FINAL REPORT
For the
Creation and Implementation of a
Rating System and Website for
Residential Care Facilities for the Elderly

Period Covered:

Contract Inception through 31 October 2015

Prepared For:
County of San Diego
Aging & Independence Services

Prepared Under:
Contract 550801

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San Diego County's RRS Project represents both a cultural and paradigm shift affecting the RCFE industry.

[CARR]

EXECUTIVE SUMMARY

The need for easily accessible, reliable information about Residential Care Facilities for the Elderly (RCFEs) has never been greater. With an estimated 10,000 adults turning 65 every day through 2030, a growing number of San Diego seniors and their families will consider the assisted living care option, but will remain uncertain about which facility is right for them. [1] Meanwhile, many local RCFEs are working hard to deliver safe, quality care, but are unable to distinguish themselves from their competitors. The County's RCFE Rating System (RRS) Phase I - Pilot project, the first of its kind in California, offered a unique opportunity to explore ways to bridge these gaps for consumers and providers alike.

This Final Report documents the work performed, findings and limitations of the RRS Phase I - Pilot program. It also offers Contractor's vision and recommendations for what is achievable during Phase II - Year 1 of the RRS Project.

I PROJECT EXECUTION

The Phase 1 - Pilot objectives were to (1) develop a rating system that reflected RCFE state compliance histories alongside consumer-focused, or subjective, inputs; and (2) display rating scores on a website allowing consumers to distinguish quality facilities from substandard ones, as well as to supply consumers with specific information on assisted living care.

RCFE Rating System (RRS). Using input from community stakeholders, customary research practices, and Contractor's expert knowledge of California's assisted living regulatory agency and regulations, Contractor methodically built and tested a developmental rating system for San Diego's assisted living facilities. Central to the development of the rating system was the mapping of Title 22 regulations into 11 County-approved Quality Measures and the sensible weighting of both the regulations and the Quality Measures. Contractor's unique approach produced a demonstration RCFE Rating System (RRS) that yields consistent rating scores regardless of the facility size. The required subjective data components (Customer Satisfaction Surveys and Mystery Shopper scores) were also incorporated and tested during the Phase I - Pilot using simulated data.

[1] http://www.pewresearch.org/daily-number/baby-boomers-retire/

All iterations of the rating system design were tested on the Contractor's blind Exemplar of 68 assisted living facilities. This Exemplar was constructed using the Disproportionate Sampling (non-probability sampling) method with the number of samples in each bed stratum calculated for a 99% confidence level to ensure statistical relevance.

Feedback about the RRS was collected throughout Phase 1 – Pilot via five Focus Group meetings, and surveys. This feedback contributed refinements and direction to the overall design, findings and recommendations presented in this report.

RRS Website The Demonstration RRS Website was also developed using stakeholder input, with website content and infrastructure tailored to meet the requirements contained in the County's Statement of Work.

Alpha Testing The Demonstration RRS Website, designed to display comprehensive facility profiles, associated ratings and user-friendly information on assisted living care, was open and available for alpha testing for a 3-week period. Alpha testers' feedback contributed to the findings and recommendations for Phase II - Year 1 presented in this report.

II. FINDINGS

Outlined below are the Findings from the Phase I - Pilot Project. These findings inform the Implementation Recommendations for Phase II - Year 1.

- Large and small facilities do not need separate rating systems to fairly indicate quality of care delivered;
- Individual facility rating scores need to be compared to the range of all facility rating scores to be meaningful to both consumers and providers;
- Weighting of Title 22 regulations within Quality Measures was able to mitigate the inconsistencies of the way the state issues Type A and B citations;
- RCFE provider participation was low, suggesting that the implementation of an RCFE rating system must be built on consumer demand, not on the assumption of provider willingness;
- Minimal participation of RCFE providers had the unintended consequence of consumer groups having a somewhat disproportionate representation during the development phase;
- Not all volunteer RCFE providers were compliant with basic state and local business practice laws (including carrying Worker's Compensation insurance, payment of Quarterly Payroll Taxes, staying in active status with the Secretary of State, etc.).

III. RECOMMENDATIONS

The County's RRS program requires a long-term vision for change, given the assisted living industry's 40-year history outside of the public's view. Similar to redirecting a cruise ship, the local industry's resistance to the RRS program will slowly begin to change towards greater accountability, transparency and improved quality of care as consumers begin to demand it, and make their expectations known. Beyond the existing requirements of the Phase II - Year 1 Statement of Work, Contractor's additional recommendations focus on developing consumer demand, and continuing to generate high-value information for the RRS website:

- User Registration: Require website registration. For website safety from hackers, trolls, or other unauthorized persons, registration on the site is a best-practices issue. Therefore, the RRS program must require facility providers to register, ensuring the protection of facility-specific information, and consumers must register to ensure the submission of authentic customer surveys.

- Searchable Facility Directory: Expand the RRS website listings to include a directory of all RCFEs in San Diego County. Given the reluctance of local facilities to participate in the RRS program, many seniors and their families using the RRS website now, could encounter empty search results within their zip code. A directory allows families to access a comprehensive list of facilities in their selected area. Those facilities declining to participate in the RRS program, while listed as a local facility on the RRS website, will be denoted using grayed-out imaging on their facility profile page. Contractor anticipates this designation will prompt discussions between consumers and facilities, and may result in facilities participating in the RRS program to benefit the community at large.

- Business Integrity Program (BIP): Design, develop and use best efforts to implement a tool addressing the Finding that ~30% of RCFE providers are not compliant with basic state and local business practice laws. This innovation is referred to as the Business Integrity Program (BIP). To become BIP-approved, providers would sign a Memorandum of Agreement stipulating the Minimum Eligibility Requirements (MER) for RCFE participation. MER requirements include proof of Worker's Compensation insurance, payment of Quarterly Payroll taxes, evidence of Liability Insurance, etc.). This tool alone will provide exclusive, useful information to consumers shopping for an assisted living placement. Given that RCFEs wishing to be rated as part of the RRS program would need to meet these requirements, the BIP is a novel way to collect and display this useful information to consumers, while also engaging reluctant RCFE providers.

- County Branding and Access to County Public Relations Team: Strategically organized recruitment effort. Contractor was only able to approach self-nominated parties to

participate in the Phase I - Pilot. Contractor recommends Phase II -Year 1 recruitment be a best-efforts, intensive, coordinated, strategically-designed effort focused on creating consumer demand for the RRS program, while simultaneously working to engage and educate all RCFEs in San Diego County about the RRS Program.

The proposed campaign includes (1) a collaborative effort between Contractor and San Diego County's marketing professionals who are already familiar with the target audience, and (2) development of specific branding (slogan, tag line, logo, etc. developed by the County) framing the RRS program as a valuable and vital community resource.

- Launch of RRS Website: Launch RRS Website mid year, Phase II – Year 1. In conjunction with AIS, Contractor suggests that the launch of the RRS Website occur mid-Phase II - Year 1 with the target date and venue being coincident with AIS's Aging Summit. This event hosts an attentive audience of consumers and professionals who can assist in cultivating consumer demand for the RRS program. It is essential that the initial launch include both County and Contractor representatives to introduce the balanced design of the program, describe the benefits for both consumers and facilities, and to demonstrate a united commitment to the success of this innovative resource.

- RCFE Recruitment Effort: Embark upon an aggressive best efforts attempt to have one-on-one dialogue with all RCFEs in San Diego. Contractor's attention during Phase II - Year 1 will focus on the recruitment of RCFEs into the RRS program. The purpose of dialogues with RCFE owners is to (1) introduce them to the RRS program; (2) encourage them to participate in the program in three ways (via the BIP, volunteering to be rated and featured on the RRS website, or both), and (3) address inquiries and concerns about the establishment of the RRS program. Ongoing follow up and attempts to re-engage RCFEs throughout all of Phase II are critical to growing the RRS program.

- Postponements: Lessons learned during Phase I have prompted Contractor to recommend postponement of RRS Refinements, Mystery Shopper Program, and Quarterly Updates until Phase II - Year 2.

IV CONCLUSION

The County's RRS program is *the* inflection point for groundbreaking change: change in how consumers learn and access information about assisted living facilities, change in how assisted living facilities experience community-based accountability for the care they deliver, and a change in how RCFE peer groups can influence each other to improve their facility services and operations.

The design of the RRS program fits within the Live Well San Diego vision for San Diego residents—Improving and supporting healthy *assisted living* choices; Ensuring safety and protection from exploitation and abuse; and Cultivating opportunities for *RCFE providers and seniors* to grow, connect and experience a shared purpose of ensuring dignified elder care. The RRS Project should be seen as one way the County can ensure that its *assisted living residents* reap the same benefits as community-dwelling residents.

The Contractor believes the success of the County's RRS project should be measured by the program's ability to elevate community consciousness and discussions about quality of care in RCFEs. With the initiation of the RRS program, families and facilities will now more readily distinguish exceptional care from standard and substandard care and, as a result, seek to align themselves with the leaders and best practices thriving within the local assisted living community

Contractor's goal is that at the end of Phase II - Year 1, the County of San Diego will have a high-quality, innovative RCFE Rating System program providing an essential service to the growing number of San Diegans searching for assisted living placement. The RRS program will simultaneously serve as a model for replication throughout the state of California.

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The only way to make sense out of change is to plunge into it, move with it, and join the dance.

[Alan Watts]

I INTRODUCTION

The need for easily accessible, reliable information about Residential Care Facilities for the Elderly (RCFEs) has never been greater. With an estimated 10,000 adults turning 65 every day through 2030, a growing number of San Diego seniors and their families will be considering the assisted living care option, but will remain uncertain about their placement options.[2] Meanwhile, many local RCFEs are working hard to deliver safe, quality care, but are unable to stand apart from their competitors.

The County's RCFE Rating System (RRS) Phase I - Pilot project, the first of its kind in California, offered a unique opportunity to bridge these gaps for consumers and providers alike. The Contractor's methodical approach incorporated consensus-driven design, mechanisms to address limitations within the public records data, and other innovative strategies to create a fair and robust rating system and website. Despite the brief 6-month timeframe, the Contractor was not only able to achieve the County's stated objectives but also developed a program that can be readily applied to RCFEs in other counties throughout California.

Make no mistake: The County's RRS program is *the* inflection point for groundbreaking change: change in how consumers learn and access information about assisted living facilities, change in how assisted living facilities experience community-based accountability for the care they deliver, and a change in how RCFE peer groups can influence each other to improve their facility services and operations.

The design of the RRS program fits within the Live Well San Diego vision for San Diego residents—Improving and supporting healthy *assisted living* choices; Ensuring safety and protection from exploitation and abuse; and Cultivating opportunities for *RCFE providers and seniors* to grow, connect and experience a shared purpose of ensuring dignified elder care. The RRS Project should be seen as one way the County can ensure that its *assisted living residents* reap the same benefits as community-dwelling residents.

But to quote an old adage, "Rome was not built in a day". At the close of Phase I - Pilot, the RRS program remains in its infancy, and should, therefore, continue to be influenced by community feedback and lessons learned throughout Phase II - Year 1. This Final Report describes and summarizes the methods, processes, and work products produced over the last six

[2] http://www.pewresearch.org/daily-number/baby-boomers-retire/

months. The Findings and Limitations of the project are discussed, and were leveraged to directly inform Contractor's Recommendations to the County for going forward into Phase II - Years 1 and 2.

The Contractor believes the success of the County's RRS project, should be measured by the program's ability to elevate community consciousness and discussions about quality of care in RCFEs. With the initiation of the RRS program, families and facilities will now more readily distinguish exceptional care from standard and substandard care and, as a result, seek to align themselves with the leaders and best practices thriving within the local assisted living community.

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"Every stakeholder group within the industry has strong thoughts and ideas about what's in the best interest of their group.
Our concern is what's in the best interest of the entire system."
[Danny David]

II COMMUNITY AND CONSENSUS

Contractor's approach was to develop a rating system deserving the confidence of all stakeholders. To enlarge on the above quote, Contractor's objective was to synthesize the interests and concerns of all stakeholders to yield a fair and robust rating system for the providers, but one that was ultimately in the best interests of the community of consumers using assisted living services. To that end, it was important to both the process and the product that a variety of voices and interests were heard, discussed, and then reflected in the RCFE Rating System (RRS) 1.0 (the final frozen developmental rating system).

A. COMMUNITY OF STAKEHOLDERS

At project commencement, Contractor compiled from various County sources a comprehensive list of individuals who had expressed interest in participating in the RRS development process. The below lists were compiled into one Universal Stakeholder List:

- Individuals drawn from the District 2 list,
- The sign-in roster provided by AIS from the Town Hall meeting,
- The AIS Advisory Committee's Long-Term Care and Ombudsman Committee, and
- The list of RCFE owners who had volunteered to have their facility's rated.

