Nursing Home Oversight Advisory Panel
Agenda
July 28, 2026 – 1:00 p.m.
Virginia Department of Health - Office of the Chief Medical Examiner
8850 Times Dispatch Boulevard, 2nd Floor
Mechanicsville, VA 23116

Welcome, Introductions and Opening Remarks	The Honorable Marvin Figueroa Secretary of Health and Human Resources Dr. Cameron Webb (co-chair) State Health Commissioner Steve Ford, Director (co-chair) Virginia Department of Medical Assistance Services
Charge to the Oversight Advisory Panel	Dr. Cameron Webb Steve Ford
Nursing Home Oversight – Overview and Update	April Dovel, Director Virginia Department of Health, Office of Licensure and Certification
Nursing Facility Program Updates	Andrew Mitchell, Division Director for Payment Innovation and Program Evaluation Virginia Department of Medical Assistance Services Tammy Whitlock, Deputy Director of Complex Care and Services Virginia Department of Medical Assistance Services
Public Comment	
Discussion and Next Steps	Advisory Panel Members
Adjourn	

VDH VIRGINIA DEPARTMENT OF HEALTH — Office of Licensure and Certification

Virginia Nursing Home Oversight Plan

Nursing Home Oversight Panel Binder Brief | PHASED FRAMEWORK · 2026–2027

BOTTOM LINE UP FRONT

OLC is moving from reactive backlog management to a disciplined, data-informed oversight model that reduces overdue recertifications, protects complaint response capacity, strengthens enforcement consistency, and builds sustainable long-term oversight capacity.

1. CURRENT STATE AT A GLANCE

- **291** nursing facilities in planning universe
- **170** outside the 15.9-month window
- **121** within the 15.9-month window
- **41.6%** currently within the 15.9-month window

Since January 2026:
overdue recertifications reduced from 214 to 170 — 44 fewer facilities, a 20.6% decrease.

Oldest backlog progress:
2021 facilities cleared.
2022 facilities cleared.

2. THREE-PHASE OVERSIGHT STRATEGY

Phase 1 | Immediate Stabilization & Path to 90% Standard-Due Performance

July 2026–January 2027

- Internal production
- HMS/ contractual survey support
- Dedicated complaint resources
- Workforce development
- Risk-based scheduling

Phase 1 is an operational reset focused on reducing overdue recertifications while protecting resident safety work.

KEY ENABLER: HMS supplemental capacity remains essential while internal staffing, training, and certification capacity continue to build.

Phase 2 | Enforcement Strategy, Engagement & System Alignment

May 2026–January 2027

- Standardized enforcement framework
- Clear escalation and sanctions guidance
- Provider, resident/family, and sister-agency engagement
- System alignment to inform oversight improvements

Phase 3 | Internal System Improvements

June 2026–February 2027

- Compressed training model
- Standardized onboarding
- Training modernization
- Quality assurance / quality improvement
- Data and technology roadmap
- Workforce sustainability

3. PERFORMANCE PATHWAY

GOAL: 90% STANDARD-DUE PERFORMANCE

1. Near-term workload: 193 recertifications
2. By Jan. 1, 2027: reduce due/past-due inventory to no more than 85 facilities
3. By June 30, 2027: reduce inventory to approximately 29 facilities
4. By Dec. 31, 2027: clear the current certification universe

4. HOW SUCCESS WILL BE MEASURED

- More facilities move into the standard-due window
- High-priority complaint response timeframes are protected
- Enforcement actions are more consistent across regions
- Staff readiness, survey quality, and data visibility improve

Resident health, safety, and quality of care remain the central priority.

Source: July 2026 iQIES Certifications Due by Facility extract, adjusted to reflect one final 2022 survey completed this week and pending entry into iQIES.

VDH VIRGINIA DEPARTMENT OF HEALTH

Nursing Home Oversight

Moving Toward: Operational Excellence • Restoring Public Trust • Health Equity

Briefing for the Nursing Home Oversight Advisory Panel
July 28, 2026
April Dovel, Director of the Office of Licensure and Certification

Bottom line up front

OLC is moving from a reactive posture to a disciplined, data-informed oversight model.

What the LTC team does

1. **License & certify**
   Maintain the state and federal oversight role for nursing facilities.
2. **Survey, inspect, and investigate**
   Conduct recertifications, state inspections, complaint-focused investigations, and revisits.
3. **Document findings**
   Document defensible survey findings on the CMS-2567 form.
4. **Enforce accountability**
   Use consistent escalation when patterns, harm, or failure to correct occur.
5. **Improve the system**
   Use data, training, engagement, and QA/QI to sustain performance.

How the work flows: surveys + complaints are connected

Complaints inform surveys. Surveys inform follow-up.

Why this matters

45-day complaints are often incorporated into the survey process. That reduces duplicative onsite activity but adds scope, documentation, and scheduling complexity to recertification work.

