CardinalCare
Virginia's Medicaid Program

DMAS NFAB Updates

October 23rd, 2025

DMAS

Role of DMAS in Supporting NF Quality

- DMAS framework for ensuring quality
  - Quality Assurance
    - Provider enrollment/credentialing (DMAS and MCOs)
    - Billing/reimbursement standards
  - Quality Incentives: Nursing Facility Value-Based Purchasing program
  - Quality Improvement: Nursing Facility Quality Improvement program

Virginia Medicaid Nursing Home Facts

DATA SUMMARY

Who do we serve?

~19K Virginia Medicaid members are in NFs.
The churn of Medicaid members in NFs year after year is almost 30%

Percentage of long stay residents whose need for help with daily activities has increased is 19.25 in VA compared to national average of 17.72
Percentage of long stay residents who have depressive symptoms in VA is 12.28 compared to National % of 9.33

Top RUG group reported in MDS assessments are KDSE, KDXE, KDSF, KAXE which indicate extensive rehabilitation services and a high level of physical and medical needs, that require a high level of care, leading to a high resource utilization classification

Average Number of Residents per Day in VA is 97.3 compared to national average of 83.4
Nursing Case-Mix Index in VA is 1.38544 compared to the national average of 1.36215

Current State
2025

Who are the providers?

There are 290 NFs providing services to Medicaid and Medicare members across VA. 33% of NFs are across 10 major cities *(with each city having 5+ NFs)*

43% of NFs have 1- or 2-star rating
70% of the NFs with a star rating of 1 and 2 have # certified beds of 100 to 200

~38% of NFs with 3-star & 4-star rating
73% NFs with a star rating of 3 and 4 have # certified beds of 50 to 150

~18% NFs with 5 Star rating
85% of the NFs with # certified beds of 50 or less have a star rating of 4 or 5

Quality Improvement Programs

The Civil Money Reinvestment Program (CMPRP)

- Solicits applications from potential vendors to use CMP reinvestment funds for projects that directly benefit NF residents.
- Supports and monitors implementation, spending, and progress toward goals of quality throughout the lifecycle of projects approved by CMS for use of funds.

The Nursing Facility Quality Improvement Program (NFQIP)

- Conducts a series of projects that utilize CMP reinvestment 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.

Civil Money Penalty Reinvestment Program (CMPRP)

Reinvests penalties assessed on noncompliant NFs back into facilities

Projects that directly improve the quality of life and care of residents

DMAS administers the program, and CMS makes the final funding determination

FY25- 16 Projects. 43% NFs in Virginia participated (n=124)

