Meeting Summary
Small Assisted Living Programs Workgroup
October 31, 2022

Attendance:

Workgroup Members	MHCC Staff	Interested Parties
Stacy Howes	Julie Beard	Rebecca Swain-Eng
Theressa Lee	Linda Cole	Heather Forsythe
Ben Steffen	Tracey DeShields	Eileen Bennett
Stevanne Ellis	Paul Parker	Allison Ciborowski
Eric Colchamiro	Catherine Victorine	Karen Ellis
Courtney Barno		Ryan Shupp
Danna Kauffman		Kendra Queen
Dr. Patricia Nay		
Lisa Toland		
Joe DeMattos		
James Campbell		
Debbie Gallagher		
Alexandra Baldi		
Carol Fenderson		
Ken Lemberg		
Tammy Bresnahan		

Welcome and Introductions
Stacy Howes, Chief of Long-Term Care and Health Plan Quality Initiatives (MHCC) welcomed all participants to the first meeting of the Small Assisted Living Programs Workgroup. Ben Steffen, Executive Director of MHCC introduced himself and welcomed all participants. He also thanked everyone for their work in bringing together the workgroup.

Charge for the Workgroup
Stacy Howes introduced the charge of the workgroup which was taken directly from the HB636 bill. The charge is to conduct a study regarding the quality of care provided by certain assisted living programs and generally relating to a study of assisted living programs.

Characterization and Distribution of Current Assisted Living Programs
Stacy Howes began the presentations by describing the number of assisted living programs throughout Maryland. She stated that there are over 1,709 programs, and approximately 1,255 are fewer than 10 beds. This means that 73% are considered small, assisted living programs. MHCC publicly reports quality information for assisted living programs with 10 or more beds only, meaning that public reports only exist for 27% of assisted living programs. She then described the number of assisted living programs throughout the state by jurisdiction. The central area has far more programs

than the rest of the state with Prince George's County, Baltimore City, Montgomery County, and Anne Arundel County have the most. Somerset and Garrett Counties have no assisted living programs with 9 or fewer beds, while almost all (91.8%) of Prince George's County's assisted living programs consist of programs with 9 or fewer beds.

Review of HB636

Stacy Howes described the instructions in the bill including the need to conduct a study of the quality of assisted living programs with 9 or fewer beds. A final report with recommendations is due October 1, 2023. There are specific questions that we must answer in the study including the following:

1. Quality of Care
    a. Conduct an analysis of deficiency data from OHCQ to identify areas where quality can be improved.
    b. Examine the entry into and exit from the market for assisted living programs, including any noticeable trends related to inspection data or regulatory requirements.
    c. Analyze current regulations for large, assisted living facilities, and determine if any can be applied, or applied differently, to smaller facilities.
    d. Analyze how staffing resources could be better utilized.
2. Costs
    a. Examine whether assisted living facilities receive sufficient reimbursement for the cost of care, including for residents with Alzheimer's and other dementia-related conditions.
    b. Examine whether Home and Community Based Options Waiver or other waiver programs could be used or revised to improve the quality of care.
3. Emergency Reporting System
    a. Determine whether a system for reporting on catastrophic emergencies is feasible.

Theressa Lee, Director of the Center for Quality Measurement and Report (MHCC), introduced herself while we fixed a technical issue in the conference room. She welcomed everyone and thanked them for participating in the workgroup.

Danna Kauffman requested clarification on the percentage of small, assisted living facilities within the state.

Voluntary Questionnaire for Programs

Stacy Howes described the desire to distribute a questionnaire to the owners/operators of the small, assisted living facilities. Staff created a draft survey and shared it with the group and asked for feedback. She asked for specific feedback on question three about memory care. Joe DeMattos stated that it's an appropriate question, but he suggested removing the words "locked unit." Eric Colchamiro stated that this was an appropriate question, but if you are a waiver home there is a restriction that you cannot have a locked door. Also, he thought it should be "Alzheimer's Special Care Unit." Stevanne Ellis asked for the questionnaire to be distributed so that members could provide written feedback. Danna Kauffman mentioned that the question was too generic. She suggested using the words "Specialized Memory Care or Alzheimer's Special Care Unit." Eileen Bennett suggested that the question about paying for services should include private pay. Heather Forsyth suggested asking how long the facility has been in operation. Lisa Toland mentioned that if there are any locked doors or isolation, the resident would need to have a key unless there is an exception in the resident's care plan which is set up between the representative, the facility, and the doctor or social worker. This

requirement is only true if the program is a Medicaid provider. Ben Steffen asked how the survey would be distributed, and Stacy Howes responded that it would be created using Survey Monkey and optimized for use on cell phones. She asked that everyone think about the survey questions and provide any feedback over the next week or two.

