

decline in falls, including falls with major injury. Staff acceptance and project implementation varied across nursing homes and was related to organizational policies that did not adapt care based on residents needs on any given day. Adaptability, not just knowledge, is important for ensuring the safety of residents. Future work will focus on the role of leadership in promoting more open systems for delivering care.

NOT READY FOR PRIME TIME: A FAILED STUDY TESTING A TECHNOLOGICAL INTERVENTION IN NURSING HOME CARE

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This pilot-study tested an adaptation of a successful family caregiver telehealth support intervention in nursing home settings. The goal was to support staff in managing challenging behaviors of residents with dementia. Nursing homes were provided with an iPad mini equipped with a special application to video record staff-resident challenging care situations. Videos were uploaded to a secure site for review by dementia care experts who provided feedback to improve care. Despite efforts to engage staff, only four videos were submitted. Factors including privacy, workload, and fear of documenting abuse contributed to implementation failure. The same intervention was successfully implemented in the home setting; differences in engagement and utilization will be discussed. Understanding the unique environments of nursing home dementia care is needed to successfully implement technology-based interventions to improve care. Evaluation of factors predicting the failure of this intervention may inform future research.

CHANGING NURSING HOME CULTURE: LONG-TERM CARE LEADERSHIP ACADEMY

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Nursing homes that fostered open communication and teamwork were more likely to change their practices and adopt the "It's Not OK to Fall" program. This pilot study evaluated the feasibility and acceptance of a team-building approach for developing leadership skills to three groups of coworkers: Administrators/Directors of Nursing, charge nurses, and certified nursing assistants (CNA) employed by nursing homes in Oklahoma. Each coworker group received one day of job specific leadership training, with another one half-day session where all levels engaged in team-building exercises. Participant satisfaction with course content ranged from agree-to-strongly agree. All stated that they could apply the leadership strategies at their facility. Administrators/Directors of Nursing found tools for tracking turnover/retention and strategies for improving staff communication helpful. Charge nurses and certified nursing assistants seldom viewed themselves as leaders, found coworker group communication very fragmented, and felt least knowledgeable about nursing home care best practices.

SESSION 3555 (PAPER)

LONG-TERM CARE III

A CHANGING INDUSTRY IN A CHANGING WORLD: LONG-TERM SERVICES WHERE ARE YOU GOING?

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From its name to the type and setting of care provided, the world of long-term services and supports has changed dramatically in the last two decades. Using 26 years of longitudinal data from the state of Ohio this presentation describes how the long-term services system is different from the one that existed in the early 1990's. Data come from 13 biennial surveys of Ohio nursing homes and residential care facilities (95% response rate) and comprehensive resident and home care participant data on user characteristics and utilization rates. Findings show large changes in where services are provided and who receives services. For example, Ohio, as has most other states, has changed the ratio of its older population using Medicaid long-term care, going from 91% nursing home users in 1993, to more than half using home and community-based services in 2017. At the same time the sheer number of admissions to Ohio nursing homes increased from 70,000 to more than 220,000 and Medicare admissions increasing from 30,000 to 145,000, painting a picture of today's nursing home as a short-term care provider. These massive changes indicate an industry in transition. What will this mean for the future of the home care and nursing home industries? What will tomorrow's system of long-term services and supports look like? Building on more than two decades of findings the presentation will tackle the question of where long-term services is going in the future.

BARRIERS AND FACILITATORS TO IMPLEMENTING COMMUNITY FIRST CHOICE

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Community First Choice is a program within the Affordable Care Act that encourages states to expand Medicaid home and community-based services (HCBS). Specifically, this Medicaid state plan benefit provides states with an additional 6% federal match to promote greater rebalancing of long-term services and supports. Through Community First Choice, states can offer services that assist with activities of daily living, instrumental activities of daily living, and health-related tasks. The program is optional for states, and, to date, eight states have pursued Community First Choice. The purpose of this study is to understand the barriers and facilitators to implementing Community First Choice in two states. Data was collected through semi-structured interviews with individuals involved in HCBS policy nationally and in Maryland and Texas, including government bureaucrats, consumer advocates, and provider representatives. The results suggest that communication with the Centers for Medicare and Medicaid Services, the