Board of Long-Term Care Administrators

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 200
Henrico, Virginia 23233-1463
Board Room #4

December 15, 2015
9:30 a.m.

AGENDA

CALL TO ORDER

ORDERING OF AGENDA

PUBLIC COMMENT PERIOD

ACCEPTANCE OF MINUTES – Tab 1

- Board Meeting – August 11, 2015

INFORMAL CONFERENCES HELD

- (4) October 7, 2015

AGENCY DIRECTOR'S REPORT – Dr. David Brown, DC

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn - Tab 2

NEW BUSINESS

- Legislative & Regulatory Update – **Elaine Yeatts – Tab 3**
  - Revision to Guidance Document 95-8 ByLaws to conform to Code of Virginia
- Model AIT & Preceptor Program Update – **Lisa R. Hahn**
- Workforce Data Report – **Dr. Elizabeth Carter – Tab 4**

ADJOURNMENT

Tab 1

UNAPPROVED MINUTES
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
MEETING MINUTES

The Virginia Board of Long Term Care Administrators convened for a board meeting on Tuesday, September 22, 2015 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

The following members were present:

Karen Hopkins Stanfield, NHA, Vice-Chair
Marj Pantone, ALFA
Doug Nevitt, ALFA
Derrick Kendall, NHA
Mitchell P. Davis, NHA
Warren Koontz, MD, Citizen Member
Mary B. Brydon, Citizen Member

The following members were absent for the meeting:

Shervonne Banks, Citizen Member
Martha H. Hunt, ALFA

DHP staff present for all or part of the meeting included:

Lisa R. Hahn, Executive Director
David Brown, DC, Agency Director
Elaine Yeatts, Senior Policy Analyst
Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director

Quorum:

With 7 members present a quorum was established.

Guests Present:

Randy Lindner, President & CEO of NAB
Judy Hackler, Virginia Assisted Living Association (VALA)
Dana Parsons, LeadingAge Virginia
Brenda Clarkson, Virginia Association for Hospices & Palliative Care (VAHPC)
Matt Mansell, Virginia Health Care Association (VHCA)
Debbie Blom, Virginia Association for Home Care and Hospice (VAHC)

CALLED TO ORDER

Ms. Hopkins Stanfield called the Board meeting to order at 10:05 a.m. and stated the agenda would be re-ordered to accommodate everyone's schedules.

PUBLIC COMMENT PERIOD

No Public Comment was received.

ACCEPTANCE OF MINUTES

Upon a motion by Marj Pantone and properly seconded by Derrick Kendall, the board voted to accept the following minutes:

- Minutes of Board Meeting – December 16, 2014
- (2) Formal Hearings – April 16, 2015

The motion passed unanimously.

Ms. Hopkins Stanfield reported that the following informal conferences were held since the board last met and that the minutes could be found on the LTC website and/or Regulatory Townhall:

- December 16, 2014
- (2) January 30, 2015
- (2) May 11, 2015
- (1) June 9, 2015

AGENCY DIRECTOR'S REPORT – Dr. David Brown, D.C.

Dr. Brown welcomed the newest members to the board and told them what a great privilege they have to represent the Commonwealth in its mission to protect the public. Dr. Brown reminded everyone of the two upcoming board training events being held at DHP. September 28th titled Board Development Training was for more seasoned members to drill down and learn the essentials when dealing with disciplinary matters. He added that October 16th was for new board members to gain a broad overview of the agency and what it takes to become an effective board member.

PRESENTATION – Randy Lindner, President & CEO of NAB

Randy Lindner began by providing an overview of the National Association of Long Term Care Administrators (NAB); their mission and strategic goals; who the stakeholder's involved were; and the benefits they provide to State Regulatory Boards. He touched on NCERS; the Academic Accreditation Programs, and the National Examinations and publications.

Mr. Lindner then spoke more in depth about **Health Services Executive (HSE),** exploring a new vision for the profession. He explained some of the benefits were:

- Provides career progression for executive leadership (across multiple service lines)
- Facilitates jurisdictional mobility
- Provides groundwork for international leadership development models
- Creates efficient credentialing model for jurisdictions
- Enhances image of the profession
- Responsive to employer needs
- Streamlines the licensees' acquisition of second and third credentials
- Breaks down the silos of competence and acknowledges foundational practice standards
- Provides standards against which curriculum content can be evaluated/validated
- Contributes to consumer confidence re: consistency and quality of care

Mr. Lindner provided results of the studies that were conducted and made a request to the Virginia Board to recognize in regulations the HSE as meeting licensure requirements for NHA, RCAL and/or HCBS.

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn

Ms. Hahn gave welcome to Mitchell P. Davis, NHA & Mary B. Brydon, Citizen Member as the newest members on the board and to Martha Hunt, ALFA as a returning board member. She also welcomed Randy Lindner, President & CEO of NAB and again thanked him for his presentation about the new Health Service Executive (HSE) Credential.

Ms. Hahn reported on the following:

Budget

Cash Balance as of June 30, 2014	$(368,103)
YTD FY15 Revenue	$667,921
Less direct and In-Direct Expenditures	$430,342
Cash Balance as of June 30, 2015	$(130,525)

Licensee Statistics

ALF

- 610 ALF Administrators
- 118 AIT's
- 6 "Acting" AIT
- 196 Preceptors
- **Total 930**

NHA

- 845 Nursing Home Administrators
- 95 Nursing Home AIT's (increase from 67 in June 2014)
- 225 NHA Preceptors

- **Total 1,165**

Total ALF & NHA Licensees/Registrations – 2,095

Licenses/Registrations Issued (12/17/2014 – 09/17/2015)

Acting ALF-Administrator-In-Training	9
Administrator-in-Training	43
ALF-Administrator-In-Training	56
Assisted Living Facility Administrator	42
Assisted Living Facility Preceptor	25
Nursing Home Administrator	54
Nursing Home Preceptor	9

- **Total 238** (This # does not include pending applications)

Licenses Renewed March 2015

	Renewed	**Expired**
ALF Administrator	551	82
ALF Preceptor	169	29
NHA	749	103
NHA Preceptor	210	31
Totals	**1,679**	**245**

Discipline Statistics

- **42 open cases:**
  - 21 cases in Investigations
  - 12 in Probable Cause
  - 4 in APD
  - 5 at Informal Stage
  - 0 at Formal Stage

- 9 LTC Compliance Cases being monitored

Historical Case Data

- **FY 2012**
  - 63 cases received
  - 57 cases closed
  - 9 (16%) of closed cases went to IFC

- **FY 2013**
  - 45 cases received
  - 56 cases closed
  - 6 (11%) of closed cases went to IFC

- **FY 2014**
  - 47 cases received
  - 38 cases closed
  - 5 (13%) of closed cases went to IFC

- **FY15**
  - 64 cases received
  - 52 cases closed
  - 6 (12%) of closed cases went to IFC & 4 of the 6 went on to Formal Hearings)
  - 50% were ALF cases & 50% were NHA cases

Summary of Hearings FY2015

4 formals were held

- 3 resulted in revocation, 1 resulted in suspension
- 2 were NHAs and 2 were ALFAs
- 1 involved drug diversion, 2 involved financial fraud, 1 involved a fraudulent diploma
- One IFC concerned compliance with a previous Order, the other concerned a failure to report and incident
- 6 PHCO's issued
- 1 involved standard of care
- 2 involved fraud
- 1 involved unregistered medication aides
- 2 resulted from CE audits

Virginia Performs (Patient Care Cases) – Fourth Quarter 2015

- Clearance Rate – 133%
- Age of Pending caseload older than 250 days – 14%
- % of Cases closed within 250 days – 75%
- 2015 Customer Satisfaction - 96.3% Q4; 100% Q3; 100% Q2; N/A Q1 (no survey responses)

- Q4 2015 Caseloads: received=3, closed=4
  Pending over 250=2
  Closed within 250=3

Board Business

SHEV

Ms. Hahn reported that she contacted Dr. Joseph DeFilippo at the State Council of Higher Education for Virginia to discuss the best method of disseminating information to the colleges and universities in order to educate students on the licensure process to become a NHA or ALFA. We have had occasions where students have contacted the board to become licensed only to find out that they must first complete an internship and take a national examination. Some have a false impressions that once they graduate with a degree in HC administration (with no internship) that they are qualified to enter the field. Ms. Hahn was please to conclude that Dr. DeFilippo is very much interested in helping to resolve this issue and stated she would keep the board updated as more information becomes available.

