

Appendix #11

**First Draft of the Legislative Proposal, Fiscal Impact Analysis
and Written Comment Received by October 20, 2004**

**Board of Health Professions
2004 Session of the General Assembly**

Draft Legislation

A BILL to amend and reenact §§ 54.1-2503, 54.1-3100, 54.1-3101, 54.1-3102, 54.1-3103 and 63.1-1803 of the Code of Virginia to require licensure for administrators of assisted living facilities and to expand and rename the Board of Nursing Home Administrators as the Board of Long Term Care Administrators.

Be in enacted by the General Assembly:

1. That §§ 54.1-2503, 54.1-3100, 54.1-3101, 54.1-3102, 54.1-3103 and 63.1-1803 of the Code of Virginia are amended and reenacted as follows:

1 § 54.1-2503. Boards within Department.

2 In addition to the Board of Health Professions, the following boards are included within
3 the Department: Board of Audiology and Speech-Language Pathology, Board of
4 Counseling, Board of Dentistry, Board of Funeral Directors and Embalmers, Board of
5 Long Term Care Administrators, Board of Medicine, Board of Nursing, ~~Board of Nursing~~
6 ~~Home Administrators~~, Board of Optometry, Board of Pharmacy, Board of Physical
7 Therapy, Board of Psychology, Board of Social Work and Board of Veterinary Medicine.

8 § 54.1-3100. Definitions.

9 As used in this chapter, unless the context requires a different meaning:

10 “Assisted living facility” means any public or private facility, as defined in § 63.2-100,
11 that is required to be licensed as an assisted living facility by the Department of Social
12 Services and that provides assisted living care as defined in § 63.2-100.

13 “Assisted living facility administrator” means any individual charged with the general
14 administration of an assisted living facility, regardless of whether he has an ownership
15 interest in the facility.

16 "Board" means the Board of ~~Nursing Home~~ Long Term Care Administrators.

17 "Nursing home" means any public or private facility required to be licensed as a nursing
18 home under the provisions of Chapter 5 (§ 32.1-123 et seq.) of Title 32.1 and the
19 regulations of the Board of Health.

20 "Nursing home administrator" means any individual charged with the general
21 administration of a nursing home regardless of whether he has an ownership interest in
22 the facility.

23 § 54.1-3101. Board of ~~Nursing Home~~ Long Term Care Administrators; terms; officers;
24 quorum; special meetings.

25 The Board of ~~Nursing Home~~ Long Term Care Administrators shall consist of ~~seven~~ nine
26 members, four who are licensed nursing home administrators, two who are assisted living
27 facility administrators, two who are from professions and institutions concerned with the
28 care and treatment of chronically ill and elderly or mentally impaired patients or
29 residents, and one who is a resident of a nursing home or assisted living facility or a
30 family member of a resident of a nursing home or assisted living facility. Two of the
31 licensed nursing home administrators shall be administrators of proprietary nursing
32 homes. The terms of Board members shall be four years.

33 The Board shall annually elect a chairman. ~~Four~~ Five members of the Board, including
34 one who is not a licensed nursing home administrator or assisted living facility
35 administrator, shall constitute a quorum. Special meetings of the Board shall be called by
36 the chairman upon the written request of any three members.

37 The Board shall be authorized to promulgate canons of ethics under which the
38 professional activities of persons regulated shall be conducted.

39 § 54.1-3102. License required.

40 In order to engage in the general administration of a nursing home, it shall be necessary
41 to hold a nursing home administrator's license issued by the Board.

42 In order to engage in the general administration of an assisted living facility as defined in
43 § 54.1-3100, it shall be necessary to hold an assisted living facility administrator's license
44 or a nursing home administrator's license issued by the Board.

45 § 54.1-3103. Administrator required for operation of nursing home or assisted living
46 facility; operation after death, illness, etc., of administrator; notification of Board.

