State Strategies to Improve Nursing Home Care

NASHP Webinar

June 9th, 2026

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

westhealth

nashp.org

Speakers & Agenda

- **Welcome and Introductory Remarks**
  - ***Amy Herr**, Senior Director, Health Policy at West Health*
- **NASHP's Nursing Home Work**
  - ***Kimberly Hodges**, Senior Policy Associate, National Academy for State Health Policy (NASHP)*
- **State Spotlight: Kentucky**
  - ***Victoria Elridge**, Commissioner, Department for Aging and Independent Living, Kentucky Cabinet for Health and Family Services*
- **State Spotlight: Maine**
  - ***Amanda Nelson**, LTSS Initiatives Manager, Office of Aging and Disability Services, Maine Department of Health and Human Services*
- **State Spotlight: Pennsylvania**
  - ***Andrew Zechman**, Acting Director, Long-Term Care Transformation Office, Pennsylvania Department of Health*
- **Facilitated Q&A**

Webinar Logistics

- Use the Q&A function at the bottom of your screen to enter your questions and comments throughout the presentations
- We will address questions and comments at the end
- The close captioning button is located at the bottom of your screen
- The slides and webinar recording will be posted after the webinar on the NASHP website and sent out to all webinar registrants

https://nashp.org/policy/aging-and-disabilities/nursing-homes/

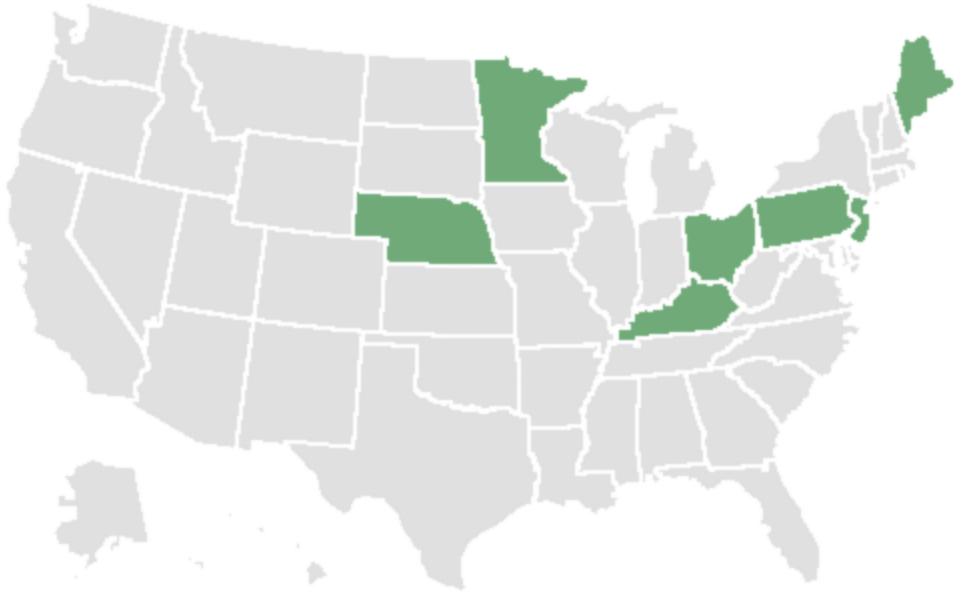
Welcome and Introductory Remarks

***Amy Herr**, Senior Director, Health Policy*
West Health

NASHP's Nursing Home Learning Collaborative

State Policy Priorities

- **"Reimaging nursing homes as community hubs"** – community integration
- **Establishing and defining quality metrics**
- **Leveraging data** for greater oversight and transparency
- **Behavioral health**
- **Identification, accountability, and technical support** of poor-performing nursing facilities
- **Bolstering staff**



More information can be found at: https://nashp.org/policy/aging-and-disabilities/nursing-homes/

NASHP's 2026 Annual Conference

New York City – September 28-30, 2026

https://nashp.org/annual-conference/

TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky's Strategies to Improve Nursing Home Care

Victoria Elridge, MS, OT

June 9, 2026

Kentucky

Resident Rights Forums

CNA Career Ladder

Resident Rights Forums

Objectives:

- Promote the voice of Kentucky's nursing home residents.
- Strengthen nursing home residents' presence within their communities.
- Promote the Kentucky Long-Term Care Ombudsman Program.

Resident Rights Forums

20	• Community Forums Held in October
145	• Residents Shared Their Stories
83	• Nursing Homes Participated


BARREN RIVER
ALLEN
BARREN
BUTLER
EDMONSON
HART
Barren River Long-Term Care Ombudsman Program
BARREN RIVER
FORUM

