the perspectives of the residents themselves have been largely overlooked and excluded. The aim of this study is to identify and understand the barriers and embedded institutional logics in the news reporting process of LTC that prevent residents from being included and interviewed. Using a purposive sampling strategy, the researchers conducted 26 semi-structured interviews with LTC administrators (n=7), journalists on the topics of aging and LTC (n=7), and older residents living in LTC settings (n=12) in the United States. Thematic analysis is applied to the data to qualitatively extract the guiding logics frameworks of each stakeholder group. Findings are grouped into the following four themes: (1) residents are not considered "experts" by reporters and are therefore not a prioritized source of information; (2) facility administrators fear for the facility’s public image & reputation and do not enthusiastically cooperate with inquiring reporters; (3) facilities were in physical lockdown for several months during the COVID-19 pandemic, and (4) residents feel forgotten and unheard. Implications of this study point to the social exclusion of older residents living in LTC and reductive reporting that fails to capture their nuanced and dynamic lived experiences.

IMPROVING SERVICES TO LGBTQ+ OLDER ADULTS: NEEDS OF MICHIGAN LONG-TERM CARE PROVIDERS
Anne Hughes, Linda Keilman, and Leo Kattari, Michigan State University, East Lansing, Michigan, United States

Long term care (LTC) providers need information about providing competent care to LGBTQ+ older adults. Providers who are not educated can inadvertently provide biased care. Our research identified preferences for education among providers of LTC services in Michigan (MI). In this descriptive cross-sectional study we used an online survey to collect data from MI facilities (N= 429). Survey items included facility characteristics, diversity training history, perceived need for training on LGBTQ+ older adults, barriers to training, interest in additional training on LGBTQ+ older adults and LTC, and training preferences. Results were obtained from 71 facilities. Thirty-seven percent of responses came from direct care workers, 63% from administrators. There was good support for diversity training, with 24% stating diversity training was “somewhat important” and 74% stating it was “very important”. A majority (63%) had had some diversity training in the past year. Most (72%) endorsed the need and desire for more training on LGBTQ+ aging. More content on transgender older adults and concerns such as room assignments, dementia, and use of pronouns were identified. Barriers to training included: cost, availability of trainers with the appropriate expertise, ability to reach large numbers of employees, staff turnover, bias, and ignorance among staff and residents, and need to provide rationale for this type of training. Most endorsed a mixed type of training and a training length between 1 and 3 hours. Diversity training is critical to LTC and needs to be expanded to include needs of the aging LGBTQ+ community.

OLDER BLACK LESBIANS’ NEEDS AND EXPECTATIONS IN RELATION TO LONG-TERM CARE FACILITY USE
Meki Singleton1, Mary Anne Adams2, and Tonia Poteat3, 1. University of Southern California, Los Angeles, California, United States, 2. ZAMI NOBLA: National Organization of Black Lesbians on Aging, Atlanta, Georgia, United States, 3. University of North Carolina Chapel Hill, Chapel Hill, North Carolina, United States

The older adult sexual minority (SM) population encompasses a vast array of individuals from diverse backgrounds. However, there is a dearth of gerontological research that focuses on the experiences of SM subgroups, particularly older Black lesbians. The purpose of this study was to explore older Black lesbians’ needs and expectations in relation to the utilization of long-term care (LTC) facilities. We conducted secondary data analysis using data from 14 focus groups (n=100) that discussed health and aging with older Black lesbians. Transcriptions were analyzed in NVivo 12 using content analysis and structural coding. Three major themes were identified in relation to needs and expectations for LTC facility use: (1) consideration of or plans established to utilize a LTC facility, (2) concern for care facility environment, and (3) a desire to build one’s own community instead of LTC use. Within these themes, prominent topics included having to rely on LTC due to a lack of family or social support, the possibility of being isolated and stigmatizing their lesbian identity and creating communities of mutual support to avoid facility-based care. These findings illustrate how older Black lesbians are planning for a potential need for LTC, their concerns about utilizing LTC, and alternative approaches to avoid LTC use. There remains a continued need for LTC communities that are inclusive and supportive of SM older adults as well as more SM-only communities where older adults can live openly and authentically.

RACIAL AND ETHNIC DIFFERENCES IN PARTICIPANT EXPERIENCE OF HOME- AND COMMUNITY-BASED SERVICES
Howard Degenholtz, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

It is widely recognized that racial and ethnic minorities experience lower quality of care and worse health outcomes across a wide range of health services and long-term care settings. However, less is known about racial and ethnic differences in home and community-based services (HCBS). This study used the HCBS version of the Consumer Assessment of Health Providers Survey (CAHPS) to examine participant experience of care in a large, statewide Medicaid program. The CAHPS-HCBS is a validated measure of quality of HCBS that supplements measures of health outcomes and provides policy makers with critical data on system performance. As part of a larger evaluation of Pennsylvania’s transition to Managed care for users of HCBS, representative samples of older adults were interviewed before and after the program was implemented. This study takes advantage of the phased implementation of managed care to estimate the causal effect of the program on differences in participant experience by racial and ethnic group. In general, non-Hispanic whites rated their overall satisfaction with HCBS lower than non-Hispanic Black and Hispanic people. The implementation of Managed care was associated with improvements in non-Hispanic Black and Hispanic ratings of personal care and service coordination, but not that of non-Hispanic whites. One implication of