NAB Business

Ms. Hahn reported that she and Karen Hopkins Stanfield attended the Annual Meeting held in Philadelphia in June as she serves on the Board of Directors and NAB's treasurer. Karen served as our voting state delegate. Ms. Hahn shared that Key Topic Points at the meeting were:

- Implementation plan for the Professional Practice Analysis (PPA) and the new Health Services Executive (HSE) which Randy Lindner presented on.
- Drafting of the new AIT Manual which will serve as a guide for state boards and agencies as well as provide the tools and knowledge needed by students to become effective administrators.
- Approval of a new NCERS website from Learning Builder which will allow NAB to streamline the review and approval process for continuing education programs.
- NAB Attendees had the opportunity to screen the "Glen Campbell…I'll Be Me" documentary which left everyone with a sense of compassion for those that suffer from Alzheimer's and the people that help them try to live their lives with dignity.

Ms. Hahn concluded that she also attended a Leadership Retreat for the NAB Executive board during August 2015 and that she and Karen will be attending the Mid-Year meeting in November.

Staffing Notes

Ms. Hahn highlighted her staff's involvement serving in leadership positions on agency and association committees.

- Lynne Helmick serves as Chair of the DHP Safety Committee. Lynne is also working with the Compliance Work Group for the new MLO Licensing Software.
- Kathy Petersen serves as Chair of the DHP Social Planning Committee. She will be serving on the Discipline Work Group for the new MLO Software.
- Kathy has been instrumental in creating a "Naming Convention" Policy & Guidelines for storing Disciplinary cases electronically for archival and storage purposes.
- Missy Currier attended the Commonwealth Management Institute last spring. Missy was recently appointed as Secretary/Treasurer of the DHP Bonus Committee. She also is involved with the Licensing Work Group for MLO.
- Laura Mueller (Licensing Specialist) served on the DHP "On Boarding" Committee tasked to ensure that each new employee receives a consistent orientation to the Agency.
- All FunPaLS staff will be assisting with the October 16th New Board Member Orientation day.

Board Communications

- If you have a change of address, email address, cell phone number, please remember to contact us so that we have the most current information.
- Please try to respond to email requests within a timely manner especially when the email requests a reply for availability or a response to a licensure or disciplinary question.

Ms. Hahn thanked the board for all their hard work & dedication!

Remaining 2015 Meetings

- September 28th – Board Member Development Day
- October 16th – New Board Member Training
- December 15th – Board Meeting

2016 Board Meeting Schedule

- Please reserve the following dates for the entire day: These dates are also used for our Formal Hearings. It is imperative that you commit to these dates.

- March 15th
- June 14th
- September 20th
- December 13th

NEW BUSINESS

Report of Regulatory Actions – Elaine Yeatts

Ms. Yeatts proved a handout of the new regulations which become effective on November 4, 2015 regarding the oversight of acting administrators in an AIT program. She reviewed in detail the new requirements that were promulgated in order to conform to the Law.

Election of Officers

A motion was made by Dr. Warren Koontz and properly seconded by Mitch Davis to close the nominations. The motion carried unanimously.

A motion was made by Dr. Warren Koontz and properly seconded by Marj Pantone to accept the nomination of Karen Hopkins Stanfield as Board Chair and Derrick Kendall as Board Vice-Chair. The motion carried unanimously.

ADJOURNMENT

Ms. Hopkins Stanfield adjourned the meeting at 12:15 p.m.

Karen Hopkins Stanfield, NHA, Chair	Lisa R. Hahn, Executive Director
Date	Date

Tab 2

Virgina Department of Health Professions
Cash Balance
As of October 31, 2015

	114- Long Term Care Administrators
Board Cash Balance as of June 30, 2014 15	$ (130,525)
YTD FY16 Revenue	39,700
Less: YTD FY16 Direct and In-Direct Expenditures	175,156
Board Cash Balance as October 31, 2015	(265,980)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11400 - Long-Term Care Administrators

For the Period Beginning July 1, 2015 and Ending October 31, 2015

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	29,040.00	88,035.00	58,995.00	32.99%
4002406	License & Renewal Fee	7,835.00	586,850.00	579,015.00	1.34%
4002407	Dup. License Certificate Fee	70.00	-	(70.00)	0.00%
4002409	Board Endorsement - Out	630.00	1,905.00	1,275.00	33.07%
4002421	Monetary Penalty & Late Fees	1,775.00	4,215.00	2,440.00	42.11%
4002432	Misc. Fee (Bad Check Fee)	35.00	-	(35.00)	0.00%
	Total Fee Revenue	39,385.00	681,005.00	641,620.00	5.78%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	315.00	-	(315.00)	0.00%
	Total Sales of Prop. & Commodities	315.00	-	(315.00)	0.00%
	Total Revenue	39,700.00	681,005.00	641,305.00	5.83%
5011110	Employer Retirement Contrib.	4,140.66	10,291.00	6,150.34	40.24%
5011120	Fed Old-Age Ins- Sal St Emp	2,192.83	5,537.00	3,344.17	39.60%
5011140	Group Insurance	367.94	862.00	494.06	42.68%
5011150	Medical/Hospitalization Ins.	6,607.09	18,837.00	12,229.91	35.08%
5011160	Retiree Medical/Hospitalizatn	324.67	760.00	435.33	42.72%
5011170	Long term Disability Ins	204.08	478.00	273.92	42.69%
	Total Employee Benefits	13,837.27	36,765.00	22,927.73	37.64%
5011200	Salaries				
5011230	Salaries, Classified	31,014.84	72,367.00	41,352.16	42.86%
5011250	Salaries, Overtime	136.45	-	(136.45)	0.00%
	Total Salaries	31,151.29	72,367.00	41,215.71	43.05%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	206.00	696.00	490.00	29.60%
	Total Special Payments	206.00	696.00	490.00	29.60%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	45,194.56	109,828.00	64,633.44	41.15%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	142.00	142.00	0.00%
5012140	Postal Services	321.64	1,500.00	1,178.36	21.44%
5012150	Printing Services	26.14	500.00	473.86	5.23%
5012160	Telecommunications Svcs (VITA)	441.29	1,320.00	878.71	33.43%
5012170	Telecomm. Svcs (Non-State)	126.08	-	(126.08)	0.00%
	Total Communication Services	915.15	3,462.00	2,546.85	26.43%
5012200	Employee Development Services				
5012210	Organization Memberships	-	1,200.00	1,200.00	0.00%
5012240	Employee Trainng/Workshop/Conf	-	200.00	200.00	0.00%
5012250	Employee Tuition Reimbursement	-	802.00	802.00	0.00%
	Total Employee Development Services	-	2,202.00	2,202.00	0.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	Total Health Services	-	110.00	110.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2015 and Ending October 31, 2015

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	70.26	7,990.00	7,919.74	0.88%
5012440	Management Services	30.19	6.00	(24.19)	503.17%
5012460	Public Infrmtnl & Relatn Svcs	12.00	-	(12.00)	0.00%
5012470	Legal Services	350.00	150.00	(200.00)	233.33%
	Total Mgmnt and Informational Svcs	462.45	8,146.00	7,683.55	5.68%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	7.33	-	(7.33)	0.00%
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
	Total Repair and Maintenance Svcs	7.33	17.00	9.67	43.12%
5012600	Support Services				
5012630	Clerical Services	-	1,027.00	1,027.00	0.00%
5012640	Food & Dietary Services	-	683.00	683.00	0.00%
5012660	Manual Labor Services	145.61	2,182.00	2,036.39	6.67%
5012670	Production Services	1,627.08	2,960.00	1,332.92	54.97%
5012680	Skilled Services	-	4,408.00	4,408.00	0.00%
	Total Support Services	1,772.69	11,260.00	9,487.31	15.74%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	765.92	4,680.00	3,914.08	16.37%
5012830	Travel, Public Carriers	-	300.00	300.00	0.00%
5012850	Travel, Subsistence & Lodging	94.04	800.00	705.96	11.76%
5012880	Trvl, Meal Reimb- Not Rprtble	51.00	400.00	349.00	12.75%
	Total Transportation Services	910.96	6,180.00	5,269.04	14.74%
	Total Contractual Svs	4,068.58	31,377.00	27,308.42	12.97%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	124.36	400.00	275.64	31.09%
5013130	Stationery and Forms	-	100.00	100.00	0.00%
	Total Administrative Supplies	124.36	500.00	375.64	24.87%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matrl	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	-	2.00	2.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	81.00	81.00	0.00%
	Total Residential Supplies	-	81.00	81.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	1.53	-	(1.53)	0.00%
	Total Specific Use Supplies	1.53	-	(1.53)	0.00%
	Total Supplies And Materials	125.89	583.00	457.11	21.59%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
5014150	Unemployment Comp Reimbursemt	-	100.00	100.00	0.00%
	Total Awards, Contrib., and Claims	-	400.00	400.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2015 and Ending October 31, 2015