47 All licensed nursing homes and licensed assisted living facilities within the
48 Commonwealth shall be under the supervision of an administrator licensed by the Board.
49 If a licensed nursing home administrator or licensed assisted living facility administrator
50 dies, becomes ill, resigns or is discharged, the nursing home or assisted living facility
51 which was administered by him at the time of his death, illness, resignation or discharge
52 may continue to operate until his successor qualifies, but in no case for longer than ~~six~~
53 months is permitted by the licensing authority for the facility. The temporary supervisor
54 or administrator shall immediately notify the Board of ~~Nursing Home~~ Long Term Care
55 Administrators and the Commissioner of Health that the nursing home is operating
56 without the supervision of a licensed nursing home administrator or the Commissioner of
57 Social Services that the assisted living facility is operating without the supervision of a
58 licensed assisted living facility administrator.

59 § 63.2-1803. Staffing of assisted living facilities.

60 A. ~~An administrator is any person meeting the qualifications for administrator of an~~
61 ~~assisted living facility, pursuant to regulations adopted by the Board.~~ An administrator of

62 an assisted living facility providing assisted living care shall be currently licensed as an
63 assisted living facility administrator by the Virginia Board of Long Term Care
64 Administrators. Any person meeting the qualifications for a licensed nursing home
65 administrator under § 54.1-3103 shall be deemed qualified to (i) serve as an administrator
66 of an assisted living facility or (ii) serve as the administrator of both an assisted living
67 facility and a licensed nursing home, provided the assisted living facility and licensed
68 nursing home are part of the same building.

69 B. The assisted living facility shall have adequate and sufficient staff to provide services
70 to attain and maintain (i) the physical, mental and psychosocial well-being of each
71 resident as determined by resident assessments and individual plans of care and (ii) the
72 physical safety of the residents on the premises. Upon admission and upon request, the
73 assisted living facility shall provide in writing a description of the types of staff working
74 in the facility and the services provided, including the hours such services are available.

75 **2. That provisions of §§ 54.1-3102, 54.1-3103 and 63.2-1803, requiring licensure of**
76 **assisted living facility administrators, shall not become effective until July 1, 2007.**

77 **3. That the Board of Long Term Care Administrators shall submit the proposed**
78 **criteria for licensure of assisted living administrators to the chairmen of the House**
79 **Committee on Health, Welfare and Institutions and the Senate Committee on**
80 **Education and Health prior to January 1, 2005.**

Virginia Dept. of Health Professions
Assisted Living
Projected Cost
July 2006 through June 2007

Expenses

1100 · Personal Services	
1110 · Employee Benefits	
1111 · Employer Retirement Contrib.	2,495
1112 · Fed Old-Age Ins- Sal St Emp	2,142
1113 · Fed Old-Age Ins- Wage Earners	
1115 · Medical/Hospitalization Ins.	9,480
1116 · Retiree Medical/Hospitalizatn	291
1117 · Long term Disability Ins	462
Total 1110 · Employee Benefits	14,870
1120 · Salaries	
1123 · Salaries, Classified	28,000
1125 · Salaries, Overtime	-
Total 1120 · Salaries	28,000
1130 · Special Payments	
1134 · Specified Per Diem Payment	1,000
1138 · Deferred Compnstn Match Pmts	480
Total 1130 · Special Payments	1,480
1140 · Wages	
1141 · Wages, General	-
Total 1140 · Wages	-
Total 1100 · Personal Services	44,350
1200 · Contractual Services	
1209 · Charge Card Purchases	
1210 · Communication Services	
1214 · Postal Services	300
1215 · Printing Services	300
1216 · Telecommunications Svcs (DIT)	200
Total 1210 · Communication Services	800
1220 · Employee Development Services	
1221 · Organization Memberships	1,000
1222 · Publication Subscriptions	
1224 · Emp Trning Courses, Wkshp & Cnf	250
Total 1220 · Employee Development Services	1,250
1240 · Mgmnt and Informational Svcs	
1247 · Legal Services	1,000
1248 · Media Services	400
Total 1240 · Mgmnt and Informational Svcs	1,400
1250 · Repair and Maintenance Svcs	
1253 · Equip Repair & Maintenance	-
Total 1250 · Repair and Maintenance Svcs	-
1260 · Support Services	
1267 · Production Services	350
1268 · Skilled Services	-
Total 1260 · Support Services	350
1280 · Transportation Services	
1282 · Travel, Personal Vehicle	1,060
1283 · Travel, Public Carriers	100
1284 · Travel, State Vehicles	
1285 · Travel, Subsistence & Lodging	775
1288 · Trvl, Meal Reimb- Not Rprtble	350
Total 1280 · Transportation Services	2,285
Total 1200 · Contractual Services	6,085

