



## **ADVISORY BOARD ON NURSING HOME OVERSIGHT AND ACCOUNTABILITY**

### **Draft Work Stream Recommendations**

The Advisory Board on Nursing Home Oversight and Accountability organized into three work streams and developed proposed recommendations to enhance oversight, transparency, and accountability in nursing homes across the Commonwealth. These recommendations draw on research, and perspectives from administrators, community members and agencies. They outline practical steps to close data gaps, and improve care and support for nursing home residents, and their families. Proposed recommendations by work stream are listed below.

#### ***1. Work Stream One: Quality of Care Data Initiatives***

##### **a. Accountability & Transparency**

- i. Strengthen ownership disclosure and improve oversight of ownership changes.
- ii. Require a vetting process for any nursing home sale or transfer of ownership when the prospective buyer has ownership or management ties to facilities with a documented history of serious deficiencies.
- iii. Expand current cost reporting mechanisms to respond to private equity purchases.
- iv. Expand the authority of the Virginia Department of Health (VDH) to deny purchases or act where an owner has a pattern of poor performance.
- v. Fully fund the Long-Term Care Ombudsman Program to support effective resident advocacy.

##### **b. Quality & Workforce Capacity**

- i. Develop a statewide Certified Nursing Assistant (CNA) and preceptor program.
- ii. Investigate the feasibility of rewarding high-performing nursing facilities with streamlined inspections.
- iii. Increase visibility for low-performing facilities and more in-depth reviews.
- iv. Establish a whistleblower policy for facilities that are not adhering to unannounced inspection protocols.

##### **c. Community Transition & Support**

- i. Reinstate Section Q or Money Follows the Person training (Q/MFP).
- ii. Expand funding for community-based alternatives to nursing facilities.
- iii. Encourage collaborative inspections.
- iv. Enhance family involvement while minimizing administrative burden.

#### **Additional Considerations:**

- Being mindful that additional administrative requirements can divert time away from patient care, particularly in facilities/communities that are already understaffed.

- Inspections should be conducted in a more collaborative and supportive manner.
- Additionally, family involvement should be increased, and greater recognition should be given to the decision-making authority of family members.

## **2. *Work Stream Two: System and Processes***

### **a. Strengthen and Expand Nursing Home Informational Portal**

- i. Launch the VDH complaint portal for stakeholders to register formal complaints.
- ii. Strengthen and expand the CNA training programs that nursing facilities already have in place (i.e., “Train Your Own” programs for CNAs).
- iii. Increase cross-agency data sharing to improve oversight, coordination, and service delivery for nursing homes. (VDH, DMAS, Department of Social Services, Department of Aging and Rehabilitative Services, & Department of Health Professions).
- iv. Create a portal linking the VDH website more prominently to the publicly available data through CMS, making currently available data more accessible. Ensure that accurate CMS data is utilized so that the data is updated with real-time accuracy.

## **3. *Work Stream Three: Family and Resident Engagement/ Advocacy***

### **a. Strengthen Resident Advocacy & Ombudsman Services**

- i. Fully fund the State Long-Term Care Ombudsman Program.
- ii. Establish requirements that hospitals provide nursing home discharge options based on quality ratings.
- iii. Ensure that hospital social workers and case managers provide patients and families with education, quality ratings, and a full explanation of all post-discharge care options, including at-home care.
- iv. Include comprehensive quality content in the mandatory training provided by the Department of Medical Assistance Services (DMAS) and incorporate guidance in the DMAS-97 screening process for long-term services and supports.
- v. Improve staffing ratios by:
  - 1. Adjusting for more saturation (e.g., geography-based)
  - 2. Adjusting for the increase in the aging population
  - 3. Providing coverage for HCBS
  - 4. Increasing access and understanding of available services.

### **b. Establish a Resident Navigation Program**

- i. Create a navigator role within the Area Agencies on Aging (AAAs), the Long-Term Care Ombudsman Program, or Managed Care Organizations (MCOs), to guide residents and families through care options and concerns.

### **c. Enhance Resident Rights & Information Access**

- i. Launch a statewide awareness campaign on nursing home resident rights and available resources supported by a user-friendly dashboard tailored to different audiences (e.g., discharge planners, family members, residents, long-term care ombudsmen, etc.).
- ii. Develop and provide educational resources alongside a campaign to inform individuals of their rights.
- iii. Provide a handbook with resources (e.g., contact directory, agency guides).
- iv. Create universal one-page guides that provide key information about nursing homes (e.g., including quality ratings, available services, resident rights, and points of contact for families and caregivers).
- v. Utilize and expand on the Virginia Department of Health dashboard to include the above-noted information.

### **Garden Plot Recommendations**

- Develop partnerships between nursing homes, institutions of higher education, and local high schools to create collaborative programs that support workforce development, training opportunities, and long-term career pathways in nursing facilities.