

Severe HCB is significantly associated with nursing home entry (RRR=2.66, SE=0.89) and this association is only partially mediated by health factors (RRR=2.16, SE=0.72) and resources (RRR=1.95, SE=0.64). Among community-stayers, severe HCB is significantly associated with unmet care need across all models. This study suggests that affordable housing is an important protective factor for older adults to age well in the community.

BARRIERS AND FACILITATORS TO IMPLEMENTING THE BALANCING INCENTIVE PROGRAM (BIP)

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The Balancing Incentive Program (BIP) was an optional Medicaid program within the Affordable Care Act. States spending less than 50% of Medicaid long-term services and supports on home and community-based services (HCBS) were eligible for the program and could participate from 2011 to 2015. Participating states received an enhanced federal match in exchange for rebalancing LTSS spending and adopting structural changes to their long-term services and supports system. The purpose of this study is to understand the barriers and facilitators to implementing the BIP 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. Findings indicate that factors that facilitated Maryland and Texas' implementation of the BIP were regular communication with the Centers for Medicare and Medicaid Services and their consultants, Mission Analytics Group, merging the BIP with existing HCBS programs, and the substantial amount of funding associated with the program. On the other hand, the short duration of the BIP presented a challenge for states because they needed to enact multiple changes within a limited period of time. In addition, state procurement and contracting processes impeded the speed with which BIP requirements could be met. Key stakeholders, including consumer advocacy and provider organizations, often felt as though their state implemented the BIP with minimal input from interested groups. The findings indicate that the structure of the Balancing Incentive Program as well as internal state factors influenced the program's implementation.

THE IMPACT OF CULTURE CHANGE ON FINANCIAL PERFORMANCE OF HIGH MEDICAID NURSING HOMES

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This study examines the association between culture change artifacts and financial performance among under-resourced nursing homes (70% or higher Medicaid census). Culture change represents a transformational process to become person-centered, through staff and resident empowerment. Cultural artifacts represent the physical evidences that culture change is occurring. In this study, we focus on the workplace (nurse staffing consistent

assignments) and leadership (residents engagement) artifacts to assess the relationship between culture change practices and performance. Survey data came from 387 nursing home directors from 2016- 2018, merged with secondary data from LTCFocus, Area Health Resource File, and Medicare Cost Reports. The dependent variable consisted of the total profit margin (%), while the independent variables comprised composite scores for leadership (0-25) and workplace artifacts (0-15). Control variables included organizational-level (ownership, chain affiliation, size, occupancy rate, and Medicare and Medicaid payer mix), and county-level factors (Medicare Advantage penetration, per capita income, educational level, unemployment rate, poverty level and competition). Multivariate regression was used to model the relationship between cultural change artifacts and financial performance. Workplace artifacts in nursing homes were found to be associated with significantly higher profit margin ($\beta = 0.30$, $p < 0.05$), while leadership artifacts were not. Culture change practices aimed at improving nursing staff consistent assignments are associated with better financial performance. Given increasing nursing home market competition and declining resources for high Medicaid nursing homes, facilities with a greater emphasis on workplace culture may be able to perform better financially among these under-resourced facilities.

NAO TAKES A BOW: USING SOCIAL ROBOTS TO ENHANCE THE MOOD OF OLDER ADULTS LIVING IN RESIDENTIAL CARE SETTINGS

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Social robots have been utilized in research with older adults, however, few studies have integrated participatory arts (e.g. theatre) into social robotic platforms with this population. An interdisciplinary team designed an intervention integrating theater and social robotics with the aim of improving the mood of older adults. A purposive sample of persons age 65 and older (N = 15) participated in this 3-session pilot study that involved a Shakespeare activity using the robot, NAO. Mixed methods included interview questions as well as short survey measures of depression, loneliness, and a simplified face scale for mood pre and post each session. Results from Repeated Measurement Analysis of Variance (ANOVA) showed that face scale scores significantly decreased across six time periods ($F = 2.72$ (5, 50), $p < .05$) and this decrease marginally differed between participants with dementia ($M = 2.50$, $SD = 1.73$) and those without dementia ($M = 1.62$, $SD = 0.52$). In addition, depression scores marginally significantly decreased after intervention ($F = 2.28$ (5, 40), $p < .10$) and these declines were also marginally significantly different for participants with ($M = 0.67$, $SD = 0.58$) or without dementia ($M = 0.86$, $SD = 0.69$). Qualitative findings suggest that participants were highly engaged and responsive to the intervention. We discuss the promising aspects of using social robotics as a platform for participatory arts interventions with older adults and offer recommendations for future interdisciplinary studies involving the use of innovative technology in residential care settings.