

DRAFT - NOT APPROVED

**Nursing Home Oversight Advisory Panel
September 30th, 2026, 1:00 pm
Office of the Chief Medical Examiner, Room 2830**

Members Present: Brad Dalton, Claire Morris, Corie Tilman Wolf, Dr. Cameron Webb, Donna Shaw, Emily Hardy, Jared Calfer, Joani Latimer, Joanna Heiskill, John Becker, Steve Ford, Karen Kimsey, Tracey Pompey

Members Absent: Carla Hesseltine

Virginia Department of Health (VDH) Staff Present: April Dovel, Director of the Office of Licensure and Certification (OLC); Dr. Cameron Webb, State Health Commissioner, Charlotte Fajardo, Executive Assistant; Geoff Garner, Policy Analyst, Senior; Jim Jenkins, Deputy Director of OLC; Joeseph Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Katie Stephens, Commissioner Spokesperson & Communications Specialist; Maria Reppas, Director of the Office of Communications; Suja Mathew, Policy Analyst.

Department of Medical Assistance Services (DMAS) Staff Present: Andrew Mitchell, Division Director for Payment Innovation and Program Evaluation; Kylee Toland, External Communications and Digital Engagement Manager; Steve Ford, Director; Tammy Whitlock, Deputy Director of Complex Care Services.

Other notable attendees: The Honorable Marvin Figueroa, Secretary of Health and Human Resources (SHHR); Deputy Secretary Lauryn Walker, SHHR, Delegate Rodney Willett, District 58.

Call to Order

Secretary Figueroa called the meeting to order at 1:11pm.

Introduction

Secretary Figueroa welcomed those in attendance at the meeting. He emphasized a shift to a "One HHR" (Health and Human Resources) model, ensuring that sister agencies—the Virginia Department of Health (VDH), the Department of Medical Assistance Services (DMAS), and the Department for Aging and Rehabilitative Services (DARS)—operate in lockstep rather than in silos.

Dr. Webb introduced himself as Co-Chair to the panel and welcomed those in attendance. Steve Ford, director of DMAS, introduced himself as Co-Chair to the panel.

Review of Agenda

Dr. Webb reviewed the agenda and the items contained in the Panels folder.

Approval of minutes

Motion by was made to approve July 28th, 2026 minutes. It was seconded by Donna Shaw and voted unanimously in favor of the draft minutes to be approved with no additions or changes.

Public Comment Period

There were 7 people who signed up for public comment period.
Public Comment Period; Closed at 1:40PM

Jim Sherlock highlighted that many nursing homes in the Commonwealth that based on his research, every single nursing home with a quality problem is operated by out-of-state, for-profit chains, including Medical Facilities of America, Eastern Health Care, Marquis, and Hill Valley. He emphasized how these four chains formed their own political action committee and indicated that their large expenditure on lobbying suggests a prioritization of management fees and related-party financial transactions over the safety and needs of residents. He suggested holding the next session at a nursing facility he visited for panel members to understand why this facility is rated by CMS as the worst.

Letitia Edwards shared her personal experience with a nursing home facility where her mother is a current resident. Due to the lack of staffing, she shared that despite her working full-time and having a family of her own, she is compelled to be at the nursing facility daily. She said that this nursing facility had only one CNA available per ward. She urged the panel to committee to come up with solutions to increase staffing and reduce the high turnover ratio.

Janet Payne shared that she is advocating for nursing home change and has shared her personal experience with the panel in the past. Her comment this time was to ask the panel to clarify what actions are currently underway to implement the changes discussed and what people can expect in the future. She expressed confidence in the team's ability to achieve the goals and encouraged them to continue their efforts and maintain momentum

Kaye Carrithers requested that the panel broaden its outreach efforts to ensure wider public awareness of the NHAOP meetings.

Tameka Coley shared that she is a certified nursing assistant and previously worked in a nursing home, but her experiences there have led her to conclude that she would not consider returning to work in that setting. She urged the panel to consider changing the low staffing ratios.

Dr. Webb expressed appreciation to those who provided comments during the public comment period and closed the public comment period.

