



COMMONWEALTH OF VIRGINIA
Virginia Board for People with Disabilities

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TO: NursingHomeOversight@governor.virginia.gov
Nursing Home Advisory Board on Oversight and Accountability

FROM: Teri Morgan

RE: Comment on the Nursing Home Advisory Board on Oversight and Accountability's
"Report to the Governor on Executive Order 52 – Strengthening Oversight of Virginia's
Nursing Homes"

I am writing to provide comments on behalf of the Virginia Board for People with Disabilities (the Board) regarding the Nursing Home Advisory Board on Oversight and Accountability's "Report to the Governor on Executive Order 52 – Strengthening Oversight of Virginia's Nursing Homes." Thank you for the opportunity to provide input.

The Board applauds this effort to address the pressing need for improved oversight of nursing homes in Virginia. The creation of the Nursing Home Advisory Board on Oversight and Accountability (the Advisory Board) and the recommendations in this report are positive steps towards strengthening the quality of care provided to the Commonwealth's most vulnerable residents.

The Board urges the Advisory Board to acknowledge that some of issues and solutions regarding nursing homes also apply to other long-term care facilities including intermediate care facilities for individuals with intellectual disabilities (ICF/IDs). There are over 60 ICF/IDs in Virginia with over 550 beds. They provide care to address all their residents' needs and provide treatment to maintain or improve their skills. The Virginia Department of Health (VDH) is behind on recertifying about 97% of them, according to the federal Quality, Certification, & Oversight Reports database. The Board first identified this problem in its [2021 assessment of ICF/IDs](#) and provided updated data in [a 2025 policy brief](#).

The Board has identified several recommendations in this report that could apply to ICF/IIDs as well, listed below with additional context. The recommendations aim to improve public information, inter-agency collaboration, resident advocacy, and the transition to community services. While some of the details may not be directly relevant to ICF/IIDs, the general intent is still applicable. The Board believes that acknowledging other long-term care facilities, when relevant, can further leverage the Advisory Board's work to support our most vulnerable citizens.

Please feel free to contact Nia Harrison at nia.harrison@vbp.virginia.gov or 804-786-7333 if you have any comments or questions.

Improve Public Information

The following 5 report recommendations to improve public information could also apply to ICF/IIDs:

- Increase visibility for persistently poorer performing nursing facilities and establish more in-depth reviews and corrective action. (Workstream 1)
- Create a portal linking the VDH website more prominently to the publicly available data through the Centers for Medicare & Medicaid Coverage (CMS), making currently available data more accessible. Ensure that accurate CMS data is utilized so that the data is updated with real-time accuracy. (Workstream 2)
- 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) (Workstream 3)
- Develop and provide educational resources alongside a campaign to inform individuals of their rights. Provide a handbook with resources (e.g., contact directory, agency guide). 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). (Workstream 3)
- Utilize and expand on the Virginia Department of Health dashboard to include the above noted information. (Workstream 3)

Like nursing homes, information about ICF/IIDs is not readily available to the public in an easy-to-understand format. VDH recently added a website link to federal data on nursing homes, but there is no link to federal data on ICF/IIDs (the Quality, Certification, & Oversight Reports database). Certification reports are available on the VDH website, but they include federal terminology that may be difficult for the public to understand and do not summarize trends over time or across facilities. Oversight reports by the Department of Behavioral Health and Developmental Services have not provided a breakdown of information specific to ICF/IIDs, as discussed in recommendations 19 of our [2021 assessment of ICF/IDDS](#). The Department of Medical Assistance Services does not share basic data on the number of ICF/IIDs, the number of residents who live there, nor related costs, as discussed in recommendation 9 of our [2021 assessment of ICF/IDDS](#).

Improve Inter-Agency Collaboration

The following recommendation to improve inter-agency collaboration could also apply to ICF/IIDs:

“Increase cross-agency data sharing to improve oversight, coordination, and service delivery for nursing homes. (VDH, Department of Medical Assistance Services, Department of Social Services, Department of Aging and Rehabilitative Services, & Department of Health Professions) (Workstream 2)”

Like nursing homes, inter-agency collaboration is needed to effectively oversee ICF/IIDs. ICF/IID oversight responsibilities are fragmented across several agencies including the Department of Behavioral Health and Developmental Services which licenses them, VDH which certifies them, and the Department of Medical Assistance Services which provides Medicaid reimbursement.

Recommendations 22 and 23 in our [2021 assessment of ICF/IDDs](#) address the need for more inter-agency data sharing and recommendations 24-26 identify opportunities for inter-agency alignment.

Support Resident Advocacy

The following 2 report recommendations to support resident advocacy could also apply to ICF/IIDs:

- Fully fund the State Long-Term Care Ombudsman Programs to support effective resident advocacy (Workstreams 1 and 3)
- 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 (Workstream 3)

Like nursing homes, advocacy from ICF/IID residents and families is an important component of effective oversight. Unfortunately, the State Long-Term Care Ombudsman Program does not appear to address ICF/IIDs. The Commonwealth should consider giving the Ombudsman the resources needed to do so, which may include additional authority or funding.

Support the Transition to Community-Based Services

The following report recommendation to support the transition to community-based services could also apply to ICF/IIDs:

“Expand and prioritize funding for high-quality home- and community-based services as alternatives to nursing facility care, so that individuals can safely remain in their own homes and communities” (Workstream 1)

The Board has been a longstanding advocate for ensuring that people with developmental disabilities are served in the most integrated setting that meets their needs, as required by the *Olmstead v L.C.* ruling. Community-based services are more cost-effective than institutional care and can support a higher quality of life.