



Final Report on the Small Assisted Living Program Study

CENTER FOR QUALITY MEASUREMENT AND REPORTING

MARYLAND HEALTH CARE COMMISSION

JANUARY 18, 2024



Legislative Study Mandate

- ▶ The Maryland Health Care Commission, in consultation with the Office of Health Care Quality, the Maryland Long-Term Care Ombudsman Program, the Medicaid Administration, the Governor's Workforce Development Board, and interested stakeholders, [is required] **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.**



Scope of Work

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.



Small Assisted Living Workgroup Membership

- ▶ State agencies (e.g., OHCQ, MHCC, Ombudsman, Department of Aging, Medicaid, Department of Labor)
- ▶ AARP
- ▶ Alzheimer's Association
- ▶ Health Facilities Associating of Maryland/ Maryland Center for Assisted Living
- ▶ Leading Age Maryland
- ▶ LifeSpan
- ▶ Large (>9 beds) assisted living representative
- ▶ Small assisted living representatives
- ▶ Maryland Living Well Center for Excellence



Workgroup Meetings

- ▶ Met 6 times beginning October 31, 2022 through January 8, 2024
- ▶ Speakers
 - ▶ Dr. Tricia Nay of the Office of Health Care Quality
 - ▶ Stevanne Ellis of the Long Term Care Ombudsman
 - ▶ Courtney Barno of Home and Community Based Waivers Program
 - ▶ Ken Lemberg of the Governor's Workforce Development Board
 - ▶ Ruthie Fishman, a small AL provider



Environmental Scan

- ▶ 1,709 Assisted Living programs
- ▶ 1,255 are fewer than 10 beds
- ▶ MHCC publicly reports quality information for assisted living programs with 10 or more beds (27% of AL programs)



Environmental Scan: Assisted Living Programs by Region

	% <10 Beds		% <10 Beds		% <10 Beds	
Central	76.5%	Eastern	36.2%	Western	24.0%	
Anne Arundel	60.9%	Caroline	42.9%	Allegany	25.0%	
Baltimore	67.3%	Dorchester	85.7%	Frederick	28.6%	
Baltimore City	89.2%	Kent	57.1%	Garrett	0.0%	
Carroll	14.7%	Queen Anne's	16.7%	Washington	21.1%	
Cecil	47.1%	Somerset	0.0%	Southern	70.7%	
Harford	50.9%	Talbot	20.0%	Calvert	58.3%	
Howard	71.1%	Wicomico	26.7%	Charles	76.2%	
Montgomery	71.5%	Worcester	20.0%	Saint Mary's	50.0%	
Prince George's	91.8%					



Conclusions from Environmental Scan

- ▶ There is no standard definition of “small” across states or within the state of Maryland
- ▶ There currently exists a significant gap in the quality improvement, benchmarking, and comprehensive data collection strategy for AL programs.
- ▶ AL programs are available throughout the state of Maryland, but small programs are disproportionately available.
- ▶ Very little deficiencies data was available. From what was available, deficiencies tended to fall into the following categories: Other Staff Qualifications, Emergency Preparedness, and Medication Management. A small portion of AL programs tended to account for a significant number of the deficiencies.
- ▶ The market is volatile with more than 100 programs opening each year while dozens close each year. Data reflecting the number of programs by size that opened and closed was not available.



Conclusions from Environmental Scan

- ▶ Costs
 - ▶ AL median costs in Maryland vary significantly by region
 - ▶ AL median costs in Maryland are higher than surrounding states except for the District of Columbia
 - ▶ Reimbursement rates from Medicaid do not cover all necessary costs.
 - ▶ The Community Options Waiver has specific qualifications to enroll, and the waitlists are typically years long.



AL Provider Survey

- ▶ Distributed on three occasions from December 12, 2022, to January 16, 2023.
- ▶ Out of a total of 1,504 recipients, 232 individuals responded, representing a response rate of approximately 15.4%.
- ▶ Respondents represented a mix of new, growing, stable, and long-standing small AL programs.
- ▶ Key challenges identified:
 - ▶ Lack of regulatory guidance
 - ▶ Lack of infection prevention and control training and resources
 - ▶ Lack of specialty training and resources (e.g., dementia care, medication management)
 - ▶ Lack of flexible reimbursement options
 - ▶ Lack of general health care training
 - ▶ Need for increased reimbursement for services
- ▶ Cost is a central concern because it affects everything (e.g., facility maintenance, staff retention and training, quality of goods and services)



Recommendations

- ▶ Developed with the understanding that preserving continuity of care is desirable to most residents.
- ▶ Designed to strengthen our current regulatory system by creating a more efficient and effective data infrastructure that supports inter-agency collaboration, effective oversight and monitoring of the AL program performance and ensures the availability of timely and accurate information to support consumer decision making.
- ▶ Recommendations will require resources from the state including better monitoring.
- ▶ Implementation:
 - ▶ Year 1: focus on the smallest AL programs with 2 to 5 beds.
 - ▶ Year 2: extend the focus to small AL programs with 2 to 9 beds.
 - ▶ Year 3+: apply to large programs.
- ▶ MHCC shall oversee the implementation of these recommendations.



Regulatory Framework

Uniform Definition for Small AL Programs

- ▶ Adopt a consistent definition for "small AL programs" across all Maryland agencies. The group suggests defining 16 or fewer beds as "small" and 17 or more beds as "large." Within the category of small ALP, a residential dwelling with 2-5 unrelated individuals shall be the focus of these recommendations in the first year.