Virginia Dept. of Health Professions

Assisted Living

Projected Cost

July 2006 through June 2007

1300 · Supplies And Materials	
1310 · Administrative Supplies	
1312 · Office Supplies	50
1313 · Stationery and Forms	150
Total 1310 · Administrative Supplies	<u>200</u>
Total 1300 · Supplies And Materials	200
1500 · Continuous Charges	
1510 · Insurance-Fixed Assets	
1516 · Property Insurance	-
Total 1510 · Insurance-Fixed Assets	<u>-</u>
1520 · Capital Lease Payments	
1525 · Building Capital Leases	1,500
Total 1520 · Capital Lease Payments	<u>1,500</u>
1530 · Operating Lease Payments	
1534 · Equipment Rentals	-
Total 1530 · Operating Lease Payments	<u>-</u>
1550 · Insurance-Operations	
1551 · General Liability Insurance	50
1554 · Surety Bonds	10
1555 · Workers Compensation	200
Total 1550 · Insurance-Operations	<u>260</u>
Total 1500 · Continuous Charges	1,760
2200 · Equipment Expenses	
2209 · Charge Card Purchases	-
2220 · Educational & Cultural Equip	
2224 · Reference Equipment	-
Total 2220 · Educational & Cultural Equip	<u>-</u>
2260 · Office Equipment	
2261 · Office Appurtenances	200
2262 · Office Furniture	1,200
2263 · Office Incidentals	150
2264 · Office Machines	3,100
Total 2260 · Office Equipment	<u>4,650</u>
Total 2200 · Equipment Expenses	<u>4,650</u>
Total Direct Expense	<u>57,045</u>
Other Expense	
9001 · Allocated Expenditures	
9205 · Dnstry & Nursng Home Admin	23,675
9301 · DP Operations & Equipment	12,544
9302 · Human Resources	2,465
9303 · Finance	6,154
9304 · Director's Office	2,796
9305 · Enforcement	50,000
9306 · Administrative Proceedings	5,000
9307 · Impaired Practitioners	1,000
9308 · Attorney General	1,000
9309 · Board of Health Professions	1,000
9311 · Moving Costs	-
Total 9001 · Allocated Expenditures	<u>105,634</u>
987900 · Cash Trsfr Out- Appr Act Pt. 3	1,200
Total Other Expense	<u>106,834</u>
Total Direct and Allocated Expenses	<u>163,879</u>

**Written Comment Received on the
Regulatory Research Committee Legislative Proposal to
License Administrators of Assisted Living Facilities**

October 20, 2004

Carter, Elizabeth A.

From: Carter Harrison [carter.harrison@alz.org]
Sent: Wednesday, October 20, 2004 10:52 AM
To: Carter, Elizabeth A.
Subject: Alzheimer's Association's comments on Licensure for AL Administrators

Dr. Carter,

Attached are the comments from the Alzheimer's Association.