Complaint and intake pressure remains significant

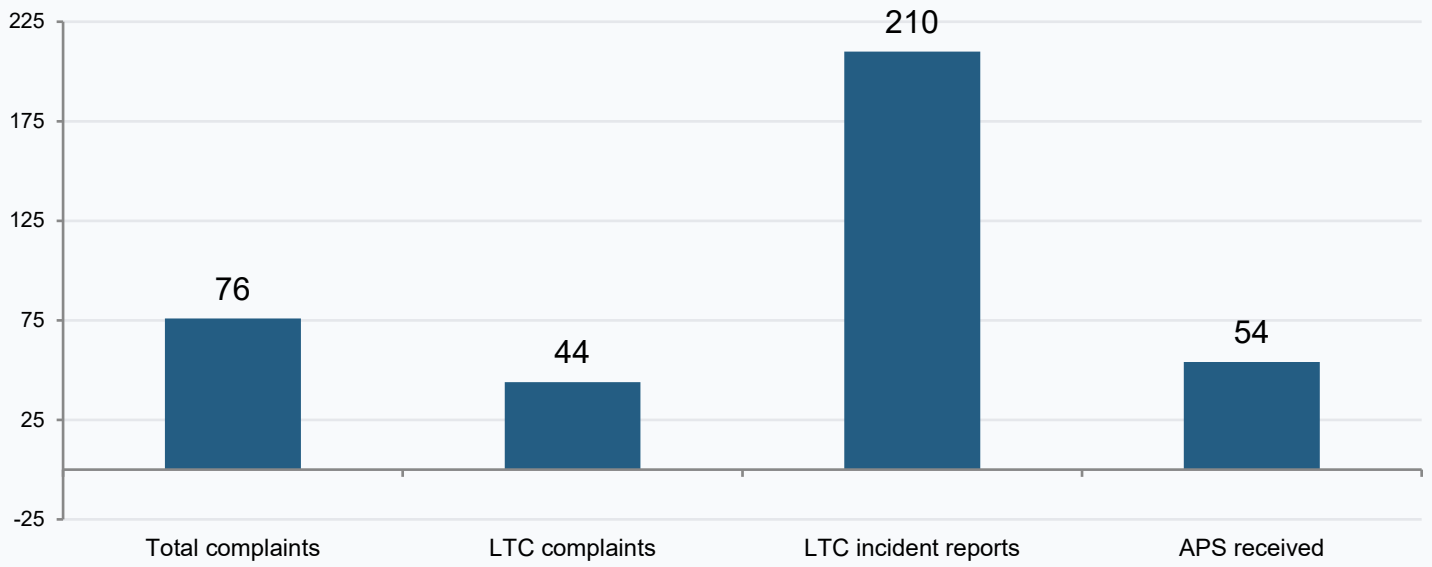
119
calls received / returned

76
total complaints received
1,434 YTD

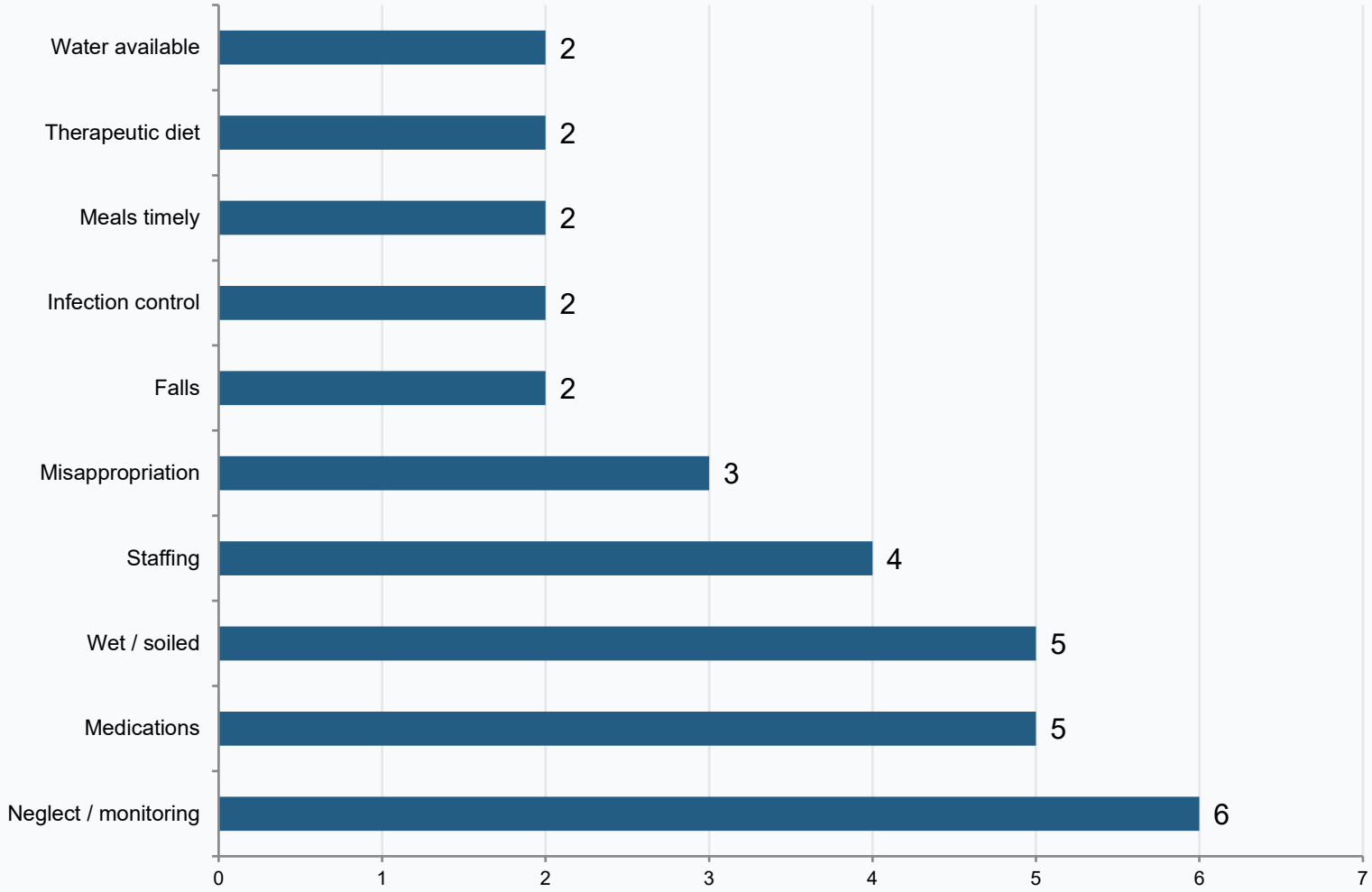
44 (11 admin. closures)
LTC complaints received
1,046 YTD

210
LTC incident reports
6,091 YTD

54
APS received
1,778 YTD



What residents and families are reporting



Trend signal

- Resident monitoring and neglect
- Basic care and dignity
- Medication administration
- Environmental and operational issues

Allegations only — not substantiated findings.

Why the current recertification workload is more complex

Survey volume alone does not reflect the full scope of the work.

1. Older survey inventory

Some facilities have not had a comprehensive health survey in a significant period of time.

2. Attached complaint workload

45-day complaints are often incorporated into recertification surveys, expanding the onsite and documentation burden.

Recertification Survey Work

3. Severity and scope of findings

Surveyors must assess whether issues are isolated or systemic and whether harm or risk is present.

4. Post-survey follow-up

Documentation, deficiency review, enforcement coordination, and revisits add substantial work after the onsite survey ends.

Why this matters

Production cannot be measured only by the number of surveys completed. OLC must also account for complaint complexity, survey age, severity of findings, and post-survey workload.

What this means for the future state

This complexity is why OLC is building dedicated complaint analysts and complaint investigators — to improve triage, strengthen complaint response, and protect recertification capacity.

Current state

Today, the same recertification team competes recertification surveys, revisits, and complaint investigations.

Result: survey capacity is shared across both workstreams.

Future state

Future-state OLC will protect recertification capacity by creating dedicated complaint investigation teams.

Result: stronger complaint response and more protected survey capacity.

Complaint analysts

- 6 analysts
- Aligned to the regional structure
- Support timely triage
- Work with LTC supervisors to identify complaint and community trends

Complaint investigators

- 7 investigators
- 1 investigator per region
- 1 floating investigator shared between East Central and Tidewater
- Focus on complaint investigations

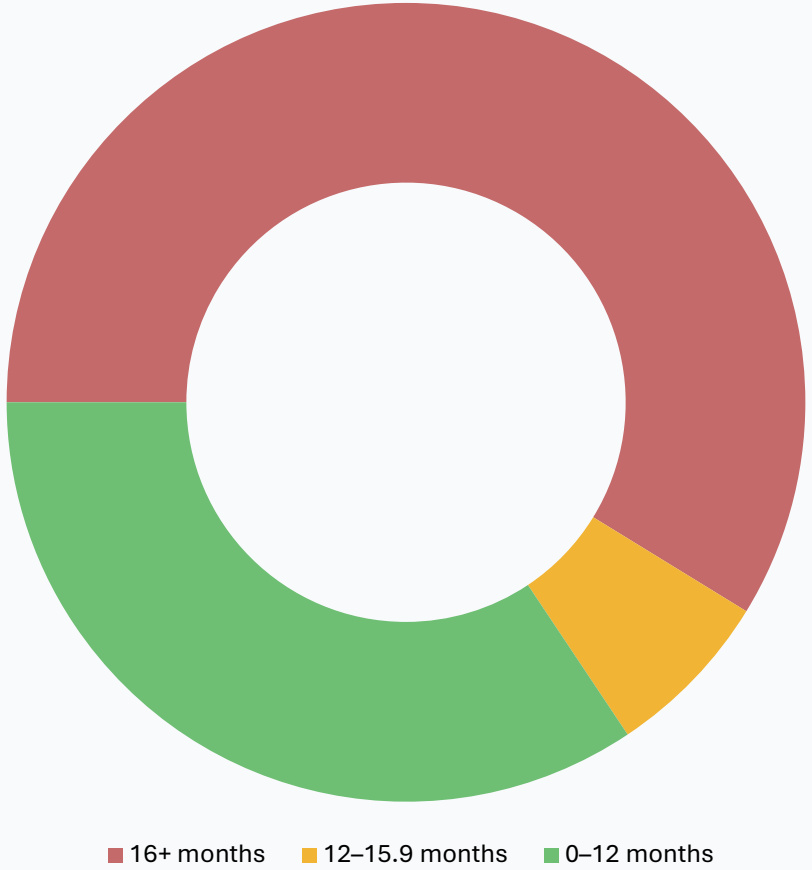
Minimum qualification

- Complaint investigators must be SMQT certified
- Minimum of 1 year post-certification experience

The goal is a more disciplined oversight model: timely triage, dedicated complaint response, better trend visibility, and protected recertification capacity.