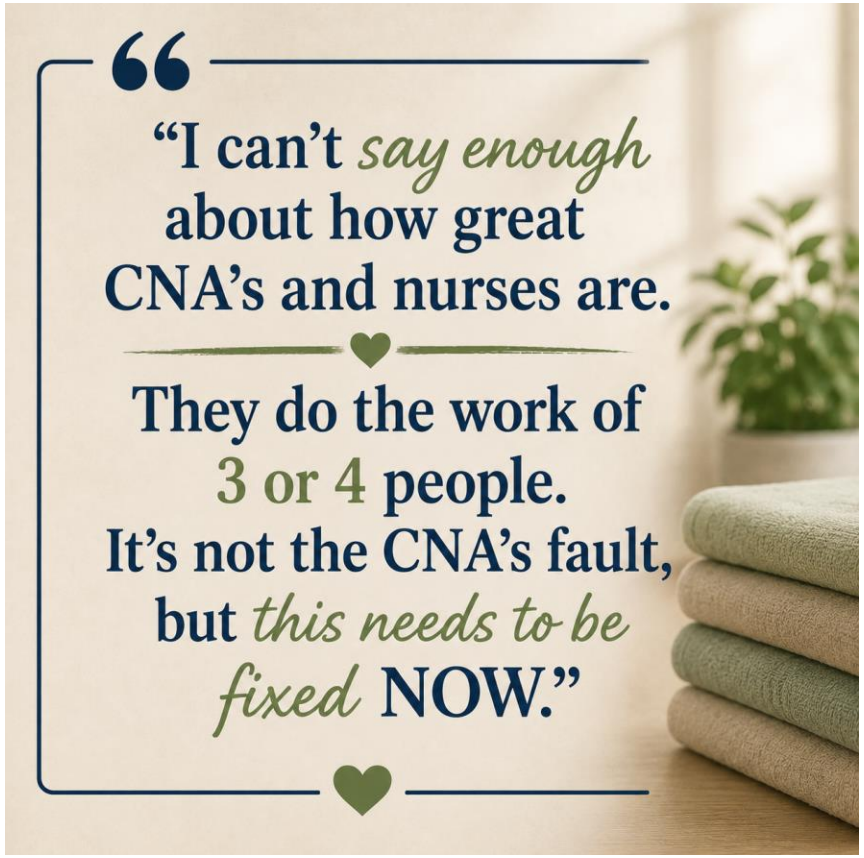
Questions Asked

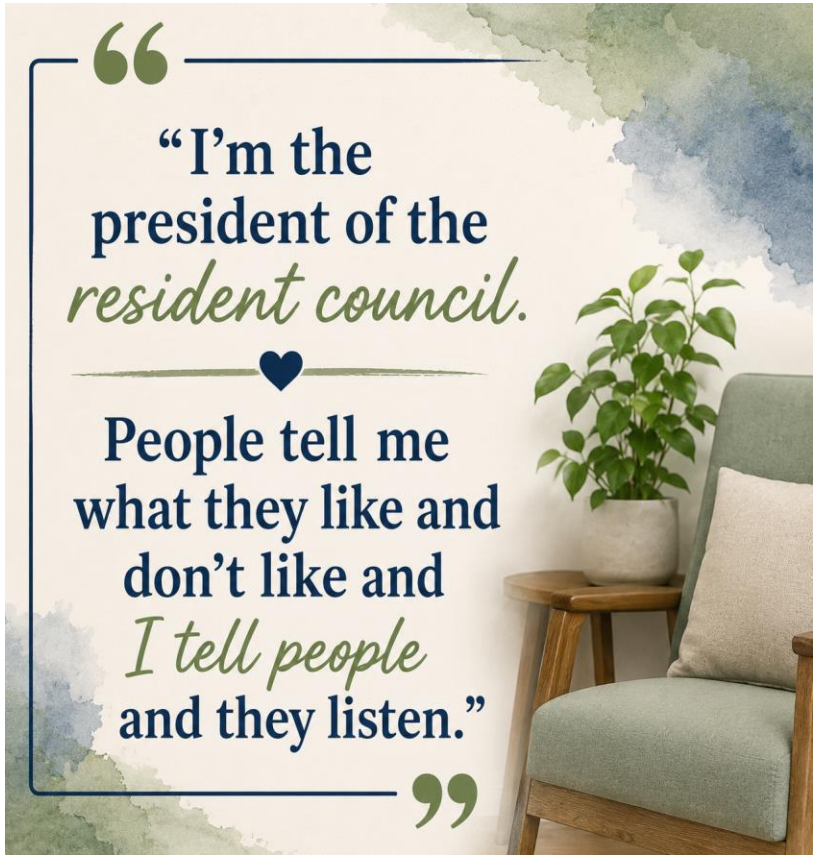
1. What does “home” mean to you, and what helps you feel more at home in the nursing home?
2. How is your voice heard as a resident in a nursing home? Do you know how to file grievances?
3. Do you have control over your daily schedule? Do you feel like you have a lot of choices?
4. How is your day impacted when there aren’t enough staff working?
5. How is your day impacted when there are enough staff?
6. Do you feel like you are part of the community?

Questions Asked

7. Do you feel the activities in your nursing home are meaningful in a physical, mental, and/or psychosocial way?
8. What would you like to share with the long-term care staff who work in your home?
9. How do you think individuals living in a nursing home are viewed?
10. What opportunities have you been presented with while living in the nursing home that otherwise may not have been possible?
11. Has privacy been a concern for you while living in the nursing home?
12. What advice do you have for someone who is entering long-term care?

Voices Shared



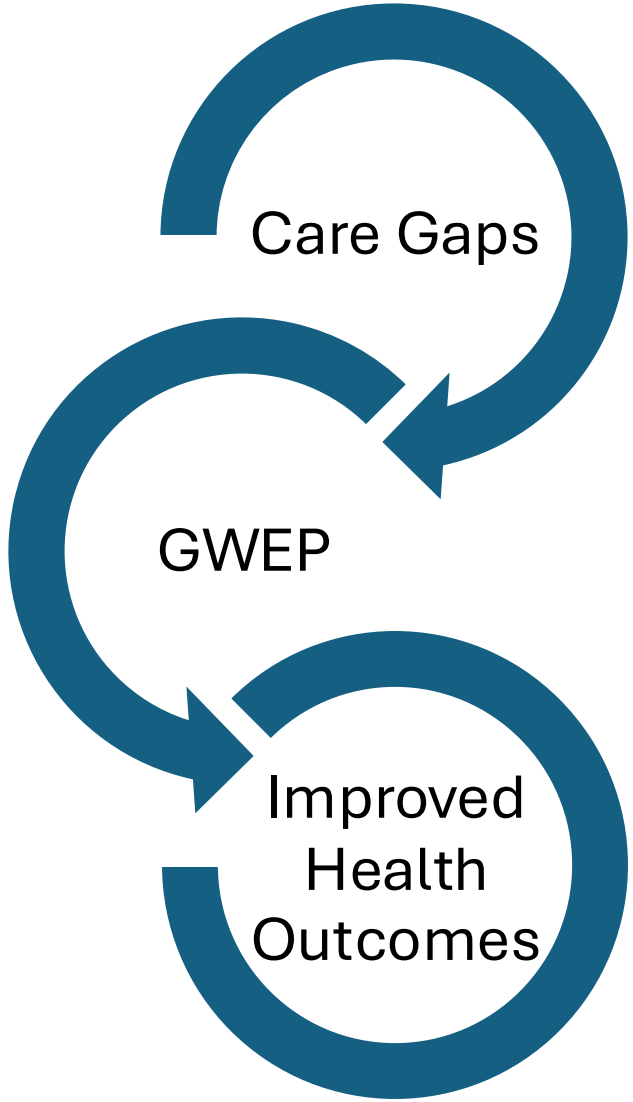


Recommendations

1. Increase nursing home direct care staff.
2. Strengthen training requirements for State Registered Nurse Aides/Certified Nursing Aides.
3. Strengthen and grow the Kentucky State Long-Term Care Ombudsman Program.
4. Improve privacy options for residents.
5. Increase investments in meaningful activities and opportunities for community engagement.
6. Strengthen Kentucky's State Survey Agency, the Office of Inspector General.

CNA Career Ladder

The Geriatrics Workforce Enhancement Program (GWEP) aims to maximize patient and family engagement to address care gaps and improve health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties using the Age-Friendly Health Systems Framework.