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Transfer Payments	-	400.00	400.00	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	25.00	25.00	0.00%
	Total Insurance-Fixed Assets	-	25.00	25.00	0.00%
5015300	Operating Lease Payments				
5015390	Building Rentals - Non State	2,496.05	7,246.00	4,749.95	34.45%
	Total Operating Lease Payments	2,496.05	7,246.00	4,749.95	34.45%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	91.00	91.00	0.00%
5015540	Surety Bonds	-	6.00	6.00	0.00%
	Total Insurance-Operations	-	97.00	97.00	0.00%
	Total Continuous Charges	2,496.05	7,368.00	4,871.95	33.88%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	36.00	36.00	0.00%
	Total Educational & Cultural Equip	-	36.00	36.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	Total Office Equipment	-	117.00	117.00	0.00%
	Total Equipment	-	153.00	153.00	0.00%
	Total Expenditures	51,885.08	149,709.00	97,823.92	34.66%
	Allocated Expenditures				
20600	Funeral\LTCA\PT	31,884.28	87,599.10	55,714.82	36.40%
30100	Data Center	21,532.74	69,643.44	48,110.70	30.92%
30200	Human Resources	1,158.53	4,399.92	3,241.39	26.33%
30300	Finance	8,869.22	13,307.37	4,438.15	66.65%
30400	Director's Office	3,973.89	7,732.09	3,758.20	51.39%
30500	Enforcement	40,049.52	73,247.94	33,198.43	54.68%
30600	Administrative Proceedings	7,093.79	18,200.09	11,106.30	38.98%
30700	Impaired Practitioners	-	86.38	86.38	0.00%
30800	Attorney General	4,461.99	10,155.70	5,693.71	43.94%
30900	Board of Health Professions	2,420.37	4,282.00	1,861.62	56.52%
31100	Maintenance and Repairs	-	400.50	400.50	0.00%
31300	Emp. Recognition Program	42.03	177.37	135.34	23.69%
31400	Conference Center	23.65	210.58	186.93	11.23%
31500	Pgm Devlpmnt & Implmentn	1,760.61	4,509.99	2,749.38	39.04%
	Total Allocated Expenditures	123,270.61	293,952.45	170,681.84	41.94%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (135,455.69)	$ 237,343.55	$ 372,799.24	57.07%

Long Term Care Administrators

License Count Report

As of:	*12/2015*	*12/2014*	*12/2013*
NHA Administrator in Training	*89*	*82*	*75*
ALF Administrator in Training	*116*	*107*	*81*
"Acting" ALF Administrator in Training	*5*	*6*	*5*
Nursing Home Administrator	*872*	*883*	*847*
Assisted Living Facility Administrator	*627*	*646*	*617*
Nursing Home Preceptor	*232*	*244*	*238*
Assisted Living Facility Preceptor	*204*	*198*	*180*
Total	***2,145***	***2,166***	***2,043***

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q1 2012 - Q1 2016

David E. Brown, D.C.
Director

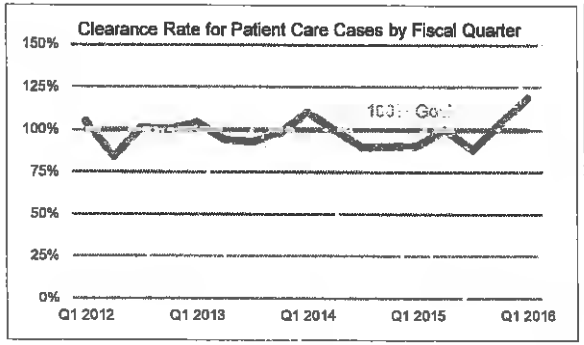
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

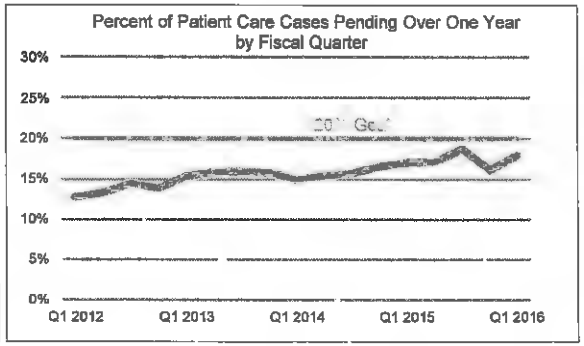
In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

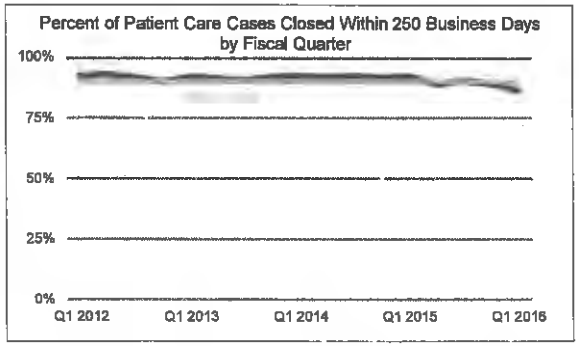
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 119%, with 859 patient care cases received and 1,021 closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016. The current quarter shows 18% patient care cases pending over 250 business days with 2,405 patient care cases pending and 438 pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016. The current quarter shows 87% percent of patient care cases being resolved within 250 business days with 997 cases closed and 862 closed within 250 business days.







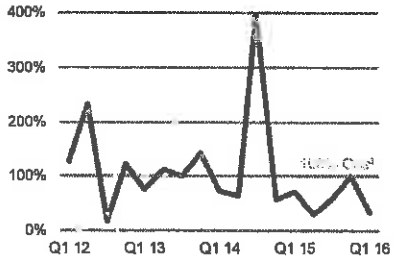
Submitted: 11/2/2015

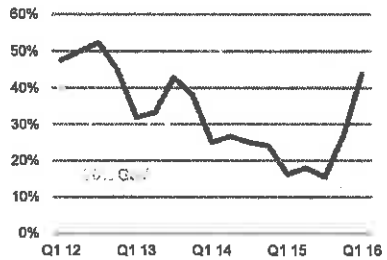
Prepared by: VisualResearch, Inc.

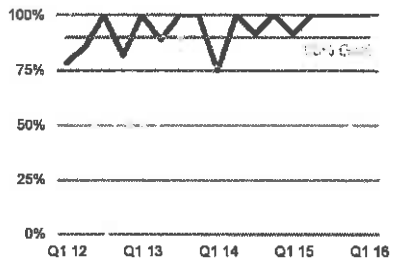
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

Clearance Rate | **Age of Pending Caseload** (percent of cases pending over one year) | **Percent Closed in 250 Business Days**

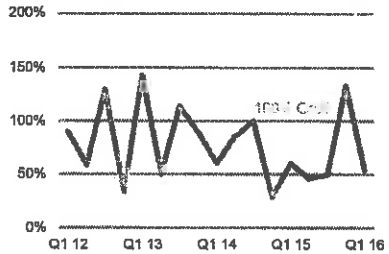
Psychology - In Q1 2016, the clearance rate was 33%, the Pending Caseload older than 250 business days was 44% and the percent closed within 250 business days was 100%.
Q1 2016 Caseloads:
Received=12, Closed=4
Pending over 250 days=28
Closed within 250 days=4

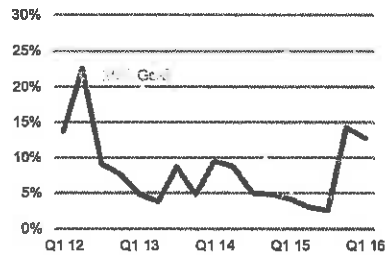


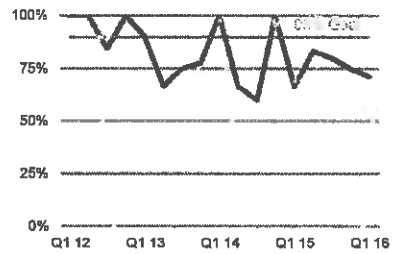




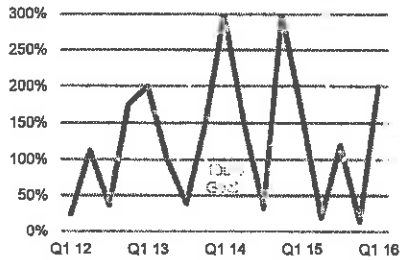
Long-Term Care - In Q1 2016, the clearance rate was 54%, the Pending Caseload older than 250 business days was 13% and the percent closed within 250 business days was 71%.
Q1 2016 Caseloads:
Received=13, Closed=7
Pending over 250 days=5
Closed within 250 days=5

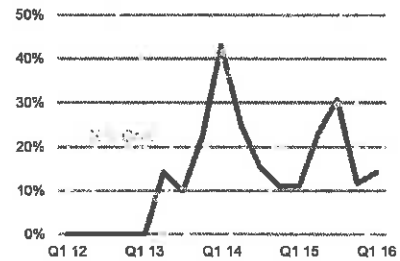


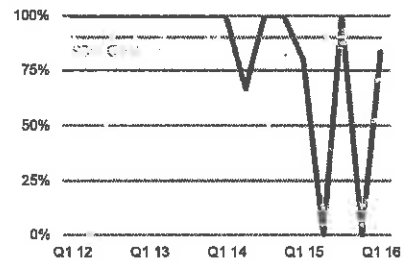




Optometry - In Q1 2016, the clearance rate was 200%, the Pending Caseload older than 250 business days was 14% and the percent closed within 250 business days was 83%.
Q1 2016 Caseloads:
Received=3, Closed=6
Pending over 250 days=3
Closed within 250 days=5







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 11/2/2015

Prepared by: VisualResearch, Inc.