Where we are NOW and where we are going...

Current recertification picture



291
planning universe

170
16+ months
58.8% outside window

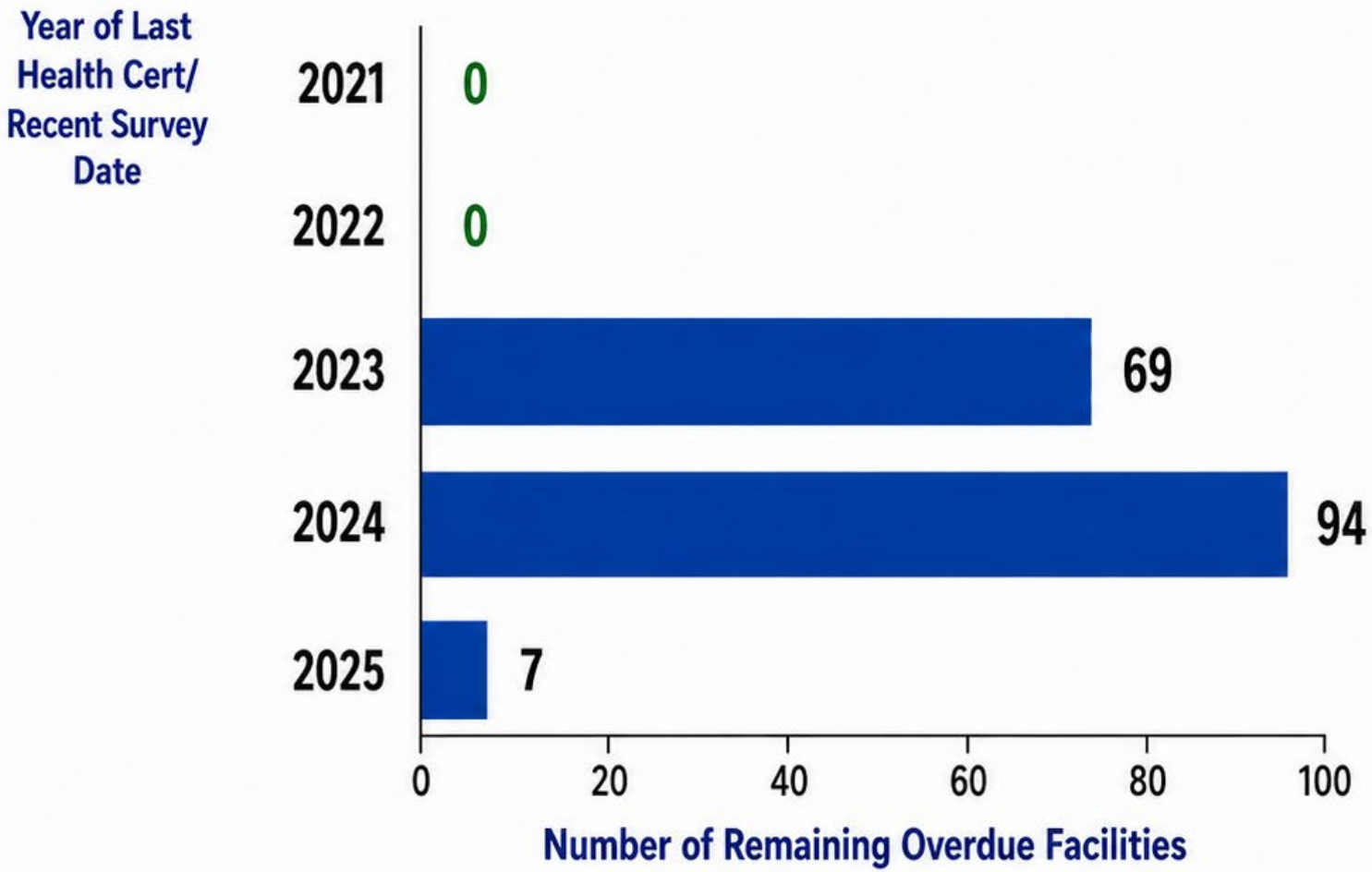
121
within 15.9 months
41.2% of facilities

The current iQIES extract shows 291 nursing facility records. The immediate task is to reduce the 16+ month group while preventing the near-due group from growing into a new backlog.

The goal is not simply to catch up — it is to build a sustainable recertification cycle.

Clearing the Oldest Facilities from the Overdue List

Remaining Overdue Facilities by Last Health Survey Year



Oldest Backlog Progress

2021 FACILITIES REMAINING ON OVERDUE LIST | **0** ✓ Fully cleared

All 2021 facilities cleared off the list.

2022 FACILITIES REMAINING ON OVERDUE LIST | **0** ✓ Fully cleared

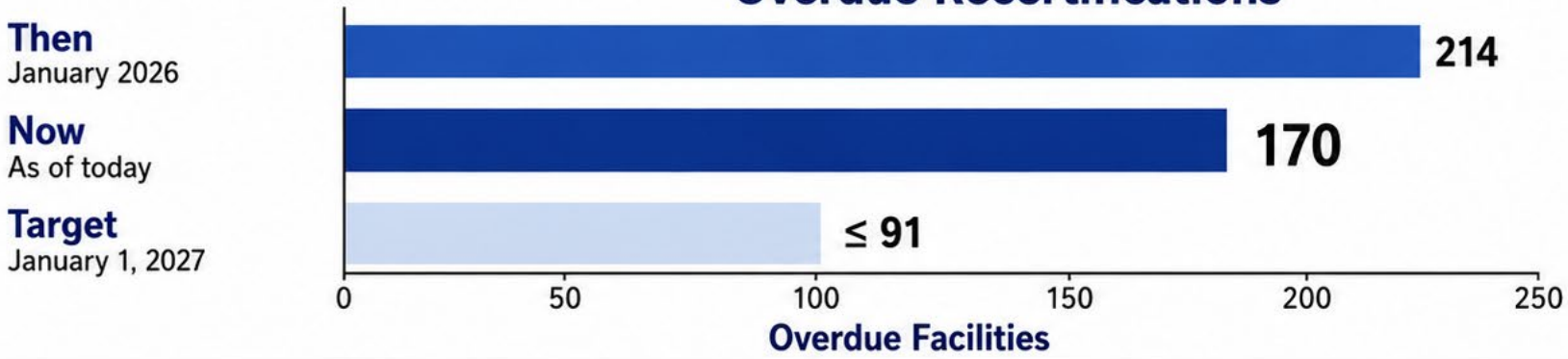
All 2022 facilities cleared off the list.

The remaining overdue inventory is now concentrated in more recent survey years.

Source of truth: Current-state values are based on the iQIES Certification Due by Facility extract.

Progress to Date: Moving Nursing Facility Recertifications Closer to the 15.9-Month Window

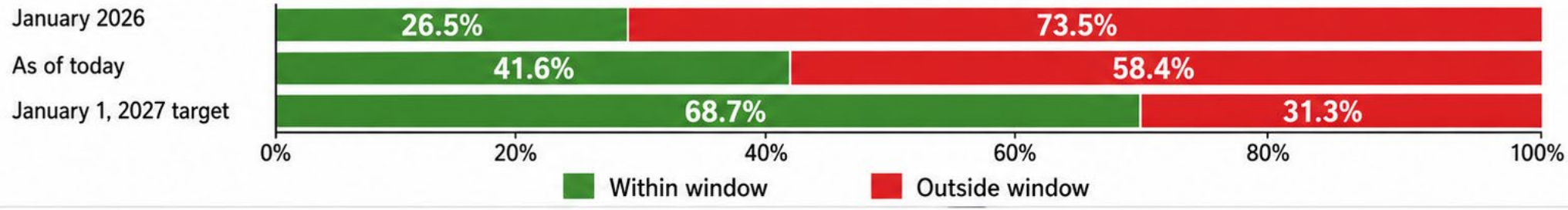
Overdue Recertifications



44 fewer overdue facilities since January 2026

20.6% decrease

Movement Toward the 15.9-Month Window



Source of truth: *Current-state values are based on the iQIES Certifications Due by Facility extract: 291 total facilities, 100 in 0–12 months, 21 in 12–15.9 months, and 170 in 16+ months.*

OLC has reduced overdue recertifications from 214 to 170, increased the share of facilities within the 15.9-month window to 41.6%, and continues moving toward a more predictable and sustainable recertification cycle.