The comprehensive list and a request for concurrence were submitted to the County.[3] The County provided its written concurrence on 5/20/2015; this list represented the starting point for recruitment of Phase I - Pilot program participants. Approval was important in that Contractor was not permitted by contract terms to otherwise speak to the public without prior County approval on the content of the discussions. Once County approval was provided, Contractor was able to contact via phone, email and enter into discussions with the set of approved parties for the purpose of soliciting input, inviting individuals from the Universal Stakeholder list to Focus Group meetings and for recruiting volunteer RCFEs.

The individuals contained on the Universal Stakeholder List broadly covered the spectrum of those having an interest in the outcome of a rating system for RCFEs: there were providers (39), representatives from professional organizations, AIS Council members on the LTC and RCFE ad hoc committees, the County's Ombudsman Program, Elder Law & Advocacy, California Department of Social Services, Community Care Licensing, and a representative of the District

[3] 003-2015 dated 5/15/15

Attorney's office. Contractor used this contact list for all program communications (invitations to meetings, announcements, etc.)

B. MEETINGS

During the Phase I - Pilot, Contractor planned, organized and conducted a total of six stakeholder meetings: One Project Kickoff Meeting and five Focus Group meetings.

The Project Kickoff and Overview Meeting was held 29 May 2015 in the Chambers of the County Operations Complex. Approximately 30 individuals were in attendance at Contractor's detailed presentation explaining the program, the process and method of creating a consensus-based RCFE Rating system, the proposed rating system design and components, and schedule. Of the 30 individuals in attendance, 12 RCFEs were present (60% were small bed providers, with the remaining 40% larger providers).

At the meeting's conclusion participants were briefed on the four ways they could participate in the Phase I - Pilot program: a) Focus Group Meetings, b) Alpha Testing the Phase I -Pilot website, c) Volunteer their facility to be rated, and/or d) Email updates. Participant sheets were distributed and an individual could return the sheet with a selected participation method. These sheets were collected and retained; the Universal List was updated.

Focus Group Working Meetings: Five Focus Group meetings were conducted, each building upon prior work. To drive the collaborative process, Contractor presented its researched best efforts, allowed sufficient time for questions and answers both between Contractor and participants and among participants, promoted workable solutions, and cataloged all feedback. Meeting content is summarized in Table 1.

Date	Location	Content
6/9/15	San Diego Foundation	FG #1 Refining Quality Measures, Title 22 mapping, Website look and feel, and introducing Customer Satisfaction survey concept.
7/1/15	AIS Training Room 171	FG #2 Mapping survey results, Weighting Title 22 regulations within Quality measures, Customer Satisfaction Survey discussions and suitable prompts, Mystery shopper program discussion, and website look and feel survey results.
7/22/15	AIS Training Room 171	FG #3 Title 22 Weight survey, customer satisfaction, mystery shopper program results and discussion of the consensus results, Rating and seal discussion and survey, and Transparency program discussion, possible structure, and survey.
8/26/15	AIS Training Room 171	FG #4 Rating/Seal survey results, Transparency program results, and final results of exemplar using rating system, discussion of exemplar rating findings.

		Meeting followed by alpha testing presentation and instructions for accessing the site.
9/30/15	Chambers	FG #5 Overview of the Process, alpha testing survey results, recommendations for going forward, discussion among participants about outcomes of Phase I - Pilot and Next Steps.

Table 1 Summary of Focus Group Content

C. SURVEYS

The survey was the primary tool for collecting and tabulating data on the rating system topics requiring consensus. Contractor obtained stakeholder input through surveys. All surveys were created in Google Drive, then emailed as links, or in printed form. All survey results were anonymous, and were either automatically tabulated in Google Drive, or by hand using Contractor's interns. In all cases, survey content was discussed in the Focus Group meeting to facilitate the maximum participation of stakeholders. In several cases, the material was discussed and then the survey was conducted in the meeting.

Consensus: The Contractor's Statement of Work (SOW) required that consensus be obtained for many components of the Phase I - Pilot RCFE rating system. The threshold for achieving consensus was not defined in the SOW, therefore the contractor provided the County with a Concurrence Request defining seven key program components and the percentage of tabulated stakeholder responses defining "achieved consensus."[4] For all components other than the Title 22 mapping to County-Approved Quality Measures, the proposed percentage was 51%. The Title 22 mapping exercise hoped to realize a 60% consensus on all Quality Measures. The County declined to sign the Concurrence, suggesting the decision was within the purview of the Contractor to make the necessary decisions to move the program toward workable solutions. Contractor adopted the stated measure of consensus, and at each Focus Group meeting where tabulated results were discussed; participants were reminded of the consensus thresholds.

When consensus was not achieved, the Contractor's resolution protocol was:

- Taking the plurality response.
- If there was no plurality response (i.e. there are two equally distributed responses, Contractor computed the average of the two responses having the highest number of 'votes.'

Surveys Topics: Surveys were used to collect and synthesize focus group feedback, and to spotlight areas where additional discussion was needed. Table 2 summarizes the surveys, survey topics, and number of respondents on each.

[4] 004-2015 dated 5/15/15.

Date	Survey	Title	Responses
09JUN15	1	Mapping Title 22 to 11 Quality Measures	22
09JUN15	2	Website Look and Feel	25
09JUN15	3	Mystery Shopper Survey	25
09JUN15	4	Customer Satisfaction Survey Prompts I	19
01JUL15	5	Regulation Level of Importance	18
01JUL15	6	Quality Measure Priority	19
22JUL15	7	Seal Icons	19
22JUL15	8	Mystery Shopper Hybrid Models	15
22JUL15	9	Transparency Program	13
25JUL15	10	Website Content Feedback	3
26AUG15	11	Rating Method Evaluation	9
01JUL15	12	Customer Satisfaction Survey Prompts II	10
14SEP – 02OCT15	13	Alpha Tester Feedback	8

Table 2 Surveys Developed & Administered During Phase I - Pilot

Specific survey results can be found in each detailed monthly report.

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*Change is a **process**,*
Not an event.

[Cheryl James]

III RATING SYSTEM PROCESS & METHODOLOGY

The RCFE Rating System envisioned by the County included two components: Objective Data and Subjective Data. Subjective Data was stipulated by the County to be both Customer Satisfaction Data and Mystery Shopper Data. Contractor then added the Transparency Program as an opportunity for providers to elevate their scores through bonus points earned when they posted documents useful to consumers to the site, such as price lists, falls prevention program and others. As the RRS was developed, Contractor found that some elements could not be incorporated into the rating system in ways originally anticipated. For these elements, Contractor developed work-around solutions.

Contractor also recognized that it could not develop a rating system using compliance histories of *only* volunteer facilities for two primary reasons: 1) it was unknown how many RCFE providers would actually participate to assure a representative sample, and 2) the participating providers would not be representative of the breadth and scope of all facilities in the County. For these reasons, Contractor designed and developed a protocol for selecting a sample of 68 facilities; this group of 68 facilities acted as the 'test bed' for all rating system CASE runs.

A. EXEMPLAR CONSTRUCTION

Contractor's approach towards developing a robust rating system was to base the rating system on a *statistically significant sample* of RCFEs across the County. At project launch, Contractor constructed a blind random sample of 68 local RCFEs. The three Exemplar requirements and purposes are shown in Table 3 – Exemplar Requirements.

Requirement	Purpose
Include RCFEs from each of 5 strata	It is important that the rating system work as well for small facilities as for large facilities. Therefore the Exemplar consists of 5 strata – each containing a statistically viable number of RCFEs as samples.
Sample must be randomly selected	Purpose of random selection is to avoid introduction of direct or indirect bias.
Sample must be blind	Purpose of blinding the sample is to eliminate exposure of any particular facility by name during the test phase, or during stakeholder briefings.

Table 3 – Exemplar Requirements

Description of Strata: Using a download of the state's licensed San Diego County facilities (n = 748) it was sorted by strata, shown in Table 4:

Strata	Facility Capacity
1	1-6 beds
2	7 – 14 beds
3	15 – 49 beds
4	50 – 99 beds
5	100+ beds

Table 4 – RCFE Strata

Sample Selection Method Evaluation: Contractor researched methods for determining the correct sample size, and evaluated three methods: Proportionate Stratification, Lottery, and Disproportionate Selection.

Proportionate Stratification Method: Proportionate stratification is a type of stratified sampling where the sample set of each stratum is proportionate to the population in the strata. Using this method, the sample (Table 5) contained:

Strata	**Total Number in Database**	**% of Total**	**Proportionate Stratification Sample to total 84**
1	596	80%	67
2	32	4%	3
3	36	5%	4
4	23	3%	3
5	61	8%	7
Total	**748**	**100%**	**84**

Table 5 – Proportionate Stratification

Contractor decided against this method, as the sample size yielded too few facilities in strata 2 – 5 to assure a robust rating system across all strata: using this method, the rating system would be too stratum-1 centric.

Lottery Method: The Lottery approach is a true random sample selection technique where each facility in the pool (n = 748) has an equal chance of being selected. Contractor eliminated this approach, as a primary objective of the rating system was that it had to be reflective of all strata RCFEs; a purely random sample would not yield a representative sampling of each stratum because the size of stratum 1 (n =596) significantly out-matched the four remaining strata combined.

Disproportionate Selection Method: The Disproportionate Selection protocol required that an approximate equal number of samples be taken from each of the represented categories. This is a non-probability (non-random) sampling technique. This technique is useful when several of the subgroups are small in comparison to other groups. The advantage of this approach is that it provides larger representation to one or more subgroups to avoid underrepresentation of the smaller strata. The disadvantage of this approach is that the sample results in oversampling of the smaller strata.

After consideration of the three approaches, Contractor selected the Disproportionate Selection method, as it was assessed to be a better fit for the disproportionate numbers among the 5 strata; the data set met the conditions of having several categories that were significantly smaller than other categories (Strata 2, 3, 4 and 5). The Disproportionate Selection approach provided a suitable sample size of each Stratum.

Determining Sample Size: To determine the sample size using the Disproportionate Selection method, Contractor accessed NCSS, LLC's Statistical Software for PASS 13; PASS 13 is a power analytic tool that calculates the minimum sample size necessary to yield a high confidence level that the sample set represents the population itself.

Using PASS 13, Contractor set the parameters to calculate the correct sample size per stratum, for a 99% confidence level, with 1 standard deviation mean. The sample size, by strata was determined, but using the PASS 13 numbers, the total sample size was 47; Contractor's proposal had stated it would use a sample size of 61. To get closer to the sample size stated in the proposal, the sample size (47) was scaled to achieve 61. We then 'reverse engineered' the PASS 13 results, again for a 99% confidence level with 1 standard deviation mean for a new, larger statistically relevant sample size of 68, with the sample for each strata obtained via random selection. The progression is shown in Table 6.

Disproportionate Sample Size				CL=.99				CL = .99
		Total Number	%	Sample Number	%	Scaled	rounded	CL
1-6	1	596		11	23.404%	14.2765957	14	16
7-14	2	32		9	19.149%	11.6808511	12	13
15-49	3	36		9	19.149%	11.6808511	12	13
50-99	4	23		8	17.021%	10.3829787	10	11
100+	5	61		10	21.277%	12.9787234	13	15
	Total	748		47	1.000000	61	61	68
							Per proposal	

Table 6 – Calculating Disproportionate Selection Sample Size

Identifying the RCFE Exemplar Sample Set: Now that Contractor had a sample, the data was sorted by stratum. A random number generator was inserted, and random numbers were generated within the strata set. The random numbers were changed to 'fixed' to allow the

random numbers to be sorted. The selection scheme was to count 10 down from the top of the stratified list, and then start the sample extraction at #11. The far right column of Table 6 shows the number of samples collected from each stratum.

The full sample set of 68 exemplar facilities was collected into one spreadsheet. A "blinding number" was attached to each of the 68 facilities. Contractor accessed the compliance histories, civil penalties and noncompliance conferences, for each of the 68 facilities. An Excel workbook with required fields was created for each facility to assure data was uniformly collected. The facility data collection workbook was saved using the unique blind number assigned to each of the 68-exemplar facilities. All sample data for the exemplar is blind, i.e. cannot be traced back to the original data except by using the Decoder sheet.

Coding the Exemplar: The Data Collection Workbook consists of four sheets: Sheet 1 is a standardized collection site for all citations, by year, Title 22 regulation, citation type, and other potentially useful information. Sheet 2 is a standardized collection sheet for Civil Penalty amounts, date, and the Title 22 regulation associated with the civil penalty; Sheet 2 also collects noncompliance conferences by date. Sheet 3 is a Weights Sheet (containing formulae for regulations within Quality Measures, and for Quality Measures), and Sheet 4 contains algorithms and paths for identification and mapping the Title 22 regulations to the Quality Measures obtained using the consensus-driven methods described elsewhere herein.

