Maryland Health Care Commission Assisted Living Study

Workgroup Progress Assessment

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Workgroup Requirements

▶ Analyze the inspection data from the Office of Health Care Quality to determine, on a systemic level, where quality of care may be improved

▶ Examine the entry into and exit from the market for assisted living programs, including any noticeable trends related to inspection data or regulatory requirements

▶ Consider the feasibility of developing a reporting system for assisted living programs that protects patient confidentiality and makes data related to catastrophic health emergencies declared by the Governor and quality of care publicly available

▶ Review the current assisted living program licensure regulations to determine whether these programs should be regulated differently than programs with ten or more beds

▶ Determine whether:

  ▶ Assisted living programs receive sufficient reimbursement to cover the cost of care for the services provided, including for residents with Alzheimer's and other dementia–related conditions, under initiatives offered through the Maryland Medicaid Administration or other State or local initiatives; and

  ▶ The Home– and Community–Based Options Waiver, or any other waiver program that may be used for assisted living programs, can be revised to improve the quality of care and increase provider participation

▶ Review staffing resources that could be better utilized and made available for these programs, including measures to encourage the recruitment and retention of staff and meet standards for sufficient staffing.
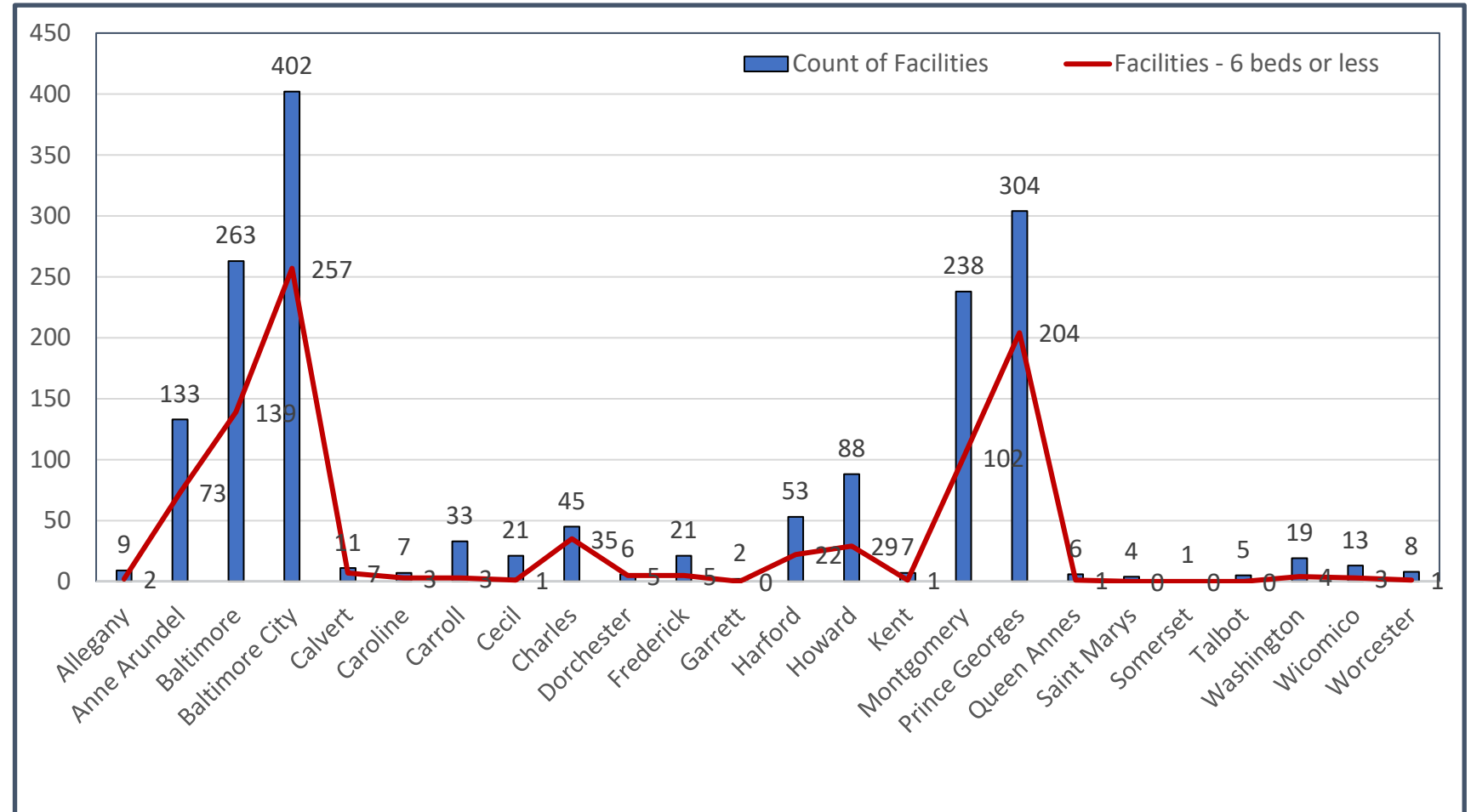
Workgroup Progress

▶ What data are available to support understanding quality performance?