Capacity model: Internal Production + HMS support (Contracted Survey Agency)

Internal

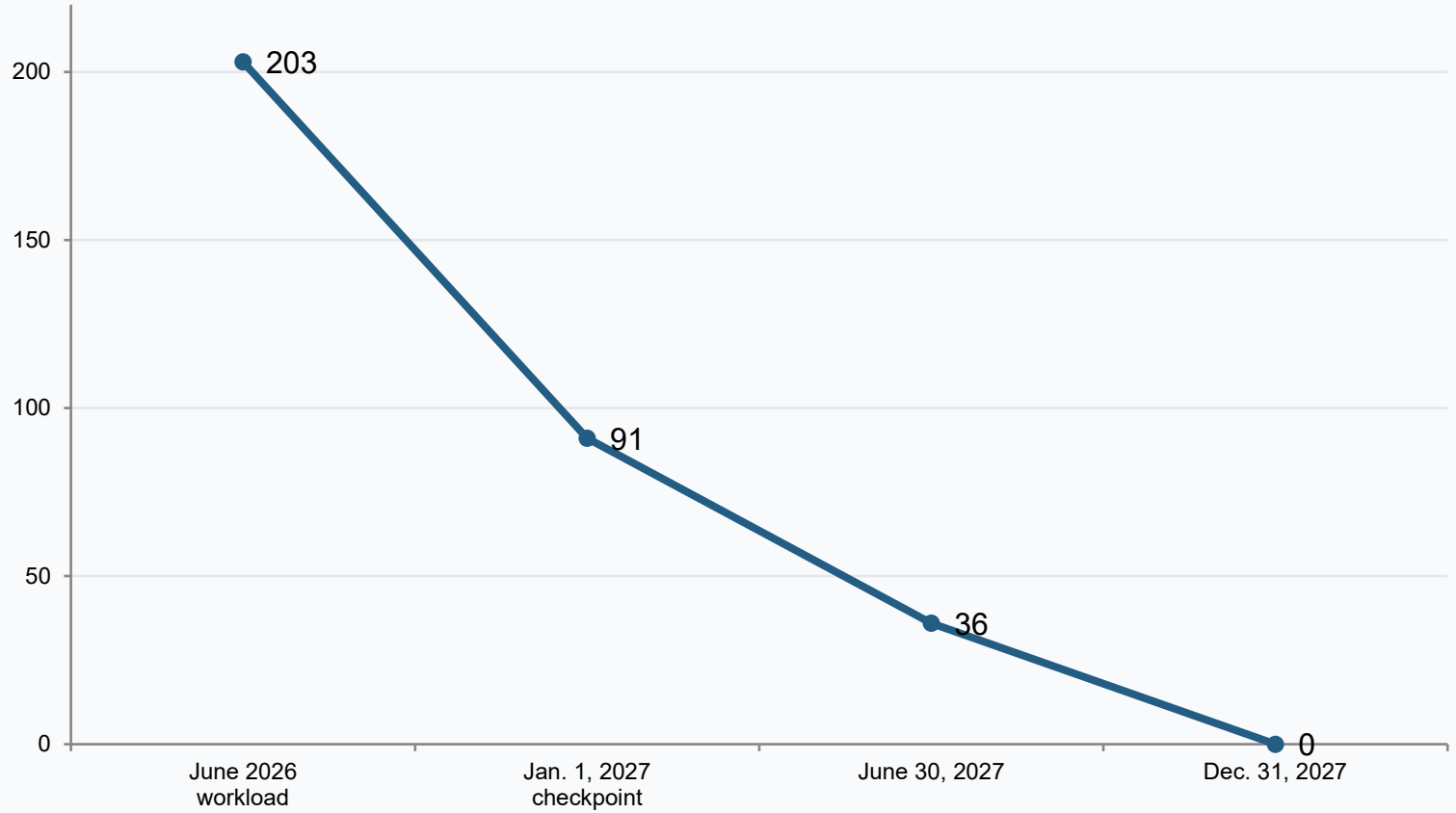
~12 -13/month

HMS

5–6/month

Combined target: approximately 18 recertifications per month through December 2026.

Production path through 2027



~18/mo

Jul–Dec 2026 target

Internal + HMS

~17/mo

Jan–Jun 2027 target

Continue reduction

0

clear current universe

By Dec. 31, 2027

Recruitment and Retention: Strengthening the MFI Workforce

Stabilizing staffing, rebuilding capacity, and supporting long-term retention

1 Workforce Context

- Natural attrition across MFI teams
- Staffing losses affect survey capacity
- Pressure on recertifications, complaints, revisits, and enforcement
- Retention is critical to sustainable oversight

2 Actions Underway

- New complaint investigator positions
- New complaint analyst positions
- $5,000 sign-on bonus
- 40 hours of leave incentive
- Recruitment contractor engaged
- Targeted hiring support for hard-to-fill roles

3 Retention and Workforce Supports

- Compressed SMQT pathway
- Structured onboarding and mentoring
- Ongoing training and professional development
- Clearer role expectations and support
- Focus on building consistency across teams

4 Additional Opportunities

- Stay interviews to identify retention risks
- Faster hiring and interview timelines
- School, licensure, and professional association pipelines
- Employee referral and outreach strategy
- Career ladder and advancement pathways
- Recognition, wellness, and workload supports

What This Supports

- **Stronger staffing stability**
- **Better survey coverage**
- **Faster complaint response**
- **Improved workforce readiness**
- **Greater long-term retention**

Focus: attract qualified candidates, retain experienced staff, and strengthen OLC's long-term oversight capacity.

How OLC Is Strengthening Nursing Home Oversight

Building stronger systems for accountability, quality, and resident protection.

1 Quality Oversight and Monitoring

- Nursing Home Oversight Plan
- Phased backlog reduction
- Production targets
- Weekly performance monitoring
- Risk-based scheduling
- QA, contractor support, escalation

2 Process Improvements Tied to Resident Outcomes

- Clearer enforcement protocols
- Focus on repeated deficiencies
- Address ongoing noncompliance
- Respond to uncorrected concerns
- Tie actions to resident impact

3 Reporting and Accountability Structures

- Weekly operational reporting
- Track recertification progress
- Monitor complaint activity
- Review staffing and contractor performance
- Flag barriers and diversions
- Prepare annual reporting

4 Oversight Capacity and Training

- Compressed SMQT pathway
- Standardized onboarding
- Mentoring and targeted cohorts
- Training on IJ and documentation
- Complaint and citation training
- Stronger enforcement readiness

5 System-Level Performance Improvement

- Internal workforce dashboard
- Track vacancies and hiring
- Monitor training and SMQT readiness
- Review regional staffing capacity
- Public-facing dashboards in development
- Improve transparency and decisions

What These Changes Support

- Greater transparency
- Stronger decision-making
- Earlier identification of risks
- Improved consistency across regions
- Clearer public view of progress and challenges

Progress on Key Regulatory Actions

Advancing the regulatory framework for nursing home oversight, accountability, and resident protection

1 HB 717 / SB 247

Change of Ownership and Operator Requirements

Key Action

- Integrate ownership and operator change requirements
- Extend oversight through ownership transitions
- Embed these requirements into the enforcement framework

Progress to Date

- Drafted regulations completed
- Moving through final reviews

2 SB 429

Quality Oversight, Care Planning, and Accountability

Key Actions

- Strengthen person-centered care planning (RAPOCs)
- Expand quality oversight and monitoring
- Tie process improvements to resident outcomes
- Establish reporting and accountability structures
- Strengthen staffing and training infrastructure
- Prioritize system-level performance improvement