<< Assisted Living Administrator Licensure Comments04.pdf >>

Carter Harrison
Public Policy Coordinator
Alzheimer's Association
4600 Cox Rd., STE 130
Glen Allen, VA 23060
(804) 967-2594 voice
(804) 967-2588 fax



Virginia Chapters

Central and Western Virginia
1807 Seminole Trail
Suite 204
Charlottesville, VA 22901
434-973-6122

Greater Richmond
4600 Cox Road
Suite 130
Glen Allen, VA 23060
804-967-2580

National Capital Area
11240 Waples Mill Road
Suite 402
Fairfax, VA 22030
703-359-4440

Southeastern Virginia
#20 Interstate Corporate Center
Suite 233
Norfolk, VA 23502
757-459-2405

October 20, 2004

Virginia Board of Health Professions
6603 West Broad Street, Fifth Floor
Richmond, VA 23230-1712

RE: ASSISTED LIVING ADMINISTRATOR LICENSURE LEGISLATION
COMMENTS

Dear Chairperson,

The Alzheimer's Association agrees with the recommendation to create the Board of Long Term Care Administrators. We support most aspects of the legislation, but since there are approximately as many nursing home beds as assisted living beds in Virginia, it is important for the board to reflect this parity. Therefore, the Alzheimer's Association recommends the following changes to the board composition:

- 2 nursing home (NH) administrators
- 2 assisted living (AL) administrators
- 1 NH resident/family member
- 1 AL resident/family member
- 2 professionals knowledgeable about care and treatment of chronically ill, geriatric and mentally impaired individuals
- 1 professional knowledgeable about the care and treatment of individuals with dementia [This recommendation reflects the high prevalence of dementia among both nursing home and assisted living residents.]

***If the board size can be increased beyond 9, then the recommendation is to add one additional administrator each for assisted living and nursing home.**

The association commends the board for proposing this legislation and we look forward to working with you.

Sincerely,

Carter R. Harrison

Alzheimer's Disease and Related Disorders Association Inc.

Public Policy Coordinator

4600 Cox Road, Suite 130, Glen Allen, VA 23060 • Phone (804) 967-2594 • Fax (804) 967-2588

Carter.Harrison@alz.org



October 20,2004

Transmitted Via Email and Fax

Virginia Board of Health Professions
6603 West Broad Street.
Fifth Floor
Richmond, Virginia 23230-1712

Dear Dr. Carter,

On behalf of Sunrise Senior Living I would like to thank you for the opportunity to comment on the draft legislative proposal for the licensure of administrators/ executive directors of assisted living communities. I believe we share the common goals to provide quality care and quality of life to assisted living residents, however we may not agree on the best means to accomplish these goals.

There are many factors that contribute to quality in assisted living, and certainly the qualifications of the executive director are extremely important. There are many skills and characteristics that make someone qualified to be an assisted living executive director. As the leader of the community, the executive director needs supervisory skills, business experience, expertise in the field of aging, knowledge of assisted living regulations and laws, belief in the mission and goals of assisted living and most important a passion to serve others and a belief in the sacred value of human life.

The important criteria listed above are not easily measurable on an exam. To assume someone who passes a competency exam and receives a "license" is going to be a qualified assisted living executive director is a flawed assumption. I assume this is why there are very few health care professions that require licensure. You do not have to be licensed to be a CEO of a hospital, home care agency, hospice or a major assisted living company.

The assumption in the draft proposal that a licensed nursing home administrator is qualified to be an executive director of an assisted living community is another flawed assumption. As I am sure the Virginia Board of Health Professions is aware, completely different laws and regulations govern nursing homes and assisted living. In addition the philosophy and principles of service are very different. Therefore holding a license as a nursing home administrator alone would not render someone qualified to be an executive director of an assisted living community.

International Headquarters

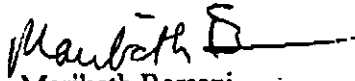
7902 Westpark Drive McLean, VA 22102 phone (703) 273-7500 fax (703) 744-1601
www.sunriseseniorliving.com

Existing assisted living regulations already address executive director qualifications. If the concern is that current executive directors need more training or experience, I suggest this section of the current regulations be amended to require additional hours of training or experience.