    ▶ Deficiency reports from OHCQ

    ▶ OHCQ reports and presentations

    ▶ Assisted Living Deficiency Reports and Census Quarterly Extract for MHCC from OHCQ

    ▶ Long-Term Care Ombudsman yearly reports

    ▶ Assisted Living Provider Survey (MHCC)

    ▶ Office of Workforce Information and Performance, Maryland Department of Labor

    ▶ Bureau of Labor Statistics, U.S. Department of Labor

▶ SEA conducted an analysis of OHCQ dataset: Assisted Living Deficiency Reports and Census Quarterly Extract

    ▶ 2019 and 2021 data were analyzed

    ▶ Data contained all AL programs, but programs with ≤ 9 beds were extracted

Assisted Living Programs - 6 or Less Licensed Beds

Total number of programs with 6 or less licensed beds: 897 Beds

Jurisdictions with largest number of licensed programs:

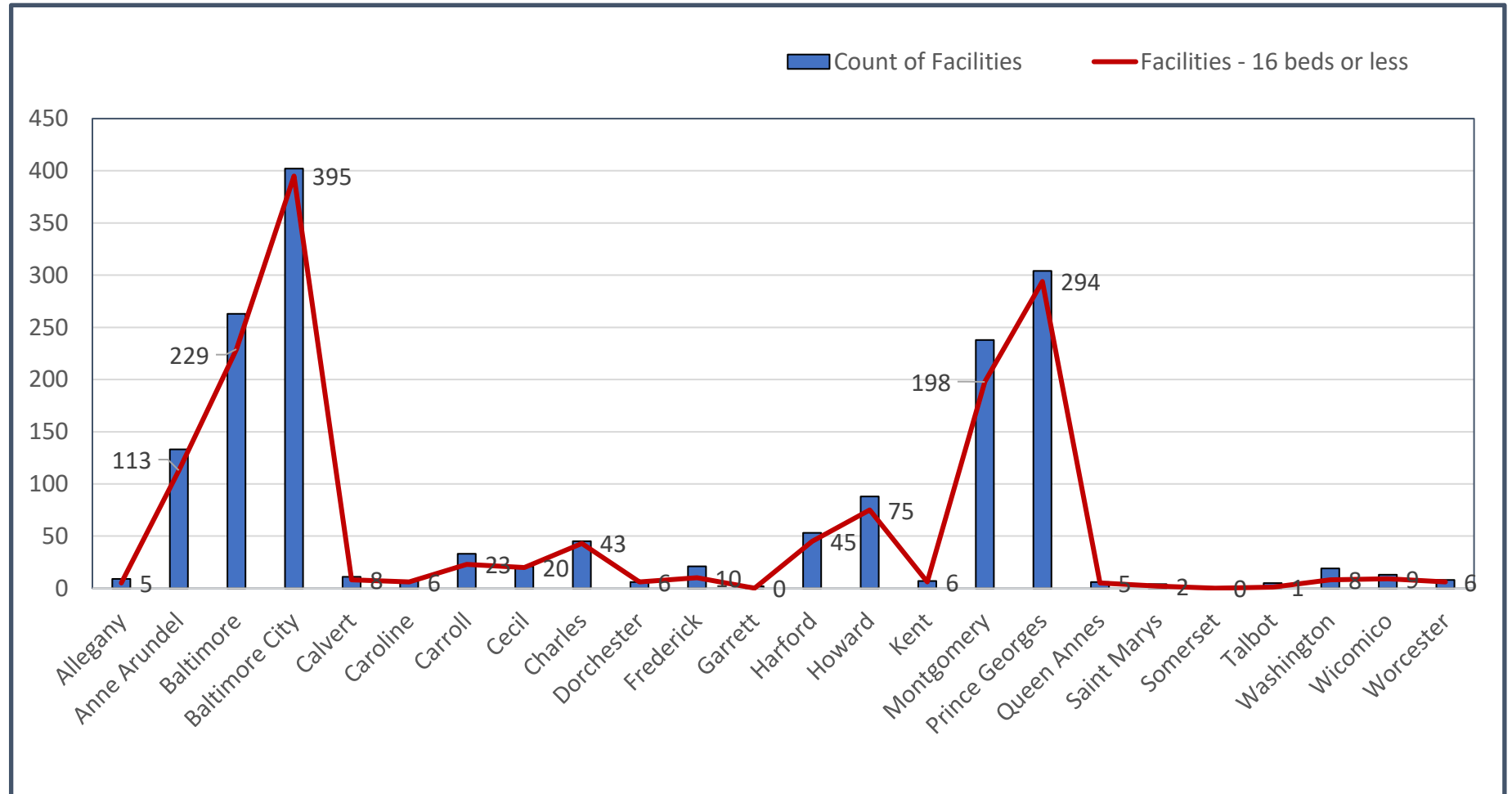- Baltimore City - 257
- Prince George's - 204
- Baltimore - 139