CNA Career Ladder

Steering Committee:

- Cabinet for Health and Family Services
- University of Louisville
- Moving Forward Coalition
- Ky Community and Technical College
- Ky Coalition for Aging Resources and Empowerment (State AHCA Association)
- LeadingAge Kentucky
- State Long-Term Care Ombudsman

Transform your care culture—

Join the Virtual Nursing Home Transformation Hub

Become part of the UofL Trager Institute's interactive learning community designed to strengthen age- and dementia-friendly care in nursing homes through the 8Ms Framework.

What you'll gain as a member

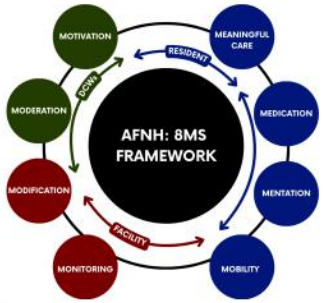
- Monthly technical assistance sessions led by geriatricians and dementia care specialists
- Access to virtual courses and learning opportunities focused on quality improvement, staff development and person-centered care
- Membership in a collaborative community where nursing facilities connect, share best practices and solve common challenges
- Ongoing support and resources to address real-world issues in long-term care settings

Together, we can advance the quality of life for residents and empower care teams across Kentucky.

UofL TRAGER INSTITUTE | Republic Bank Foundation Optimal Aging Clinic

What does it mean to be an Age-Friendly Nursing Home?

Age-Friendly Nursing Homes embrace the 8Ms Framework—Meaningful Care, Medication, Mentation, Mobility, Monitoring, Modification, Moderation and Motivation—to create environments where residents, employees and the entire facility can thrive.



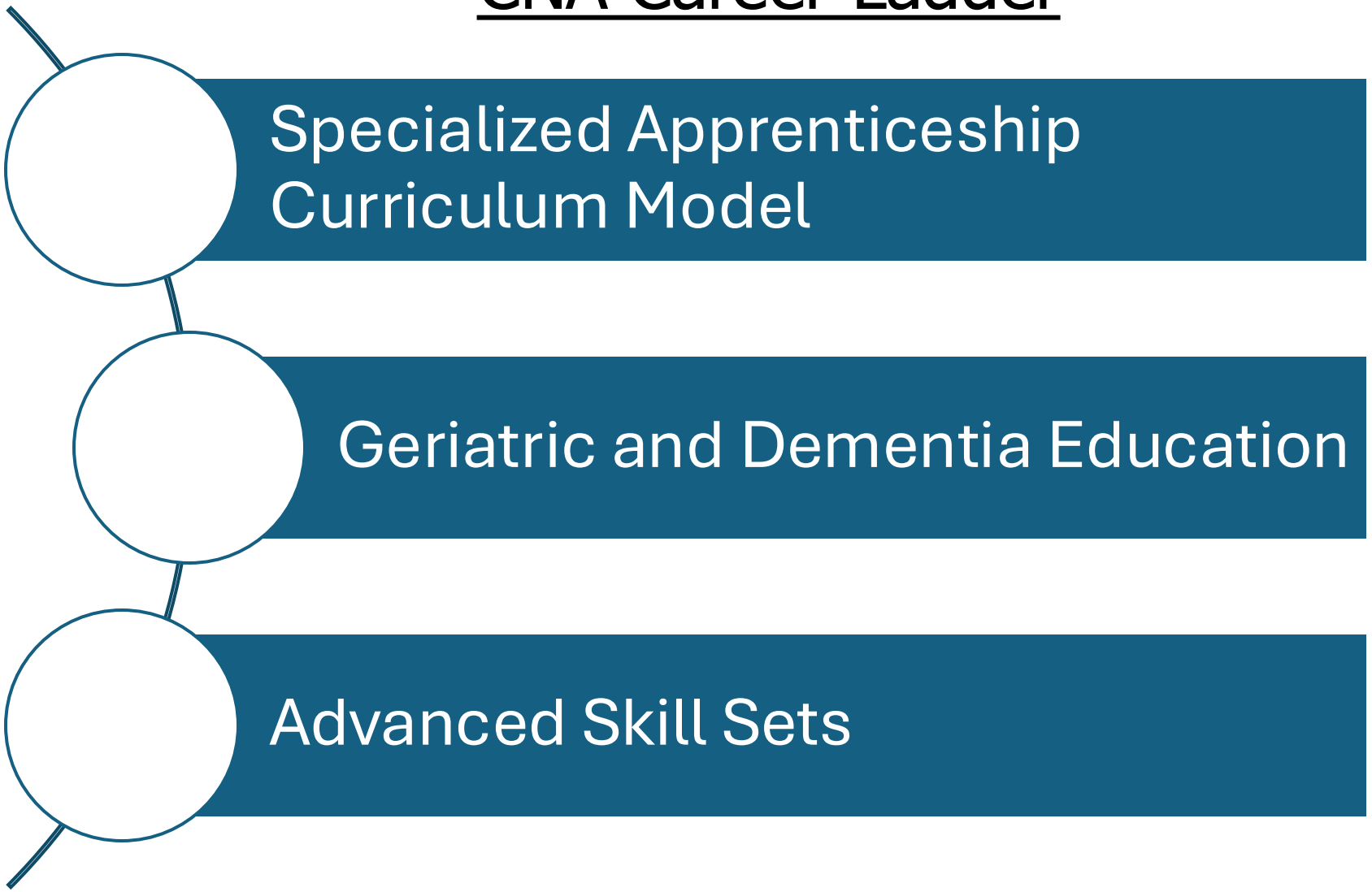
Contact us

Chelsea Miceli
chelsea.saylor@louisville.edu

Scan the QR code to fill out our interest form.

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $5 million with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, HRSA, HHS, or the U.S. Government.