Compliance histories for each RCFE in the blind random sample were obtained from Contractor's own website. This "68 Exemplar" created the baseline dataset from which all proposed methods and algorithms could be tested.

B. QUALITY MEASURE EVALUATION

The County's 12 Quality Measures (QMs) were evaluated including discussion of the impediments to developing objective markers for the several QMs that were not Title 22-centric. Contractor sent a memo to the County offering detailed rationale on Contractor's proposed reconfiguration of 5 of the QMs to achieve the County's goals, while continuing to use the objective data available from Community Care Licensing's public records.[5] Contractor's solution rested on using suggested Title 22 proxies, consistent with the detailed discussion in that memorandum. Contractor requested the Contracting Officer's Representative's (COR) approval on the reconfigured QMs, as the QMs were the foundation for the development of the required rating system. The County's approved the revised 11 QMs are shown, before and after restructuring, in Table 7.

[5] 5/4/15

ORIGINAL COUNTY QM			APPROVED COUNTY QM RESTRUCTURED	
Orin #	Name		New #	Name
1	Abuse or Neglect		1	Activities/Socialization
2	Activities/Socialization		2	Emergency Disaster Planning
3	Dementia Care		3	Facility Maintenance & Safety
4	Emergency Disaster Planning		4	Food & Nutrition
5	Facility Maintenance & Safety		5	Non-Compliance Conference Summary Status
6	Falls		6	Resident Rights
7	Food & Nutrition		7	Staffing
8	Medical Follow-Up		8	Civil Penalties**
9	Medication Management		9	Specialty Care
10	Non-Compliance Conference Summary Status		10	Basic Resident Care & Supervision
11	Resident Rights		11	Medical Needs & Responsiveness
12	Staffing			

Table 7 – Quality Measures Before and After Restructuring

** Civil Penalties is being retained as a Quality Measure but has been removed from the rating calculation

The County-Approved Restructured Quality Measure definitions are:

1. **Activities/Socialization:** *Ensuring that residents have access to planned activities that are appropriate to the interest and capabilities of the resident(s).*
2. **Emergency Disaster Planning:** *Ensuring a facility has written, readily available disaster, mass casualty and evacuation plans and that all staff is knowledgeable about the plan and prepared to execute it.*
3. **Facility Maintenance & Safety:** *Ensuring a facility is clean, safe, sanitary, and in good repair at all times and that all facility maintenance and safety guidelines are followed.*
4. **Food & Nutrition:** *Ensuring residents are served meals that meet their physical and nutritional needs and that facilities follow food storage, safety and cleanliness guidelines and maintain an adequate food supply.*
5. **Non-Compliance Conference Summary Status:** *This term refers to facilities that are under review by Community Care Licensing (CCL) for existing deficiencies. (CCL uses Non-Compliance Conferences to impress upon facilities the seriousness of their deficiencies prior to requesting administrative action to revoke their license.)*
6. **Resident Rights:** *Ensuring residents are treated with dignity and respect and are fully educated on their rights.*

7. **Staffing:** *Ensuring a certified administrator and an appropriate number of trained staff are available at a facility to meet the needs of the residents and that all personnel have passed a criminal background check*[6].
8. **Civil Penalties:** *Ensuring facilities protect the health, safety and personal rights of individuals in care, and are willing and able to maintain substantial compliance with CCL licensing laws and regulations. (Failure to do so subjects facilities to enforcement actions including civil penalties.)*
9. **Specialty Care:** *Ensuring that facilities provide safe and responsible specialty care. (Dementia Care, Hospice Care, Bedridden Resident Care, Total Care and Prohibited Health Conditions).*
10. **Basic Resident Care and Supervision:** *Ensuring that residents' basic needs and preferences are sufficiently documented and addressed.*
11. **Medical Needs and Responsiveness:** *Ensuring facilities provide adequate and prompt medical attention within the scope of their license.*

C. OBJECTIVE DATA RATING

Contractor's rating approach for the objective component was adapted from the Centers for Medicare and Medicaid Services (CMS) 5-star rating system built for skilled nursing facilities, and North Carolina's Division of Health Services Regulations Star Rating Program for care facilities.

Mapping Title 22 to Quality Measures: Contractor created a detailed Quality Measure (QM) Dictionary defining and summarizing the 73 Title 22 regulations applicable to the rating system. Once County approval was received for the restructured 11 QMs, Contractor preliminarily mapped relevant Title 22 regulations into the 11 QMs. The QM Dictionary was used to facilitate Focus Group feedback on the most appropriate way to populate the 11 QMs and to assign weights to both Title 22 regulations and to the 11 QMs (Surveys, 1, 5 and 6). Based on feedback received, minor modifications were required. Throughout the project additional refinements were necessary resulting in Versions 2.0 and 3.0. The QM Dictionary provided the structure for the development of the rating methods tested during Phase I - Pilot.

Survey Data and Consensus: Contractor administered Survey 1— *Mapping Title 22 to 11 Quality Measures*—to solicit feedback on the QM Dictionary. Consensus was defined as 60% for a Title 22 regulation to remain assigned to a specific QM. Tabulated survey results are documented in Table 8. Based on these results, the QM Dictionary remained unchanged.

[6] Title 22 Regulation 87355, Criminal Background Clearance was incorporated into QM 7 Staffing after additional information on citation patterns was provided by Community Care Licensing. (Memo 2015-014).

Regulations	% Consensus
17	100%
25	95%
15	91%
11	86%
3	82%
1	77%
1	64%

Table 8 – Regulation Mapping Consensus

Because not all Title 22 regulations *within* a specific QM affect quality of care equally, and not all QMs affect quality of care equally, the Contractor administered Surveys 5 and 6— *Regulation Level of Importance, and Quality Measure Priority* to begin formulating weights that could be incorporated into the scoring algorithms of the rating system. Consensus was defined as 51% for a particular weight to be assigned to a regulation or QM. Tabulated survey results can be found in the Rating System Approach and Methodology for Phase I - Pilot RCFE Rating System Version 2.1. These survey results supplied the first set of weights incorporated into the algorithm tested on the Exemplar.

Weighting Quality Measures: Not all Quality Measures affect quality of care equally, therefore Contractor's initial approach was that the quality measures should be weighted as to the relative importance among the set of QMs. To determine the relative importance among the set, Contractor prepared and administered to the stakeholders a survey asking them to weight, on a Likert scale of the Priority the 11 Quality Measures: Low Priority, Medium Priority, and High Priority. The survey was administered during Focus Group Meeting 2, and results were tabulated. The survey and tabulated results were provided[7].

The weights derived from the tabulated survey results were incorporated into the algorithm via the Weights Calculation Table. Each Exemplar facility was linked to the Weights Calculation Table, allowing the Contractor to test the consensus-driven weights for both Title 22 regulations, and for overall Quality Measures, against the previously coded compliance histories of the Exemplar sample set.

Exemplar/Algorithm Refinements: Significant time was spent debugging algorithm iterations, and performing multiple test runs on the Exemplar and analyzing the results. Analysis was performed on all runs to assess which combination of set of weights yielded scores most

[7] Rating System Approach & Methodology for Phase I - Pilot RCFE Rating System dated 20 July 2015.

reflective of the facilities' compliance histories.[8] The Contractor ran and reviewed seven CASE configurations summarized in Table 9.

CASE	Tested Parameters
1	Title 22 and QM set at Consensus Weights (CW) obtained via Focus Group surveys
2	Title 22 weights set at 3, and QMs set at CW
3	Title 22 weights set at 3, and QMs set at 3 (All weights of equal value)
4	Title 22 and QMs set at Contractor baseline
5	Title 22 set at Contractor baseline, and QM weights expanded to 1-5 priority range w/ following modifications: (QM 5—Non-Compliance Conference Summary set at 5; QM 9—Specialty Care and QM 11—Medical Needs & Responsiveness set at 4)
6	Title 22 set at Contractor baseline, and QM weights from CASE 5 w/ additional modification (QM 3—Facility Maintenance & Safety weight increased to 2)
7	Title 22 set at Contractor baseline, and QM weights from CASE 6 w/ additional modification (Title 22 Regulations 87303—Maintenance & Operation and 87307—Personal Accommodations & Services, assigned to QM 3—Facility Maintenance & Safety increased to 3)

Table 9 Summary of CASE Runs

In each CASE run, Exemplar scores (totaling 68 x 7 CASE results) were compared and assessed against the coded compliance history for those Exemplar facilities. Contractor eliminated CASEs 2 and 3, as the resulting ratings were evaluated as not being reflective of care. Through an iterative approach of "CASE run, then analysis" the Contractor continued making refinements to the developmental rating system, seeking the best match of weighted scores to quality-of-care assessment. A Kruskal-Wallis test was performed on all 7 CASES yielding $p>0.05$ for all facility sizes. Results indicate there is no difference in evaluation across different strata.

Summaries of these test runs were presented to Stakeholders at the Focus Group Meeting #4.[9] The resulting scores, and associated scoring seals were discussed during Meeting #4 with Contractor demonstrating how the selected set of weights in CASE 7 provided the best reflection of quality-of-care based exclusively on facility compliance histories. To solicit feedback on CASE 7, Contractor administered Survey 11, "*Rating Method Evaluation*" exploring the appropriateness of the resulting score and seal earned. In the survey, stakeholders were provided compliance history vignettes and asked to assess which scoring seal best reflected the quality of care represented by the facility's compliance history. Contractor compared the survey results against the scores and associated scoring seals produced by the CASE runs to evaluate how well the CASE results (from CASE 7 and others) matched the stakeholders' interpretation of quality care.

[8] Additional detail can be found in "Rating System Approach & Methodology For Phase I - Pilot RCFE Rating System Version 3"
[9] 8/24/15 Meeting

Civil Penalties: The County received Contractor's recommendation that Civil Penalties could be retained as a Quality Measure, however, it could not be part of the rating system algorithm at this time.[10] The rationale for this recommendation was that Department of Social Services (DSS), Community Care Licensing (CCL) Title 22 regulations now have two Civil Penalty Structures: one before 12/31/2015 and one after that date. The highest individual civil penalty that could be levied by DSS/CCL before 12/31/2015 was $150, while new legislation passed in 2014 provides for civil penalties of up to $15,000 as of 1/1/2015. The orders of magnitude increase in the Civil Penalty structure makes problematic the consistent inclusion of civil penalties in the rating system. Therefore, Contractor recommended retaining Civil Penalty amounts as a standalone measure of quality, with the amount of Civil Penalties issued serving as the indicator.

D. SUBJECTIVE COMPONENTS

Customer Satisfaction Survey (CSS) Component: Stakeholders were surveyed on the types of prompts they believed would best expand on the County's 11 Quality Measures to continue to give consumers greater access to useful information and context. Guided by the Contractor and through stakeholder discussions, consensus-driven feedback and survey responses, a Customer Satisfaction Survey tool was developed. It consists of 13 questions based on a Likert scale (1 – 10), and one yes/no question. Each of the 13 questions counts for 7.7 points to equal 100; the yes/no question is not included in the CSS score. Scores for the CSS will be averaged over the total number of surveys for a specific facility. In this way, smaller facilities will not be disadvantaged by having fewer opportunities for CSS inputs as compared to larger facilities that would be expected to have a higher number of residents and, as a result, a greater number of opportunities for CSS input.

The Customer Satisfaction Survey (CSS) allows customers to provide customer satisfaction feedback on a facility on the RRS website. Customers wishing to submit a survey will be required to register on the site; registration is a tool to protect the safety of the website from hackers, trolls and others.

The CSS, while developed, remains in a pre-alpha testing phase at the end of the Phase I -Pilot program since its implementation and functionality have yet to be tested. To demonstrate both the site, and rating system in the absence of actual CSS data, Contractor demonstrated the influence customer satisfaction survey scores would have on the overall scoring of facilities using simulations of low, medium, and high scores (Appendix B for simulated scoring).

[10] Memorandum 014-2015 dated 6/29/15

Mystery Shopper Program: The Mystery Shopper program, developed using surveys to ascertain stakeholder preferences, emerged as an Independent Review Team (IRT) survey model during the Phase I -Pilot. Initial survey results from Focus Group #1 revealed that 14% of stakeholders wanted an unaffiliated community member to conduct the review, while remaining group members were split, with 43% of the group wanting a 3rd party paid service provider, and the other 43% of stakeholders wanting an Independent Review Team. Over the course of the next two Focus Group meetings, consensus converged on the selection of an Independent Review Team.

