



# More Bang for Our Buck: Developing a Report Card and Value-Based Payment for Assisted Living

National Home and Community Based Services (HCBS) Conference

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# Presenters

- Kari Benson, MA  
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- Peter Spuit, MSW  
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# Session objectives

1. Share lessons-learned from CMS' Innovation Accelerator Program for Value-Based Payment in HCBS
2. Discuss the importance of measuring quality in assisted living
3. Explore findings from University of Minnesota research on quality and quality measurement in assisted living
4. Solicit feedback on University of Minnesota research findings

# Lessons-learned from CMS Innovation Accelerator Program for Value-Based Payment in HCBS

Peter Spuit, MSW

# Innovation Accelerator Program (IAP) participation

- Minnesota participated in the 2018-2019 IAP value-based payment cohort to:
  - Invest more deeply in HCBS quality measurement
  - Receive technical assistance on the nuts-and-bolts of developing value-based payment (VBP) payment models
  - Learn from other states in our IAP cohort

# Minnesota's goal and objectives, pursued through IAP

- Our goal is to improve the quality of life for older Minnesotans living and receiving services in assisted living settings
- Our objectives are to develop:
  - Measures of resident quality of life and other domains of quality
  - A report card for assisted living sites, for all payers
  - A public website with quality rating results
  - A VBP model for public-pay assisted living
- Through IAP, we made important progress to meet our objectives and goal

# VBP development and implementation challenges

- Minnesota faces the following challenges to develop and implement a VBP strategy for assisted living:
  - The relative lack of data at the provider/setting level
  - The need for a measurement framework that can be tracked over time to support payment adjustments
  - Legislative support for funding that might support VBP financial incentives

# Through IAP, Minnesota developed draft criteria for VBP

## VBP models should...

- Be should receive federal approval and match
- Limit administrative burden on the system, including providers and DHS
- Be transparent and easily understood by providers
- Be based on measures that providers can influence
- Offer a large enough financial and/or non-financial incentive to interest providers
- Motivate poorer-performing providers as well as higher-performing providers
- Produce equitable results by geography, by provider size, by level of care
- Preserve individual participant budgets based on each participant's assessed needs
- Minimize the time between quality measurement and payment
- Be reasonably predictable in terms of fiscal impact
- Be appropriate for the Minnesota MLTSS environment



# Lessons Learned

- Through the VBP for HCBS initiative Minnesota:
  - affirmed that data is a cornerstone of VBP
  - explored assisted living quality measurement activities underway across the country, especially in Ohio and Oregon
  - considered potential financial and non-financial incentives for assisted living providers
- IAP accelerated DHS efforts on measure development work
  - IAP led us to initiative a research contract with the University of Minnesota

Questions?

# Why measure quality in assisted living? And why now?

Kari Benson, MA

# Why measure quality in assisted living?

- Minnesota has invested in measuring quality in HCBS
  - Minnesota participates in National Core Indicators – Aging and Disabilities (NCI-AD)<sup>™</sup>
- We are interested in quality across all of HCBS, but we think measuring quality in assisted living is especially important
  - The quality of assisted living matters so much to people, because it is not only about their experience of a specific service, it is the place they call home
  - Assisted living continues to grow, and it is a relatively expensive service, whether it is paid for privately or publicly

# Why measure quality in assisted living? And why now?

- Minnesota's nursing home report card is a national model, and we can apply our knowledge and experience from that body of work to assisted living
- In Minnesota, there has been growing concern about standards, oversight, quality, and consumer experiences in assisted living settings
- The 2019 Minnesota Legislature passed a landmark elder care bill that:
  - Established a new assisted living license
  - Invested in Minnesota's adult protection system and the Ombudsman for Long Term Care
  - Funded an assisted living report card, including resident and family surveys

# 2019 Legislative Session – Assisted Living Report Card

- The new funding appropriated in 2019 will support:
  - Quality measure development, resident and family surveys, and a project website to share report card results
- Through the report card, quality will be measured at each provider site, for all payers.
- The goal of this effort is to provide information to Minnesota families, spur quality improvement efforts among providers, and prepare a platform for VBP.

# 2019 Legislative Session – assisted living grant program

- The 2019 session also established a grant program to fund quality improvement projects proposed by providers of publicly-funded assisted living
- Providers are eligible to apply for grants if they provide assisted living services to Elderly Waiver participants.
- The grant program will award as much as \$1 million during state fiscal years 2020 and 2021.
- Over time, DHS will align this program more closely with the Report Card

# Assisted Living Report Card moving forward

- In state fiscal year 2020 we will:
  - engage with stakeholders, continue measure development work, and prepare resident and family surveys for pilot-testing
- In state fiscal year 2021 we will:
  - implement the first resident and family surveys, continue measure development work, and develop a report card website
  - Develop VBP payment models based on an analysis of baseline quality data



Questions?