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Source: OHCQ Licensee Directory: Assisted Living Programs

Assisted Living Programs - 16 or Less Licensed Beds

Total number of programs with 16 or less licensed beds: 1,507

Jurisdictions with largest number of licensed programs:

- Baltimore City - 395
- Prince George's - 294
- Baltimore - 229

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Legend: Count of Facilities | Facilities - 16 beds or less

Data labels: Allegany 5, Anne Arundel 113, Baltimore 229, Baltimore City 395, Calvert 8, Caroline 6, Carroll 23, Cecil 20, Charles 43, Dorchester 6, Frederick 10, Garrett 0, Harford 45, Howard 75, Kent 6, Montgomery 198, Prince Georges 294, Queen Annes 5, Saint Marys 2, Talbot 0, Washington 1, Wicomico 8, Worcester 9, 6

Source: OHCQ Licensee Directory: Assisted Living Programs

Assisted Living Programs – 9 or Fewer Beds
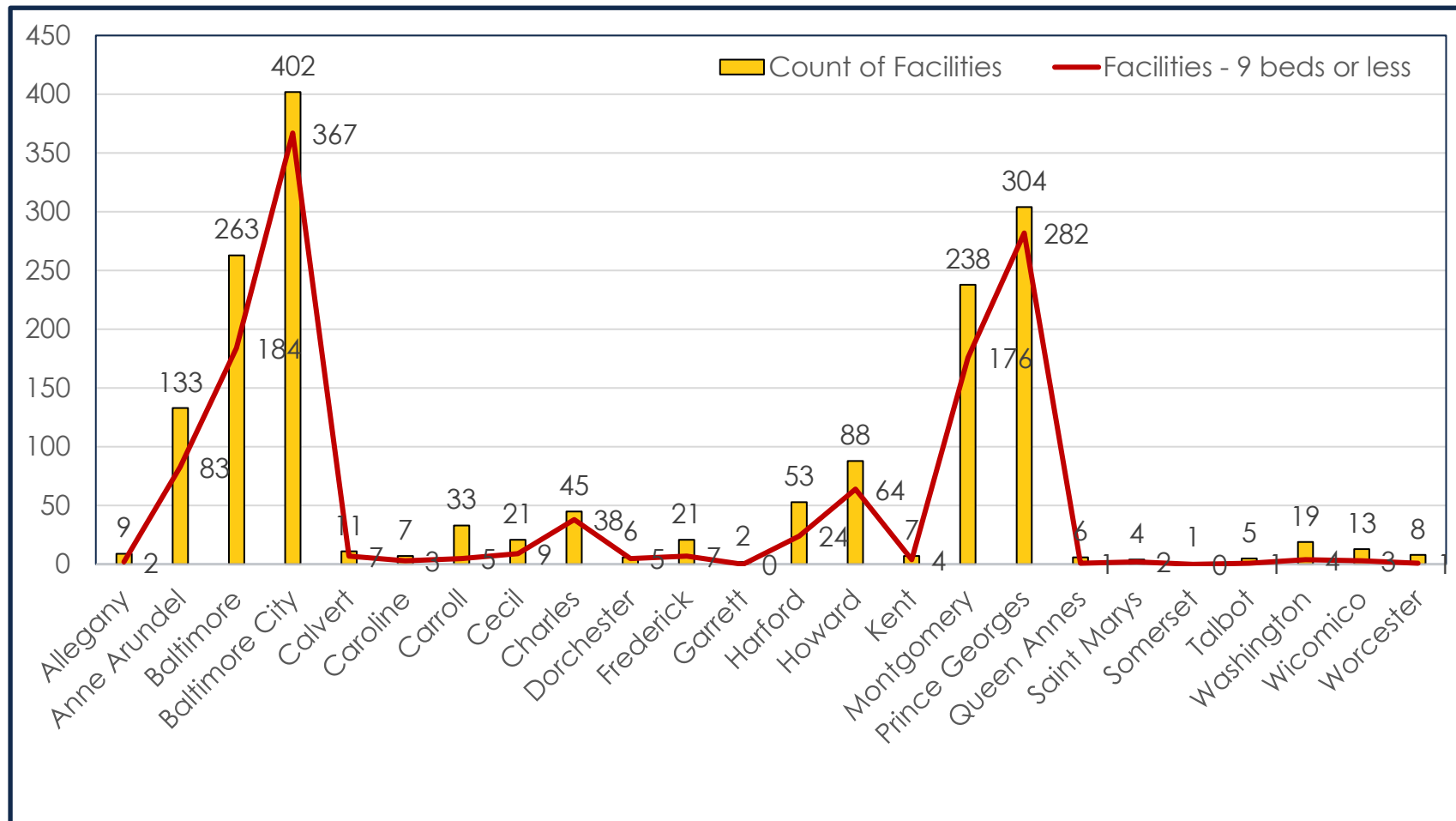
Jurisdictions with largest number of licensed programs:

▶ Baltimore City - 367

▶ Prince George's - 282

▶ Baltimore - 184

Jurisdictions with NO assisted living facilities with 9 or fewer beds:

▶ Somerset

▶ Garrett

Data source: Assisted Living Deficiency Reports and Census Quarterly Extract

Inspection Data Analysis

▶ Analyze the inspection data from the Office of Health Care Quality to determine, on a systemic level, where quality of care may be improved

FY 11 – FY 21 Statistics

Units of Measurement	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21
Number of licensed assisted living programs	1,369	1,364	1,406	1,482	1,497	1,531	1,580	1,546	1,563	1,650	1,672
Renewal surveys	476	487	396	679	1,038	992	614	570	994	626	817
Initial surveys	133	120	158	109	162	196	141	218	114	153	164
Closures of assisted living programs	131	125	116	33	147	162	92	252	97	66	142
Other surveys	452	190	135	62	156	204	44	64	71	85	100
Complaints investigated	465	669	737	683	1,217	923	911	1,137	1,092	1,194	1,192

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Most Frequently Cited Deficiencies in AL in FY 21

State Tag	Description of Tag	Number of Citations
2600	Other Staff Qualifications	170
2550	Other Staff Qualifications	147
2780	Delegating Nurse	146
4910	Emergency Preparedness	145
4900	Emergency Preparedness	142
3330	Service Plan	141
4630	General Physical Plant Requirements	138
3680	Medication Management and Administration	135
2000	Administration	102
2220	Assisted Living Manager	99
1440	Licensing Procedure	97
3960	Resident's Rights	96
3380	Service Plan	89
3420	Resident Record or Log	85
2560	Other Staff Qualifications	79
2730	Other Staff Qualifications	76
2530	Alternate Assisted Living Manager	75
2280	Assisted Living Manager	74
3790	Incident Reports	74
4750	Emergency Preparedness	73

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Increasing in Citation Frequency

▶ Emergency Preparedness – Tag 4900

  ▶ Increased during COVID when more emphasis was placed on this area

▶ Other Staff Qualifications – Tag 2600

  ▶ Increasing since SFY16 and was the most frequently cited deficiency in SFY21

▶ Other Staff Qualifications – Tag 2550

  ▶ Increased since SFY16 and was the second most frequently cited deficiency in SFY21

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Decreasing in Citation Frequency

▶ Medication Management and Administration – Tag 3680

  ▶ In SFY16 and SFY17, this was 1st, but it is now 8th

▶ Service Plan – Tag 3330

  ▶ In SFY16 and SFY17, this was 3rd, but it is now 6th

▶ General Physical Plant Requirements – Tag 4630

  ▶ In SFY19, SFY20, and SFY20, it was 1st, but it is now 7th

▶ Alternate Assisted Living Manager – Tag 2530

  ▶ Decreased citations over time, but it is now 10th

▶ Note – during the COVID pandemic, an emphasis was placed on infection control and emergency preparedness, which may have lowered the frequency of the above tags

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Remaining Steady in Citation Frequency

▶ Delegating Nurse - Tag 2780

  ▶ Remains 2nd or 3rd most frequently cited deficiency

▶ Emergency Preparedness (disaster drills) - Tag 4910

  ▶ Remains the 4th or 5th most frequently cited deficiency

▶ Administration – Tag 2000

  ▶ Remains 8th or 9th most frequently cited deficiency

▶ Assisted Living Manager – Tag 2220

  ▶ Remains the 9th or 10th most frequently cited deficiency

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Deficiencies Analysis

From the Assisted Living Deficiency Reports and Census Quarterly Extract from OHCQ