However if the concern is that the quality of care provided in assisted living communities needs to be improved, there are other ways to address this issue. Assisted Living is regulated in Virginia and operators are licensed and ultimately responsible for the care provided in the community. Enforcement of current regulations must be a priority and the operators must be held accountable to ensure the well being of assisted living residents.

Thank you again for the opportunity to provide comments. I look forward to working with you and the Board on this very important issue.

Sincerely,



Maribeth Bersani
National Director of Government Affairs
Sunrise Senior Living

Carter, Elizabeth A.

From: Margaret Schultze [margaret.schultze@dss.virginia.gov]
Sent: Tuesday, October 19, 2004 7:33 PM
To: Carter, Elizabeth A.
Cc: 'Jane Woods'; Maurice Jones
Subject: VDSS Comments on Proposed Licensure of ALF Administrators

Dr. Carter:

Commissioner Maurice Jones asked that I forward to you the Virginia Department of Social Services' comments on the proposed legislation to license ALF Administrators. A hard copy is being placed in the mail. If you have trouble receiving/opening the document, please contact me.

Margaret

Margaret Schultze
Office of the Commissioner
Virginia Department of Social Services
7 North Eighth Street, 6th Floor
Richmond, Virginia 23219
p: 804.726.7012
f: 804.726.7015
margaret.schultze@dss.virginia.gov



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

October 19, 2004

Elizabeth A. Carter, Ph.D.
Executive Director
Virginia Board of Health Professions
6603 West Broad Street, Fifth Floor
Richmond, Virginia 23230-1712

Dear Dr. Carter:

Thank you for allowing me to offer my thoughts and suggestions about the licensure of Assisted Living Facility (ALF) Administrators. I want to thank the Research Committee and staffs of the Board of Health Professions for their attention to this opportunity. I believe ALF administrator licensing is an avenue that holds great promise for helping to improve the safety and well-being of the consuming public by ensuring that facility administrators are well-prepared and personally accountable for facility performance.

My concerns and recommendations are as follows:

- I would strongly urge the Board *not* to establish the nursing home administrator license as an acceptable substitute for an ALF administrator license. While there is a large core of common knowledge required to administer either setting, I believe it is a serious mistake to discount the very real differences between the two types of facilities. ALFs differ from nursing homes in some significant respects, including:
 - Wider range, both in type and severity, of behavioral health issues among residents
 - Greater diversity, mobility and activity level of most residents
 - Complexities of meeting these residents' needs in communities that are often less accepting than they would be of nursing home residents
 - Difficulties of arranging for resident services from a much wider array of agencies and organizations
 - Generally quite different funding streams and resources than apply to nursing home residents
 - Wider range of physical plants adapted or built for assisted living facilities
- Accordingly, I believe that a licensed nursing home administrator, who would already be competent in facility management and health care oversight, should be additionally "certified" to administer an ALF facility only after demonstrating that ALF-unique knowledge and skills have been acquired, including, for example:
- Social-model of care programming
 - Community relations and resident advocacy

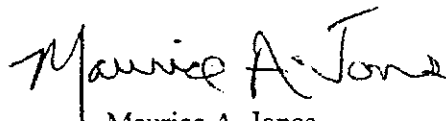
Elizabeth A. Carter, Ph.D.
October 19, 2004
Page Two

- Needs of special populations in a social model setting, e.g., residents with mental illness, developmental disabilities, substance abuse, criminal backgrounds, and cognitive impairments related to progressive dementia and traumatic brain injuries -- including methods of supporting/promoting habilitation and rehabilitation
 - ALF regulations
- I would hope that the Board's proposal for the ALF-specific administrator license would include these same competency areas, plus the components that relate to facility and program management and to health care oversight/coordination. Conversely, ALF administrators would not need such extensive knowledge of federal regulations and payment systems, but would need to know about funding streams and resources that apply to ALFs.
 - I also urge the Board *not* to exclude from licensure the administrators of ALFs licensed only for residential living. These consumers have the same scope of needs if not the same severity, and, like all ALF residents, are aging in place. These facilities tend to concentrate on consumers in the special populations whose disabilities include mental illness, mental retardation and progressive dementia, some with assorted health issues requiring oversight and medication administration. These facilities also tend to have fewer staffs with specialized training, meaning that the administrator is the primary resource to train and oversee direct-care staffs in ongoing, practical assessment of changes in residents. These consumers are especially vulnerable if the administrator does not have sufficient training to recognize change or deterioration and seek timely assistance. Only 59 facilities limit their clientele to residential living, meaning that adding this level of facility to the requirement for administrator licensure would not constitute an undue burden to the Board of Health Professions but would offer significant protection to this group of residents.