Currently 6 active projects

Next RFA to post Nov. 1, 2025

CardinalCare
Virginia's Medicaid Program

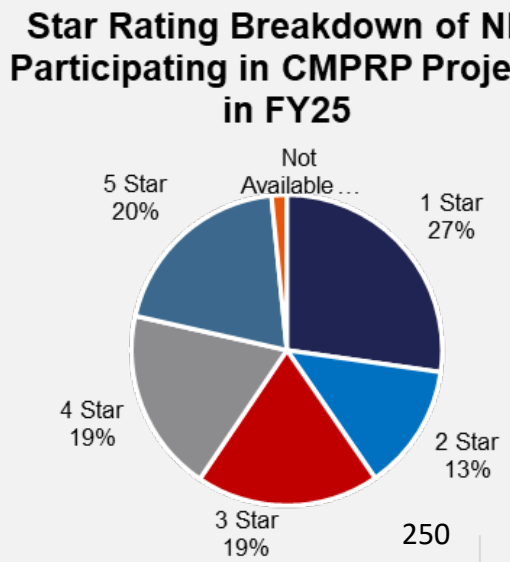
CMPRP Quick Facts

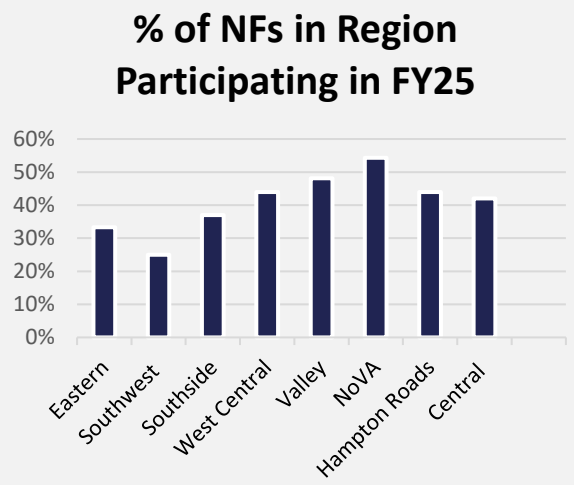
Total CMPRP Impact FY19 – FY25

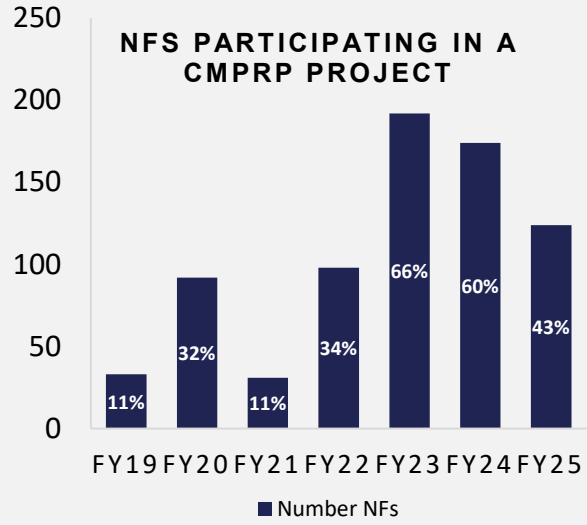
$7.7 Million reinvested

33 Unique Projects

Over 75% of NFs have participated







CardinalCare
Virginia's Medicaid Program

Nursing Facility Quality Improvement Program (NFQIP)

2022 budget item **308 Q.1.4:** DMAS to create and administer a Nursing Facility Quality Improvement Program with Civil Money Penalty (CMP) reinvestment funds.

DMAS partnering with VCU Gerontology to provide trainings, conferences, technical assistance, and other supports to NFs.

The first launched August 13, 2025, as a live workshop open to all NFs in the Commonwealth.

DMAS and VCU Outreach: targeted email blasts, social media, and networks (i.e. Long-Term Care Clinicians Network and the NF Associations)
https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/long-term-care/programs-and-initiatives/nursing-facility-quality-improvement-program-nfqip/

Evaluating: NF participation, change in participant knowledge, competence, & confidence

CardinalCare
Virginia's Medicaid Program

NFQIP Training Topics

Current

Deepening Your Person-Centered, Dementia Care Practice: A Learning and Relearning Journey

- 12 Virtual workshops over 3 years. Live "Huddle Up" session one month after each workshop.

Person-Centered Trauma-Informed Care Training Series

- 15 self-paced training courses bundled into 3 badge levels.

Upcoming

Staff Training on Value Based Purchasing Quality Metrics

- Support NF attainment and improvement in Virginia VBP PMs.
- First Webinar January 2026

Agreement with VCU for at least 2 more NFQIP project applications

- Anticipated start dates: Jan 2026 and June 2026

NF Quality and Process Improvement Initiatives

- **Currently Underway**
  - More frequent exchange of MDS data from VDH including Section Q data.
  - PDPM reimbursement methodology "Go live" 10/1/2025
  - HRA monitoring plan being carried out with the MCOs
- **Prospective**
  - Personal Needs Allowance Increase
  - National Core Indicators Aging and Disability Survey (Member Experience)
  - Nursing Home Staffing Campaign
  - Enhance Ownership Tracking and Data Collection through Provider Enrollment
  - LTSS Screening for Children
  - Quality Service Reviews
  - {Critical Incident Monitoring}
  - {NF Dashboard}

LTSS (Long-Term Services and Support) Screening

The Code of Virginia §32.1-330 requires that all individuals requesting the Commonwealth Coordinated Care Plus (CCC Plus) waiver, Program of All-inclusive Care for the Elderly (PACE) or Medicaid support for long-term services and supports (LTSS) in a nursing facility be screened to determine the level of care needed and their eligibility for LTSS.

Eligibility Criteria is based on:

- the degree of support needed to perform activities of daily living (ADLs) and physical health status;
- whether the individual has ongoing medical or nursing needs;
- and whether the individual is “at risk” for nursing facility admission or hospitalization within 30 days of the screening in the absence of the provision of services and supports (42CFR§441.302).

LTSS Screenings Cont.

Screenings are conducted by community-based teams including staff from local departments of social services/VDH and hospital staff at discharge. Additionally, PACE staff and skilled nursing facility staff (regulatory rules apply when a screening has not already been conducted), are also approved to conduct LTSS screenings.

DMAS-97

Documentation of Individual Choice

The following have been presented and discussed with the individual (discussion of each item is required):*

- ☐ The findings and results of the individual's evaluation and needs.
- ☐ The individual's right to a fair hearing and the appeal process.
- ☐ The individual's (or authorized representative's) consent to exchange information with the Department of Medical Assistance Services (DMAS) by signing and dating this form. This consent will remain in effect until revoked by the individual (or authorized respresentative) in writing.
- ☐ A choice between Institutional Care (nursing facility) and CCC Plus Waiver, and PACE (if available in service area).
- ☐ The individual's right to choice of provider(s). If known, insert provider name here:
- ☐ The individual's right of choice of service(s).
- ☐ The individual's potential to have a patient pay amount based on his or her income, regardless of the amount of institutional or community-based care received.
- ☐ The individual understands that, by using Consumer-Directed Services he or she bears the responsibilities associated with employing his or her own personal attendants. Note: DMAS is not the employer for Consumer-Directed Services.
- ☐ The individual understands when a diagnosis of mental illness, intellectual disabilities or related condition exists, a secondary evaluation is required to determine if additional services are needed during NF stay. Services can not start until the completion of the secondary evaluation and a determination is made as to whether specialty services are needed.
- ☐ At Risk: for CCC Plus waiver service authorizations - individuals must also meet the 'at risk' definition in order to receive services. At risk is defined according to 42 CFR 441.302(1): '...when there is a reasonable indication that an individual might need the services provided in a hospital or nursing facility in the near future (that is, a month or less) unless he or she receives home and community based services.'