The preferred model involves a member of the RRS Project staff first performing a complimentary (unrated) assessment of a volunteer facility, followed by an unannounced, rated assessment to be conducted by an RCFE Independent Review Team. The preliminary design engages an Independent Review Team, consisting of a RRS staff member, a volunteer provider, and an allied professional (i.e RN, CNA, etc.) who would do the complimentary assessment of a volunteer facility. The assessment tool would consist of a set of yet-to-be-developed prompts about resident care and facility operation. The results of this preliminary assessment would be provided to the volunteer facility, enabling the facility to understand what the IRT would be looking for in its 'official' assessment. The IRT would then return to the volunteer facility on a later, unannounced date, and assess the facility. The score for the second visit will then be added to the volunteer facility's overall rating.

An avenue suggested by stakeholders was to use the Ombudsman as one of the members of the IRT. Contractor pursued this direction through the A.P.E. A conference call was held with Mr. Joe Rodrigues of the State Long Term Care Ombudsman Program; three County staff members, including two Ombudsman Coordinators and AIS's Assistant Deputy Director; and two Contractor staff. Mr. Rodrigues advised that Ombudsman could not be used in this way or for this purpose. This information was reported to stakeholders at the following Focus Group Meeting.

All aspects of this subjective component remain open for discussion and design. In the absence of any actual Mystery Shopper data, Contractor demonstrated the influence a Mystery Shopper score would have on the overall scoring of facilities using simulations of low, medium, and high scores. The influence of simulated subjective scores on the Objective data scores can be found in Appendix B.

E. TRANSPARENCY PROGRAM

Contractor's intent for this project was to build a rating system that was fair to both consumers and providers. To that end, and in recognition that the public records scores of some facilities might be lower than the provider felt was an accurate reflection of its quality, Contractor developed the "Transparency Program." The Transparency Program allows the provider to post on the facility profile, various documents expanding on the care and services offered, and would

provide additional information not readily available through DSS/CCL's public records (such as price list, or proof of insurance coverage).

Each 'transparency' document posted by the provider would be valued at .5 or 1 point each for a maximum of between 2.5 and 5 points - bonus points in essence. These points will be added to the Objective Data score, thus offering the provider some control in raising the Objective Data score for his facility. There was much discussion on this program, with stakeholders finding the idea useful and novel. Stakeholders expressed dislike for the name "Transparency Program", wanting to see a name more descriptive of how the documents came to the website, i.e. "Facility Provided Documents."

Based on stakeholders' consensus of the facility amenities to be featured on the Facility Profile, stakeholders were questioned about which documents would most benefit consumers. Contractor explored with stakeholders the types of objective information facilities could provide in exchange for extra points. Following the initial discussions of the Transparency Program, Contractor's Survey 9 asked stakeholders to identify their five preferred transparency documents, which, when uploaded to the Facility Profile, would provide bonus points to the facility score. Exactly five documents reached the required consensus:

- Specialty Care Authorizations (license, waivers, etc.)
- Specialized Memory Care (Plan of Operation Section)
- Infection Control Policy
- Fall Prevention Program
- Price List

Space, presentation and functionality for uploading these documents to the website's Facility profile will be accomplished during Phase II - Year 1.

F. ALGORITHMS

The RCFE Rating System as designed by the County includes an Objective Data Score (derived from state compliance histories), and a Subjective Component comprised of two elements: a Customer Satisfaction Survey score and an Independent Review Survey score.

- Objective Data The algorithm for calculating the objective data score is:

$$\Psi = 100 - \Sigma_{T22} (Count_{T22} * W_{T22} * W_{QM} * \varsigma) + T$$

Where Ψ is the Objective Data Score,
Where $Count_{T22}$ is the count of citations by T22,
Where W_{T22} is the weight by T22,
Where W_{QM} is the weight by Quality Measure excluding ,
Where ς is the Scale Factor used to normalize to 100
Where (T-symbol) is the bonus points added from the Transparency Program

Notes: 1. QM 5 – Non-Compliance Conference Summary Status is only weighted as a Quality Measure

a. QM 8 – Civil Penalties is not included in the T22 count, or in the Quality Measure weight. It is a standalone measure equal to the dollar value of the total assessments documented in the public record.

b. Scale Factor - A scale factor is used when a set of numbers needs to be represented on a different scale in order to fit a specific situation. It is Contractor's view that the rating scores will be more quickly understood by both consumers and providers if the distribution of rating scores is applied on a scale of 100, where most of the facilities will fall between 70 and 100. In each of the Exemplar CASE runs, a scale factor was used to achieve a wider spread between 70 and 100, with some outlier rating scores falling well below 70.

Rating Score is presented as the number of demerits 'earned' by a facility's compliance history, subtracted from 100.

- Customer Satisfaction Survey (CSS)

$\mathbf{\Lambda} = \Sigma\ (\text{Count}_{SR})/R$

Where Λ is the CSS Average Facility Score,
Where Count_{SR} is number of responses per question,
Where R is the number of surveys received by facility

- Independent Review Team (IRT aka Mystery Shopper)

The IRT program remains fluid and untested at the close of the Phase I -Pilot, therefore no scoring mechanism or algorithm could be developed.

- Weighting Algorithm for Determining Overall Score

Contractor put to Stakeholder's consensus the issue of how much, in their opinion, should the two subjective components weight against the Objective Data Score. The options presented via survey to Stakeholders for their evaluation are displayed in Table 10:

	Option 1*	Option 2	Option 3
Objective Data Score	80	90	95
Customer Satisfaction Survey (CSS)	10	5	2.5
Independent Review Team (IRT)	10	5	2.5

Table 10 Weighting Options Selected by Consensus

The algorithm below incorporates weighting consistent with the consensus-driven selection of Option 1, as shown in Table 11 above. Option 1 will allow for the greatest influence of the CSS and IRT and will compensate for the limitations of DSS/CCL public records data. A facility's

overall score will be able to move from Silver to Bronze or from Silver to Gold depending on the perspective of those actually receiving the care and/or industry professionals. Option 1 also allows for recognition that CCL's inspections are conducted only once every five years. Frequent CSS and IRTs will be more reflective of current facility operations for the RRS program.

$$O\Psi = ([100 - \Sigma_{T22} (Count_{T22} * W_{T22} * W_{QM} * \varsigma)] *.8) + ([\Lambda = \Sigma (Count_{SR})/R] *.1) + [IRT\ Score] *.1)$$

Where OΨ is the Overall Facility Score,
Where IRT Score is the yet-to-be-determined score/s of the Independent Review Team.

The Overall Rating Score has a maximum of 100 achievable points. Demerits are subtracted from 100 to give the facility's overall rating.

G. ICON AND SCORE DISPLAY

Seal Icon Results: Contractor reported to stakeholders the results of Survey 7 regarding the preferred icon to represent the rating score. Offered to stakeholders were medallions, houses, stars and seals (gold, silver, bronze). The seals (Gold, Silver, Bronze) were the selection, reflecting 80% of all responses received.

As Contractor continued to refine the rating scores, it was apparent that a more refined range of scores was necessary to accommodate the range of scores being returned by the rating system algorithm. Therefore, Contractor developed the construct of a tiered pyramid —retaining the Gold, Silver, Bronze and Participant levels while narrowing the scoring range and adding an additional Copper tier. The new pyramid icon in Figure 1.

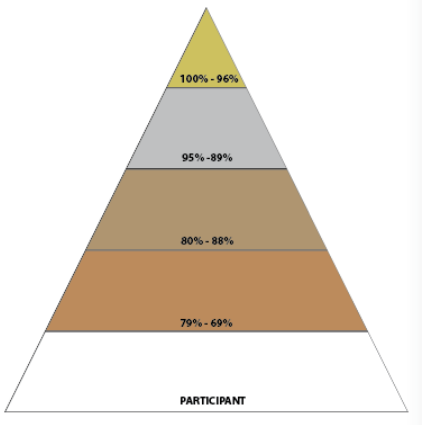

Figure 1 – Tiered Pyramid Icon

The ranges are as follows: Gold (100% - 96%) is a 4 point range, Silver (95% to 89%) is 6 points, Bronze (88% to 80%) is 8 points, and Copper (79 % to 70%) is 10 points. Contractor explained to stakeholders that the standard 10 point spread (100-91 – Gold, 90 – 82 – Silver, etc.) was too wide and placed providers into ranges not reflective of their compliance histories. Contractor's solution was that a 4th range (Copper) was necessary for more precision in the rating, assuring that Gold was reserved for facilities whose overall compliance history was truly exemplary. Any score below 69 would receive the Participant designation. In the case of a facility with insufficient compliance histories, the designation will be NR for Not Rated, as is the custom of established rating systems such as NursingHomeCompare.com.

The County requested the facility's score be placed on the icon, therefore, the website facility profiles indicate tier level, tier color, and numerical score.

H. FROZEN RATING SYSTEM

The RRS 1.0 described constitutes the *working model* for rating volunteer RCFEs and Exemplar facilities displayed on the Phase I - Pilot RRS website. The methodology for developing the rating system has been explained elsewhere in this report. The RRS 1.0 reflects the product of the Phase I - Pilot RRS program, and should be viewed as a work-in-progress.

Objective Data Rating – Title 22 Regulation Weights. The Title 22 regulations mapped into the 11 Quality Measures and their associated weight values from CASE 7 are summarized in Table 11.

QUALITY MEASURES	MAPPED TITLE 22 REGULATIONS	WT Scale 1-3
QM 1: Activities & Socialization	87219 Planned Activities	3
	87462 Social Factors	1
QM 2: Emergency Disaster Planning	87212 Emergency Disaster Plan	3
	87705(k)(3) Care of Persons with Dementia – Fire Drills	2
	87705 (l)(8) Care of Persons with Dementia – Fire Drills	2
	87606 (f)(A) Care of Bedridden Residents - Evacuation	1
QM 3: Facility Maintenance & Safety	87202 Fire Clearance	1
	87203 Fire Safety	1
	87204 Limitations – Capacity and Ambulatory Status	2
	87303 Maintenance & Operations	3
	87307 Personal Accommodations and Services	3
	87308 Resident and Support Services	1

	87309 Storage Space	2
	87311 Telephones	1
	87312 Motor Vehicles Used in Transporting Residents	1
QM 4: Food & Nutrition	87555 General Food Service Requirements	1
QM 5: Noncompliance Conference Summary Status	This measure does not have a Title 22 designator	n/a
QM 6: Resident Rights	87468 Personal Rights	3
	87221 Resident Councils	1
	87207 False Claims	1
	87217 Safeguards for Resident Cash, Personal Property and Valuables	1
	87218 Theft and Loss	1
	87224 Eviction Procedures	2
	87469 Advanced Health Care Directives, Requests to Forego Resuscitative Measures, and Do-Not-Resuscitate Forms	1
	87223 Relocation of Resident	1
QM 7: Staffing	87355 Criminal Record Clearance	3
	87405 Administrator – Qualifications and Duties	2
	87406 Administrator Certification Requirements	1
	87407 Administrator Recertification Requirements	1
	87411 Personnel Requirements - General	3
	87412 (c)(d)&(e) Personnel Records	1
	87413 Personnel - Operations	1
	87415 Night Supervision	3
	87611 (b)(1)(E)& (c) General Requirements for Allowable Health Conditions	1
	87613(a)&(b) General Requirements for Restricted Health Conditions	1
QM 8: Civil Penalties	This measure is a stand-alone indicator	n/a
QM 9: Specialty Care	87705 Care of Persons with Dementia (Exclusive of QM2 mapped regulations of the same Title number)	3
	87706 Advertising Dementia Special Care, Programming and Environments	2
	87707 Training Requirements if Advertising Dementia Special Care, Programming and Environments	2
	87632 Hospice Care Waiver	1
	87633 Hospice Care for Terminally Ill Residents	3

	87606 Care of Bedridden Residents (Exclusive of QM2 mapped regulations of the same Title number)	3
	87616 Exceptions for Health Conditions	1
	87615 Prohibited Health Conditions	3
QM 10: Basic Resident Care & Supervision	87507 Admission Agreements	2
	87211 Reporting Requirements	1
	87455 Acceptance and Retention Limitations	2
	87456 Evaluation of Suitability for Admission	1
	87457 Pre-Admission Appraisal	1
	87458 Medical Assessment	2
	87459 Functional Capabilities	1
	87461 Mental Conditions	1
	87463 Reappraisals	2
	87464 Basic Services	3
	87466 Observation of the Resident	3
	87467 Resident Participation in Decision-making	1
	87505 Documentation and Support	1
	87506 Resident Records	1
QM 11: Medical Needs & Responsiveness	87465 Incidental Medical and Dental Services	3
	87607 Automated External Defibrillators (AEDs)	1
	87608 Postural Supports	2
	87609 Allowable Health Conditions and the Use of Home Health Agencies	1
	87611 General Requirements for Allowable Health Conditions (Exclusive of QM 7 mapped regulations of the same Title number)	3
	87612 Restricted Health Conditions	1
	87613 General Requirements for Restricted Health Conditions (Exclusive of QM 7 mapped regulations of the same Title number)	3
	87618 Oxygen Administration – Gas & Liquid	3
	87625 Managed Incontinence	3
	87628 Diabetes	3
	87629 Injections	3
	87631 Healing Wounds	3
	87621 Colostomy/Ileostomy	3
	87626 Contractures	3
	87622 Fecal Removal, Enemas, and/or Suppositories	3
	87623 Indwelling Urinary Catheter	3

Table 11 RRS 1.0 - CASE 7 Weighted Title 22 Regulations to 11 Quality Measure

Frozen Rating System –Quality Measures. The 11 Quality Measures and their associated weight values from the CASE 7 are summarized in Table 12.