I have taken the liberty of including our suggested edits to the draft legislation you enclosed that would be necessary to effect these recommendations. Staff and I would be pleased to work with the Board of Health Professions to refine these concepts.

Again, thank you for your interest and support in this important step forward.

Sincerely,


Maurice A. Jones
Commissioner

MAJ/chs

Enclosure

cc: The Honorable Jane H. Woods, Secretary of Health and Human Resources

**Board of Health Professions
2004 Session of the General Assembly**

Draft Legislation

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11 that is required to be licensed as an assisted living facility by the Department of Social
12 Services and that provides assisted living care as defined in § 63.2-100. ~~COMMENT~~

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22 interest in the facility.

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26 regulations of the Board of Health.

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36 residents, and one who is a resident of a nursing home or assisted living facility or a
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80 physical safety of the residents on the premises. Upon admission and upon request, the
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82 in the facility and the services provided, including the hours such services are available.

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86 criteria for licensure of assisted living administrators to the chairmen of the House
87 Committee on Health, Welfare and Institutions and the Senate Committee on
88 Education and Health prior to January 1, 2005.



MAYFAIR MANAGEMENT, INC

Mayfair House for Assisted Living and Eden Pines for Memory Care

October 19, 2004

Elizabeth A. Carter, Ph.D.
Executive Director
Virginia Board of Health Professions
6603 W. Broad Street
Richmond, VA 23230

Transmitted via fax 804-662-7098

Dear Ms. Carter:

Thank you for the opportunity to comment on the legislative proposal for the licensure of administrators of assisted living facilities.

Upon review of the draft legislation document, I hereby present the following comments:

- The composition of the Board of Long Term Care Administrators should be comprised equally of both assisted living facility and nursing home administrators. There are approximately 650 assisted living facilities and 250 nursing homes in Virginia. Consideration should be given to having a state ombudsman serve on the board, as well.

I look forward to receiving additional information from you in regards to the proposed criteria for licensure.

Sincerely,

Irvin Land, Jr.
Chief Operating Officer

Carter, Elizabeth A.

From: Karen Love [ccal@starpower.net]

Sent: Wednesday, October 20, 2004 11:44 AM

To: Carter, Elizabeth A.

Subject: Comments - Legislative Proposal for Licensure of Assisted Living Administrators

Dear Dr. Carter:

Thank you for the opportunity to comment on the proposed legislative language for licensure of assisted living administrators in Virginia. I am the founder and chair of the Consumer Consortium on Assisted Living (CCAL), a national advocacy organization for consumers of assisted living founded in 1995. At the behest of the U.S. Senate Special Committee on Aging I co-lead a national initiative comprised of 50 national aging and healthcare organizations to develop model standards for assisted living. This 18-month effort culminated in 2003 with 110 consensus recommendations covering all strategic aspects of assisted living.

I applaud the Virginia Board of Health Professions' proposal in all areas except for the composition of the Board of Long Term Care Administrators. The current proposal calls for 4 licensed nursing home administrators, 2 assisted living administrators and 1 resident/family member from either a nursing home or assisted living facility. This proposed composition appears to (1) favor nursing home administrators since there are twice as many; and (2) assume there is not much difference between nursing homes and assisted living since the resident/family member could come from either entity. One significant lesson learned from the Senate Aging Committee's assisted living initiative was the need to recognize assisted living as a unique industry separate and distinct from the nursing home industry.