CNA Career Ladder



Thank You

Victoria Elridge

Department for Aging and Independent Living

Victoria.Elridge@ky.gov

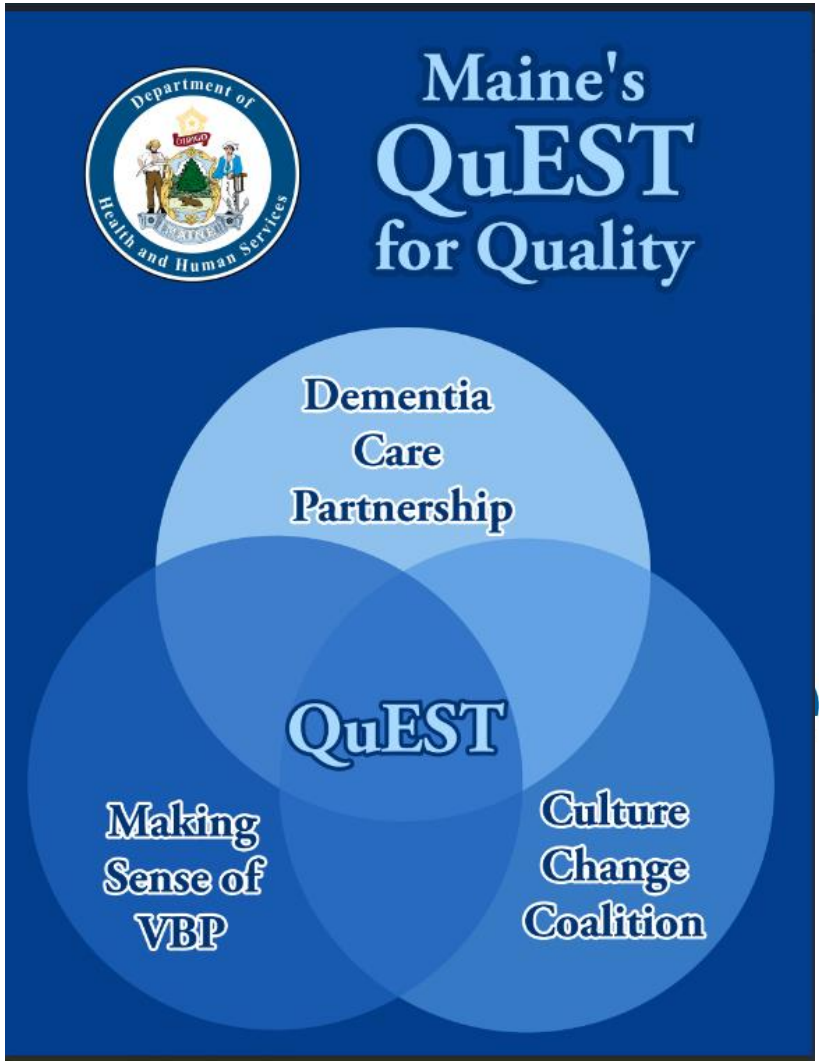
Quality Through Partnership:

Value-Based Purchasing & the QuEST for Quality in Maine's Nursing Homes

Amanda Nelson

Presentation for National Academy for State Health Policy

June 2026



Origins, Supports, & the Impact of COVID-19

MHCA
Maine Health Care Association

Department of Health and Human Services
DIRIGO
MAINE

The Maine Long-Term Care OMBUDSMAN PROGRAM

2022*: The National Imperative to Improve Nursing Home Quality* (NASEM report)
2023: Nursing Home and Residential Care Innovation & Quality Advisory Council
2024: Nursing Facility Transition Fund to fund the Quality Bonus Pool
2024: Nursing Home Staffing Task Force (DHHS, MHCA, & LTCOP), which later became the QuEST (Quality, Excellence, Staffing, Teamwork) Task Force
2024: National Academy for State Health Policy partnership

Maine's Nursing Home Rate Reform – 2025

- Prospective rate based on 4.4 Hours Per Resident Day (HPRD)
  - Reimbursement for temporary agency staffing capped at 10% (20% in Year 1)
  - Eliminated cost settlement for 2 of 3 components
  - Gradual 3-year transition to the new model including transitional guardrails and "hold harmless" in Year 1
- VBP component to reward quality
  - Complemented by TA through QuEST

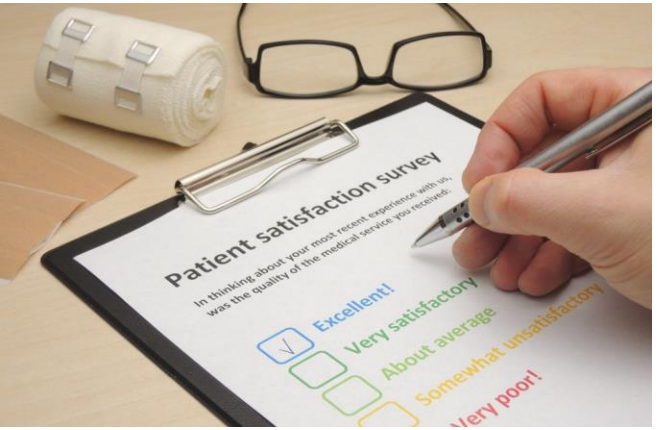
In 2024, the Legislature and Administration established the Nursing Facility Reform Transition Fund equivalent to

$72.8 million

1. Nursing Staff Turnover

"A well-trained and well-supported workforce is the foundation of a facility's ability to deliver high quality care."

Source: Maine Department of Health and Human Services (DHHS). Improving Quality in Maine's Nursing and Residential Care Facilities: Themes Emerging from the Nursing Home and Residential Care Facility Innovation and Quality Advisory Council. January 10, 2024.



VBP Quality Measures

1. Percent nursing staff turnover
2. Resident & Family CoreQ survey
3. Long Stay Antipsychotic Use

Quality Bonus Pool & the Nursing Facility Transition Fund

	Year 1 (2025)	Year 2 (2026)	Year 3 (2027)
Quality Bonus Pool	$8.1 M	$8.1 M	$8.1 M
Withhold from Monthly Rate	0%	1%	1-2%

- Quality Bonus Pool is available for 3 years
  - Year 1: pay for participation
  - Year 2: pay for minimum achievement
  - Year 3: pay for performance
- Withholds phased in to strengthen financial incentive

Pay for Participation in 2025

- Identify a “Quality Champion” for each licensed Nursing Facility
- Meet with Maine’s Health Information Exchange to explore opportunities for quality improvement
- Participate in 7 hours of designated quality improvement initiatives (QuEST)

2025 QuEST Technical Assistance

- Expert geriatricians
- Culture change pioneers
- Former CMS surveyors
- CoreQ survey developers
- Data experts

QuEST Partnership

- Polling questions
- Time for discussion
- Post-education surveys
- All calls were recorded and shared broadly
- SharePoint site archive
- CEU's for licensed administrators
- Quarterly performance scorecards
- Inbox to answer questions
- Additional office hours, as needed

How Did It Go?