We can determine

- Total programs with 9 beds or fewer: 1,272 facilities
- Most frequently cited deficiencies in 2019 and 2021 by tag
- Complaints
  - 155 deficiencies by complaints
  - 32 unique programs (2.5%)
  - 1,240 programs with no deficiencies by complaints
- Surveys
  - 2,786 deficiencies by survey
  - 385 unique programs (30.3%)
  - 887 programs with no deficiencies by survey
- The greatest number of deficiencies across all jurisdictions and reporting periods is:
  - Other Staff Qualifications: 1,216
  - Emergency Preparedness: 1,168
  - Medication Management: 699

We cannot determine

- Whether the survey was initial or renewal
- Number of closures and openings
- Total number of complaints reported and investigated
- Patterns over time without additional data points

Ombudsman Report FY21

▶ 591 total AL program complaints

    ▶ Care

    ▶ Autonomy, Choice, Rights

    ▶ Admissions, Transfer, Discharge, Eviction

    ▶ Access to Information

    ▶ Financial, Property

    ▶ Abuse, Gross neglect, Exploitation

    ▶ Dietary

    ▶ Environment

    ▶ Facility Policies, Procedures, and Practices

    ▶ Activities, Community Integration, Social Services

Reimbursement Analysis

▶ Determine whether:

    ▶ Assisted living programs receive sufficient reimbursement to cover the cost of care for the services provided, including for residents with Alzheimer's and other dementia–related conditions, under initiatives offered through the Maryland Medicaid Administration or other State or local initiatives; and

    ▶ The Home– and Community–Based Options Waiver, or any other waiver program that may be used for assisted living programs, can be revised to improve the quality of care and increase provider participation

Home and Community Based Waivers

- ▶ Medicaid reported a total of 559 facilities with waivers

- ▶ Number of HCBWs in assisted living programs with 9 or fewer beds.

  - ▶ 484 waivers in 2019 and 322 in 2021

Jurisdiction	2019	2021
Baltimore City	116	103
Prince Georges	122	70
Baltimore	62	45
Montgomery	60	32
Anne Arundel	43	17
Howard	33	21
Charles	11	11
Harford	10	5
Frederick	5	2
Cecil	3	4
Calvert	3	1
Carroll	3	2

Jurisdiction	2019	2021
Kent	3	1
Caroline	3	1
Dorchester	1	3
Washington	1	0
Allegany	1	2
Wicomico	1	0
Queen Annes	1	1
Talbot	1	0
Worcester	1	1
St Mary's	0	0
Garrett	0	0
Somerset	0	0

Data Source: Assisted Living Deficiency Reports and Census Quarterly Extract

Reimbursement Concerns

▶ MHCC conducted a survey of assisted living providers to determine their concerns and needs