Needs Assessment for Access to AL Programs

- ▶ The Maryland Health Care Commission, in collaboration with the Department of Aging and the Long Term Care Ombudsman Program, will initiate periodic comprehensive needs assessments to identify underserved and overserved jurisdictions concerning the entry and exit of AL programs in the state. As part of this action, data sources from the Department of Health, essential for the assessments, will be identified and compiled. A standardized timeline for recurring assessments will be established, specifying whether it will be conducted annually or at a different interval. A detailed resource plan, accounting for manpower, financial, and technological resources, will be designed to sustain the assessment process in the long term.



Workgroup Feedback

- ▶ There was general support for:
 - ▶ Creating a uniform definition of “small” (2 – 16 beds) to be used statewide.
 - ▶ Prioritizing the smallest AL programs (2 – 5 beds) in the first year to build capacity.
 - ▶ Conducting a regular needs assessment by county or region to promote access to AL services.
- ▶ Long Term Care Ombudsman office asked to be included in as many recommendations as possible.



Regulatory Framework: Staff Training and Support

Recruitment, Retention and Training

- ▶ To create a larger workforce, the Maryland Department of Labor (DOL) shall be consulted to support, establish, and facilitate employment and training programs that encourage recruitment, retention, and competency for AL programs. The number of individuals enrolled in training programs, retention rates over a 12-month period should be tracked, and the percentage of employees meeting competency standards should be monitored. The state will encourage the development of programs in regions where there is a significant shortage of staff and regions where there are significant numbers of AL programs.
- ▶ To create a larger workforce, DOL and other relevant state agencies shall partner with local community colleges to develop training programs and courses that will encourage the development of a well-trained workforce. The state will focus on the development of community college programs in regions where there is a significant shortage of staff and regions where there are significant numbers of AL programs.



Workgroup Feedback

- ▶ General support for job creation and job support.
- ▶ The workgroup suggested that more than the Department of Labor would be involved in such initiatives. We changed the recommendations to reflect the “appropriate state agency.”



Regulatory Framework: Staff Training and Support

Assisted Living Program Manager Training

- ▶ The appropriate state agencies shall review and determine necessary changes to the current comprehensive assisted living program manager training programs to ensure their full compliance with the provisions of Health General §19-1807 and any subsequent legislation enacted in related to the regulation bill.

Changing Level of Care

- ▶ The appropriate state agencies shall support training programs to help assisted living programs attain the training needed to offer and maintain a higher level of care.



Regulatory Framework: Reimbursement Policies Assessment

Reimbursement of the Home and Community Waivers Program

- ▶ Maryland's Medicaid Program shall conduct a thorough reassessment of reimbursement policies in the Maryland Medicaid Home and Community Based Waivers Program.

Reimbursement Policies

- ▶ In consultation with Medicaid, MHCC shall study ways in which family members can be supported when caring for family with AL program-level needs.



Workgroup Feedback

- ▶ General support for:
 - ▶ A comprehensive review of the Home and Community Based Waivers Program.
 - ▶ Suggesting a study removing the stipulation that a family member is not eligible for reimbursement as an AL program under state and federal requirements.



Technology and Data Infrastructure Improvement

Enhancing OHCQ's Data Infrastructure

- ▶ The state shall allocate requisite resources to OHCQ to establish and maintain a robust data infrastructure (i.e., inspection/deficiencies results, correction plans, residential agreements, assessments), ensuring timely, efficient, and accurate data collection. Data collected should be publicly available.

Data Collaboration and Information Exchange

- ▶ MHCC, OHCQ, and other state agencies, shall formalize inter-agency data-sharing arrangements to support timely and accurate data for quality improvement, consumer decision-making, and program performance monitoring.



Technology and Data Infrastructure Improvement

Digital Platform Development for Assisted living Programs and Integration with the CRISP Health Data Utility

- ▶ Explore funding options and technical requirements to develop a digital platform through the state designated Health Information Exchange (HIE) to facilitate efficient information exchange and data collection and sharing related to AL programs. The platform will include functionality to collect data during a public health or catastrophic emergency. The requirement shall be staged starting with facilities with over 16 beds connecting by January 1, 2026. Facilities with 6 to 15 beds connecting by January 1, 2027, and facilities with 5 beds or fewer establishing connectivity to CRISP by January 1, 2028. All facilities must maintain an active email address and stable internet connections by those respective dates.



Technology and Data Infrastructure Improvement

Committee and Campaign for AL Programs in Maryland

- ▶ Formulate a joint committee consisting of representatives from relevant state departments and the assisted living industry. The committee will oversee the design and rollout of a public education campaign that illuminates assisted living as a viable long-term care option, detailing its benefits, costs, and the types of care and services offered. The work of the committee shall align with the governor's new Longevity-Ready Maryland Initiative to ensure a well-coordinated and effective statewide campaign as appropriate.



Feedback from Workgroup

- ▶ General support for making data collection and infrastructure more robust and more accessible to all state agencies.
 - ▶ OHCQ noted that they recently implemented a new data system and that a platform for data sharing is already in place. The workgroup agreed that the recommendation should be retained to strengthen both interagency data sharing and public transparency of AL provider performance.
- ▶ Rather than a mandate to create a digital platform for all AL programs, the workgroup preferred a recommendation to investigate the feasibility of creating a digital platform with CRISP.
- ▶ The workgroup suggested that the recommendation to establish a committee for raising public awareness of AL services be expanded to include other LTC services. It was also noted that the work of the newly formed committee should align with the Governor's new Longevity-Ready Maryland Initiative.



Next Steps

- ▶ Review and Action by Commission (January 18, 2024)
- ▶ Pending Commission approval, submission to Governor and General Assembly: Final Report due February 1, 2024