Regulatory Enforcement Update

April Dovel, Director of the Office of Licensure and Certification at VDH presented on the Regulatory Enforcement Update and highlighted continued progress across all three phases of the Oversight Plan, emphasizing improvements in operational stability, enforcement consistency, and system modernization. Phase 1 reported ongoing reduction of the recertification backlog and strengthened integration of complaint investigations into routine surveys, supported by productivity metrics and contracted survey capacity. In Phase 2, VDH finalized and implemented the Sanctions Guidance Document on September 28, 2026, following stakeholder feedback and internal review, resulting in standardized enforcement criteria based on severity, scope, resident impact, compliance history, and corrective action. The guidance does not create new requirements or mandatory enforcement levels, nor does it limit VDH's or

the State Health Commissioner's authority under existing law. Sanctions will be imposed in accordance with the provisions of the Regulations for Licensure of Nursing Facilities, the Virginia Administrative Process Act, and other applicable provisions of the Code of Virginia. The update also detailed VDH's structured enforcement process evidence review, evaluation, notice of intent, appeals, and final case decision and outlined plans for increased transparency through public dashboards displaying sanctions, inspection results, timeliness measures, and complaint outcomes.

Concerns discussed included recurring deficiencies, unresolved noncompliance, and serious resident-safety incidents that may prompt higher-level sanctions. Notable action items included implementing the sanctions guidance without revisions, advancing the interagency agreement with DMAS, DARS, DHP, and DSS to guide coordinated responses, and preparing new public reporting dashboards to improve accessibility of oversight information. Progress was also noted in Phase 3 initiatives, including development of updated training models, standardized onboarding, and enhancements to data and technology infrastructure to support sustained performance and improved regulatory consistency across regions. A critical drawback identified is the lack of Summary Sanction Authority. Currently, VDH cannot immediately shut down egregious facilities. The administrative process allows facilities to operate during lengthy appeals. Panel members and the Commissioner noted that the General Assembly must grant this swifter authority to protect residents in immediate jeopardy.

Nursing Facility Program Updates

Andrew Mitchell Division Director for Payment Innovation and Program Evaluation presented a Nursing Facility Value-Based Payment (VBP) update. The Value-Based Purchasing Program, an incentive initiative beginning its SFY 28 measurement period in October 2026, will base payments on national benchmarks and two staffing measures. While overall weighting remains largely unchanged, updated nurse staffing expectations will allow facilities slightly below national averages to receive partial funding as they make improvements. The program continues to build on the existing framework and further aligns Virginia's performance in comparison with other states.

Tammy Whitlock Deputy Director of Complex Care and Services presented on Nursing Facility Medicaid Membership. She presented that CMS approved the fifth NFQIP training on English Language Learner Supports, and the first Ethical Decision-Making webinar is scheduled for October 1.

DMAS will offer both training courses to certified nurse assistants. Under the Civil Money Penalty Reinvestment Program (CMPRP), three new projects: Dementia training, Life Skills activity stations, and strength and mindfulness activities for fall prevention are entering contracting and onboarding, with two additional applications awaiting CMS determination.

CMS vendors will begin piloting the Nursing Home Staffing Campaign in North Carolina and Colorado, and DMAS is preparing fund transfers for financial incentives. DMAS is also enhancing oversight through expanded data sharing across MCOs, PACE, NFs, and state partners, including collaboration with VDH, Preadmission Screening and Resident Review (PASRR) integration, streamlined data exchange with DBHDS, additional MDS sharing with MCOs, and use of population intelligence to support timely member placements aligned with facility capacity.

Industry Approach to Quality Improvement at the Facility Level

John Becker, Leading Age Virginia and Chief Operating Officer & Executive Vice President of Williamsburg Landing informed the panel that LeadingAge represents over a hundred and twenty non-for-profit providers serving Virginians across the Commonwealth and including nursing homes. He explained that the overarching goal is to foster an environment in which nursing homes feel comfortable seeking assistance proactively. He emphasized that the foremost consideration must always be whether residents are at risk, and when such risk is present, immediate action is required to ensure their safety and address their needs. He clarified that LeadingAge does not replace VDH or any other regulatory processes. When no immediate risk is identified, the focus shifts to identifying opportunities for improvement. He noted that LeadingAge aims to provide a trusted, non-regulatory setting where members can openly discuss challenges, and where the organization can listen, assess, and help connect them with appropriate resources to support improvement efforts.