The Board of Health Professions will already have an uphill battle among assisted living providers to initiate this new administrator requirement. The current proposed board composition inadvertently shows a lack of sensitivity and understanding of the need to have parity of board participation. It would not be effective to have either industry more heavily represented. Both professionals and consumers need equal representation – same number from assisted living and from nursing homes.

CCAL wholly supports the need for professional qualifications of assisted living administrators and believe your concept is on the right track. **How** it is executed, however, is as important as **what** is executed. CCAL has extensive experience achieving successful collaborative outcomes among diverse stakeholders. We would be happy to share suggestions from our lessons learned. Again, we applaud the Board's action to improve and enhance the quality of performance among assisted living administrators. Sincerely, Karen Love

Karen Love
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Carter, Elizabeth A.

From: millscatch5@earthlink.net
Sent: Wednesday, October 20, 2004 11:55 AM
To: Carter, Elizabeth A.
Subject: Public Comment- noon deadline

Dear Dr. Carter,

In response to the request for public comment by you and the Regulatory Research Committee of the Virginia Board of Health Professions regarding legislation requiring the potential licensure of assisted living administrators/directors, I would like to express my concern that any legislation provide an exception in the requirement for training for such an assisted living administrator/director that would exempt that person from any medical and diagnostic training that would violate his or her religious theology or tenets if those beliefs are that of any recognized church or denomination. In short, I would suggest inclusion of language in the proposed legislation for training of assisted living administrators/directors that is similar to the language and overall purpose of Section 32.1-128 of the Code of Virginia.

Thank you for your consideration.

Respectfully submitted, Allison Mills

Carter, Elizabeth A.

From: Lynn & Andy Carle [carlefam@cox.net]
Sent: Monday, October 11, 2004 11:35 AM
To: Carter, Elizabeth A.
Subject: Compromise

Liz:

As we discussed, I am genuinely concerned about the effect licensing of administrators will have on both the immediate and long term need for qualified professionals in the industry. I truly believe this requirement will drive people away from the field (as it has for nursing homes), increase costs to Residents (who will have to pay for both the licensing requirement and liability insurance through their rents), and over time reduce the actual quality of administrators (again, as has happened in nursing homes via "minimum competency" testing). I also feel that it may reduce the presence of quality providers today and as needed in the future, who will be reluctant to build in a state where it will be hard to find administrators. All of this will apply even if licensing becomes required nationally - there are already not enough nursing home administrators to meet need - so this is a very, very critical issue that can effect a lot of lives.

I also realize the feeling in Richmond regarding the need to show that changes have been made. While I believe The Washington Post series was not an accurate description of the industry - the reality is we should do better if we can, and I believe we can.

Is there time to suggest a compromise solution? Here's what I'm thinking:

- Increase the qualifications for assisted living administrators to a Bachelor's degree in either a health care or business management discipline and a minimum of two years healthcare related experience, one year of which must be in a supervisory position. The healthcare supervisory position must specifically include direct supervision of staff and management of a budget.
- Alternatively, individuals who do not meet this requirement can meet the current requirement (two years of college, etc.) but must pass a licensing exam.

Why is this good idea? Because the vast majority of administrators in assisted living already have a Bachelor's degree and this level of experience. They are not the problem and should not be penalized for weaknesses in the system below this. This would allow the state to continue to train, recruit, and retain this level of needed professional in the years ahead.

At the same time, individuals who do not have this level of education and experience may still enter the field - but only after they have taken the additional measure of taking and passing an exam to show some level of proficiency.

In either case the State will be showing that they have "upped the ante" on the level of qualifications and training expected of administrators. I don't think most consumers will have an issue with the idea that the administrator should have a four year degree and experience in the field, or that individuals below this should have to take a test or meet additional standards.