QUALITY MEASURES	WT Scale 1-5
QM 1: Activities & Socialization	1
QM 2: Emergency Disaster Planning	1
QM 3: Facility Maintenance & Safety	2
QM 4: Food & Nutrition	1
QM 5: Noncompliance Conference Summary Status	5
QM 6: Resident Rights	2
QM 7: Staffing	2
QM 8: Civil Penalties	0
QM 9: Specialty Care	4
QM 10: Basic Resident Care & Supervision	2
QM 11: Medical Needs & Responsiveness	4

Table 12 RRS 1.0 Quality Measure Weights

Weights for RRS Components Contractor presented (Table 13) three scenarios for how the Customer Satisfaction Survey and Independent Review Team scores could be weighted within the overall score. Stakeholder consensus, derived through Survey data obtained during Focus Group #4, selected Option 1. The RRS system used Option 1 weights for the Frozen Rating System, and engaged simulated data for both Customer Satisfaction and Independent Review components.

	Option 1	Option 2	Option 3
Objective Data Score	80	90	95
Customer Satisfaction Survey	10	5	2.5
Independent Review Team	10	5	2.5

Table 13 Weights for RRS Components

I. RATING VOLUNTEER FACILITIES

The Volunteers: Throughout the program Contractor solicited RCFE providers to volunteer their facilities to be rated, and to create a facility profile on the Alpha website. The County anticipated participation by twenty facilities, and Contractor was later able to expand its catchment to the Universal List of Stakeholders where the number of potential facilities was higher.

At the conclusion of the Phase I - Pilot, four providers volunteered their facilities, with three providers completing the entire rating processes. Each of the three providers had two facilities to be rated. One provider declined to post one facility score on the RRS website. Facility ratings and profiles were posted for a total of five individual facilities.

A fourth provider expressed interest, but was unable to timely provide a complete set of compliance documents to be evaluated and coded for the RRS. No average-time-per-facility metrics are available because the low facility turnout yielded insufficient data to derive meaningful averages.

Provider Participation: Following Contractor's 29 May 2015 overview presentation to stakeholders, it was evident there would be a lower-than-expected participation in the Phase I - program, most notably from RCFEs. Table 14 presents the fall-off in RCFE participation. The first Focus Group meeting on 9 June 2015 hosted 25 participants with 12 participants being RCFE owner/operators. While some RCFEs made a preliminary showing of interest during the 2014 County meetings, there remained substantial skepticism for the program and participation.

Because RCFE buy-in during the stakeholder period was viewed as central to the success of the program, Contractor notified the County via memoranda detailing how the Phase I - Pilot Program would be impacted by low participation from RCFEs and suggested recommendations for County action. In response, the Board of Supervisors mailed a recruitment letter to all local RCFEs. The letter generated approximately 15 email/telephone inquiries from RCFEs with 4 of these RCFE owners/licensees attending one Focus Group Meeting. Despite ongoing outreach to the Universal Stakeholder List, the attendance at meetings continued to decline.

Meeting	Total Attendees	Total RCFEs in Attendance
Focus Group 1	25	12
Focus Group 2	13	5
Focus Group 3	13	6
Focus Group 4	15	7
Focus Group 5	11	3

Table 14 RCFE Participation

Based on feedback, program attrition is attributed one or more of the following:

- Preoccupied with facility operations (time commitment),
- Lack of participation from local leaders in the industry/community,
- Smaller facilities looking for larger facilities to lead the way (only one larger facility representative was consistently present during the Phase I - Pilot),
- Disinterested in or skeptical of the program (i.e. unwanted, unnecessary, impossibility, punitive system).

J. TRADEOFF STUDY – Quarterly Updates

During Phase I - Pilot, Contractor conducted a Trade Off Study to better understand the options and costs associated with obtaining public records information from Department of Social Services, Community Care Licensing (DSS/CCL) for future RRS updates. CCL provided detailed information on data availability and programming costs as reported in the Trade Off Study. If the data is required for updates in advance of June 2016, the estimated programming and downloading costs would be just under $5,800; the alternative is to wait until the data is free from DSS/CCL's website in mid-2016. Contractor's recommendation is to wait until the data is available as a free download from the state's site.

■

Strip your website down to the basics and do a few things really well.

[BC Designers]

IV. RATING SYSTEM WEBSITE

The purpose of the RCFE Rating System Website was to display Facility Ratings on the Facility Highlights page. Ancillary functions of the website include creating context for the assisted living care model, helping consumers understand how a facility rating was calculated, and to offer resources for consumers who may not use any other website to find a facility for their family member.

The challenge was to explain the complex and technically dense material regarding the assisted living care model and the RRS in a way that was user friendly, easily accessible, visually appealing yet still remaining robust and comprehensive.

A. CONTENT & FUNCTIONALITY

County Requirements: The Statement of Work stipulated some requirements for the website. Some of the requirements will be functional in Phase II - Year 1; other requirements have already been achieved, and are evident on the Demonstration site. Table 15 summarizes Contractor's compliance with SOW requirements.

SOW Para	Requirement	On Demo Website	Comment
3.2.4.1	Each Volunteer Facility (VF)	Yes	5 facilities, and 12 exemplar-simulated facilities
3.2.4.2	Overall rating for each VF	Yes	Using simulated subjective component data
3.2.4.3	Summary findings specific to QM for VF	No	Problematic due to state's redaction practices
3.2.4.4	Space for VF to populate facility highlights	Yes	With refinements suggested by Alpha Testers
3.2.4.5	Side-by-Side Comparisons of VF	No	A requirement of Phase II - Year 1
3.2.4.6.1	Dates for inspection reports	No	Site only shows date of last visit. During Phase II, -Year 1, Contractor plans to link the state's facility compliance history to a volunteer rated facility, so dates of inspection reports can be easily found.
3.2.4.6.	Complaint reports		See above comment
3.2.4.6.3	When facility profile last updated	Yes	Site automatically updates when the facility profile was last touched.

3.2.5	Easy to Use Instructions	Yes	Requires refinement and modification to 8th grade reading level
3.2.5	How to interpret the information	Yes	Requires refinement and modification to 8th grade reading level
3.2.6	Explanation of Rating System	Yes	Requires refinement and modification to 8th grade reading level
3.2.7	Quarterly Updates for each VF	TBD	Updates approaches under review
5.0	Site availability 24/7 with minimal downtime (0.1%)	Yes	Managed by service provider
5.0	Backup protocol	Yes	Managed by server agency
5.0	ADA Accessibility	Yes	Disabled button for additional assistance, and font size widget on every day

Table 15 Website Features

Display: Contractor's Demonstration website features many pictures, clean lines, and the ability to modify font size for older eyes. The general direction of the website design was based on a few questions put to stakeholders via surveys.

Site Map & Content Descriptions: In outline form, the content of the website is described. Each italicized & bolded category corresponds to a tab on the website.

***Home Page*:** This page provides links to five pages:

- Search for a Facility
- About the Rating System
- (FAQs) Frequently Asked Questions
- Family Resources
- For Providers

Search for a Facility: This page offers search and filtering capabilities for consumers. Consumers can search on City, Zip Code, Facility Size, Specialty Care services, and Price Range. Once search and filter criteria are entered, search results display. Consumers need only click on a facility returned in the search to be taken to the Facility Highlights page.

About the Rating System: This tab leads consumers to three content pages: The "11 Quality Measures"— defined; "About the Rating System" – a description of the components comprising the RCFE Rating System; and "Understanding the Rating System"—a description of the rating system construction.

Frequently Asked Questions (FAQs) Tab: FAQ has 5 sections, and a total of 30 answered questions.

- *About the RRS*
- *About RCFEs*
- *About the RRS Program for Consumers*

- *About the RRS Program for Providers*
- *About Help with the Site*

Family Resources: This section is populated with tools to assist the consumer with making placement decisions.

Links and Tools for Consumers: Most of the suggestions for content on this page came from either survey results, or one-on-one discussions with stakeholders. Content includes links to:

- Check Lists of what to look for when touring an assisted living facility
- Understanding the Assisted Living Care Model
- State Resources for Seniors
- Resources and Links for Veterans
- Long Term Care in San Diego County

Resident Rights: This page paraphrases the Title 22 section relating to Resident Rights. Contractor thought this was a key piece of information that families needed to know prior to placement of their family member.

Long Term Care Ombudsman Program: This page links to the County's LTC Ombudsman page, and summarizes what the Ombudsman office does to assist residents and families. This page also links to the Department of Aging's Ombudsman Information page, and to the Administration on Aging page so consumers can access the full range of information on the LTC Ombudsman program.

Making a Complaint Against a Facility: This page advises families on complaint issues: who to make a complaint to, under what circumstances, and when to call law enforcement instead of the Department of Social Services. As an added service to consumers, the page lists law enforcement agencies throughout the County, including telephone numbers.

For Providers: Contractor created a tab exclusively for facility that might be interested in participating in the program. There are two pages under this tab: "COSD-RRS Information for Providers" and "COSD-RRS Appeals Review Process". The "COSD-RRS Information for Providers" page advises providers on how to get involved in the program. The "COSD-RRS Appeals Review Process", page (a contract requirement) contains the protocol for the COSD-RRS appeal process for providers.

Facility Profiles: From the "Search for a Facility" results page, and after clicking on the facility of choice, the individual facility profile is accessed. The Facility Profile consists of four pages:

Facility Profile consisting of a facility description, six photographs, point-of-interest map, rating icon and score, and specific facility details (License number, capacity, pricing structure, acceptance of SSI residents, acceptance Assisted Living Waiver Program residents, what types of specialty care is offered, staffing, facility amenities, staffing

information, caregiving staff [#night, #day], additional waivers and approvals, other onsite services such as mobile physician, etc. The contents of this page were largely driven by consensus. Of the 24 factors presented to stakeholders, consensus of 51% was achieved on 84% (20) of them.

Documents and Surveys is the location of the Transparency Program document uploads, Customer Satisfaction Survey responses and in time, the Independent Review Team assessment findings.

Facility Rating Details is a static page as of the close of Phase I - Pilot. Each Facility Rating Details page displays, for each facility on the alpha site, all components of the rating system as required, the number of, how many citations in each Quality Measure, the Customer Satisfaction survey results as well as the Independent Review Team score. This page also features dedicated space for the total amount of Civil Penalties assessed and the number of Non-Compliance conferences the facility has been required to attend. The facility display is provided in Appendix A.

Rating Methods displays information shown elsewhere on the site, but is conveniently located on the profile page so consumers have easy, direct access to a better understanding of what the RRS Score means.

County Approvals Required: County's review, approval and/or comment is required prior to public access of the following content pages:

- Site Disclaimer
- Privacy Policy
- Site Terms of Use
- RRS Appeals Review Process

Addition of County of San Diego's social media sites: Facebook and Twitter. The site also has a Contact Us link, making it easy for a consumer or provider to access the RRS staff.

B. TECHNICAL REQUIREMENTS

Website Address: In Phase II - Year 1 Contractor will purchase an .org domain name meeting with County approval, and consistent with the County's branding message.

Website Construction: As proposed, the Website was designed in Drupal 7.0; it is an open source versatile software tool for developing websites.

Disabled Accessible: The site has a wheelchair icon on each page advising the user that if assistance is required to access content they should call the Contractor's number. Further, the site has an embedded widget that adjusts font size in the event the user cannot adjust font size by zooming in or out of the screen.

Uptime and Operational Requirements: The demonstration site meets the County's uptime, break-fix, and backup requirements.

Readability: Content on the Demonstration site is written to a 12th grade reading level; Contractor will, during Phase II -Year 1, revise content to get closer to the desired 8th grade level to increase accessible for all users.

Images: All images used on the Demonstration site were lawfully obtained via purchase and with unlimited use of the copyright, under terms from www.publicdomainpictures.net.

C. WEBSITE INFRASTRUCTURE

The website delivered at the conclusion of Phase I was a Demonstration Site, therefore much of the website is static, with basic functionality built in.

