohibitions against retaliation Protections against unnecessary and unfair discharges/terminations – including the right to appeal	
\rightarrow	Coordinated Moves if a resident is discharged	
	Consumer Right to place a camera in one's own room "I'm OK" Checks Maltreatment fund	
	Minnesota	
	MINNESOTA ELLER JUSTICE CENTER	

Key Parts of the Law Funding for Long Term Care Ombudsman Office Other • More regional ombudsmen **Protections** More surveys of facilities by the MN Department of Health Minnesota MINNESOTA Elderjustice Center 40 AL Licensure - Basic Structure Leadership, Staffing, and Ownership Requirements Services and Programing Requirements Physical Plant and Safety Requirements Minnesota MINNESOTA Elderjustice Center 41 AL with Dementia Care Enhanced training for staff about dementia specific care MINNESOTA Elderjustice Center Minnesota

Electronic Monitoring	
Resident or Resident Rep. can place a monitoring device in NH/AL. Resident Rep. is a guardan, healthcare agent, or person designated in the resident's file.	Resident or Resident Rep. must complete a consent form and provide notice to facility with some exceptions. Exceptions include: Fear of retailation, previous reports already made, facility unresponsive to complaints.
Facility must allow the device and cannot retaliate for its placement	-AARP Res ForeNittes in
	Minnesota MINNESOTA ELDER JUSTICE CENTER

Protections Against Retaliation



- The law identifies the types of advocacy actions that are protected from retaliation.
 The list includes many common examples residents attempt to assert their rights in long term care settings like threatening to file a complaint or actually making a complaint to the health department or the facility itself.
 Includes protections for others advocating on the resident's behalf.



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Protections Against Retaliation



- The law identifies the types of actions taken by a facility that may be considered retaliatory.
 These actions include, but are not limited to, common ways facilities have retaliated in the past such as restricting access of a resident's visitors, reducing the resident's access to care or services, or terminating an agreement between the resident and the facility.



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	Protections Against Retaliation	
	It creates a review process by which the health department	
	Step 3 which the realth department may determine whether retalliation did or did not occur.	
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	CENTER	
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	Dischause/Toursingtion Ductotions	
	Discharge/Termination Protections	
	Pre- Termination - A permissible reason for termination required - A permissible reason for termination required	
	Appeal Rights • If challenging the reason for termination, resident can appeal to Office of Administrative hearings	
	Coordinated Transfers - Facility required to help with discharge process - Cannot be discharged to unsafe location	
	Minnesota Minnesota MINNESOTA ELDER JUSTICE	
	CENTER	
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	Resident Protections Before 2021	
	Resident i Totections Delore 2021	
	 Some protections are established "now" Anti-retaliation protections 	
	Electronic Monitoring Prioritization of Enforcements	
	MDH Issues Guidance on "Lock-outs" Maltreatment Fund ARRY THE PROMISSION OF THE PR	
	Minnesota MINNESOTA	

Resources

- MDH Vulnerable Adult Dashboard: https://www.health.state.mn.us/facilities/regulation/dashboard.html
- Minnesota Adult Abuse Reporting Center: https://mn.gov/dhs/people-we-serve/adults/services/adult-protection/
- MDH Rulemaking Process: Forthcoming
- MN Ombudsman for Long Term Care: http://www.mnaging.org/Advocate/OLTC.aspx
- Our Office Information: https://elderjusticemn.org/our-services/victim-services/





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Mary Jo George, ASD for Advocacy at <u>AARP Minnesota</u> <u>mgeorge@aarp.org</u>

Amanda Vickstrom, Executive Director at Minnesota Elder Justice Center amanda.vickstrom@elderjusticemn.org







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Ombudsman for Long Term Care



Office of Ombudsman for Long-Term Care

by: Genevieve Gaboriault, Deputy Ombudsman Genevieve.Gaboriault@state.mn.us 651-431-6338

November 4, 2019





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Mission

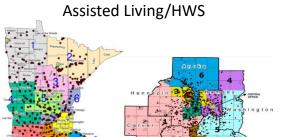
The Office of Ombudsman for Long-Term Care (OOLTC) works to enhance the quality of life and quality of services for long-term care consumers through advocacy, education and empowerment.

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Client Advocacy Who do we Serve?

- Nursing home residents
- Licensed Home care clients
- Housing with services tenants
- Assisted living and customized living consumers
- Adult foster home 55+ residents
- Boarding care home consumers
- Medicare beneficiaries with hospital access or discharge concerns

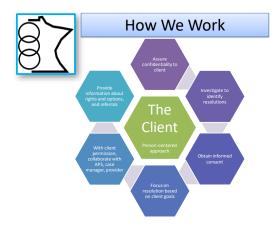




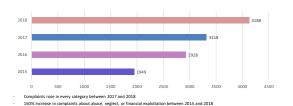
Role: Client Advocacy

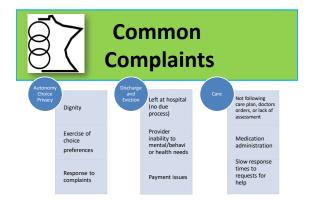
- Identify, investigate, and resolve resident complaints
- Advocate for systemic change
- Provide information and consultation to residents and their families
- Inform public agencies about the problems of clients
- Evaluate and report on regulations, laws, policies

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New Legislation Improves Consumer Advocacy

17 Additional Staff for the Office of Ombudsman for Long-Term Care

- Improve the ratio of regional staff per active beds
- Add 1 Deputy Ombudsman and 9 regional ombudsman
- 1 FTE Electronic Monitoring
- 6 additional staff to be hired by January 1, 2021:
 - This will include regional staff, intake specialist, policy support, data analysis, and volunteer coordination.