Progress to Date

- Nursing Home Oversight Plan developed
- Weekly operational reporting in place
- Internal recruitment dashboard built
- Additional recruitment staff hired
- Oversight and training improvements underway

3 SB 535

Liability Insurance Coverage Requirements

Key Action

- Integrate liability insurance requirements into licensure oversight
- Ensure compliance with minimum coverage standards
- Embed these requirements into the enforcement framework

Progress to Date

- New regulations promulgated
- Implements Chapters 323, 505, and 944 of the 2026 Acts of Assembly

What This Supports

- Stronger oversight during ownership changes
- Clearer accountability and reporting
- Better workforce and system readiness
- Stronger licensure and enforcement protections

Operational Excellence: Build a disciplined system

Source of truth	iQIES extract and complaint portal metrics
Weekly operating rhythm	Production, HMS, complaints, staffing, barriers
Workforce readiness	SMQT cohorts, training, onboarding, mentoring
QA/QI loop	Documentation review, timeliness, citation consistency
Risk-based scheduling	Oldest work plus complaint and enforcement risk

Restoring Public Trust: Transparency + Accountability

Publish clear progress

Show where the work stands and what changed.

Standardize enforcement

Use consistent escalation, documentation, and review.
Enforcement Guidance Document

Improve engagement

Listen to residents, families, providers, advocates, and sister agencies.

Close the loop

Use complaint trends and enforcement patterns to drive prevention.

Trust grows when people can see the plan, understand the priorities, and observe follow-through.

Health Equity: Reliable oversight for every resident

Equity in oversight means the system can identify risk, respond consistently, and protect residents across regions, facility types, and communities.

✓ **Consistent triage**	Same allegation, same urgency standard.
✓ **Regional visibility**	Track workload and staffing by region.
✓ **Resident voice**	Use complaint themes and engagement to inform priorities.
✓ **Risk-informed deployment**	Send resources where resident risk and survey age are greatest.

PATH FORWARD

What the Panel can expect next

Progress checkpoints	Jan. 1, 2027; June 30, 2027; Dec. 31, 2027
System improvements & updates	training, onboarding, QA/QI, data infrastructure
Engagement loop	resident/family, provider, advocate, and cross-agency feedback

Success means a stable, transparent, accountable oversight model that protects residents and gives leaders earlier visibility into risk.

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Nursing Facility (NF) Value-Based Payment (VBP) Update
July 28, 2026

DMAS

Agenda

- SFY 26 payment results
- SFY 27 methodology updates
- General Assembly 2026 updates
- Future program directions – NF VBP Roadmap and Key Topic Workgroups

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NF VBP SFY26 (Program Year 4) Payment Results

- P4 performance held steady but changes to thresholds produced intended attainment changes for hospital-based measures (rebased in SFY 26)*
- Attainment remained high across all measures except for hospitalizations
- Pressure Ulcer performance declined slightly (due to rebasing in SFY 25)
- CMS did not include 30 NFs for claims-based measures (up from 25 in PY3 and 16 in PY 2) – measures retired for SFY 27

*4th quarter bed days were not proxied: DMAS calculated bed days based on MCO encounters/FFS claims with runout through December 2025

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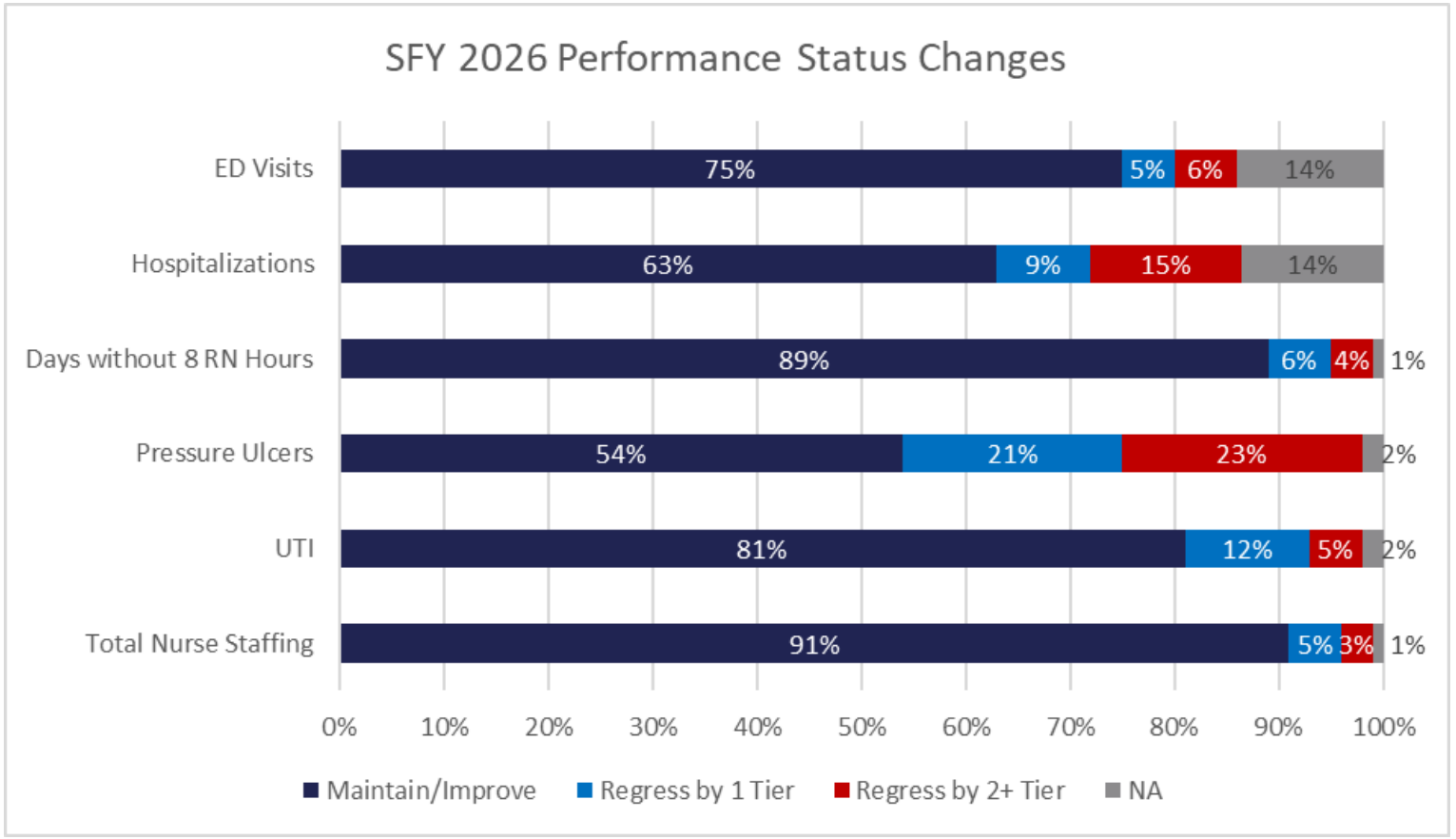
NF VBP SFY 26 (Program Year 4) Payment Results



- A majority attained or improved (or both) for most measures
- Fewer NFs attained/improved for hospitalizations and pressure ulcers
- Pressure ulcer measure affected by rebasing (more difficult)
- CMS data specifications excluded 14% of facilities from claims-based measures

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SFY27 Methodology Updates

Attainment payment framework (pending CMS approval)

- Builds on SFY26 attainment payment framework
- No penalty for NFs that improve numerically on a measure but drop tiers (if thresholds change from prior year)

Program eligibility exclusions

- VA's one (1) Special Focus Facility (SFF) and five (5) SFF candidates will be ineligible for payments
- SFF exclusion based on list published in CMS Provider Information dataset (published in October 2026)

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General Assembly 2026 updates