- The rating pages for each facility profile (i.e. the scoring device) reflect manual input of data, not automatic calculation of data or scores. The complex infrastructure for migrating citation data into correct quality measures by facility will be built in Phase II - Year 1. The Rating Score functionality will be automated – importing the algorithm, migrating data, and directing the completed score to populate the correct facility will also be done during Phase II – Year 1.
- The Facility Search functionality is facilitated by a relational database connecting facility name to facility owner, and to all fields shown as search filters. The Facility Search function will be modified in Phase II -Year 1 to reflect cleaner filters, better layout, and more intuitive interface.
- The registration infrastructure functionality was built into the website to allow for both alpha testers, facility owners and RRS project staff. Expanded registration capabilities will be built in Phase II -Year 1 to accommodate individuals wanting to write customer surveys.
- In the Drupal open source software, content pages can be added where needed during Phase II -Year 1.
- Style sheets for Panels, Basic Page, and creating the input form for the Facility Profile. The site structure accommodates later additions required under Phase II -1.

Server: Contractor is using its own server to host the Phase I - Pilot website. During Phase II - Year 1, Contractor will subcontract with a server provider to support the Phase II -Year 1 website and related backup and break-fix requirements of the SOW.

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Alpha Testing: A very early version of a software product that may not contain all of the features that are planned for the final version.

[Vangie Beal]

V. ALPHA WEBSITE & TESTING

The purpose of Alpha Testing the RRS Website was to demonstrate the RRS Rating system, demonstrate the RRS Website, and obtain feedback on both.

A. Alpha Testing: Alpha Testing invitations were sent to ~85 individuals whose names were taken from the Universal Stakeholder List and those who contacted the RRS-Project Team following the Supervisors' letter of late July 2015. Contractor also made special effort to invite those individuals who indicated their interest in alpha testing at the 29 May 2015 Kickoff meeting. All recipients were invited to the Alpha Testing Presentation following Focus Group #4 meeting.

Individual logins were created and individually sent to the 25 participants of the first Focus Group meeting in anticipation that their initial interest would be reignited for the Alpha Testing. All others were sent an email announcing the commencement of alpha testing and how to contact the RRS Project team if they remained interested in the alpha testing.

Following Focus Group Meeting #4, Contractor briefed those in attendance on the alpha testing protocol, how to login, and provided directions for accessing content. Additionally, an information sheet about alpha testing and what parameters could be searched was emailed to those who elected to participate. Alpha Testing was open for a three-week period from 9/14 to 10/2. The site was up and available 24/7 at 100% availability.

Once Contractor identified, via Drupal's registration module, that a particular alpha tester had been on the site, that individual was sent a link to the Alpha Tester Feedback Survey. All responses were anonymous and were collected and tabulated in Google Drive. Alpha testing was performed by11 individuals, with 8 providing feedback.

B. Alpha Website: The Alpha Website represented the FROZEN website described to the County in Deliverable 3-4. The Alpha website included all described content pages, as well as 17 test Facility Profiles. The SOW goal was for Contractor to rate a minimum of 10 volunteer RCFEs, however only three providers, owning a total of 5 RCFEs, participated. Contractor, using its 68 Exemplar, prepared the remaining 12 Facility Profiles. It was imperative that Contractor demonstrate the capabilities of the website, and five facilities was too few to test the various ranges and types of facility rating outcomes. The rating scores reflected in each volunteer/demonstration facility were derived from use of the Frozen Rating System as described in Deliverable 2-5.

The 12 Facility profiles created by Contractor included simulated facility content, location and amenities, but used actual demographic and public records data taken from Contractor's Exemplar.

C. Alpha Feedback: Feedback obtained from Alpha Testers focused on the location of information, clarity of content, reading level, and defining acronyms. Beyond general content and presentation, alpha testers described the overall site as a comprehensive tool that provided families, and the senior community with relevant and necessary information.

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Research is creating new knowledge.
[Neil Armstrong]

VI FINDINGS

There were many lessons learned throughout the process of developing a prototype RCFE Rating System. The findings aided in the Contractor's understanding of how deep the distrust and reticence is among RCFE providers for an external effort to evaluate the care they provide. Findings also highlighted specific areas within the program where a change of strategy or direction could mitigate some of the skepticism among providers and/or empower families to demand more consumer-centric contributions from RCFEs to benefit the community. All findings are considered valuable knowledge that can be used to grow the RRS.

1. **Large and Small facilities needed separate rating systems**. Early in the Focus Group meetings, providers opined that large facilities were fundamentally different than small RCFEs, and, therefore, any rating system would likely not fit all RCFEs. During the Phase I - Pilot, Contractor stratified the exemplar citation data and rating methods and found that the stratified exemplar rating results essentially yielded the same profile across all strata (Figure 2). This finding suggests that one rating system can rate both large and small facilities without unfairly representing the compliance histories of facilities in any one stratum (Kruskal-Wallis, all cases $p>0.05$; (Case 7, $p = .916$). Additional testing and use of the rating system will be necessary to solidify these findings.

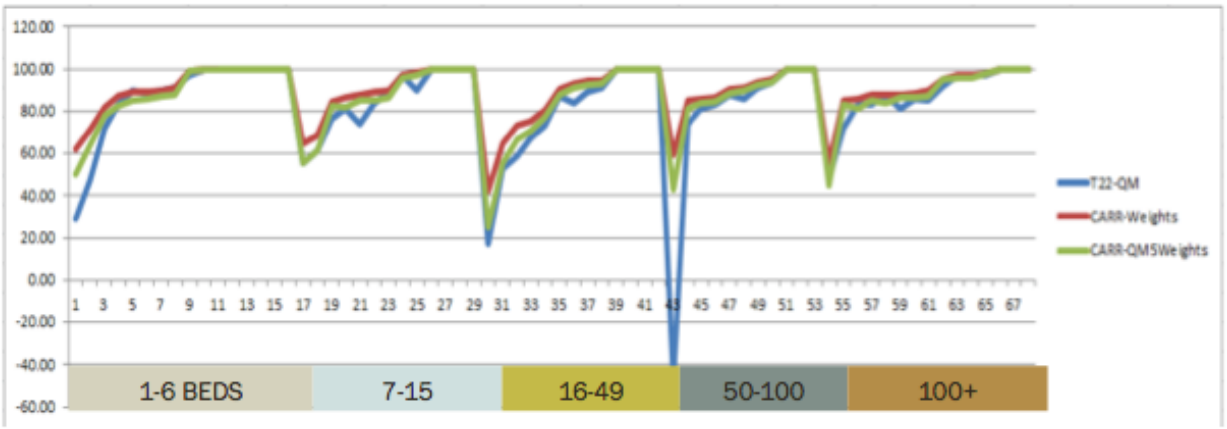

Figure 2 3 CASE Rating Profiles Across Strata

2. **Average Facility Rating.** A finding of the development work was that the average Exemplar rating score was 84%, placing the average facility in the Bronze tier of the RRS scoring pyramid. Since the rating system is the first of its kind, there exists no benchmark to assess the relative value of the Bronze rating and/or to compare it to the performance of any other facilities in the County. This finding suggests that without context for the score produced by the rating system the rating has little meaning to either a consumer or provider. That is, without knowing how other RCFEs score using the RRS, it is impossible to assess or make

assumptions about an individual score produced in isolation. This finding strongly suggests the value of having the Beta site address this issue of context in some way.

3. **Type A and Type B Citations**. A finding of this work was that Contractor could not meet the County's Statement of Work requirement to create a rating system reflecting Type A and Type B (levels of threat to health and safety of residents) citations. After Contractor's extensive review of the public record, it was clear too many inconsistencies existed in DSS/CCL's citation patterns of Type A and Type B deficiencies: In identical circumstances, one state analyst (or LPA) would issue a Type A citation; while in another case, under review by another LPA, the same circumstance would be cited as a Type B. To maintain the integrity and fairness of the RRS, and in deference to providers who were already suspect of the state's data, the project eliminated the influence of the A/B information. Contractor instead chose to indicate the severity of a particular deficiency's impact on resident health and safety through the use of weights on both Title 22 regulations and the County's 11 Quality Measures. The mapping of the regulations and all RRS weights were consensus-driven to ensure that the determination of severity was not arbitrary, but rather reflective of LPA citation patterns and facility non-compliance.

4. **RCFE Providers Failed to Participate.** Contractor recognized early in the program that the number of participating RCFEs anticipated by the County was not materializing. A subsequent finding of the program was the pervasive reluctance among providers to become engaged in this voluntary program. The range of comments and rationale received by the Contractor include:

a. No confidence in a rating system that is voluntary – only the good facilities will be represented and/or remain on the site.

b. The system (DSS/CCL) is too broken for the creation of any meaningful rating system based on Title 22 regulations and the associated public documents.

c. Facility ownership does not believe the marketing feature on the website site is a major draw since the majority of facilities already have a web presence either through their own site, via customer reviews on Yelp, or on other similar review sites. Some facilities also stated they maintained waiting lists and did not see the benefit in any additional (free) marketing.

d. Some facilities believe they have too many citations to yield a 'good' rating, and therefore opted out of the program.

e. Reasons cited by large corporate providers included "too busy," "we don't need it," " we don't believe its possible or necessary," "unnecessary intrusion of the government," and general opposition to additional scrutiny of the beleaguered industry.

This finding suggests that if the RRS is to be successful, it must built on consumer-demand, not provider's willingness. This is further discussed in Section VI Limitations.

5. **Consensus-Approach**. Resulting from the low participation by providers is a concern that their reduced participation had the unintended consequence that consumer-centric parties had disproportionate representation during the development phase. Additional and/or equitable representation of RCFE providers could improve the RRS going forward and should be considered a goal of Phase II - Year 2. This is further discussed in Section VI Limitations.

6. **Minimum Business Practices.** Over the course of this effort, Contractor received anecdotal indications that not all assisted living facilities in the County followed best business practices. Contractor learned that as many as 40% of facilities do not meet the basic state requirements necessary to lawfully conduct business in the state. The Contractor compiled minimum compliance measures are:

- Having Worker's Compensation Insurance;
- Meeting the Title 22 statutory Liability Insurance limits;
- Filing Quarterly Payroll Taxes;
- Filing State Business Taxes;
- Remaining in good standing with Secretary of State; and
- Timely renewal of local business licenses.

The DSS/CCL does not check facilities to ensure they are in compliance with these state and local mandated business practices. In view of this finding, Contractor will recommend that the County adopt Minimum Eligibility Requirements for any facility volunteering to participate in the RRS.

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VII. LIMITATIONS

Over the course of the Phase I - Pilot program, Contractor gained meaningful insight into the limitations of creating a rating system for Residential Care Facilities for the Elderly (RCFEs) located in San Diego County. This section apprises the County of the limitations, reflects on the impacts of those limitations, and looks forward to Phase II -Year 1 with mitigating suggestions.

A. STAKEHOLDER AND CONSENSUS APPROACH

Limitation: A limitation to the stakeholder and community-based consensus approach taken by the Contractor was that the number of individuals who had sustained interest and participation over 6 meetings and five months was small. Though there was a stalwart set of participants, the ranks diminished over time. Contractor was particularly concerned about the fading voice of RCFE providers - a voice essential for RRS development and growth. Contractor submitted a Memorandum to the County explaining Contractor's observation that few RCFEs were stepping forward to act as RRS volunteers, despite the County's December 2014 list of 18 facilities who had originally volunteered.[11] Further, there were also few RCFE providers who consistently participated in the Focus Group meetings.

Impact: The impact of this limitation was that with diminished and unsustained participation by providers, the RRS may not have sufficient credibility with providers. Without credibility, the recruitment effort to enlist a critical mass of providers to the site's service will require a change of focus from recruiting providers, to generating consumer demand.

Looking Forward: In recognition of this limitation, Contractor would:

1. Develop a professional marketing strategy that would generate consumer demand for the RRS as a community resource. The intent is consumers will probe RCFEs as to why they are not participating in the County's new RRS program, thus driving RCFEs to the website through their self-interest to appear responsive to needs of their clients. Contractor would request County assistance via the County public relations firm to generate branding of the project, to help generate this demand within San Diego County.

2. Contractor recommends that 12 – 15 providers be invited and recruited to attend a provider-only Focus Group Meeting where each element of the rating system can be reviewed and discussed. The purpose is to solicit provider comment and sentiment, and

[11] 012-2015 dated 6/29/15

where possible and reasonable, revisit aspects of the rating system fundamentals (Title 22 and Quality Measure weights) to render a RRS program that is viewed as most reflective of the care they provide.

3. Contractor recommends that the County aggressively leverage its bully pulpit to assist Contractor in spreading the message about the RRS program. The RCFE industry's reluctance is too deep-seated to be overcome by Contractor's efforts alone – we need the County visibly standing with us to demonstrate to the industry (and consumers) that the County is serious about this program and that it expects providers to adopt the premise of a rating system as an expression of their community involvement.