Background on Assisted Living Programs

The Maryland Health Care Commission has engaged the services of SEA Health Care to aid with the execution of the work in HB636. Rebecca Swain-Eng is the president of SEA Health Care, and she provided a comprehensive presentation about assisted living programs which included data on the number of programs within the United States and within Maryland. There is a strong need to understand quality and the need for Medicaid reimbursement. The number of individuals over 60 years of age is growing rapidly, and the largest percentage of increases in the over-60 population is expected to be in Carroll, Cecil, Charles, Frederick, Howard, and St. Mary's counties.

There is no universal definition of "small, assisted living program." There are different names for different size programs in different states. Quality is difficult to assess because of these differences, and the regulations, policies, and implementation practices of quality programs vary widely across the United States. Eileen Bennett and Dr. Nay stated that local licensing requirements should be considered, and Rebecca Swain-Eng stated that we will include that in a future discussion. Finally, Ms. Swain-Eng discussed the workforce crises that is being experienced throughout the healthcare system.

Danna Kauffman cautioned against making foregone conclusions, and Ben Steffen stated that it's not our intention to make conclusions but to present evidence on what other states are doing and then develop recommendations based on that experience and Maryland's own experience.

MHCC and Ms. Swain-Eng asked the workgroup to consider the following questions:

1. What do you see as the key differences in small (<10 bed) Assisted Living Programs and large Programs in Maryland?

   Stevanne Ellis stated that size often leads to different kinds of amenities (large programs have better kitchens and better interdisciplinary teams while smaller programs have better staff to resident ratios but fewer services). She stated that different parts of the state have very different services too. There is an overabundance of programs opening in the city that are targeting low income individuals who can't afford more expensive programs in the counties. She stated that we may need a CON process. Joe DeMattos reiterated the problems with affordability, and said that the statistics from the first presentation and the current presentation highlighted the need to create affordable options because there is clearly a need. He also stated that there are many owners who own several small programs. Stevanne Ellis mentioned that assisted living regulations are in the process of being changed. Lisa Toland stated that there are 559 approved Medicaid waiver programs. Theressa Lee asked why Maryland makes a distinction at 9 beds, and Ben Steffen stated that it is a matter of volume and ability to make responses (Paul Parker confirmed).

   Comment submitted by Allison Ciborowski in writing after the meeting:

   > Typically, the large assisted livings in Maryland are for profit entities and often have a corporate structure that supports them. They may have corporate HR, staff development,

finance, and other support that allows them to operate on a more sophisticated level. Small providers have to do everything "in house." They don't necessarily have access to experts or back office support, meaning their staff are stretched further to operate and provide quality care.

Comments submitted by AARP in writing after the meeting:

- Larger facilities have more staff to resident ratio and seem to offer more training, more career opportunities
- Some of the larger facilities are resort like and offer more open space, more interaction and less isolation
- If smaller is run correctly the individual care could be optimal—they too could offer smaller staff to resident ratio.
- Smaller homes can provide a more home like environment, if program regulated correctly and oversight is provided.
- Smaller facilities are often operated on a shoestring budget and pop up in areas where real estate is cheap but the conditions –not so good. Often in someone's home without considering the need.
- Smaller facilities often offer less personal space in a residential home, residents often share a bedroom and bath.
- Some smaller facilities seem less equipped to handle intensive medical tasks such as tube feeding, wound care, or medication management.

2. How do you define "quality" for Assisted Living Programs?

Eric Colchamiro says that we don't know how we want to define quality because there are so many programs, and there is a lack of investment in these programs. There is little funding, but there is high demand. The lack of investment extends to OHCQ because they are not able to visit assisted living programs as much as they are supposed to because of staffing limitations. Dr. Nay stated this comment is not correct. They triage complaints according to state law, regardless of assisted living program size. Debbie Gallagher stated that the most important thing is that people need to feel like they are at home, and everything else "works itself out."

Stevanne Ellis said that quality includes looking at resident care and their life in the assisted living program. Residents need to receive the right care, assistance, medications, and a respect for their rights to feel like the program is high quality.