Virginia Department of Health Professions

APPLICANT SATISFACTION SURVEY RESULTS

APPROVAL RATE

FISCAL YEAR 2016, QUARTER ENDING 9/30/2015

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

***Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of disatisfaction. This report calculates the percentage of total responses falling into the approval range. An "n/a" is used if no response was received for that board during the specified timeframe.**

Board	Q2 FY2013	Q3 FY2013	Q4 FY2013	Q1 FY2014	Q2 FY2014	Q3 FY2014	Q4 FY2014	Q1 FY2015	Q2 FY2015	Q3 FY2015	Q4 FY2015	CURRENT Q1 FY2016
Audiology/Speech Pathology	100.0%	100.0%	100.0%	94.8%	85.7%	100.0%	100.0%	89.6%	83.3%	100.0%	86.7%	76.7%
Counseling	78.0%	69.9%	76.3%	80.1%	83.2%	87.7%	92.8%	83.3%	91.1%	83.9%	80.8%	79.6%
Dentistry	94.1%	98.7%	94.7%	90.9%	95.9%	92.3%	88.9%	86.3%	91.7%	100.0%	93.3%	96.4%
Funeral Directing	100.0%	n/a	100.0%	100.0%	100.0%	88.9%	100.0%	N/A	100.0%	100.0%	97.0%	88.9%
Long Term Care Administrator	100.0%	100.0%	n/a	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%
Medicine	86.2%	94.4%	87.5%	91.1%	91.8%	92.2%	95.0%	92.2%	81.2%	84.8%	89.6%	80.8%
Nurse Aide	96.8%	97.6%	99.1%	97.2%	99.7%	96.5%	100.0%	95.6%	97.3%	88.9%	98.9%	100.0%
Nursing	93.7%	94.4%	96.5%	94.3%	96.4%	94.5%	94.5%	95.6%	94.9%	98.1%	97.2%	92.4%
Optometry	n/a	n/a	100.0%	100.0%	100.0%	N/A	N/A	100.0%	100.0%	N/A	66.7%	100.0%
Pharmacy	98.8%	97.5%	97.3%	97.7%	98.1%	97.6%	99.1%	98.8%	98.3%	100.0%	99.5%	96.3%
Physical Therapy	96.6%	100.0%	98.6%	96.9%	98.7%	100.0%	90.5%	94.3%	97.3%	100.0%	100.0%	96.9%
Psychology	78.7%	89.6%	99.1%	88.6%	92.6%	88.9%	96.0%	89.6%	76.8%	90.0%	84.9%	83.3%
Social Work	87.3%	84.7%	94.9%	86.6%	90.7%	95.8%	88.5%	92.0%	92.0%	90.7%	92.6%	90.7%
Veterinary Medicine	100.0%	83.3%	93.3%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	91.7%	100.0%
AGENCY	*91.9%*	*93.5%*	*93.5%*	*93.6%*	*95.0%*	*94.2%*	*95.1%*	*94.2%*	*92.5%*	*95.1%*	*93.9%*	*90.6%*

Virginia Department of Health Professions

APPLICANT SATISFACTION SURVEY RESULTS

APPROVAL RATE*

LAST FIVE FISCAL YEARS

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

*Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of disatisfaction. This report calculates the percentage of total responses falling into the approval range. "N/A" indicates that no response was received for that board during the specified timeframe.

Board	FY11	Change Between FY12 & FY11	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15
Audiology/Speech Pathology	91.8%	-1.4%	90.5%	9.1%	98.7%	-4.8%	94.0%	-7.6%	86.9%
Counseling	75.7%	-1.8%	74.3%	-2.4%	72.5%	17.1%	84.9%	-1.1%	83.9%
Dentistry	95.7%	-2.9%	92.9%	2.0%	94.8%	-3.2%	91.8%	0.3%	92.1%
Funeral Directing	95.2%	5.0%	100.0%	0.0%	100.0%	-3.0%	97.0%	1.4%	98.3%
Long Term Care Administrator	94.4%	2.0%	96.3%	-100.0%	n/a	100.0%	98.5%	-0.5%	98.0%
Medicine	94.1%	2.6%	96.5%	-6.4%	90.3%	1.9%	92.0%	-3.3%	89.0%
Nurse Aide	97.5%	0.4%	97.9%	-0.1%	97.8%	0.5%	98.3%	-1.0%	97.3%
Nursing	94.8%	1.6%	96.3%	-1.1%	95.2%	-0.3%	94.9%	1.2%	96.0%
Optometry	100.0%	0.0%	100.0%	-7.1%	92.9%	7.6%	100.0%	-8.3%	91.7%
Pharmacy	97.7%	-0.9%	96.8%	1.1%	97.9%	0.1%	98.0%	1.0%	98.9%
Physical Therapy	95.3%	2.4%	97.6%	-0.8%	96.8%	0.4%	97.2%	-0.9%	96.3%
Psychology	88.1%	-4.0%	84.6%	7.9%	91.3%	0.2%	91.5%	-8.3%	83.9%
Social Work	90.6%	-5.6%	85.5%	3.2%	88.2%	1.0%	89.1%	3.1%	91.9%
Veterinary Medicine	97.7%	-0.1%	97.6%	-1.8%	95.8%	3.7%	99.3%	-4.0%	95.4%
Agency Total	**94.6%**	**0.7%**	**95.3%**	**-1.8%**	**93.6%**	**0.8%**	**94.3%**	**-0.6%**	**93.8%**

Tab 3

VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS

BYLAWS

Article I. Officers
Election, Terms of Office, Vacancies

1. **Officers**

   The officers of the Virginia Board of Long-Term Care Administrators (Board) shall be a Chair and a Vice-Chair.

2. **Election.**

   The organizational year for the Board shall run from July 1st through June 30th. During the first quarter of the fiscal year, the Board shall elect from its members a Chair and a Vice-Chair.

3. **Terms of Office.**

   The terms of office of the Chair and Vice-Chair shall be for one year or until the next election of officers, unless their term on the Board expires before that time. No officer shall be eligible to serve for more than three consecutive terms in the same office unless serving an unexpired term.

4. **Vacancies.**

   A vacancy occurring in any office shall be filled by a special election at the next meeting of the Board.

Article II. Duties of Officers

1. **Chair.**

   The Chair shall preside at all meetings and conduct all business according to the Administrative Process Act and Robert's Rules; shall appoint all committees except where specifically provided by law; shall appoint agency subordinates; shall sign certificates and documents authorized to be signed by the Chair; and, may serve as an ex-officio member of committees.

2. **Vice- Chair.**

   The Vice-Chair shall perform all duties of the Chair in the absence of the Chair.

Article III. Duties of Members

1. **Qualifications.**

   After appointment by the Governor, each member of the Board shall forthwith take the oath of office to qualify for service as provided by law.

2. **Attendance at meetings.**

   Members of the Board shall attend all regular and special meetings of the full Board, meetings of committees to which they are assigned and all hearings conducted by the Board at which

their attendance is requested by the Executive Director, unless prevented by illness or other unavoidable cause. In the case of an unavoidable absence of any member from any meeting, the Chair may reassign the duties of such absent member.

Article IV. Meeting

1. **Number.**

The Board shall schedule at least three regular meetings in each year, with the right to change the date or cancel any board meeting with the exception that a minimum of one board meeting will take place annually. The Chair shall call meetings at any time to conduct the business of the Board and shall convene conference calls when needed to act on summary suspensions and settlement offers. Additional meetings shall be called by the Chair upon the written request of any two members of the Board.

2. **Quorum.**

~~A majority of the members of the Board shall constitute a quorum at any meeting.~~ Five members of the Board, including one who is not a licensed nursing home administrator or assisted living facility administrator, shall constitute a quorum.

3. **Voting.**

All matters shall be determined by a majority vote of the members present.