- 77 Maine nursing homes in the Medicaid program
- 75 of 77 earned their VBP payments
- Average 140-150 participants per call
- Average 95% of nursing homes on each call
- Average rating for each call and the 2025 QuEST initiative was good or excellent
- Participation and engagement levels remained high, even beyond the payment incentive
- Non-Medicaid nursing home joined, too

Triumphs

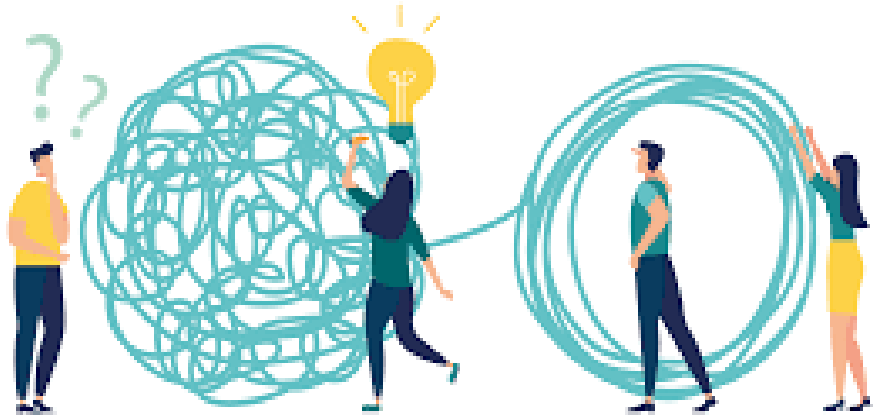
- Overall reduction in contract staffing levels
- Stabilization of nursing homes across Maine
- Leaders are engaged
  - Broad representation from all levels of leadership
  - Attended extra learning sessions
  - Continued attending beyond payment incentives
  - Extracurricular participation related initiatives
- National excitement – FREE expert presenters

A Year of "Firsts" And "Resets"

- Quality activities tied to payment
- Collaboration across DHHS, MHCA, & LTCOP
- Coordinated quality goals and technical assistance efforts
- Delivered performance data
- Nursing Home Administrators' Licensing Board
- Offered a COVID "reset"
- Visibility between providers and Department
- Fostered peer-to-peer learning and connections
- Learning from the past
- State Culture Change Coalition reboot

Challenges

- Building communication channels
- Attendance tracking
- Objective outcomes measurement is slow
- Multiple initiatives taking place to study and support LTC
- Data source challenges
    - Complexities of CMS data and algorithms
    - Data lags & suppression
    - Changes in methodology
- High performers underchallenged



So What's Next?

- VBP payments in 2026 are tied to minimum performance
- Nursing Facilities want QuEST to continue
- Focus on strategies and success stories from Maine providers
- Expand on peer-to-peer learning fostered in 2025
- Ongoing interest holder engagement
- Sustainability through Maine's Culture Change Coalition "reboot"

...a shift from an institutional, task-oriented model to a person-centered approach that values relationships, resident choice, and staff empowerment.

Culture Change Coalition

- Relaunch of the statewide coalition
- Working with the national culture change movement to rebuild the framework
- Artifacts of Culture Change 2.0 framework
- About 20 participating homes & many supporting partners

Maine
Culture Change Coalition
Local Area Network of Excellence (LANE)

Amanda Nelson, MS,OTR/L, MLNHA, FACHCA
Long-Term Services & Supports Initiatives Manager
Maine DHHS, Office of Aging & Disability Services
amanda.nelson@maine.gov

Thank You!

Pennsylvania
Department of Health

06/09/2026

Teaching Nursing Homes – Transformation Team and Quality Investment Program (QIP) 2.0

Long Term Care Transformation Office

Agenda

- Transformation Team Overview
- Key findings and lessons learned
- Quality Investment Program (QIP) 2.0
- Discussion & Questions

Transformation Team

TRANSFORMATION TEAM OVERVIEW

Supporting Facilities. Strengthening Outcomes.

WHY WE EXIST

Launched in 2025 to support long-term care facilities facing quality, workforce, and operational challenges.

WHO WE SERVE

Special Focus Facilities (SFFs) and other high-risk providers across Pennsylvania.

OUR PURPOSE

Provide coaching, technical assistance, resource navigation, and best-practice implementation to drive sustainable improvement.

2 FACILITIES REMOVED FROM SFF STATUS

4 FACILITIES CURRENTLY ENGAGED

MULTI-AGENCY PARTNERSHIP MODEL

Our mission: *Improve quality, strengthen operations, and enhance resident outcomes across Pennsylvania.*

OUR ENGAGEMENT MODEL

A Structured Path to Improvement

A COLLABORATIVE, DATA-INFORMED PROCESS

REFERRAL

Facilities are identified through data, partners, or self-referral.

ASSESSMENT

We conduct a comprehensive assessment to identify risks, challenges, and root causes.

ACTION PLAN

We partner with facilities to develop a prioritized, facility-specific improvement plan.

RESOURCE CONNECTION

We connect facilities to targeted resources, subject matter experts, and best-practice solutions.

MONITORING & SUPPORT

We provide ongoing coaching, monitor progress, and adjust strategies as needed.

SUSTAINED IMPROVEMENT

We support facilities in sustaining improvements and building long-term resilience.

OUR APPROACH IS BUILT ON FOUR CORE PRINCIPLES

COLLABORATIVE
Working together across partners and providers.

DATA-INFORMED
Using data and insights to guide decisions and measure progress.

FACILITY-CENTERED
Tailored support that meets facilities where they are.

IMPACT-FOCUSED
Focused on practical solutions that lead to measurable, sustainable results.

Continuous collaboration at every step drives measurable improvement and lasting impact.

COMMON THEMES ACROSS FACILITIES

Identifying Root Causes to Drive Solutions

By identifying and addressing these root causes,
we can deliver targeted interventions that lead to sustainable improvement.

OUR PARTNERSHIP NETWORK

No Single Organization Solves These Challenges Alone.

COLLABORATING ACROSS EXPERTISE. SUPPORTING FACILITIES STATEWIDE.

AGING (PA)
Program collaboration, policy alignment, and provider support.

BUREAU OF EPIDEMIOLOGY
Infection prevention expertise and outbreak support.

HEALTHCARE COALITIONS
Emergency preparedness planning and community coordination.

DOH BUREAU OF QUALITY ASSURANCE
Regulatory guidance, survey support, and quality improvement.

PENNSYLVANIA HEALTH CARE ASSOCIATION (PHCA)
Provider advocacy, education, and workforce support.