- NF VBP program's enabling language anticipated to be updated in 2026 Appropriations Act (Item 291.LLL.2)
- Key provisions:
  - SFF/SFF candidates ineligible for program payments
  - Facilities failing to meet quality standards shall not receive any enhanced payments
  - DMAS may require facilities to document how prior program payments were used to improve the quality of care for Medicaid members
  - DMAS shall conduct an annual comprehensive evaluation of the program

Draft NF VBP Program Guiding Principles

Gradually strengthen the linkage between national performance on program measures and Virginia Medicaid performance thresholds

Continually assess the appropriateness of program measures and alignment with the Medicare NF incentive program

Ensure that NFs eligible for program funding meet minimum safety and quality requirements

Increase MCO linkages to the program

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Draft NF VBP Program Goal and Program Modifications

Goal: Incentivize and reward Medicaid-enrolled NFs that invest in staff, infrastructure and quality improvement to improve Medicaid member outcomes and experiences

- DMAS envisions evolving multiple components of the program:
  - Focus measures on challenging areas for Virginia Medicaid NFs and those most likely to adversely impact member outcomes
  - Limit reliance on non-audited/self-reported measures
  - Balance incentives that prioritize payments to high-performing/high-Medicaid volume facilities while also providing opportunities for lower-performing/lower-volume Medicaid facilities

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Overview of Program Evolution over Next Four Years

- Attainment Payments: Calibrate rewards to national benchmarks
- Program Measures: Integrate member outcome measures into program
- Program Eligibility: Restrict program funding to facilities without substantive safety and quality problems
- MCO linkages to the program: Set the groundwork for increased MCO involvement in meeting NF VBP program goals

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Nursing Home Oversight Advisory Panel

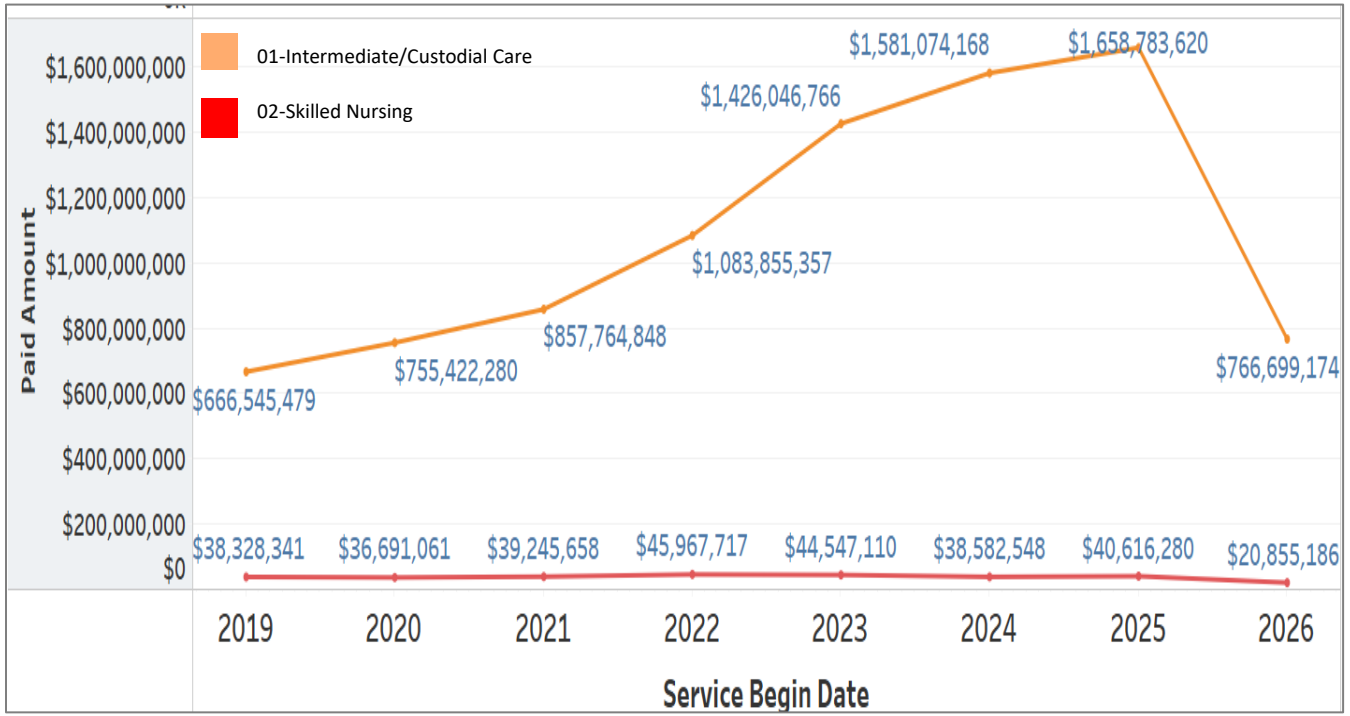
DMAS Updates

July 28, 2026

Nursing Facility Member Count and Expenditures: Trendline

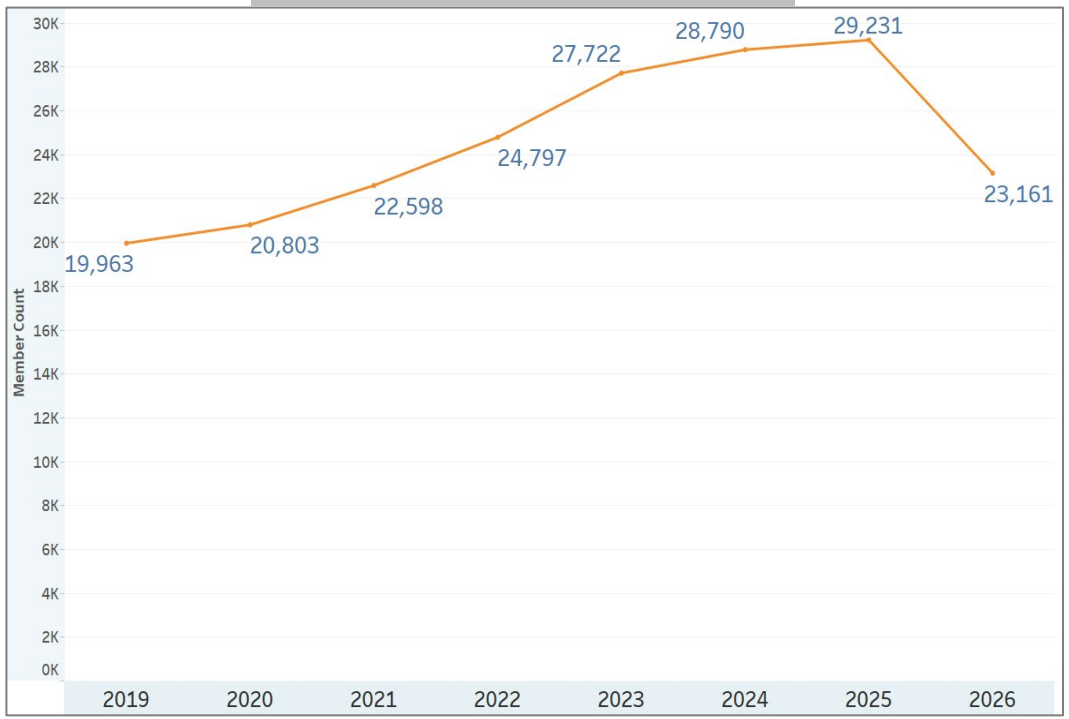
There are **19,061** Medicaid members in Nursing Facilities as of July 1, 2026

Paid Amount Trendline



Includes Claims Paid for members in Level of Care 01-Intermeidate/Custodial Care and 02- Skilled Nursing at the time of service. Bill Type included 021X and 022X

Member Count Trendline



Data reflects unique Medicaid members in Level of Care 01 Intermediate/Custodial and 02-Skilled Nursing with paid facility claims during the reporting period/calendar year

Nursing Facility (NF) Ownership

VA NF Ownership Landscape

Out of the 289 nursing Facilities in Virginia, **81%** of Nursing Facilities are For Profit Organizations, **16%** are Non-Profit and **3%** are government owned.