B. LARGE FACILITY ABSENCE

Limitation: Feedback received from stakeholder providers was that because there was an absence of large-facilities (100+ beds) during the development phase, they viewed the program as deficient. The smaller facilities stated that to enlist their participation, they would need to see the large corporate providers standing alongside of them as partners in this community resource. Stakeholder providers see the lack of participation by the corporate RCFEs (Brookdale, Seacrest, Front Porch Communities, etc.) to be a barometer of credibility and buy-in to the project by the industry leaders in the County.

Impact: The impact of the absence of large facilities was that several smaller RCFE stakeholders discontinued their participation in subsequent Focus Group Meetings.

Looking Forward: Contractor would make a strategic effort during Phase II -Year 1 to enlist the participation of the approximate 50 large facilities located in the County. Having a critical mass of larger providers would help set the tone for smaller facility participation. Participation from large providers would also give consumers confidence in the rating system program. Contractor's request (A above) for County assistance via the County public relations firm to help generate contact and branding of the project will help attract participation.

C. RATING SYSTEM DATA FROM COMMUNITY CARE LICENSING (CCL) DATA

Limitation: By the Statement of Work requirements, the RRS was to be designed using two components: objective and subjective data. The source of objective data is the state's licensing agency for RCFEs – the Department of Social Services, Community Care Licensing (DSS/CCL). The limitation of the objective data is that *the data itself is flawed*. Among advocates who study the state's public documents on assisted living providers, it is common knowledge that a) state inspectors have inconsistent citation patterns, b) citations are inconsistently applied, c) infrequent state inspections limit the inferences that one can draw about the quality of care delivered, d)

complaint investigations are investigated by staff untrained in conducting investigations, therefore, outcomes and findings are problematic, and e) appeals can take years to get resolved; therefore, the content of the public record is frequently disputed between DSS/CCL and facilities.

Impact: The impact of this limitation is a) the recognition that the data is imperfect, and b) despite provider disaffection with the data for the above-mentioned reasons, it is the only measure by which their compliance with Title 22 regulations can be assessed. Therefore, the RRS-project team and County must remain mindful of the providers' perceived value of a rating system using public records data. And while the Contractor and the County must openly acknowledge that data limitations do exist, emphasis must continue to be placed on the Contractor's efforts to create a fair rating methodology and the overall value of the rating system for consumers.

Looking Forward: Contractor proposes an RCFE-only Focus Group meeting (discussed under Findings) to help close the perceived gap between the state's data and RRS rating score. Similar to the effect of the Phase I - Pilot program on participating RCFEs, once providers understand how some of the data limitations were mitigated in the rating system, their confidence in the program increases. Contractor also will, in time, recommend minor adjustments to the algorithms to enhance providers' interest in and trust of the rating system (i.e. decremented weight to older citations, adjustments to weights of several safety-impacting Title 22 regulations, and careful mapping of the 2014 regulations that are to come on line in 2015).

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Without change there is no innovation, creativity, or incentive for improvement. Those who initiate change will have a better opportunity to manage the change that is inevitable.
[W. Pollard]

VIII. PHASE II

Contractor's recommendations for Phase II -Year 1 have been formulated with great care to provide the County with the best value and direction. A primary focus of Phase II -Year 1 will be to generate *consumer demand* for the RRS program. Contractor's expectation is that with inquiries from consumers and allied professionals alike, providers will be encouraged to become a part of the County's solution by participating in the RRS program. Contractor will simultaneously direct recruitment efforts towards overcoming provider skepticism with one-on-one meetings and dialogue.

Contractor's recommended approach is outlined below. A detailed Phase II -Year 1 proposal will follow.

VISION: By mid-year 2016, the County will have a public, functioning, consumer friendly, website showcasing a) a searchable directory of all RCFEs in San Diego County, b) featuring Business-Integrity-Program (BIP) certified facilities, and c) some number of RRS scored and rated volunteer facilities who have completed facility profiles. By the end of 2016, the County's RRS website will feature more BIP certified facilities, and more RRS scored facilities than were on the website at mid-year launch, as the recruitment efforts will be sustained over the year to ensure additional providers join this community asset.

A. IMPLEMENTATION RECOMMENDATIONS FOR PHASE II -YEAR 1

Contractor sees Phase II -Year 1 as the Beta Phase of the RSS program, not the Permanent Phase as originally anticipated by the County. The RRS scoring tool and website have been created, but now it needs time to be populated by facilities, and used by consumers. Contractor envisions Phase II - Year 1 unfolding as follows:

At Phase II's contract authorization, Contractor will being RCFE recruitment best efforts including design of a marketing campaign developed in partnership with the County to create consumer demand for the RRS program, and continued refinements to the RRS website enhancing public use.

The launch of a fully functional RRS website is anticipated mid-Year 1, with a target date coinciding with AIS's Aging Summit. At that time, the RRS website will host a searchable directory of all RCFEs in San Diego County, with some number of BIP-certified RCFEs, and some number of rated volunteer RCFEs. It is Contractor's goal at website launch that many RCFEs in San Diego be categorized appropriately under the BIP program as Approved, In

Process, or Declined To State. It is anticipated that a some number of RCFEs will remain unrated at the time of launch, however, the Contractor's strategic, intensive, and sustained recruitment efforts are expected to receive a boost post-website launch as consumers begin to interact with the RRS website, and express their desire for the RRS resource. Contractor envisions the postponement of the Independent Review Team, Context for Assessing Ratings, Updates and Rating Refinements until Phase II -Year 2.

1. User Registration. The County's SOW 3.2.4 stipulates that the site is to be free to the viewer, with no registration required. In Contractor's view, and to be consistent with best practices for website security, we suggest that registration *cannot* be avoided and is necessary to secure the site, and to make it inhospitable to hackers and trolls. If the site were static, registration may not be warranted, but since the facility profile page content will be uploaded and populated by the facility owner – registration is required to protect an individual facility's information from being modified by an unauthorized user.

Further, when customer satisfaction surveys are taken on the site, it is necessary to have the customer login to the site, allowing the site to validate the URL the respondent is using. Registration of respondents to customer surveys is necessary to avoid multiple reviews by one person in an attempt to increase or decrease the rating for a given facility.

2. Searchable Facility Directory on RRS Website. Contractor strongly recommends the RRS website content expand to include a Facility Directory of all RCFEs in San Diego County, similar to the Independent Living Association's website (also a County-funded project). Given the reluctance of local facilities to participate in the RRS program, many seniors and their families using the RRS website could encounter empty search results within their zip code. A Facility Directory will allow families to access a comprehensive list of facilities in their selected area. Facilities declining to participate in the RRS program, would be listed in the directory, but would be denoted using grayed-out imaging on their facility profile page, and the profile would be devoid of any detailed information about the facility. Contractor anticipates this designation will spur discussions between consumers and facilities for the purpose of incentivizing facilities to participate in the RRS program to benefit the community at large. Contractor would secure the data and programming and work to establish a searchable facility directory on the RRS website prior to the anticipated launch date (mid-Phase II - Year 1).

3. Minimum Eligibility Requirements (MER) – Best Business Practices. As discussed in Section V Findings, Contractor learned during Phase I - Pilot that approximately 40% of San Diego's RCFEs do not meet the basic requirements necessary to lawfully conduct business in the state. Further, DSS/CCL does not verify whether facilities remain in compliance with these state business practices (with the exception of Liability Insurance as of 01 July 2015).

Contractor asserts it is in the best interests of the County to assure consumers that each facility participating on the County website meets the following minimum eligibility requirements, which are viewed as the most basic set of best business practices:

- Having Worker's Compensation Insurance;
- Meeting the Title 22 statutory Liability Insurance limits;
- Filing Quarterly Payroll Taxes;
- Filing State Business Taxes;
- Remaining in good standing with Secretary of State; and
- Timely renewal of local business licenses.

Contractor recommends that each facility volunteering to be rated and profiled on the RRS, would attest to the County that it meets these program requirements. Contractor provided earlier its Draft Memorandum of Agreement (MOA) to the County as the document stipulating the facility agreements relating to the RRS project. The draft MOA requires County Counsel review and rewrite to meet County requirements.

BIP – Business Integrity Program. Based on the MER above, Contractor further recommends the MOA criteria become a component of Phase II - Year 1's recruitment effort for RCFEs with the introduction of the Business Integrity Program or BIP.

To become BIP-approved, facilities would sign the Memorandum of Agreement which stipulates the Minimum Eligibility Requirements (MER) for RCFEs. The BIP would be introduced to (1) ensure the facilities hosted on the County's site are compliant with state and local business laws; and (2) increase the value of the RRS to consumers. The anticipated benefits of the BIP are itemized in Table 16.

Entity	Need	Benefits of BIP
County	• Information needed for launch date despite RCFE resistance to recruitment effort • Engage local RCFEs • Generate consumer demand	• More than basic directory • Information not available anywhere else • Promote RCFE engagement & build rapport with RCFEs • Valuable information for consumers ***with or without an*** associated rating
Consumer	• Information to distinguish quality RCFEs from substandard ones • A comprehensive, unbiased resource	• Valuable, unique information • Comprehensive assessment of local providers on this eligibility criteria
Facility	• Desire to elevate standards of care within the industry • Motivation to participate in RRS	• Ignites community discussion & distinguish themselves • RCFEs can acquaint themselves with the RRS program prior to volunteering

Table 16 – BIP Benefits

The BIP tool alone will provide exclusive, and useful information to consumers shopping for an assisted living placement. It is Contractor's goal, by website launch date, that many RCFEs be categorized under the BIP program as Approved, In Process, or Declined To State. Consumers will find value in the RRS website, and will be able to continue to seek the RRS resource as more rated facilities come online in Phase II - Years 1 and 2. Further, given that RCFEs who wish to be rated as part of the RRS program would need to meet these requirements, the BIP is a novel way to collect, display and leverage this information on behalf of consumers while also engaging reluctant RCFE providers.

4. County Branding and Access to Public Relations Team. The branding and outreach efforts of the RRS program are critical to the success of this unprecedented community resource. Phase I –Pilot did not allow for a strategically organized recruitment effort. Contractor was only able to approach self-nominated parties to participate in the Phase I - Pilot. Based on lessons learned and RCFE feedback, Contractor recommends Phase II - Year 1 recruitment be an intensive, coordinated, strategically designed effort focused on creating consumer demand for the RRS program while simultaneously working to engage and educate all RCFEs in San Diego County about the RRS Program via one-on-one meetings and ongoing dialogue.

Contractor will independently manage all facility outreach efforts; however, Contractor requests a collaborative effort between Contractor and San Diego County's marketing professionals for the public relations campaign aimed at creating consumer demand for the RRS program. With this recommendation, Contractor will provide the context and RRS program expertise and requests the County's marketing firm, leveraging their familiarity with the San Diego resident audience, provide the professionally designed specialty logo, slogan and other branding tools. This joint effort is seen as one way to increase the recognition and visibility of the program.

In order to support the Contractor's efforts to create consumer demand and provider participation throughout Phase II - Year 1, Contractor requests the program logo and branding campaign be made available to Contractor no later than February 1, 2016.

5. Launch of RRS Website. In conjunction with Contractor's A.P.E., Contractor recommends that the launch of the RRS website occur mid-Phase II -Year 1 with the target date and venue being AIS's Aging Summit. This event hosts a receptive audience of consumers and aging professionals who can assist in cultivating consumer demand for the RRS program. In Contractor's view, it will be essential that the launch presentation include both County and Contractor representatives to introduce the balanced design of the program, describe the benefits for consumers and facilities, and to demonstrate a united commitment to the success of this innovative resource.

6. RCFE Recruitment Effort. Contractor's attention during Phase II, - Year 1 will primarily focus on the recruitment of RCFEs into the RRS program. Prior to launch of the RRS website, Contractor will aggressively pursue one-on-one dialogues with many RCFEs to (1) introduce them to the RRS program; (2) encourage them to participate in the program in three ways, via the BIP, volunteering to be rated and featured on the RRS website, or both; and (3) address inquiries and concerns about the establishment of the RRS program. Ongoing follow up and attempts to re-engage RCFEs throughout all of Phase II - Year 1 will be critical to growing the RRS program. Contractor will catalog and itemize all recruitment efforts throughout Phase II - Year 1 to inform and improve Phase II - Year 2 recruitment efforts.

B. POSTPONEMENT RECOMMENDATIONS FOR PHASE II - YEAR 2

Recognizing that the RRS project is entering a *Beta Phase*, not a Permanent phase as originally anticipated by the County, Contractor recommends postponement of discrete tasks resident in the County's SOW. As stated elsewhere in this report, Contractor's focus for Phase II -Year 1 is on consumer demand for the Rating system, and recruitment of providers. Contractor's recommendations and rationale for task postponement follow.