▶ Cost is a primary concern for all assisted living programs to

- ▶ Maintain facilities
- ▶ Pay and retain staff
- ▶ Staff training
- ▶ Quality services and goods (e.g., food, activities, supplies)
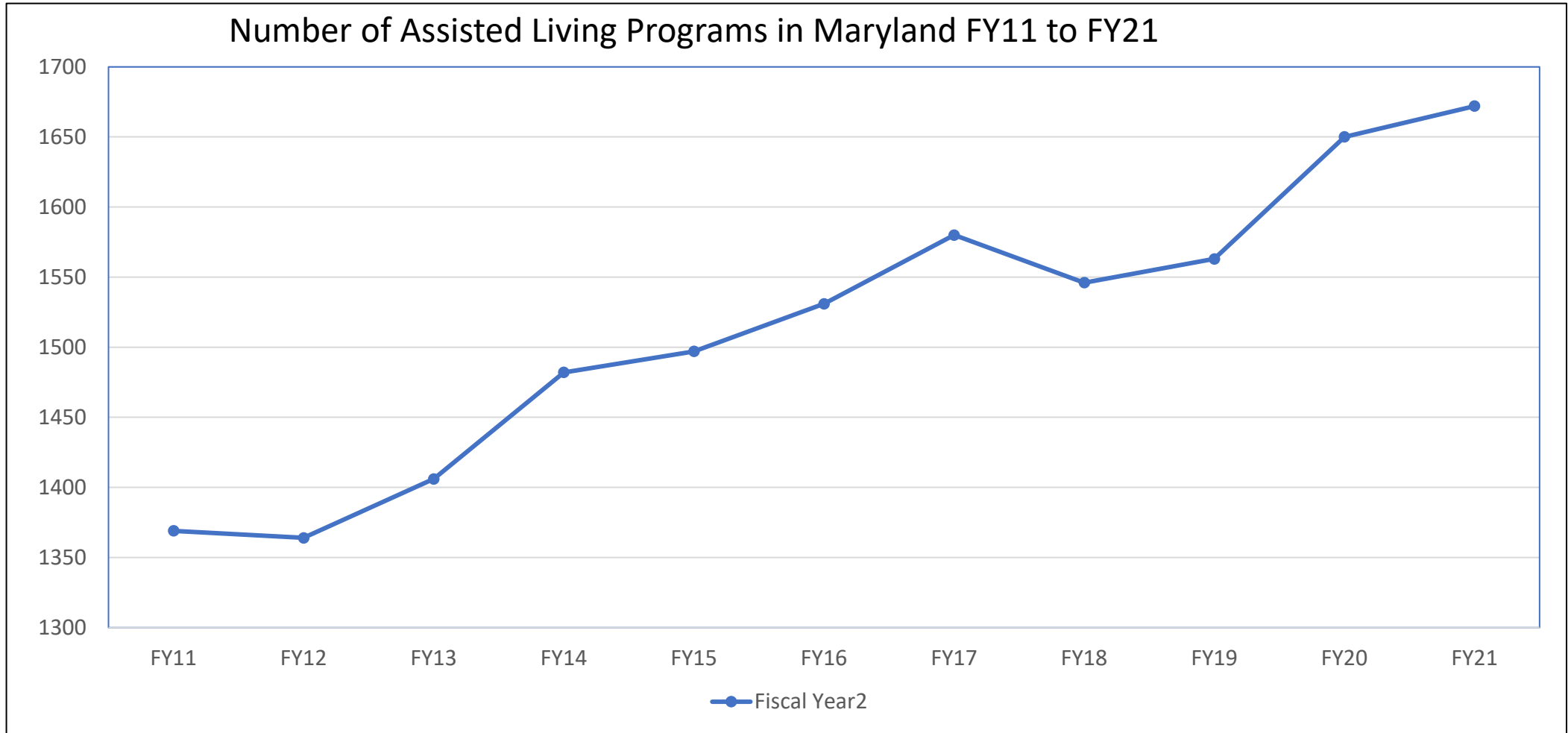- ▶ Reimbursement for services (more reimbursement and more types)

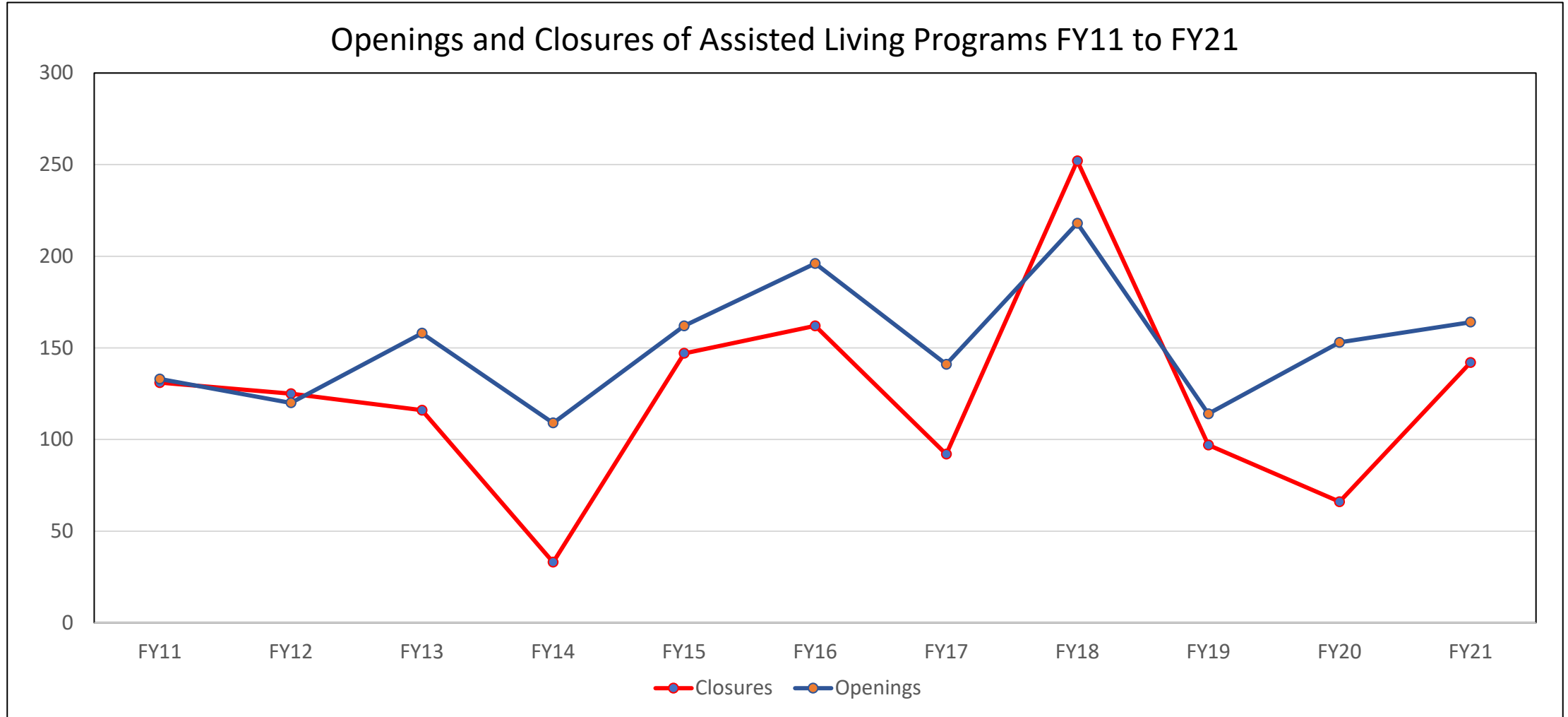Data source: Assisted Living Provider Survey (MHCC)