April Payne, Chief Quality and Regulatory Affairs Officer of Virginia Health Care Association noted that the organization represents 97% of nursing homes in Virginia and 99% of Medicaid beds. Their role is to serve as a bridge between members and the state, including regulatory bodies, to support member success. She explained that the association's VPC program, payment for services committee, and quality and regulatory committee review new regulations and proposed legislation to provide holistic feedback to policymakers. She emphasized that education remains a core priority. She stated that the organization is committed to supporting meaningful change and has focused on using data to respond to significant concerns, including complaints and grievances. In response, they have worked with members and their board to strengthen grievance processes and adopted a standardized workforce and frontline reporting tool used nationally

Discussion and Next Steps

Karen Kimsey assisted in facilitation the discussion. She noted that public comments reflect a recurring concern that stakeholders feel they must repeat the same issues, though some movement is now evident. Feedback gathered during the discussion is being incorporated into key priority areas moving forward. These priorities include strengthening staff recruitment and retention, protecting individuals who report unsafe care, improving oversight and ensuring the preservation of reliable evidence, aligning funding with corporate accountability, and supporting person-centered decision-making in long-term care. She also acknowledged ongoing concerns regarding survey timeliness and the potential need for the state to have greater authority to act more quickly when issues arise.

She further emphasized the importance of transparency and cross-agency collaboration. Agencies are working to consolidate data and preparing dashboards to provide clearer insights into facility quality and performance. She referenced a theme that was brought up by a panel member which was the disconnect between the billions in public and private funding and the lack of basic resources at the bedside. The concerns raised about financial transparency include reports suggesting that some organizations may be paying themselves significantly more than service costs through complex structures. Efforts underway include improved data tracking by ownership and the development of publicly accessible dashboards.

The panel further explored non-regulatory avenues for improvement:

- **University Partnerships:** A partnership with the University of Richmond involves students in geriatrics, psychology, and agriculture visiting facilities for murals, gardening projects, and social engagement to reintegrate residents into the community.

- Family Councils: There is a strong push to mandate and protect Family Councils in every facility. Members noted that facility management often discourages these groups, yet they are vital for collective advocacy and transparent communication with the Ombudsman.

Adjourn:

The meeting was adjourned at 4:04 pm.

Responding to Oversight Committee Document Requests

1. In complying with this request, produce all responsive documents that are in your possession, custody, or control, whether held by you or your past or present agents, employees, and representatives acting on your behalf. Produce all documents that you have a legal right to obtain, that you have a right to copy, or to which you have access, as well as documents that you have placed in the temporary possession, custody, or control of any third party.
2. Requested documents, and all documents reasonably related to the requested documents, should not be destroyed, altered, removed, transferred, or otherwise made inaccessible to the Committee.
3. In the event that any entity, organization, or individual denoted in this request is or has been known by any name other than that herein denoted, the request shall be read also to include that alternative identification.
4. The Committee's preference is to receive documents in electronic form (i.e., CD, memory stick, thumb drive, or secure file transfer) in lieu of paper productions.
5. Documents produced in electronic format should be organized, identified, and indexed electronically.
6. Electronic document productions should be prepared according to the following standards:
 - a. The production should consist of single page Tagged Image File ("TIF"), files accompanied by a Concordance-format load file, an Opticon reference file, and a file defining the fields and character lengths of the load file.
 - b. Document numbers in the load file should match document Bates numbers and TIF file names.
 - c. If the production is completed through a series of multiple partial productions, field names and file order in all load files should match.
 - d. All electronic documents produced to the Committee should include the following fields of metadata specific to each document, and no modifications should be made to the original metadata:

BEGDOC, ENDDOC, TEXT, BEGATTACH, ENDATTACH, PAGECOUNT, CUSTODIAN, RECORDTYPE, DATE, TIME, SENTDATE, SENTTIME, BEGINDATE, BEGINTIME, ENDDATE, ENDTIME, AUTHOR, FROM, CC, TO, BCC, SUBJECT, TITLE, FILENAME, FILEEXT, FILESIZE, DATECREATED, TIMECREATED, DATELASTMOD, TIMELASTMOD,