# Findings from University of Minnesota research on quality and quality measurement in assisted living

Tetyana Shippee, PhD

# 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-reports-workgroups/aging/>

- We first searched the traditionally published literature using bibliographic databases (e.g. Ovid Medline, CINAHL)
- We searched the grey literature 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
- We conducted key informant interviews and technical expert panels to make our findings more comprehensive and address any blind spots from the gaps in the literature.
  - The interviews included national experts in quality measurement and assisted living, including academics, providers, and policy makers

- We initially identified 833 references
  - Title and abstract screening eliminated 719 references
  - Citation searching identified an additional 46 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.
- We ended up with 49 peer-reviewed references, and an additional 45 references from grey literature sources
- We conducted 12 in-depth interviews and 2 technical expert panels

# Key domains

- Resident Quality of Life
- Resident/Family Satisfaction
- Staff
- Safety
- Resident Health Outcomes
- Core Values and Philosophy
- Physical and Social Environment
- Care Services and Integration
- Service Availability

- 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.

Questions?



# Feedback on domains of quality in assisted living

Tetyana Shippee, PhD

# Research finding: Domains of quality in assisted living

**Resident  
Quality of Life**

**Resident / Family  
Satisfaction**

**Staff**

**Safety**

**Resident  
Health Outcomes**

**Core Values and  
Philosophy**

**Physical and Social  
Environment**

**Care Services  
and Integration**

**Service  
Availability**

# Feedback on domains and subdomains of quality

Care Services and Integration	Service Availability
Information transmission	Meal service
Efficiency of HIT sharing	Medication assistance/management/quality
Care quality	Wellness
Collaboration among providers	Nutrition services
Communication with family	Pharmacy services/use
Service plan*	Personal and emotional care*
Case management*	Transportation*

- Do these domains and subdomains reflect your experiences and observations of assisted living?
- Are there surprises or gaps related to these domains and subdomains?

NOTE: \* indicates that the finding comes from grey literature

# Feedback on domains and subdomains of quality

<b>Core Values and Philosophy*</b>	<b>Physical and Social Environment</b>
Rules / Resident Rights*	Safety / security
Family and Resident councils*	Dining room environment
Workplace practices*	Social climate
Scope of services*	Ability to get outside
	Occupancy rate*
	Fire safety and emergency preparedness*

- Do these domains and subdomains reflect your experiences and observations of assisted living?
- Are there surprises or gaps related to these domains and subdomains?

# Feedback on domains and subdomains of quality

Safety	Resident health outcomes
Resident empowerment opportunities	Physical function
Perceived safety	Psychosocial well-being
Accountability and continuous quality improvement	Adverse / avoidable critical incidents
Policies around resident safety	Medication errors
Elder abuse	Nursing home admissions
	Mental health / Behavioral health

- Do these domains and subdomains reflect your experiences and observations of assisted living?
- Are there surprises or gaps related to these domains and subdomains?

# Feedback on domains and subdomains of quality

Staff	
Close staff relationships	Support (institutional, supervisor, emotional, coworkers)
Staff empowerment	Job satisfaction
Collaboration among staff	Resident-centered job satisfaction
Communication (among providers /direct care workers)	Consistent assignment
Burnout / stress	Employee qualifications

- Does this domain and these subdomains reflect your experiences and observations of assisted living?
- Are there surprises or gaps related to this domain and these subdomains?

# Feedback on domains and subdomains of quality

Resident / Family Satisfaction	
Overall satisfaction	Burden of care*
Unmet needs	Housekeeping*
Care experience	Staff competency*
Well being	Meal choice satisfaction*
Choice/preferences met*	Cost of care*
Personal care needs met*	Quality of staff care*
Respect from staff*	Recommendation to others*

- Does this domain and these subdomains reflect your experiences and observations of assisted living?
- Are there surprises or gaps related to this domain and these subdomains?

# Feedback on domains and subdomains of quality

Resident Quality of Life	
Food quality	Religion/Spirituality
Connectedness	Independence /Autonomy
Meaningful life/activities/engagement	Social activities*
Social relationship	Physical activity*
Community	Relationships [friends & family]*
Privacy	Financial well-being*
Choice	Community integration*

- Does this domain and these subdomains reflect your experiences and observations of assisted living?
- Are there surprises or gaps related to this domain and these subdomains?



# Thank you!

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For project information and updates, visit:  
<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/aging/>