For Profit Performance

72% of the For-Profit NFs have an overall star rating of 3 or less and only **28%** of these For-Profit NFs have an overall star rating of 4 or 5.

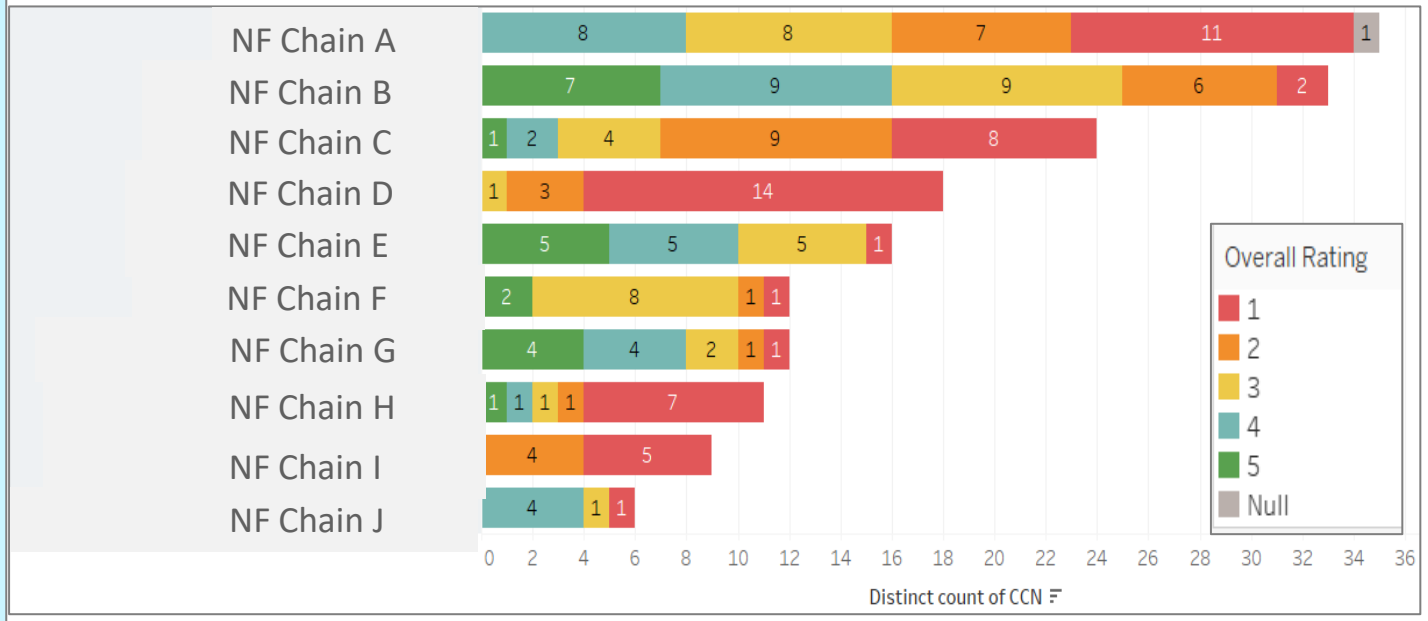
Medicaid Member Distribution by Ownership Type

88% of the ~19K Medicaid members currently are in NFs owned by For-Profit organizations.

46% of the *total* Medicaid members currently in NFs are in NFs owned by For Profit Organizations ***with*** overall star rating of 1 or 2.

Top 10 Nursing Facility Chain Names

61% of NFs in Virginia are owned by these 10 Chains. Out of the 176 NFs owned by these 10 Chains, 47% of the NFs have a star rating of 1 or 2.



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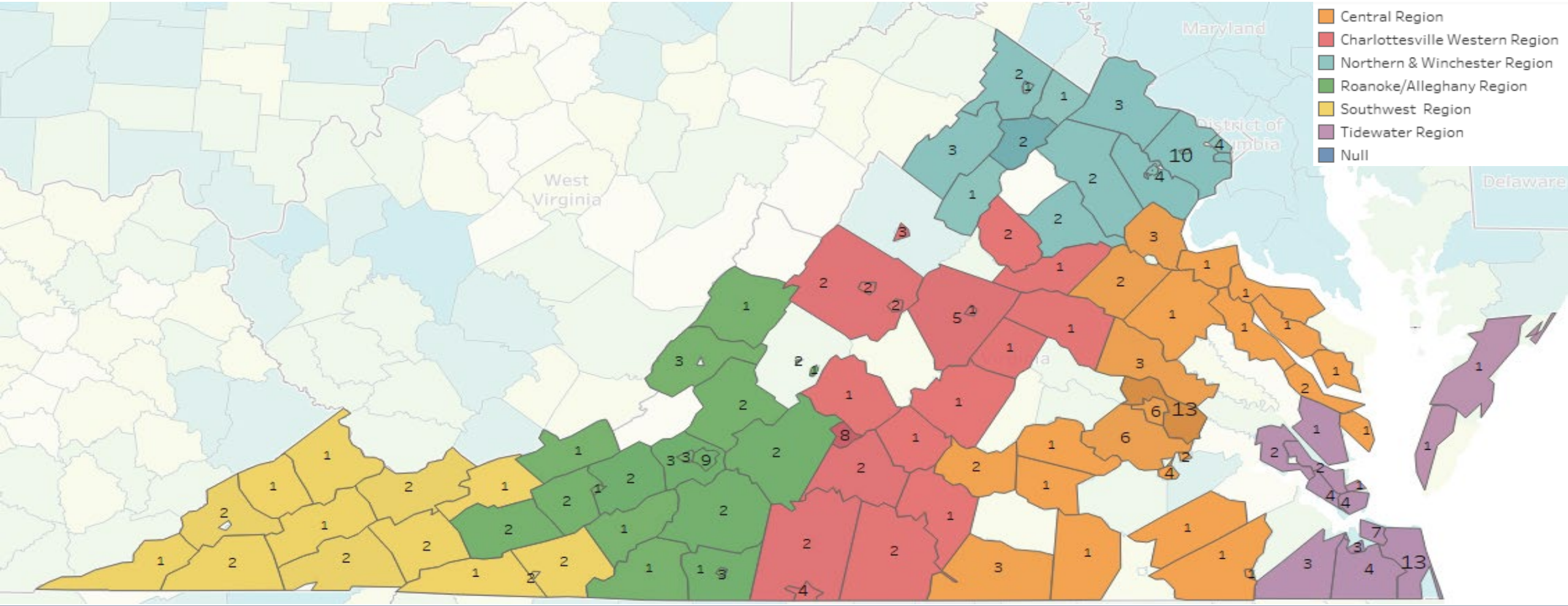
Nursing Facilities Distribution By Regions

Only includes NFs with active Medicaid members; Medicare only NFs are excluded



Data represented is undergoing continuous quality improvement and reflects our most current information as of July 1, 2026
15 CCNs

NF and Member Distribution by Overall Star Rating

In Virginia, **41%** of Nursing Facilities serving Medicaid Members have an Overall Star Rating of **1** or **2,** while over **49%** of Medicaid members reside in these lower-rated facilities.

Overall Star Rating	Nursing Facilities %	Medicaid Member %
1-Star 	23%	28%
2-Star 	18%	21%
3-Star 	22%	21%
4-Star 	18%	16%
5-Star 	18%	13%

Enhancing Clinical Oversight

DMAS is strengthening how data flows across MCOs, nursing facilities, and state partners — enabling smarter decisions, better member outcomes, and targeted community rebalancing.