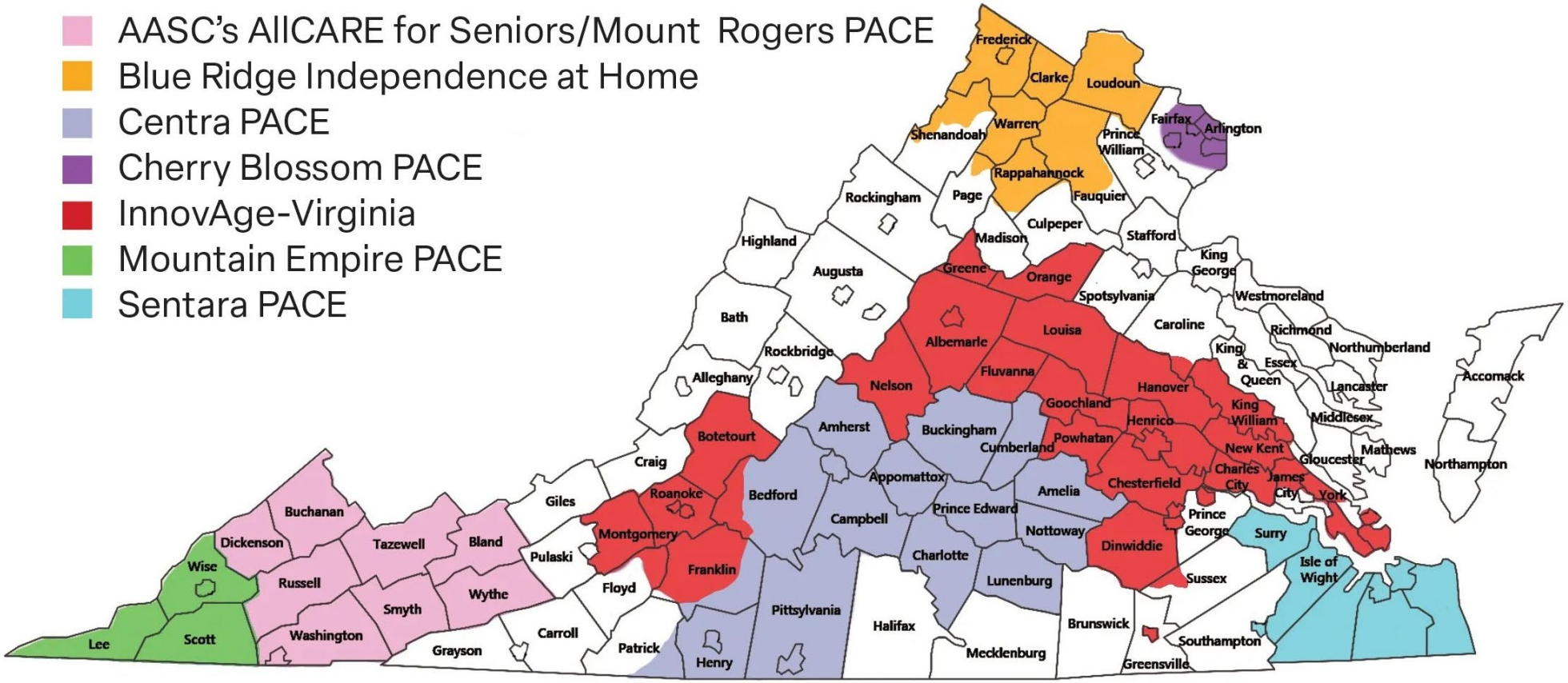
PACE (Program of All-inclusive Care for the Elderly)

Medicare and Medicaid program that helps people meet their health care needs in the community for as long as possible instead of going to a nursing home or other care facility.

Criteria:

- 55+
- Live in a PACE Service Area
- Require NF level of care as determined by a LTSS Screening
- Must be able to live ***safely*** in the community with PACE support

PACE Sites



CardinalCare
Virginia's Medicaid Program

PACE Services

- Nursing Home Care
- Physical & Occupational therapy
- Labs & X-rays
- Dentistry
- Emergency care
- Hospital care
- Meals and Nutritional Counseling
- Adult Day Health Center Based

CardinalCare
Virginia's Medicaid Program

Promoting PACE

- Initial managed care assignment letter & annual open enrollment letter
- DMAS required by regulation to include info about PACE in letters
- LTSS screening and DMAS-97
  - Every member screened for LTSS given info about choices including PACE
- Fed regulation allows PACE sites to do own marketing for their sites

Looking Forward

DMAS recognizes the important role that we play in driving meaningful change and we look forward to our renewed emphasis/continued partnerships to promote enhanced quality for our fellow Virginians residing in nursing homes