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Assisted Living new laws include OOLTC

- Enhances Resident Rights including Resident Councils
- Notifications to the Office of Ombudsmen for Long-Term Care
 - 27 Notifications to the Ombudsman for Long-Term Care in the Act of the 27 – 5 are in current law.
- · Greater stability for residents:
 - Resident, resident representative must be involved in discharge planning and can involve the Ombudsman
 - Resident right to file an appeal with Office of Administrative Hearings

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Thank You

Main intake 651-431-2555 or Toll Free 1-800-657-3591 TTY, please call 711

Genevieve Gaboriault, Deputy Ombudsman <u>Genevieve.Gaboriault@state.mn.us</u> 651-431-6338



Assisted Living Report Card

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Developing a Minnesota Assisted Living Report Card

Kari Benson, MA Director of DHS Aging and Adult Services Division Minnesota Board on Aging Executive Director

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Overview

- Review steps being taken to develop an Assisted Living Report Card for Minnesota
- Review findings from the University of Minnesota's national research on quality and quality measurement in assisted living
- 3. Solicit your feedback on the research findings

Assisted	l Living	Repo	rt Card

- The vision for the report card is:
 - to provide information to assisted living residents, families, and the public about assisted living settings to help people make informed decisions
 - to encourage quality improvement efforts among assisted living providers

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Assisted Living Report Card moving forward

- In state fiscal year 2020 we will:
 - Engage with stakeholders about quality research findings (July-November 2019)
 - Summarize stakeholder input in a report (January 2020)
 - Draft and pilot-test resident and family surveys (February-May 2020)
- In state fiscal year 2021 we will:
 - Finalize resident and family surveys (Summer 2020)
 - Implement the surveys across Minnesota (Fall 2020-Winter 2021)

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Assisted Living Report Card moving forward

- DHS will move to implement resident and family surveys to:
 - measure resident quality of life
 - resident and family satisfaction
- Feedback from stakeholders on the quality research findings will help us identify and prioritize quality measurement beyond the resident and family surveys.

mn.gov/dl

Assisted Living Report Card moving forward

- For project information visit the project webpage: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/aging/assisted-living-report-card/assisted-living-reports.jsp
- At this site, you can sign-up for a stakeholder email list

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DHS research contract with the University of Minnesota (January to June 2019)

- Conduct a national review of peer-reviewed literature; a review of "grey literature"; and interviews with national experts
- Create a list of quality domains, subdomains, and existing assisted living quality measures
- Evaluate potential gaps in the research findings
- Engage a technical expert panel from academia, policy, and practice spheres to review the findings
- Prepare a public report of findings
 - The report is available online here: https://mn.gov/dhs/partners-and-providers/news-initiatives-reportsworkgroups/aging/assisted-living-report-card/assisted-living-reports.jsp



Methods

- 1) We first searched the traditionally published literature using bibliographic databases (e.g. Ovid Medline, CINAHL)
- 2) Grey literature search to supplement the published literature.
 - We conducted this search by reviewing the references listed in articles and reports and websites of highly relevant organizations and states
- 3) We conducted key informant interviews and technical expert panels.
 - The interviews included national experts in quality measurement and assisted living, including academics, providers, and policy makers



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Results

- · We initially identified 833 references
 - Title and abstract screening eliminated 719 references
 - We screened the full text of 160 references
 - We excluded 111 references because there were not based in the U.S., did not address assisted living quality, did not provide domains or indicators, or were published prior to 2005.
- Total=49 peer-reviewed references, and an additional 45 references from grey literature sources
- We conducted 12 in-depth interviews and 2 technical expert panels



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Research finding: Domains of quality in assisted living

Resident Quality of Life	Resident / Family Satisfaction	Staff
Safety	Resident Health Outcomes	Social Environment
Physical Environment	Care Services	Service Availability

10/14/2019

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Key findings	
Based on all data sources, quality of life and	
satisfaction emerged as essential measures of AL quality.	
 However, as AL residents become increasingly more complex and have higher 	
clinical care needs, staffing and resident health outcomes, along with other identified	
domains, are also of vital importance.	-
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Outing Statute Idea Survey	
Online Stakeholder Survey	
 We will gather your feedback in this session, but we encourage you to provide additional feedback through an online survey. 	
Survey link:	
z.umn.edu/assistedliving	
FREGULIN	
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Feedback on domains of quality in assisted	
living (discussion time)	
1. Do these domains and subdomains	
reflect your experiences and observations of assisted living?	

2. Are there surprises or gaps related to these domains and subdomains?

SCHOOL OF PUBLIC HEALTH



Watch for the evaluation!