CDC PROJECT FIRSTLINE
Infection prevention training and workforce education.

DEPARTMENT OF HUMAN SERVICES (DHS)
Regulatory alignment and program resources.

PADONA
Clinical leadership and quality improvement support.

PHMC
Technical assistance, quality improvement, and data support.

LEADING AGE PA
Provider engagement, best practices, and policy advocacy.

SEIU HEALTHCARE PA
Workforce partnership, staff engagement, and training support.

EDUCATIONAL PARTNERS
Academic knowledge. Real-world impact.

DREXEL UNIVERSITY
Academic expertise and research collaboration.

Penn UNIVERSITY OF PENNSYLVANIA
Clinical and academic research expertise.

PennState UNIVERSITY
Research and workforce development support.

LECOM LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE
Clinical education and workforce training.

AMI EXPEDITIONARY HEALTHCARE
Data insights and quality measurement.

Connecting facilities to the right expertise at the right time to strengthen care and improve outcomes across Pennsylvania.

FACILITIES CURRENTLY SUPPORTED BY LTCTO

Partnering Across Pennsylvania to Strengthen Long-Term Care

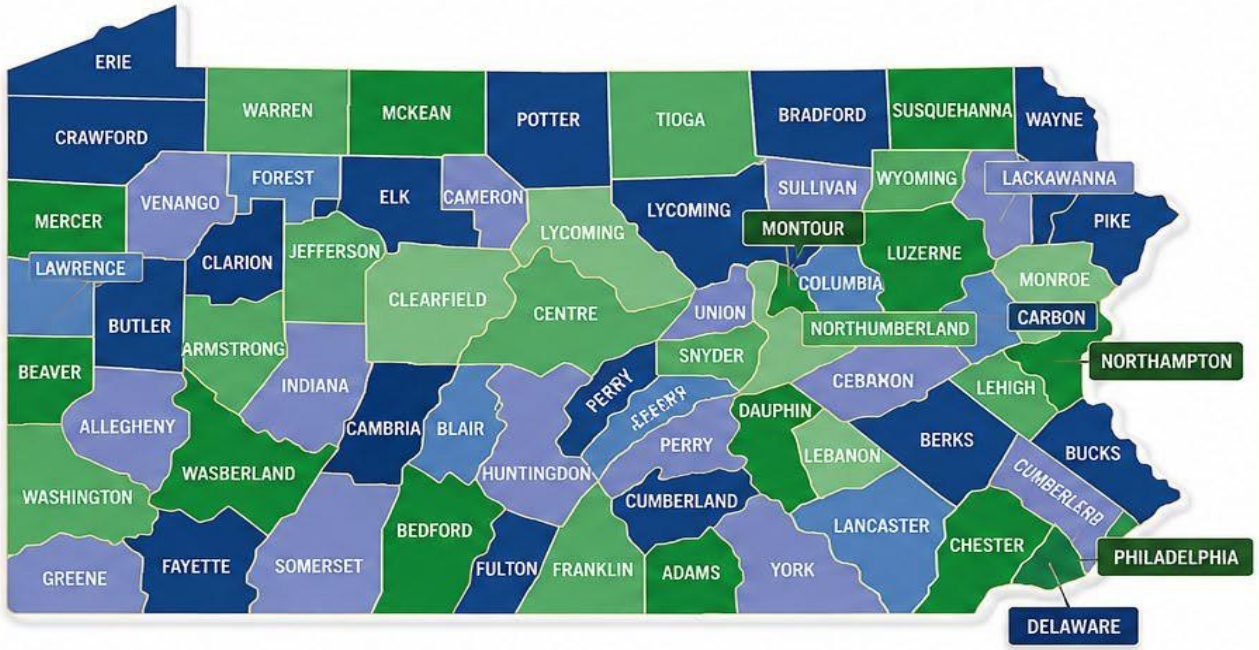
FACILITY A
(KEYSTONE REGION)

FACILITY B
(CENTRAL)

FACILITY C
(SOUTHWEST)

FACILITY D
(SOUTHWEST)

FACILITY E
(CENTRAL)



Working together with facilities across the state to build stronger systems, improve quality, and enhance resident outcomes.

2

OUR IMPACT SO FAR

Measurable Progress. Meaningful Change.

BUILDING MOMENTUM. DRIVING BETTER OUTCOMES.

2

FACILITIES REMOVED FROM SFF STATUS

Exited Special Focus status through sustained improvement.

4

FACILITIES CURRENTLY ENGAGED

Actively working with our team to drive improvement.

40+

TECHNICAL ASSISTANCE ENGAGEMENTS

On-site visits, virtual support, and resource connections provided.

15+

IMPROVEMENT INITIATIVES UNDERWAY

Targeted projects addressing root causes and driving measurable change.

STRONGER OUTCOMES

Improved quality measures, stronger compliance, and better resident care.

SUCCESS STORIES

Facility A – Removed from SFF Status

Through targeted staffing strategies, leadership support, and infection prevention improvements, the facility achieved measurable gains across key quality measures and successfully exited SFF status.

Facility B – Removed from SFF Status

Focused on strengthening quality systems, staff competencies, and operational processes, resulting in sustained improvement and removal from SFF status.

These successes demonstrate what's possible through partnership, expertise, and a shared commitment to improvement.