1. Refined RCFE Rating System. The RCFE Rating System, in Beta format, needs time to be used and to determine its value to consumers. In this light, consumers and providers need to use the Beta Score for volunteering RCFEs with the understanding that the score is merely an indicator, one of many, that can help a consumer make a placement decision. Over the beta period, Contractor will collect information from providers and consumers to focus refinements to the system. The RRS cannot be static, but must remain responsive to state policies, and enforcement actions.

- *Title 22 Refinements:* During 2014 the California legislature enacted 12 new statutes directly affecting Title 22 regulations and enforcement. If the RCFE Rating System refinements are postponed to Phase II - Year 2, Contractor will have sufficient data to assess how CCL is enforcing the new regulations. The RRS will have to be revisited to map new Title 22 regulations into the existing Quality Measure structure, insofar as possible.

- *Civil Penalties:* An adjustment Contractor anticipates is how to address Civil Penalties. Pre-2014, the highest civil penalty that CCL could assess was $150; post-2014, the civil penalty ceiling is set at $15,000. The RRS must incorporate Civil Penalties into the RRS in the fairest way for providers, while retaining old and new civil penalty histories for consumers.

- *Eliminate Two Quality Measures:* Another facet of RRS refinements is the value of two Quality Measures: Quality Measure 1 (Activities and Socialization), and Quality Measure 2 (Emergency Disaster Planning). Both Quality Measures have Title 22 regulations in them that are never cited by DSS/CCL; every facility in the Exemplar has a perfect score in these two measures. Consequently, they offer no useful information to the consumer. Contractor would look for non-Title 22 objective data that could substitute for the regulations that are never cited.

- *Change Weights of Regulations within Quality Measures*: A companion task to the Title 22 Refinements task is to revisit all weights of Title 22 regulations mapped to Quality Measures, and to assess the relative merits of changing the weighting metric of 1 to 3, to a scale of 1 to 5 for the Title 22 regulations. The discussion on this topic will be informed by a year's worth of experience with the RRS in its current configuration.

- *Additional refinements:* In the RRS's algorithm, a citation issued in 2014 counts the same as citation issued in 2009. A future refinement would be to explore options for weighting citations by year, either as a rolling 5-year period, or by decrementing, year over year, citations received.

2. Mystery Shopper (Independent Review Team) Component Contractor recommends postponement of the Independent Review Team subjective component to the RRS until Phase II - Year 2. Rationale for this recommendation includes the projected high cost of implementing the Independent Review Team program. The costs to implement this program include creating an evaluation tool that is beta tested, establishing an infrastructure for management of the IRT including recruiting peer (RCFE providers) reviewers, scheduling visits to volunteer provider facilities, possibly paying peer reviewers since they will be taken away from their normal work routines, working through the payment issues for peer reviewers as independent contractors, addressing liability issues and appropriate insurance coverage for having peer reviewers on site at RCFE properties, etc.

Contractor's recommendation is that the Independent Review Team is an expensive and labor-intensive component that accounts for only 10% of the rating score. Contractor's Phase II - Year 1 focus must be on generating customer demand, and recruitment of facilities, before the IRT becomes necessary.

3. Quarterly Updates to Rating System Assuming launch of the RRS website in mid 2016, it is guesstimated that the site will have fewer than 100 volunteer RCFEs by year's end. Given CCL's constraints of inspecting a facility once every five years, combined with the low number of RCFEs participating through the end of Phase II -Year 1, Contractor suggests that the necessity for quarterly updates is obviated until Phase II - Year 2. The postponement of quarterly updates to the second year benefits the County in that data will not have to be

purchased from the state to effect the updates, as the data will be online and available for free downloads in 2017.

C. SUMMARY

Contractor's Phase II – Year 1 cost proposal will follow. The proposal will contain a revised Statement of Work based on the recommendations provided herein, a firm fixed price to conduct the year's work, and a schedule for measuring program progress.

■

APPENDIX A
Facility Rating Display

COSD RRS Rating for Elm House

Quality Measure Score (80%)	Customer Survey Average Score (10%)	Mystery Shopper Score (10%)	Overall Score (100%)
96	100	100	97
		Total Citations	1
		QM 8 Civil Penalties	$0
		QM 5 Non-Compliance Conferences	0
		Date of Last State Inspection	12/15/2012

Quality Measures (QM) are based on OBJECTIVE DATA taken from the state's inspection and compliance reports on this facility.		
Quality Measure (QM) Definition	**Total Citations**	**QM Weighted Demerits**
1. Activities/Socialization: Ensuring that residents have access to planned activities that are appropriate to the interests and capabilities of the resident.	0	0
2. Emergency Disaster Planning: Ensuring a facility has written, readily available disaster, mass casualty and evacuation plans, and that all staff is knowledgeable about the plan and prepared to execute.	0	0
3. Facility Maintenance and Safety: Ensuring a facility is clean, safe, sanitary, and in good repair at all times and that all facility maintenance and safety guidelines are followed.	0	0
4. Food and Nutrition: Ensuring residents are served meals that meet their physical and nutritional needs and that facilities follow food storage, safety and cleanliness guidelines and maintain an adequate food supply.	0	0
5. Non-Compliance Conference Summary Status: This term refers to facilities that are under review by Community Care Licensing (CCL) for existing deficiencies. (CCL uses Non-Compliance Conferences to impress upon facilities the seriousness of their deficiencies prior to requesting administrative action to revoke their license.)		
6. Resident Rights: Ensuring residents are treated with dignity and respect and are fully educated on their rights.	0	0
7. Staffing: Ensuring a certified administrator and an appropriate number of trained staff are available in a facility to meet the needs of the residents.	0	0
8. Civil Penalties: Ensuring facilities protect the health, safety and personal rights of individuals in care, and are willing and able to maintain substantial compliance with CCL licensing laws and regulations. (Failure to do so subjects facilities to enforcement actions including civil penalties.) [This is a Quality Measure, however it is not included in the Overall Rating Score. Rather, the total amount of civil penalties earned serves as a stand alone measure and is displayed underneath the Overall Rating Score above.]		
9. Specialty Care: Ensuring that facilities provide safe and responsible specialty care (Dementia Care, Hospice Care, Bedridden Resident Care, Total Care and Prohibited Health Conditions).	1	-4
10. Basic Resident Care and Supervision: Ensuring that residents' basic needs and preferences are sufficiently documented and addressed.	0	0
11. Medical Needs and Responsiveness: Ensuring facilities provide adequate and prompt medical attention within the scope of the license.	0	0
Total Objective Point Score = (100 - QM-Weighted Demerits)		**96**
Customer Satisfaction Surveys: This facility has received 2 Customer Satisfaction Surveys and has received the average score of:		**100**
Mystery Shopper: This facility has received 1 Mystery Shopper Survey within the last 12 months and has received the score of:		**100**

APPENDIX B
Rating Test Results with Simulated Subjective Components using RRS 1.0 on 68 Exemplar Facilities
SIMULATED Subjective Components are also provided to show the effect of High, Medium or Low scores on the Objective Data Score

All scores reflect RRS 1.0 DEMERIT scores subtracted from 100

Strata 1: [1 - 6 bed capacity facilities]

BLIND	RRS 1.0	Customer Satisfaction/Peer Review Team 80/10/10		
		LOW	Med	HI
1.125	***35.67***	35.5	42.0	48.5
1.111	***57.33***	52.9	59.4	65.9
1.120	***78.00***	69.4	75.9	82.4
1.124	***80.00***	71.0	77.5	84.0
1.552	***85.33***	75.3	81.8	88.3
1.129	***86.00***	75.8	82.3	88.8
1.561	***87.33***	76.9	83.4	89.9
1.132	***88.00***	77.4	83.9	90.4
1.116	***99.33***	86.5	93.0	99.5
1.112	***100***	87.0	93.5	100.0
1.115	***100***	87.0	93.5	100.0
1.117	***100***	87.0	93.5	100.0
1.122	***100***	87.0	93.5	100.0
1.138	***100***	87.0	93.5	100.0
1.142	***100***	87.0	93.5	100.0
1.149	***100***	87.0	93.5	100.0

Strata 2: [7 – 14 bed capacity facilities]

BLIND	RRS 1.0	Customer Satisfaction/Peer Review Team 80/10/10		
		LOW	Med	HI
2.147	***54.33***	50.5	57.0	63.5
2.236	***59.00***	54.2	60.7	67.2
2.246	***82.33***	72.9	79.4	85.9
2.239	***79.33***	70.5	77.0	83.5
2.223	***82.67***	73.1	79.6	86.1
2.231	***84.00***	74.2	80.7	87.2
2.262	***85.33***	75.3	81.8	88.3
2.265	***96.00***	83.8	90.3	96.8
2.254	***94.33***	82.5	89.0	95.5
2.24	***100.00***	87.0	93.5	100.0
2.261	***100.00***	87.0	93.5	100.0
2.263	***100.00***	87.0	93.5	100.0
2.264	***100.00***	87.0	93.5	100.0

Strata 3: [15 – 49 bed capacity facilities]

BLIND	RRS 1.0	Customer Satisfaction/Peer Review Team 80/10/10		
		LOW	Med	HI
3.337	***19.67***	22.7	29.2	35.7
3.330	***52.67***	49.1	55.6	62.1
3.334	***65.33***	59.3	65.8	72.3
3.328	***70.67***	63.5	70.0	76.5
3.351	***77.33***	68.9	75.4	81.9
3.365	***87.67***	77.1	83.6	90.1
3.333	***87.33***	76.9	83.4	89.9
3.321	***90.00***	79.0	85.5	92.0
3.366	***92.00***	80.6	87.1	93.6
3.312	***100.00***	87.0	93.5	100.0
3.329	***100.00***	87.0	93.5	100.0
3.339	***100.00***	87.0	93.5	100.0
3.343	***100.00***	87.0	93.5	100.0

Strata 4: [50 – 99 bed capacity facilities]

BLIND	RRS 1.0	Customer Satisfaction/Peer Review Team 80/10/10		
		LOW	Med	HI
4.457	***3.00***	9.4	15.9	22.4
4.440	***77.33***	68.9	75.4	81.9
4.448	***84.00***	74.2	80.7	87.2
4.418	***84.67***	74.7	81.2	87.7
4.430	***88.67***	77.9	84.4	90.9
4.454	***90.00***	79.0	85.5	92.0
4.453	***92.67***	81.1	87.6	94.1
4.450	***94.00***	82.2	88.7	95.2
4.413	***100.00***	87.0	93.5	100.0
4.441	***100.00***	87.0	93.5	100.0
4.459	***100.00***	87.0	93.5	100.0

Strata 5: 100+ facilities

BLIND	RRS 1.0
5.535	***44.67***
5.562	***81.67***
5.544	***80.00***
5.527	***85.00***
5.545	***84.00***
5.551	***86.67***
5.552	***86.67***
5.556	***86.00***
5.561	***95.33***
5.547	***96.00***
5.558	***96.00***
5.526	***98.00***
5.548	***100.00***
5.557	***100.00***
5.560	***100.00***

Customer Satisfaction/Peer Review Team 80/10/10		
LOW	Med	HI
42.7	49.2	55.7
72.3	78.8	85.3
71.0	77.5	84.0
75.0	81.5	88.0
74.2	80.7	87.2
76.3	82.8	89.3
76.3	82.8	89.3
75.8	82.3	88.8
83.3	89.8	96.3
83.8	90.3	96.8
83.8	90.3	96.8
85.4	91.9	98.4
87.0	93.5	100.0
87.0	93.5	100.0
87.0	93.5	100.0

Simulated Static Scores

	CS	IRT(MY)
Low	20	50
Med	60	75
Hi	100	100

APPENDIX C
Kruskal-Wallis Analysis Results, CASES 1 - 7
Hypothesis Test Summary

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of CASE_2 is the same across categories of FACILITYRE.	Independent-Samples Kruskal-Wallis Test	.751	Retain the null hypothesis.
2	The distribution of CASE_3 is the same across categories of FACILITYRE.	Independent-Samples Kruskal-Wallis Test	.751	Retain the null hypothesis.
3	The distribution of CASE_1 is the same across categories of FACILITYRE.	Independent-Samples Kruskal-Wallis Test	.788	Retain the null hypothesis.
4	The distribution of CASE_4 is the same across categories of FACILITYRE.	Independent-Samples Kruskal-Wallis Test	.913	Retain the null hypothesis.
5	The distribution of CASE_5 is the same across categories of FACILITYRE.	Independent-Samples Kruskal-Wallis Test	.949	Retain the null hypothesis.
6	The distribution of CASE_6 is the same across categories of FACILITYRE.	Independent-Samples Kruskal-Wallis Test	.939	Retain the null hypothesis.
7	The distribution of CASE_7 is the same across categories of FACILITYRE.	Independent-Samples Kruskal-Wallis Test	.916	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.