What this will do is drive the industry forward, not backward, by elevating the qualifications of administrators to where it should be heading. Enrollment in our undergraduate program in health care administration has more than doubled in the past three years. We will desperately need many of

these individuals in assisted living - but they will go to hospitals, outpatient centers, and other administrative roles not requiring a license if available to them. If there is time, I would urge DHP to consider the choice to keep Bachelors or even Masters prepared professionals in the field.

I would think that these standards would apply to all individual's at the "assisted living" level of care in the state. You may also want to look at increasing the "residential level" standards - but for now the focus is on assisted living due to its higher level of care.

Such a proposal could serve as a national model for moving the industry and quality of care forward. I urge DHP and the Assisted Living Task Force to pursue this reasonable and substantive improvement.

Thank you for your consideration of this compromise.

Andrew Carle, Director
Program in Assisted Living Administration
George Mason University

(703) 993-1902
acarle@gmu.edu

Carter, Elizabeth A.

From: ANDREW CARLE [ACARLE@gmu.edu]
Sent: Wednesday, October 20, 2004 1:27 PM
To: Carter, Elizabeth A.
Subject: Re: Draft BHPLegislative Proposal

Dear Dr. Carter:

I have been able to review the draft legislative proposal from DHP on licensing assisted living administrators in Virginia. While I have previously articulated the numerous issues in licensing non-clinical/administrative personnel in the healthcare industry - I believe this proposal to be even more inappropriate to the long term interests of seniors and the State.

First, it establishes a Long Term Board whose nursing home membership outnumbers assisted living membership by a minimum of 2-to-1. There are nearly 640 licensed assisted living communities in Virginia, and less than 280 nursing homes. There are nearly 4,000 more assisted living beds in Virginia than nursing home beds. Such a membership ratio does not represent the interests of elderly consumers in Virginia, who have chosen assisted living in exact opposite proportions over nursing homes.

Second, it provides automatic exemption of licensed nursing home administrators into assisted living communities. There is no correlation between individuals trained and tested in federally regulated, medicare/medicaid environments, averaging twice the acuity of assisted living - and success in assisted living communities. A similar misperception has resulted in a severe shortage of assisted living administrator personnel in Indiana, where individuals have been required to complete a 1,000 hour training in nursing homes in order to become assisted living administrators. Indiana is currently working to change this requirement in order to meet current and future needs for assisted living administrators. The Virginia proposal would essentially direct individuals TOWARDS this inappropriate training and licensing by offering dual eligibility to work in either type of facility. This is not an improvement in a state which currently offers the nation's ONLY university program in assisted living administration through George Mason University.

Thank you for your consideration of these comments,

Andrew J. Carle, Assistant Professor
Director - Program in Assisted Living Administration
George Mason University

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Carter, Elizabeth A.

From: Jay W. DeBoer [Jay.DeBoer@vda.virginia.gov]
Sent: Thursday, October 14, 2004 12:02 PM
To: Carter, Elizabeth A.
Cc: Nebiker, Robert A.; Jane Woods
Subject: Proposed Legislation for Long-Term Care Facility Administrators

Dear Dr. Carter:

Thank you for providing me with a copy of the proposed legislation to create the Board of Long Term Care Administrators, and for inviting comment on the same.

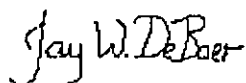
I find that the proposed legislation fulfills the objectives that have been stated by a host of agencies and parties interested in accomplishing the licensure of Assisted Living Facility Administrators, as well as the creation of an entity to administer this licensure scheme.

I have one suggestion for an addition: on page 2, line 30, after "family member" I would suggest that you might wish to add "or guardian". This recognizes that many in these facilities have no family members, and expands the universe of candidates who might serve on the Board.

On behalf of the Virginia Department for the Aging, I communicate to you our support for this legislation, and our thanks to the Board of Health Professions, to you, and to your staff for the promptness and efficiency in crafting it.

With best regards, I am

Very truly yours,



Jay W. DeBoer, JD , Commissioner
Virginia Department for the Aging
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