WHAT OUR PARTNERS ARE SAYING

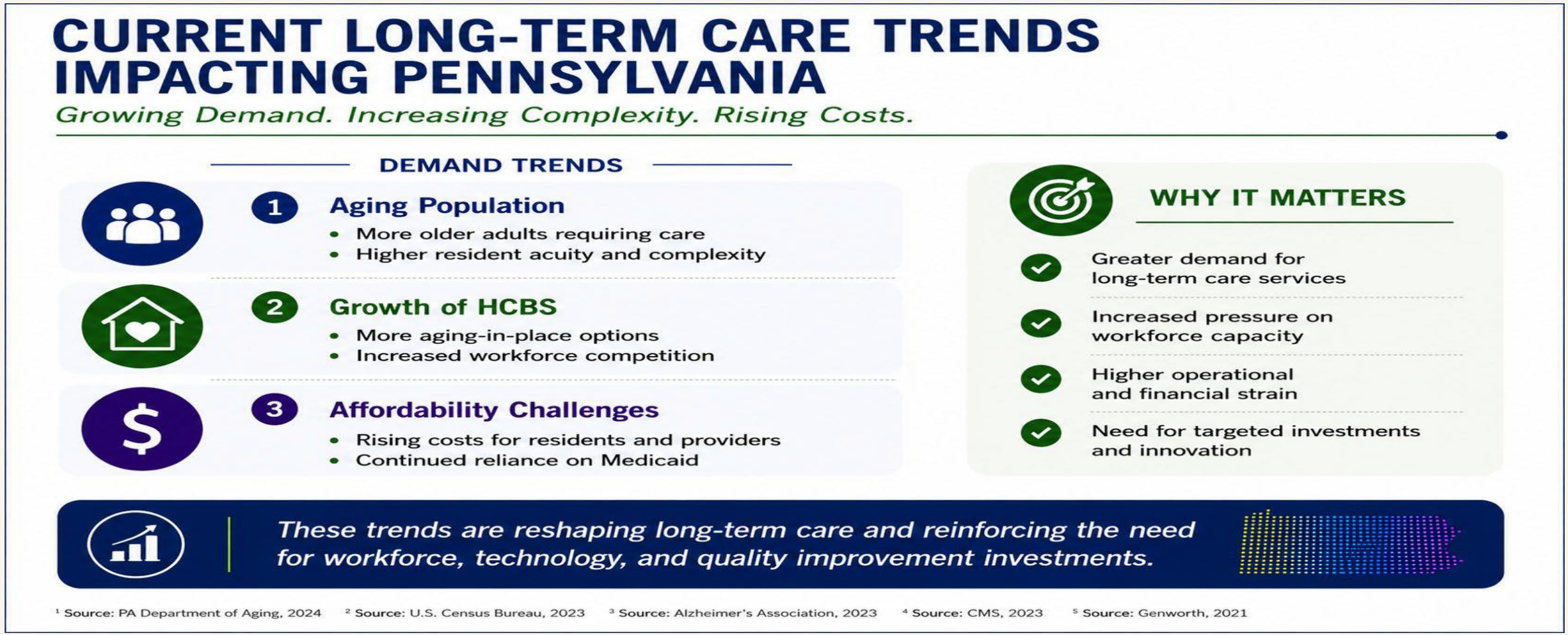
"The Transformation Team has been an invaluable partner. Their support, expertise, and collaborative approach have helped us make meaningful changes that are improving outcomes for our residents and staff."

Administrator
Long-Term Care Facility Partner

Together, we are transforming challenges into opportunities and building a stronger long-term care system for Pennsylvania.

Quality Investment Program (2.0)

Current national long-term care trends affecting PA LTCFs



Current national long-term care trends affecting PA LTCFs

1. PA Aging Our Way, A plan for lifelong independence; 2. U.S. Census Bureau 2023 Population Projections 3. Alzheimer's Association 2024 Alzheimer's Disease Facts and Figures 4. CMS: Medicaid LTSS Users and Expenditures by Service Category, 2022 5. Kaiser Family Foundation, "Affordability of Long-Term Care and Support Services" 2023

Scope of QIP1.0 impact

97 facilities spent QIP funding, representing:

~10,000 licensed beds

~6,700 residents[1] across all facilities

~4,300 residents on Medicaid
(~40% of beds of participating facilities)

~8,200 employees[2] across all facilities

1. Estimate based on 2022 DHS BHSL data for PCH/ALFs, and 2024 CMS data for SNFs, ICF occupancy rate was assumed to be 100% due to low number of ICFs
2. Staffing number was derived using employment numbers from Q3 2024 MRF 2.0 and extrapolating to all facilities using a multiplier derived from bed counts

QIP 1.0 Outcomes & Return on Investment

Demonstrating Measurable Improvements Across Workforce, Quality, and Resident Care

MEASURABLE IMPROVEMENTS THAT DELIVER REAL VALUE

WORKFORCE OUTCOMES

18% Reduction in agency staffing hours

27% Reduction in vacant staff positions

Likely influenced by workforce development, training, retention, and upskilling investments.

QUALITY & RESIDENT OUTCOMES

35% Reduction in resident falls requiring medical evaluation

56% Reduction in total citations among participating SNFs

$1.9M Reduction in survey-related fines across participating facilities

0 Facilities receiving fines during the final quarter of the program

CLINICAL & REGULATORY OUTCOMES

21% Increase in facilities with dedicated Infection Preventionists

Improved CMS Ratings
Health Inspection and Staffing domains

Reduced Utilization
Hospitalizations and Emergency Department visits

RETURN ON INVESTMENT

50% – 100%
Estimated ROI

Based solely on improvements associated with:

- Reduced agency staffing utilization
- Reduced staff vacancies
- Reduced falls requiring medical evaluation

Actual program value is likely higher when considering additional quality, hospitalization, survey, and resident outcome improvements.

PARTICIPANT FEEDBACK

4.5 / 5
Average participant rating for program value and impact on facilities

Based on post-program participant surveys.

QIP facilities performed better or comparably to non-QIP facilities on **15 of 16** evaluated metrics, *demonstrating measurable returns on investments in workforce, quality, and operational improvement.*

Note: QIP facilities were selected based on identified needs, prioritizing those serving vulnerable populations. Given these facilities often face greater challenges, improvements compared to non-QIP facilities are particularly compelling.

Map of 97 facilities across the Commonwealth

Key insights

- 97 QIP facilities are located in 37 counties across the Commonwealth
- 60 facilities are in urban areas, accounting for $4.2 million of the total spend amount
- 37 facilities are in rural areas, accounting for $3.1 million of the total spend amount

QIP 2.0 – Building a Strong Rural Long Term Care System

QIP 2.0 Response

Invest in workforce development

Modernize infrastructure and technology

Strengthen resident engagement

Improve quality outcomes and operational resilience

Key Message: QIP 2.0 is designed to move facilities from stabilization to long-term transformation.

KEY MESSAGE: FACILITIES SELECT INTERVENTIONS THAT BEST ADDRESS THEIR SPECIFIC OPERATIONAL AND QUALITY CHALLENGES.