Article V. Committees

1. **Standing Committees.**

As part of their responsibility to the Board, members appointed to a committee shall faithfully perform the duties assigned to the committee. The standing committees of the Board shall be the following:

Legislative and Regulatory Committee
Credentials Committee
Special Conference Committees

2. **Ad Hoc Committees.**

The Chair may appoint an Ad Hoc Committee of two or more members of the Board to address a topic not assigned to a standing committee.

3. **Committee Duties.**

a) **Legislative/Regulatory Committee.**

The Legislative/Regulatory Committee shall consist of two or more members, appointed by the Chair. This Committee shall consider matters bearing upon state and federal regulations and legislation and make recommendations to the Board regarding policy matters. The Committee shall conduct a periodic review of the laws and regulations. Proposed changes in State laws, or in the Regulations of the Board, shall be distributed to all Board members prior to scheduled meetings of the Board.

b) Credentials Committee.

The Credentials Committee shall consist of two or more members appointed by the Chair and shall review all non-routine applications for licensure to determine if the applicant satisfies the requirements established by the Board. The committee shall review requests for extensions of time to earn continuing education and may grant such requests for good cause on a one-time basis. The Committee shall not be required to meet collectively to complete initial reviews. The committee chair shall provide guidance to staff on the action to be taken as a result of the initial review.

c) Special Conference Committees.

Special Conference Committees shall consist of two or more members appointed by the Chair and shall review investigation reports to determine if there is probable cause to conclude that a violation of law or regulation has occurred, hold informal fact-finding conferences and direct the disposition of disciplinary cases. The Committee shall not be required to meet collectively to complete the initial review. The committee chair shall provide guidance to staff on the action to be taken as a result of the probable cause review.

Article VI. Executive Director

1. Designation.

   The Administrative Officer of the Board shall be designated the Executive Director of the Board.

2. Duties.

   The Executive Director shall:

   a) Supervise the operation of the Board office and be responsible for the conduct the staff and the assignment of cases to agency subordinates,

   b) Carry out the policies and services established by the Board,

   c) Provide and disburse all forms as required by law to include, but not be limited to, new and renewal application forms.

   d) Keep accurate record of all applications for licensure, maintain a file of all applications and notify each applicant regarding the actions of the Board in response to their application. Prepare and deliver licenses to all successful applicants. Keep and maintain a current record of all licenses issued by the Board.

   e) Notify all members of the Board of regular and special meetings of the Board. Notify all Committee members of regular and special meetings of Committees. Keep true and accurate minutes of all meetings and distribute such minutes to the Board members prior to the next meeting.

   f) Issue all notices and orders, render all reports, keep all records and notify all individuals as required by these Bylaws or law. Affix and attach the seal of the Board to such documents, papers, records, certificates and other instruments as may be directed by law.

   g) Keep accurate records of all disciplinary proceedings. Receive and certify all exhibits presented. Certify a complete record of all documents whenever and wherever required by law.

h) Present the biennial budget with any revisions to the Board for approval.

Article VII: General Delegation of Authority

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.

2..The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate and not due to previous Board disciplinary action unless specified in the Board order.

3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents.

4. The Board delegates to the Executive Director the authority to sign as entered any Order or Board-approved Consent Order resulting from the disciplinary process.

5. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

6. The Board delegates to the Executive Director, who shall consult with a member of a special conference member, the authority to review information regarding alleged violations of law or regulations and determine whether probable cause exists to proceed with possible disciplinary action.

7. The Board delegates to the Chair, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

8. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

Article VIII. Amendments

A board member or the Executive Director may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any scheduled meeting of the Board.

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 31. Nursing Home and Assisted Living Facility Administrators

§ 54.1-3101. Board of Long-Term Care Administrators; terms; officers; quorum; special meetings.

The Board of Long-Term Care Administrators is established as a policy board, within the meaning of § 2.2-2100, in the executive branch of state government. The Board of Long-Term Care Administrators shall consist of nine nonlegislative citizen members to be appointed by the Governor. Nonlegislative citizen members shall be appointed as follows: three who are licensed nursing home administrators; three who are assisted living facility administrators; two who are from professions and institutions concerned with the care and treatment of chronically ill and elderly or mentally impaired patients or residents; and one who is a resident of a nursing home or assisted living facility or a family member or guardian of a resident of a nursing home or assisted living facility. One of the licensed nursing home administrators shall be an administrator of a proprietary nursing home. Nonlegislative citizen members of the Board shall be citizens of the Commonwealth.

After the initial staggering of terms, the terms of Board members shall be four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. Vacancies shall be filled in the same manner as the original appointments. All members may be reappointed consistent with § 54.1-107.

The Board shall annually elect a chairman and vice-chairman from among its membership. Five members of the Board, including one who is not a licensed nursing home administrator or assisted living facility administrator, shall constitute a quorum. Special meetings of the Board shall be called by the chairman upon the written request of any three members.

All members shall be reimbursed for all reasonable and necessary expenses incurred in the performance of their duties as provided in §§ 2.2-2813 and 2.2-2825. Funding for the costs of expenses shall be provided by the Department of Health Professions.

The Department of Health Professions shall provide staff support to the Board. All agencies of the Commonwealth shall provide assistance to the Board, upon request.

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

1970, c. 775, §§ 54-903, 54-907; 1973, c. 379; 1981, c. 447; 1987, c. 686, § 54-903.1; 1988, c. 765; 2001, cc. 527, 554; 2005, cc. 610, 924.

Tab 4

Virginia's Assisted Living Facility Administrator Workforce: 2015

DRAFT

Healthcare Workforce Data Center

September 2015

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***

468 Assisted Living Facility Administrators voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Long-Term Care Administrators express our sincerest appreciation for your ongoing cooperation.*

Thank You!

DRAFT

Virginia Department of Health Professions

David E. Brown, D.C.
Director

Jaime H. Hoyle, J.D.
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, Ph.D.
Director

Laura Jackson
Operations Manager

Christopher Coyle
Research Assistant

Virginia Board of Long-Term Care Administrators

Vice-Chair

Karen Hopkins Stanfield, NHA
Dinwiddie

Members

Shervonne Banks
Hampton

Mary B. Bydon
Richmond

Mitchell P. Davis, NHA
Salem

Martha H. Hunt, ALFA
Richmond

Derrick Kendall, NHA
Blackstone

Dr. Warren W. Koontz, MD
Henrico

Cary Douglas Nevitt, ALFA
Fredericksburg

Marj Pantone, ALFA
Virginia Beach

Executive Director

Lisa R. Hahn

DRAFT

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DRAFT

The Assisted Living Facility Administrator Workforce: At a Glance:

The Workforce	
Licensees:	673
Virginia's Workforce:	628
FTEs:	740

Survey Response Rate	
All Licensees:	70%
Renewing Practitioners:	85%

Demographics	
Female:	82%
Diversity Index:	39%
Median Age:	53

Background	
Rural Childhood:	47%
HS Degree in VA:	61%
Prof. Degree in VA:	95%

Highest Prof. Degree	
Admin-in-Training:	25%
Baccalaureate:	13%

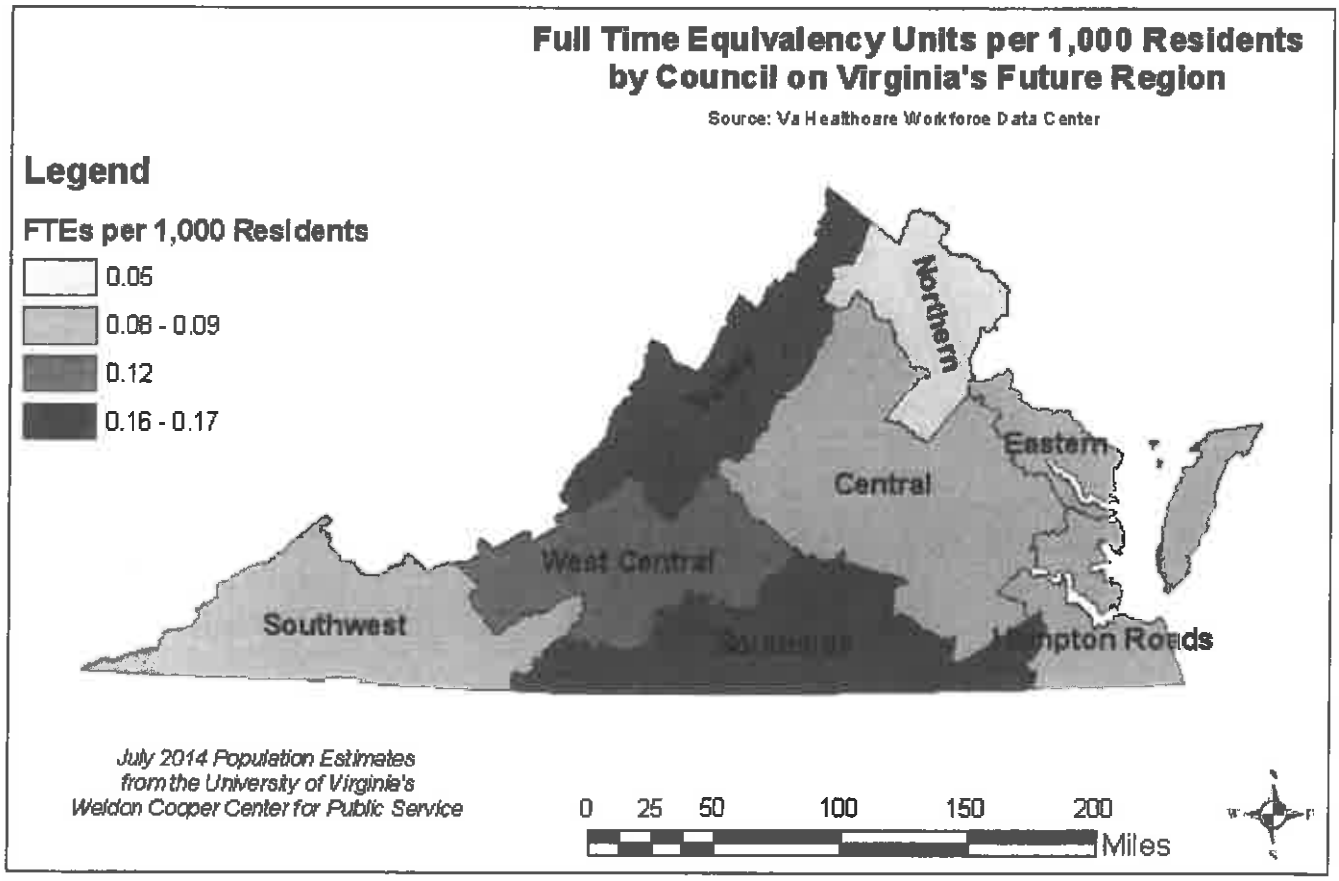
Finances	
Median Income:	$60k-$70k
Vacation:	79%
Retirement:	37%

Current Employment	
Employed in Prof.:	92%
Hold 1 Full-time Job:	82%
Satisfied?:	95%

Job Turnover	
Switched Jobs:	5%
Employed over 2 yrs:	68%

Time Allocation	
Administration:	50%-59%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va Healthcare Workforce Data Center



Results in Brief

468 Assisted Living Facility Administrators (ALFAs) voluntarily took part in the 2015 Assisted Living Facility Administrator Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for ALFAs. These survey respondents represent 70% of the 673 ALFAs who are licensed in the state and 85% of renewing practitioners.

The HWDC estimates that 628 ALFAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an ALFA at some point in the future. Between April 2014 and March 2015, Virginia's ALFA workforce provided 740 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

83% of ALFAs are female, including 79% of those ALFAs who are under the age of 40. In a random encounter between two ALFAs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. Although this percentage increases to 42% for those ALFAs who are under the age of 40, this still remains below the diversity index of 54% for Virginia's overall population.

47% of all ALFAs grew up in a rural area, but less than one-third of these professionals currently work in non-Metro areas of the state. Overall, 21% of Virginia's ALFAs work in rural areas of the state. In addition, 96% of Virginia's ALFA workforce has some educational background in the state, including 60% who received both their high school and initial professional degrees in the state.

One-quarter of ALFAs hold an Administrator-in-Training certificate as their highest professional degree, while another 19% do not have any professional degree that is specific to health administration. One half of all ALFAs in the state hold the title of Administrator at their primary work location, while another 20% hold the title of Executive Director.

92% of Virginia's ALFAs are currently employed in the profession, and only 1% are involuntarily unemployed at the moment. 82% of all ALFAs hold one full-time position, while another 12% work multiple jobs. More than half of all ALFAs work between 40 and 49 hours per week, while 15% work at least 60 hours per week.

The median annual income for ALFAs is between $60,000 and $70,000. In addition, 81% of ALFAs receive at least one employer-sponsored benefit, including 79% who receive paid vacation time. 95% of ALFAs indicate they are satisfied with their current employment situation, including 72% who indicate they are "very satisfied".

Over the past year, 5% of Virginia's ALFAs have switched jobs, and 20% have been employed at multiple work locations. Meanwhile, more than two-thirds of all ALFAs have remained at the same primary work location for at least two years. 81% of all ALFAs work at a for-profit establishment, while most of the remaining workforce is employed at non-profit institutions.

A typical ALFA spends approximately half of her time on administrative tasks, and more than one-third of all ALFAs serve an administrative role, meaning that at least 60% of their time is spent on administrative activities. In addition, the typical ALFA spends approximately one-quarter of her time performing supervisory tasks and 15% of her time treating patients. On average, the typical ALFA treats between 50 and 74 total patients at her primary work location.

31% of ALFAs expect to retire by the age of 65. Nearly 30% of the workforce expects to retire in the next ten years, while half the current workforce expects to retire by 2035. Over the next two years, only 2% of Virginia's ALFA workforce plans to leave the profession, while 3% expect to leave the state to practice elsewhere. Meanwhile, 15% hope to pursue additional educational opportunities, and 7% expect to increase their patient care activities.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	521	77%
New Licensees	69	10%
Non-Renewals	83	12%
All Licensees	673	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 85% of renewing ALFAs submitted a survey. These respondents represent 70% of all ALFAs who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	8	12	60%
30 to 34	13	24	65%
35 to 39	20	32	62%
40 to 44	24	63	72%
45 to 49	18	60	77%
50 to 54	27	78	74%
55 to 59	33	86	72%
60 and Over	62	113	65%
Total	205	468	70%
New Licenses			
Issued in Past Year	43	26	38%
Metro Status			
Non-Metro	36	93	72%
Metro	144	356	71%
Not in Virginia	25	19	43%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number:	673
New:	10%
Not Renewed:	12%

Response Rates

All Licensees:	70%
Renewing Practitioners:	85%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	468
Response Rate, all licensees	70%
Response Rate, Renewals	85%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in March 2015.
2. **Target Population:** All ALFAs who held a Virginia license at some point between April 2014 and March 2015.
3. **Survey Population:** The survey was available to ALFAs who renewed their licenses online. It was not available to those who did not renew, including some ALFAs newly licensed in the past year.

At a Glance:

Workforce

ALFA Workforce:	628
FTEs:	740

Utilization Ratios

Licensees in VA Workforce:	93%
Licensees per FTE:	0.91
Workers per FTE:	0.85

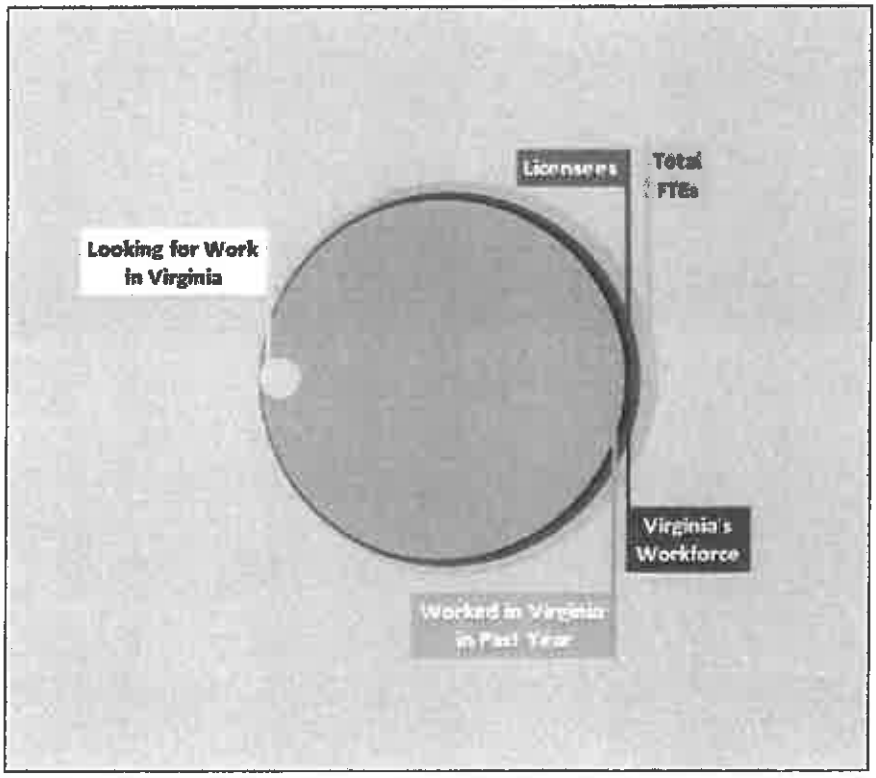
Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's ALFA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	619	99%
Looking for Work in Virginia	8	1%
Virginia's Workforce	628	100%
Total FTEs	740	
Licensees	673	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	2	9%	16	91%	17	3%
30 to 34	8	23%	25	77%	33	6%
35 to 39	10	23%	32	77%	42	8%
40 to 44	16	21%	62	79%	78	14%
45 to 49	13	20%	55	80%	68	12%
50 to 54	9	11%	75	89%	85	15%
55 to 59	14	14%	89	86%	103	18%
60 +	30	22%	104	78%	134	24%
Total	101	18%	457	82%	559	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	64%	433	76%	70	74%
Black	19%	101	18%	15	16%
Asian	6%	19	3%	5	5%
Other Race	0%	3	1%	2	2%
Two or more races	2%	3	1%	0	0%
Hispanic	8%	10	2%	2	2%
Total	100%	569	100%	94	100%