Market Analysis

- ▶ Examine the entry into and exit from the market for assisted living programs, including any noticeable trends related to inspection data or regulatory requirements

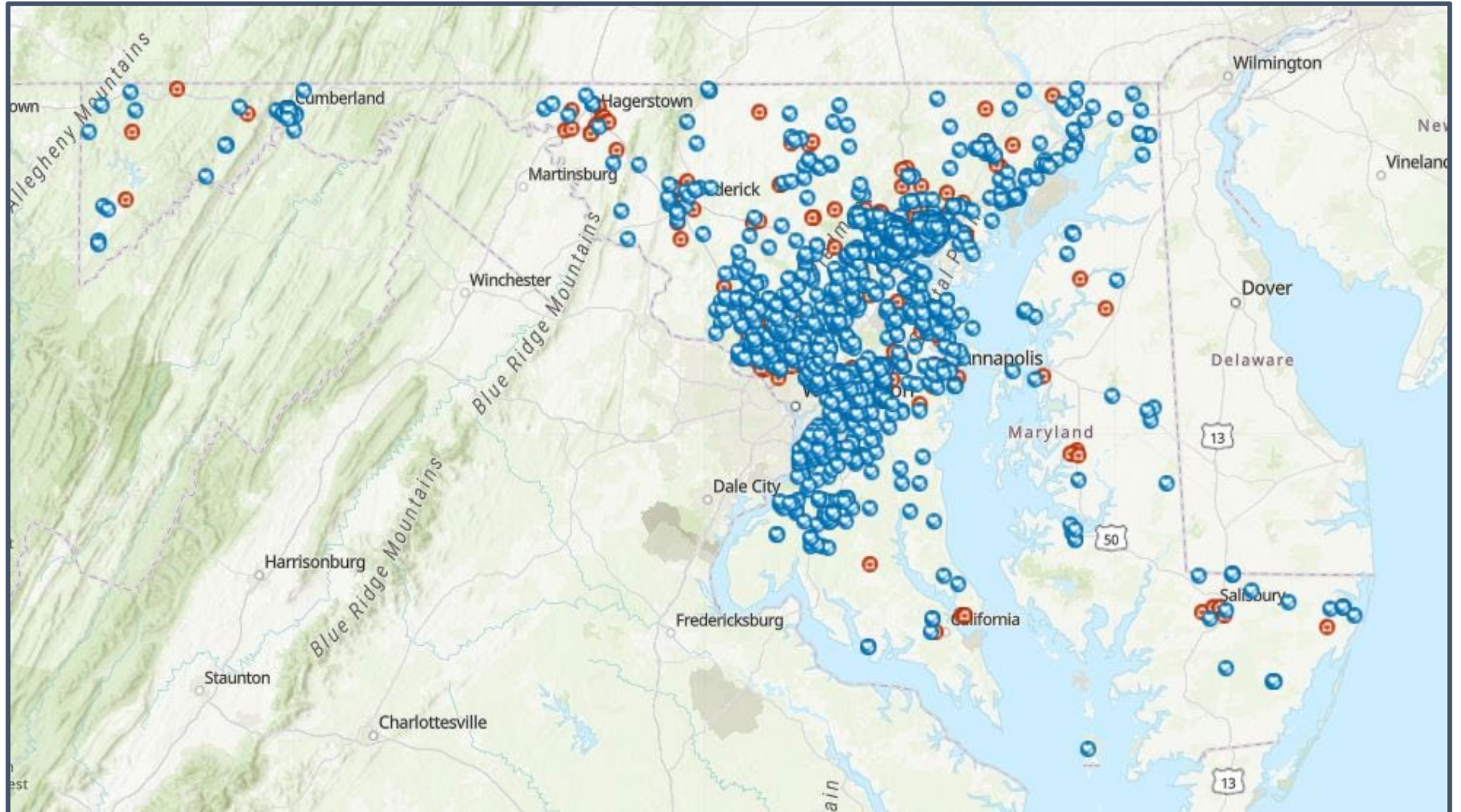# Number of Licensed Assisted Living Programs