PASRR Integration
Streamlining Preadmission Screening and Resident Review data exchanges with DBHDS

Develop more ways to share Minimum Data Set with MCOs

- Population tracking and trending
- Data is being shared with more frequently
- Can be used to target community rebalancing
- Enhance MCO capacity for both member support and network oversight

VDH Collaboration
Aligning facility survey activity with DMAS and MCO visit plans for coordinated oversight

Population Intelligence
Tracking member complexities and facility trends to target community rebalancing. Monitoring member stays in Nursing Facilities (NFs) and coordinating timely placements aligned with current bed availability and facility capacity.

Data Integration & Interoperability : DMAS is actively integrating disparate internal and external data sources — including CMS and VDH — to enhance interoperability and drive data-informed decision-making across operational and strategic levels.

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Nursing Facility Quality

DMAS

Nursing Facility Quality

Programs using CMPRP Funds	
The Civil Money Penalty Reinvestment Program (CMPRP)	**The Nursing Facility Quality Improvement Program (NFQIP)**
Solicits applications from potential vendors to use CMP reinvestment funds for projects that directly benefit NF residents.	Conducts a series of projects that utilize CMP reinvestment funds.
Supports and monitors implementation, spending, and progress toward goals of quality throughout the lifecycle of projects approved by CMS for use of funds.	To augment the unit's capacity and provide specialized expertise, DMAS leverages an existing IAG with Virginia Commonwealth University (VCU) to enhance the program's scale and impact.
All proposed uses of CMPRP Funds must be approved by CMS	

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Funding Parameters

CMPRP Funding Caps				
Category		**Qualifier**	**Qualifier**	**Qualifier**
Resident or Family Councils	$6,000	Per NF	One-time	
Consumer Information	$6,000	Per NF	One-time	
Training to Improve Quality of Care	$6,000	Per NF	Per year	Per topic
Activities to Improve Quality of Life	$6,000	Per NF	Per year	Per topic

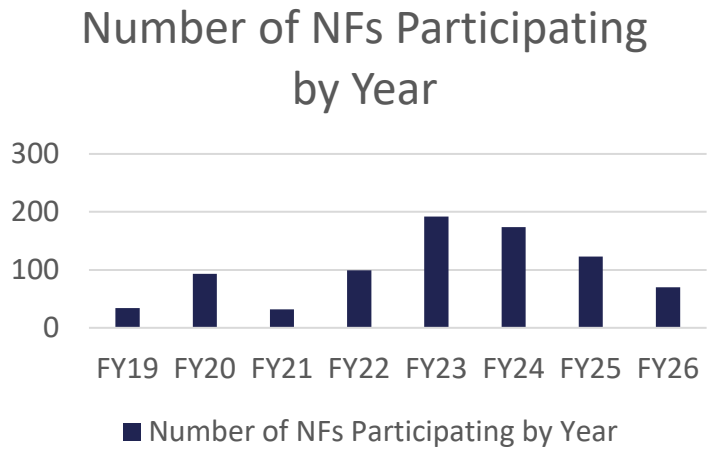
NFQIP Funding Caps			
Category		**Qualifier**	**Qualifier**
Training to Improve Quality of Care	$300	Per NF	Per Year
Can include all NFs in the state without commitment letters			

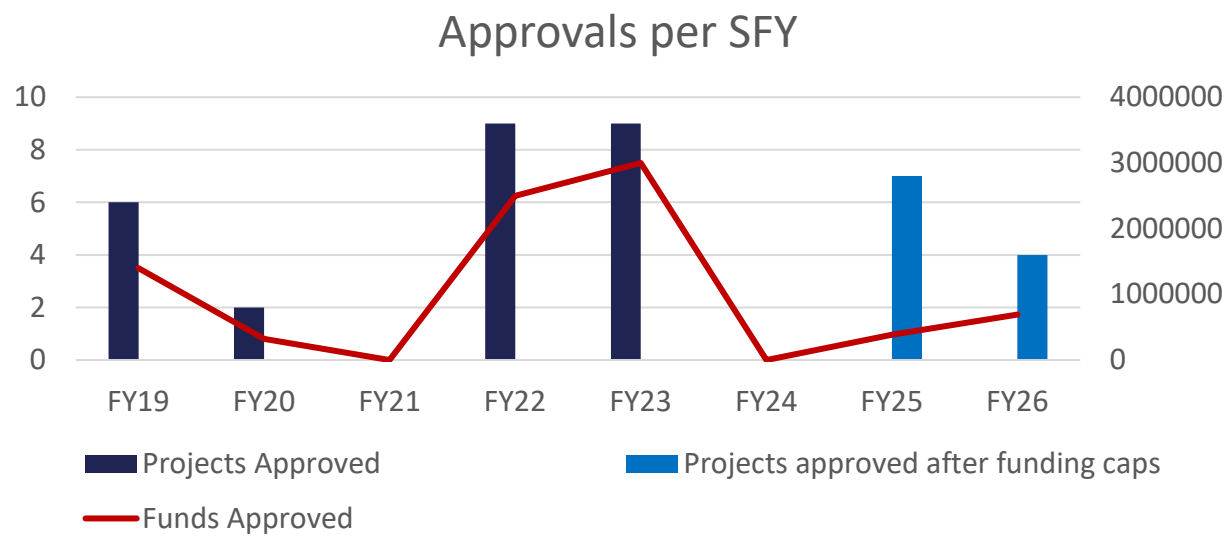
- Funding caps went into place in 2023. Increased by $1,000/ NF in 2025
- From 2023 to 2025 CMS would not approve new applications with a behavioral health or workforce focus.
- Projects may be funded for up to 36 months

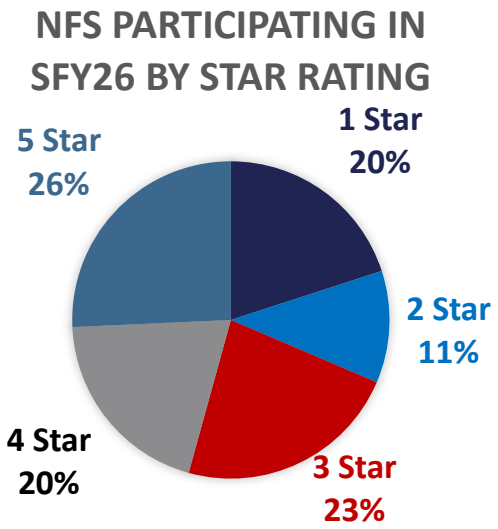
ALLOWABLE	PROHIBITED
Supporting resident and family councils	**Conflicts of interest**
Developing & disseminating consumer info	**Services or items already required of NF**
Training for NF staff and/or surveyors	**Capital improvements**
Activities to improve quality of life (foster social interaction, movement, and minimize loneliness)	**Research projects**
	Telemedicine services and equipment
	Quality Innovation Network-Quality Improvement Organizations activities
	Palliative care, dental, vision, and hearing services
	Previously denied CMPRP projects

CMPRP

- 70 NFs participated in SFY 26
- 271 NFs (93%) have participated since FY 19
- About $7 million on 36 unique projects since 2019







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NFQIP

- Approx 180 NFs represented (including those represented by a corporate level attendee)
- Decline in number of participants. DMAS strategizing to increase awareness and participation.
- A fifth application is currently with CMS for review and funding determination.

Title	Years Funded
Person Centered Trauma Informed Care for Nursing Homes	FY25 – FY28
Deepening Your Person-centered, Dementia Care Practice: A Learning and Relearning Journey	FY25 – FY28
Pathways to Quality: Advancing Nursing Home Care for Better Outcomes	FY26 – FY29
Ethical Decision Making	FY26 – FY28

Nursing Home Staffing Campaign

Federal initiative to provide scholarship reimbursement and stipends for new nurses that commit to working in qualifying NFs for 3 years.

State budget allocates $4 million in CMP Reinvestment Funds for this use

CMS will identify a centralized vendor for nurse recruitment and disbursement of funds.

We are waiting on communication from CMS regarding next steps.

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Goals to Achieve Increased Accountability

Enhance work with other state agencies

Development of quality reviews audits

Explore ways to tie payments to quality outcomes

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