Comment submitted by Allison Ciborowski in writing after the meeting:

> Residents are able to do the things that are important to them, and to attain the quality of life that is important to them. They receive care and supports in a way that is individualized and meaningful to them to address the challenges that might keep them from reaching that goal.

Comments submitted by AARP in writing after the meeting:

- Trained and qualified staff based on the resident's needs
- Facility with a bedroom and bathroom
- An assisted living should:
    - maximize personal dignity;
    - create autonomy;

- allow independence/ including privacy;
- and provide a homelike environment, while also provide personal care services, and accommodate residents' changing care needs including those with memory issues

3. From your perspective what are the top three issues or barriers facing small Assisted Living Facilities today to provide high quality care and communities for residents?

   Danna Kauffman said it's the same issue as everywhere else: staffing. There are also issues of underfunding and the inability to compete for staff with other health care providers. Stevanne Ellis agreed, and staff are not always trained in the issues they encounter (e.g., Alzheimer's, substance abuse). Debbie Gallagher reiterated the problem with being able to pay well, inflation, and competition with non-healthcare work (e.g., Amazon).

   Comment submitted by Allison Ciborowski in writing after the meeting:

   > Capacity/workforce – having the number of people needed to provide care and support meaningful opportunities for engagement for all staff. Limited resources (including time) and not having larger back-office support or expertise to help manage day to day operations.

   Comments submitted by AARP in writing after the meeting:

   - poor staffing/substandard care
   - an abundance of homes in certain geographical areas
   - poor management

4. How open do you believe residents and families will be to participating in a Quality-of-Life survey?

   Comments submitted by AARP in writing after the meeting:

   - We are concerned that if residents are honest, they will fear they will lose their placement.
   - We are also concerned that the resident and or their families will not fill out the survey in private.

5. From your perspective how can Maryland improve care, outcomes, costs and quality for Assisted Living Programs in the state?

   Allison Ciborowski stated that small, assisted living programs should have a way to come together to share ideas. Also, identify the programs that are offering high quality care and determine what they are doing. Given some of the challenges we've discussed it could be difficult to define high quality care right now. We can look at the programs that have good surveys, good family and resident feedback, and have high referrals. Eric Colchamiro stated that he would like to hear from local area agencies on aging and their role in this issue.

   Comment submitted by Eric Colchamiro in writing after the meeting:

   > My core comment, to reiterate in writing, is that Maryland can go a long way to improve quality and lower costs by building deeper relationships between the state and local jurisdictions. There is a role for OHCQ, but my sense is that providers trust their local

Area Agencies on Aging more. Can we consider more memorandum of understanding, and shift responsibilities--particularly for these smaller sites--from the state to locals?

Comment submitted by Allison Ciborowski in writing after the meeting:

Perhaps more hands-on support for small, assisted living providers, additional funding to offset increased costs, increasing Medicaid reimbursement for AL care. Regulations that make sense for small providers.

Comments submitted by AARP in writing after the meeting:

If a facility wants to open and or maintain its licensure it should:

- **Create Safe Environment for Residents**
  - Every effort should be made to create a safe environment for residents while meeting the physical, social, medical and intellectual needs of residents.
  - That includes the basics such as furniture, bathrooms, lighting, have a common area such as a game room, a dining room, and other living spaces.
  - The facility and services they provide should enrich residents' life and well-being. Facilities should be updated and maintained regularly and should reflect the different levels of care, provide choices for residents and should also be inclusive.
  - Regulated correctly and proper oversight.

- **Hire the Right Staff**
  - Hiring is an essential element to improving the quality of care in assisted livings.
  - Adequate screenings and background checks as well as appropriate licensure is imperative.
  - Employees should not only be qualified and have proper licensure but show a passion and desire to care for those in need and have a willingness to develop on a professional level.

- **Provide Training and Development.**
  - Staff training, re-training and development is a key priority and essential to continuously improving quality.
  - Staff must be educated on how to deal with all different residents. From emergency procedures to safe resident handling and equipment operation. A well-trained and competent staff will provide a healthier environment for your residents.

- **Have Adequate Staff Levels**
  - While the level of care will vary between residents, all those staying within a facility are dependent on staff at times for their basic needs.
  - Its imperative staff are always available and prepared to assist residents.
  - Requiring staff to resident ratios are at an optimum level, not only according to the law but also in accordance with the needs and extent of care required by residents.

Next Steps

The next meeting has been scheduled for December 5 from 12 to 2pm.