Number of Assisted Living Programs in Maryland FY11 to FY21

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Openings and Closures of Assisted Living Programs

Openings and Closures of Assisted Living Programs FY11 to FY21

20

Maryland Licensed Assisted Living Programs

Programs with 16 beds or less

Programs with more than 16 beds

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Entry Into and Exit From the Market

OHCQ demonstrated

- There has been a steady increase in AL programs opening over the past decade

- 2 counties have no small AL programs

- Most counties have very few AL programs, regardless of the size of the program

- AL programs are clustered in the center of the state, leaving the rest of the state with few choices

- Unlicensed ALs are difficult to track

Data sources: Assisted Living Provider Survey (MHCC) and Assisted Living Deficiency Reports and Census Quarterly Extract from OHCQ

Internal analyses show

- 2 counties have no small AL programs

- Most counties have very few AL programs, regardless of the size of the program

- AL programs are clustered in the center of the state, leaving the rest of the state with few choices

- From the Assisted Living Provider Survey:
  - Programs want assistance in recruiting residents
  - Other than funding, ALs want assistance with information and training
    - Specialty job training
    - Infection training/guidance
    - Training to learn to navigate the regulatory system

- We were unable to determine an efficient way to detect patterns of openings and closings of AL programs of any size

Staffing Analysis

- ▶ Review staffing resources that could be better utilized and made available for these programs, including measures to encourage the recruitment and retention of staff and meet standards for sufficient staffing.

Staffing Trends

▶ Assisted living related occupations statewide have had low to negative wage growth over the last few years (ranging from roughly -1.4% to +2.8%).

▶ Occupational demand has been high for some occupations (RNs, PTs)

▶ Turnover rates are low for certain occupations (RNs, dietitians, OTs) but high for others (nursing assistants)

▶ Job hires and openings in health care have risen at a faster rate than for other industries since the beginning of the pandemic

▶ Provider Survey showed there are concerns about

  ▶ Staff turnover

  ▶ Lack of qualified staff

  ▶ Lack of funds to attract and retain qualified staff

Data sources: Office of Workforce Information and Performance, Maryland Department of Labor
Bureau of Labor Statistics, U.S. Department of Labor
Assisted Living Provider Survey

Recommendations

▶ Consider changing the definition of "small" to align with OHCQ's definition (e.g., ≤6 and ≤16)

▶ Partial data is available from OHCQ to draw conclusions about quality performance

    ▶ Infrastructure needed to collect complete quality data. Quality improvement efforts can be more readily identified once infrastructure is established.

    ▶ Provide data publicly as part of public reporting efforts

    ▶ Deficiency codes should have severity levels similar to nursing homes to provide clarity for public reporting

▶ Full, redacted statements of deficiency to be available publicly for evaluation

    ▶ Statements should be easily accessible in a timely manner

▶ Residents and families should have access to a vehicle for stating their needs and satisfaction levels (e.g., satisfaction surveys)

▶ Medicaid HCBW program to reassess reimbursement policies to determine if additional resources/changes are needed

▶ The state, in collaboration with the AL industry, to develop a coordinated approach to educating the public on AL as an alternative care option

Recommendation Discussion

▶ What ideas does the group have for quality improvement?

▶ Are there specific concerns to highlight about Alzheimer's/Dementia care?

▶ Are there areas you believe warrant further consideration or study?

▶ What recommendations does the workgroup have in relation to the need for quality data?

  ▶ Are there technical or operational issues to consider?