*Population data in this chart is from the US Census, ACS 1-yr estimates, 2011 vintage.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	82%
% Under 40 Female:	79%

Age

Median Age:	53
% Under 40:	16%
% 55+:	42%

Diversity

Diversity Index:	39%
Under 40 Div. Index:	42%

In a chance encounter between two ALFAs, there is a 39% chance they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 54%.

16% of all ALFAs are under the age of 40, and nearly 80% of these professionals are female. In addition, there is a 42% chance that two randomly chosen ALFAs from this age group would be of a different race or ethnicity.

At a Glance:

Childhood

Urban Childhood:	16%
Rural Childhood:	47%

Virginia Background

HS in Virginia:	61%
Prof. in VA:	95%
HS or Prof. in VA:	96%

Location Choice

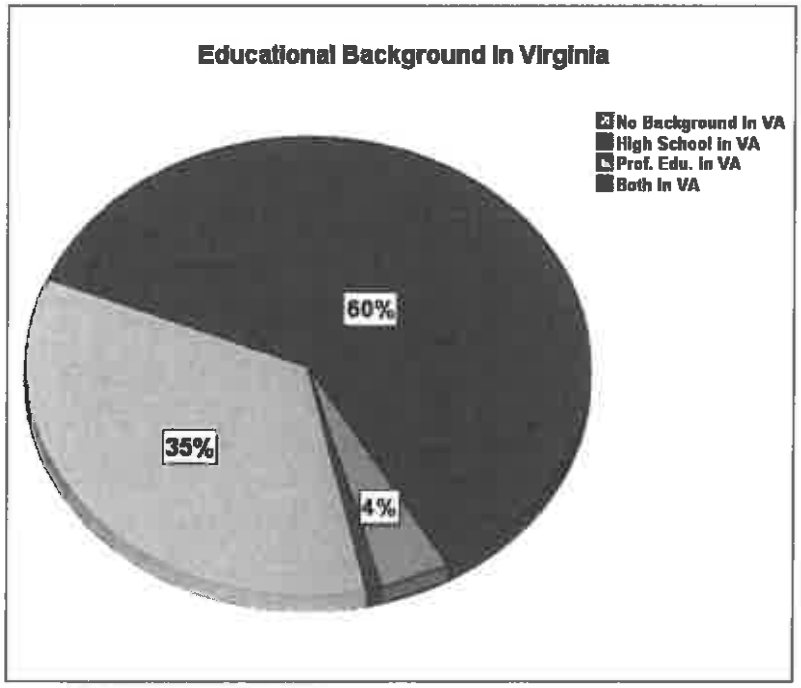
% Rural to Non-Metro:	31%
% Urban/Suburban to Non-Metro:	11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	32%	49%	19%
2	Metro, 250,000 to 1 million	55%	30%	15%
3	Metro, 250,000 or less	73%	17%	10%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	65%	20%	15%
6	Urban pop, 2,500-19,999, Metro adj	70%	21%	9%
7	Urban pop, 2,500-19,999, nonadj	95%	0%	5%
8	Rural, Metro adj	64%	27%	9%
9	Rural, nonadj	50%	25%	25%
	Overall	47%	37%	16%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

47% of all ALFAs grew up in a rural area, and 31% of these professionals currently work in non-Metro areas of the state. Overall, 21% of ALFAs currently work in rural areas of the state.

Top Ten States for Assisted Living Facility Administrator Recruitment

Rank	All Assisted Living Facility Administrators			
	High School	#	Init. Prof Degree	#
1	Virginia	342	Virginia	489
2	New York	30	North Carolina	4
3	Outside U.S./Canada	28	New York	4
4	Pennsylvania	21	Iowa	3
5	North Carolina	18	New Jersey	3
6	Maryland	18	New Mexico	2
7	West Virginia	12	Pennsylvania	2
8	New Jersey	11	Georgia	1
9	Florida	7	Kentucky	1
10	California	7	Delaware	1

Source: Va. Healthcare Workforce Data Center

61% of licensed ALFAs received their high school degree in Virginia, and 95% earned their initial professional degree in the state.

Among ALFAs who have been licensed in the past five years, 58% received their high school degree in Virginia, while 93% earned their initial professional degree in the state.

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	108	Virginia	156
2	North Carolina	11	New York	3
3	Maryland	11	New Mexico	2
4	Pennsylvania	9	New Jersey	1
5	Outside U.S./Canada	7	Delaware	1
6	New York	7	North Carolina	1
7	Massachusetts	6	Washington, D.C.	1
8	West Virginia	4	West Virginia	1
9	New Jersey	4	Maryland	1
10	Illinois	3	-	-

Source: Va. Healthcare Workforce Data Center

7% of licensees were not a part of Virginia's ALFA workforce. 97% of these licensees worked at some point in the past year, including 83% who worked as ALFAs.

At a Glance:

Not in VA Workforce

Total:	44
% of Licensees:	7%
Federal/Military:	0%
Va Border State/DC:	27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
	Health Administration		All Degrees	
Degree	#	%	#	%
No Specific Training	107	19%	-	-
Admin-in-Training	140	25%	-	-
High School/GED	-	-	158	29%
Associate	53	10%	116	21%
Bachelors	72	13%	172	31%
Graduate Cert.	18	3%	24	4%
Masters	36	6%	80	14%
Doctorate	3	1%	4	1%
Other	125	23%	-	-
Total	554	100%	554	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Administration Education

Admin-in-Training: 25%
Bachelor's Degree: 13%
Associate Degree: 10%

Licenses/Registrations

Nurse (RN or LPN): 21%
RMA: 17%
CNA: 4%

Job Titles

Administrator: 50%
Executive Director: 20%

Source: Va. Healthcare Workforce Data Center

One-quarter of all ALFAs have an Administrator-in-Training certificate as their highest professional education, while 19% have no health administration-specific training.

Licenses and Registrations		
License/Registration	#	%
Nurse (RN or LPN)	132	21%
Registered Medication Aide	106	17%
Certified Nursing Assistant	27	4%
Nursing Home Administrator	10	2%
Respiratory Therapist	1	0%
Other	43	7%
At Least One	275	44%

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
Administrator	316	50%	46	7%
Executive Director	124	20%	16	3%
Owner	58	9%	18	3%
Assistant Admin.	34	5%	14	2%
Pres./Exec. Officer	30	5%	9	1%
Other	88	14%	20	3%
At Least One	533	85%	96	15%

One half of Virginia's ALFA workforce held the title of Administrator at their primary work location. Another 20% held the title of Executive Director.

At a Glance:

Employment

Employed in Profession: 92%
Involuntarily Unemployed: 1%

Positions Held

1 Full-time: 82%
2 or More Positions: 12%

Weekly Hours:

40 to 49: 53%
60 or more: 15%
Less than 30: 1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in a capacity related to long-term care	517	92%
Employed, NOT in a capacity related to long-term care	25	4%
Not working, reason unknown	0	0%
Involuntarily unemployed	3	1%
Voluntarily unemployed	8	1%
Retired	7	1%
Total	560	100%

Source: Va. Healthcare Workforce Data Center

92% of licensed ALFAs are currently employed in the profession, and only 1% are involuntarily unemployed at the moment. 82% of all ALFAs currently hold one full-time job, while 12% have multiple positions. More than half of all ALFAs work between 40 and 49 hours per week, while 15% of ALFAs work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	18	3%
One Part-Time Position	13	2%
Two Part-Time Positions	3	1%
One Full-Time Position	459	82%
One Full-Time Position & One Part-Time Position	39	7%
Two Full-Time Positions	15	3%
More than Two Positions	10	2%
Total	557	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	18	3%
1 to 9 hours	3	1%
10 to 19 hours	1	0%
20 to 29 hours	2	0%
30 to 39 hours	18	3%
40 to 49 hours	290	53%
50 to 59 hours	135	25%
60 to 69 hours	49	9%
70 to 79 hours	15	3%
80 or more hours	17	3%
Total	548	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	3	1%
Less than $30,000	34	8%
$30,000-$39,999	37	8%
$40,000-$49,999	59	13%
$50,000-$59,999	71	16%
$60,000-$69,999	73	16%
$70,000-$79,999	60	13%
$80,000-$89,999	45	10%
$90,000-$99,999	30	7%
$100,000 or More	39	9%
Total	451	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $60k-$70k

Benefits

Paid Vacation: 79%

Employer Retirement: 37%

Satisfaction

Satisfied: 95%

Very Satisfied: 72%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	406	79%
Paid Sick Leave	331	64%
Dental Insurance	279	54%
Group Life Insurance	243	47%
Retirement	190	37%
Signing/Retention Bonus	39	8%
Receive at least one benefit	420	81%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

The median income for ALFAs is between $60,000 and $70,000 per year. In addition, 81% of ALFAs receive at least one employer-sponsored benefit at their place of work, including 79% who receive paid vacation time.