QIP 2.0 – Program Design - Targeted Investments That Drive Change

Funding Priorities

Workforce recruitment and retention

Clinical quality improvement

Technology adoption

Resident-centered care

Organizational resilience

Infrastructure Tracks

Technology & Communications

Electronic Health Records (EHRs)

Resident Support & Satisfaction

Workforce Tracks

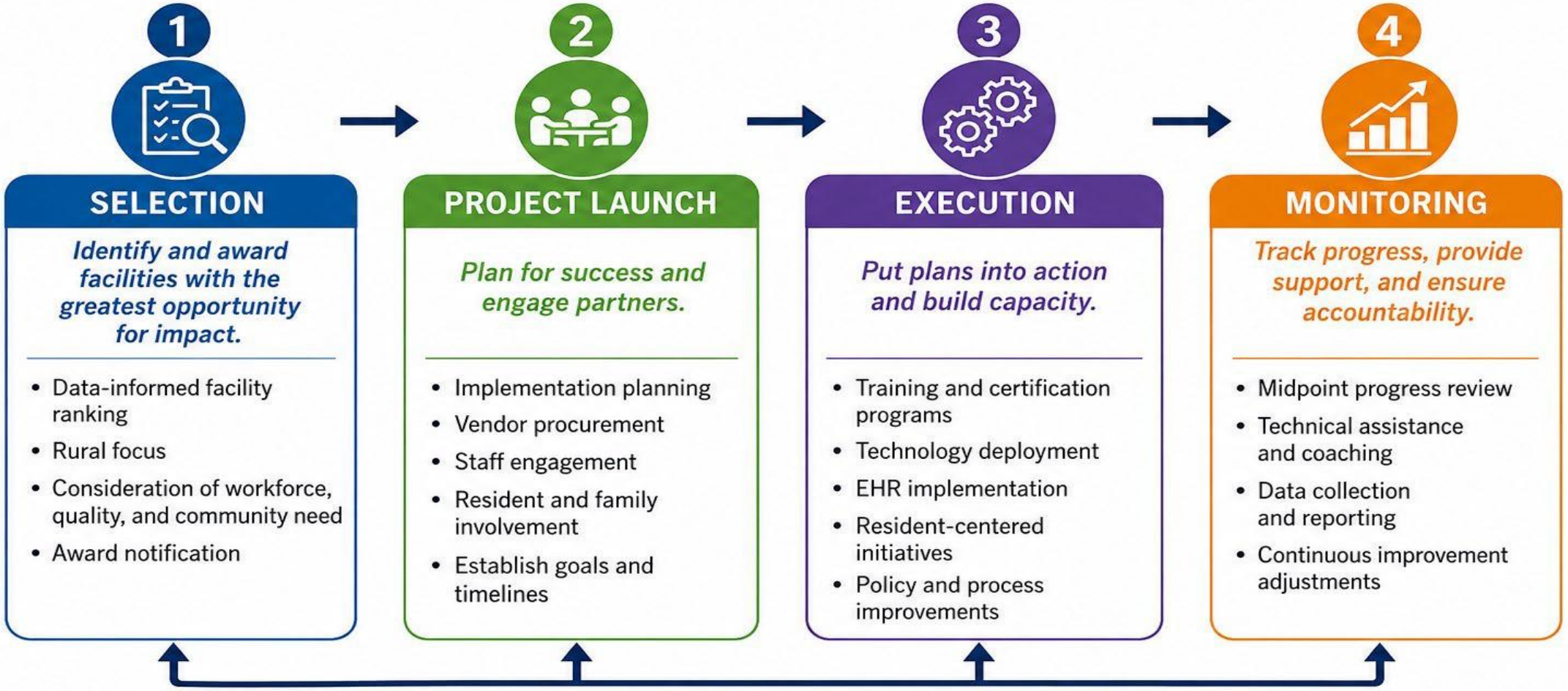
Leadership & Nursing Home Administrator Training

Clinical Skills Training

Nurse Aide Training Programs

QIP 2.0: From Award to Implementation

How Transformation Happens



A STRUCTURED IMPROVEMENT PROCESS

Driving sustainable improvements in workforce, quality, technology, and resident outcomes.

QIP 2.0: What Success Looks Like

Measuring Impact Across the Organization and the Residents We Serve

SUCCESS IS MEASURED THROUGH MEANINGFUL IMPROVEMENTS

WORKFORCE

- Increased staff certifications and competencies
- Expanded clinical skills and career advancement
- Improved recruitment and retention
- Stronger leadership development pipelines
- Higher staff satisfaction and engagement

A STRONG, STABLE, AND SKILLED WORKFORCE

OPERATIONS

- Enhanced technology adoption
- Successful EHR implementation and interoperability
- Improved care coordination and communication
- Streamlined workflows and processes
- Stronger data use for decision-making

MORE EFFICIENT AND EFFECTIVE OPERATIONS

RESIDENTS

- Better quality of care and health outcomes
- Increased resident engagement and satisfaction
- Enhanced access to services and supports
- More personalized, resident-centered care
- Improved quality of life

BETTER OUTCOMES, EXPERIENCES, AND QUALITY OF LIFE

FACILITIES

- Greater organizational resilience
- Improved readiness for future challenges
- Stronger quality improvement culture
- Greater alignment with value-based care
- Enhanced community partnerships

STRONGER AND MORE RESILIENT FACILITIES

TOGETHER, THESE OUTCOMES DRIVE LASTING TRANSFORMATION IN RURAL LONG-TERM CARE

Builds a **sustainable workforce** for the future

Improves **quality and safety** across the continuum

Enhances the **lives of residents** and their families

Strengthens the long-term **sustainability** of rural communities

A PATHWAY TO SUSTAINABLE TRANSFORMATION

NEAR-TERM OUTCOMES
(0 – 12 Months)

- Stronger workforce through training and certification
- Improved quality performance and care processes
- Modernized technology infrastructure and EHR adoption

INTERMEDIATE OUTCOMES
(1 – 3 Years)

- Reduced staff turnover and improved retention
- Better resident outcomes and experience of care
- Enhanced operational efficiency and cost effectiveness

LONG-TERM GOALS
(3+ Years)

- Resilient rural long-term care system
- Expanded participation in value-based care
- Stronger integration with healthcare partners and community resources
- Replicable, scalable model for transformation across the Commonwealth

OUR FOUNDATION: PARTNERSHIP. DATA. INNOVATION. PEOPLE.

Together, we are investing in people, processes, and technology
to create a sustainable long-term care system that delivers value today—and for generations to come.

OUR VISION

QIP 2.0 is not just about funding projects—it's about building a stronger, more resilient long-term care system that improves lives and strengthens rural communities across Pennsylvania.

Invest in People | Drive Innovation | Measure Impact | Improve Lives

THANK YOU

Discussion: Questions, Comments, and Concerns

azechman@pa.gov

Pennsylvania
Department of Health

Questions?

Submit in the Q&A box at the bottom of your screen.

Thank you!

To help us continue to improve, please fill out the post-webinar evaluation.

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

nashp.org

@NASHPhealth

NASHP | National Academy for State Health Policy