95% of ALFAs are satisfied with their job, including 72% who are very satisfied with their current work circumstances.

Job Satisfaction		
Level	#	%
Very Satisfied	393	72%
Somewhat Satisfied	125	23%
Somewhat Dissatisfied	21	4%
Very Dissatisfied	8	2%
Total	548	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	9	1%
Experience Voluntary Unemployment?	24	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	5	1%
Work two or more positions at the same time?	90	14%
Switch employers or practices?	33	5%
Experienced at least 1	147	23%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's ALFAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 5.0% during the past year.[1]

At a Glance:

Unemployment Experience 2015

Involuntarily Unemployed: 1%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 5%
New Location: 16%
Over 2 years: 68%
Over 2 yrs, 2nd location: 63%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	3	1%	7	7%
Less than 6 Months	38	7%	11	12%
6 Months to 1 Year	34	6%	4	4%
1 to 2 Years	97	18%	14	15%
3 to 5 Years	92	17%	14	15%
6 to 10 Years	96	18%	23	24%
More than 10 Years	184	34%	22	23%
Subtotal	544	100%	94	100%
Did not have location	10		516	
Item Missing	74		18	
Total	628		628	

Source: Va. Healthcare Workforce Data Center

68% of ALFAs have worked at their primary location for more than 2 years – the job tenure normally required to get a conventional mortgage loan.

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 5.5% in July/August 2014 to 4.5% in December 2014.

At a Glance:

Concentration

Top Region:	21%
Top 3 Regions:	61%
Lowest Region:	3%

Locations

2 or more (Past Year):	20%
2 or more (Now*):	16%

Source: Va. Healthcare Workforce Data Center

More ALFAs work in Hampton Roads than in any other region of the state. Northern and Central Virginia are also significant employers of Virginia's ALFA workforce.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	8	2%	13	2%
1	436	78%	455	82%
2	74	13%	62	11%
3	32	6%	24	4%
4	0	0%	0	0%
5	1	0%	1	0%
6 or More	5	1%	3	1%
Total	557	100%	557	100%

*At the time of survey completion, March 2015.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	106	20%	17	18%
Eastern	14	3%	0	0%
Hampton Roads	116	21%	27	28%
Northern	108	20%	14	15%
Southside	45	8%	11	12%
Southwest	26	5%	6	6%
Valley	54	10%	8	8%
West Central	69	13%	8	8%
Virginia Border State/DC	3	1%	0	0%
Other US State	1	0%	4	4%
Outside of the US	0	0%	0	0%
Total	542	100%	95	100%
Item Missing	75		17	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions

16% of Virginia's ALFA workforce currently have multiple work locations, while 20% of all ALFAs have had multiple work locations at some point in the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	428	81%	80	86%
Non-Profit	95	18%	10	11%
State/Local Government	7	1%	3	3%
Veterans Administration	0	0%	0	0%
U.S. Military	0	0%	0	0%
Other Federal Government	0	0%	0	0%
Total	530	100%	93	100%
Did not have location	10		516	
Item Missing	89		19	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

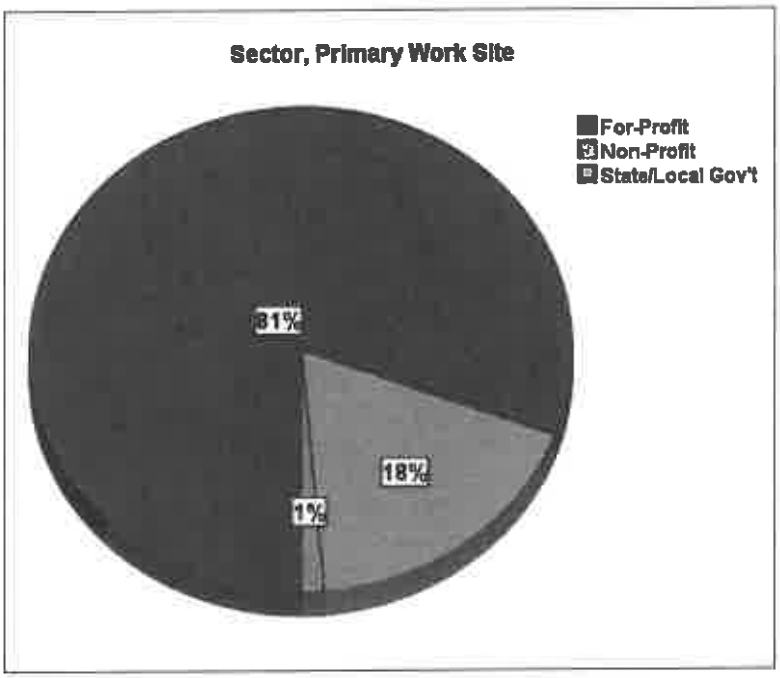
Sector

For Profit: 81%
Federal: 0%

Top Establishments

Assisted Living Facility: 85%
Continuing Care Retirement Comm.: 3%

Nearly all ALFAs work in the private sector, including 81% who worked at a for-profit establishment.



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Assisted Living Facility	490	78%	75	12%
Continuing Care Retirement Community	25	4%	4	1%
Skilled Nursing Facility	18	3%	7	1%
Home/Community Health Care	14	2%	6	1%
Rehabilitation Facility	10	2%	4	1%
Academic Institution	6	1%	3	0%
Hospice	6	1%	3	0%
Adult Day Care	6	1%	0	0%
PACE	3	0%	0	0%
Other Practice Type	22	4%	15	2%
At Least One Establishment	543	86%	97	15%

Source: Va. Healthcare Workforce Data Center

78% of Virginia's ALFA workforce was employed at an Assisted Living Facility at their primary work location.

55% of ALFAs were employed at an independent/stand-alone organization at their primary work location. Another 38% of Virginia's ALFAs were employed at a facility chain organization.

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Independent/Stand Alone	263	55%	43	54%
Facility Chain	182	38%	31	39%
Hospital-Based	4	1%	0	0%
College/University	4	1%	0	0%
Integrated Health System	4	1%	0	0%
Other	21	4%	5	6%
Total	478	100%	79	100%
Did not have location	10		516	
Item Missing	140		33	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

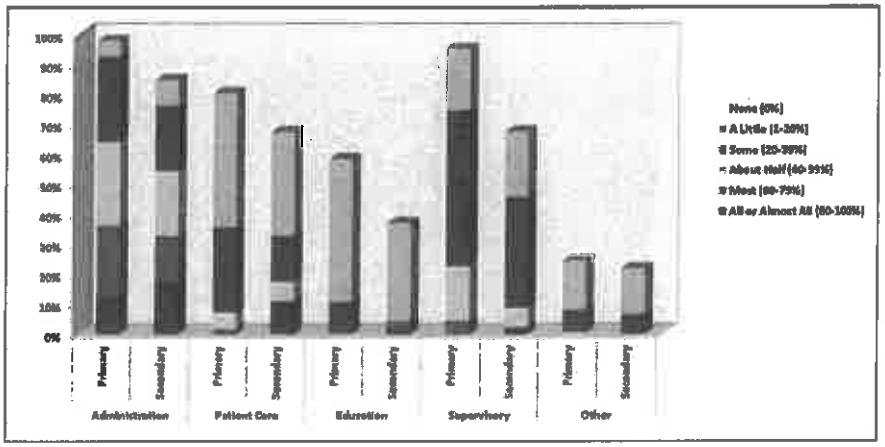
Administration:	50%-59%
Supervisory:	20%-29%
Patient Care:	10%-19%
Education:	1%-9%

Roles

Administration:	36%
Supervisory:	5%
Patient Care:	2%
Education:	0%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



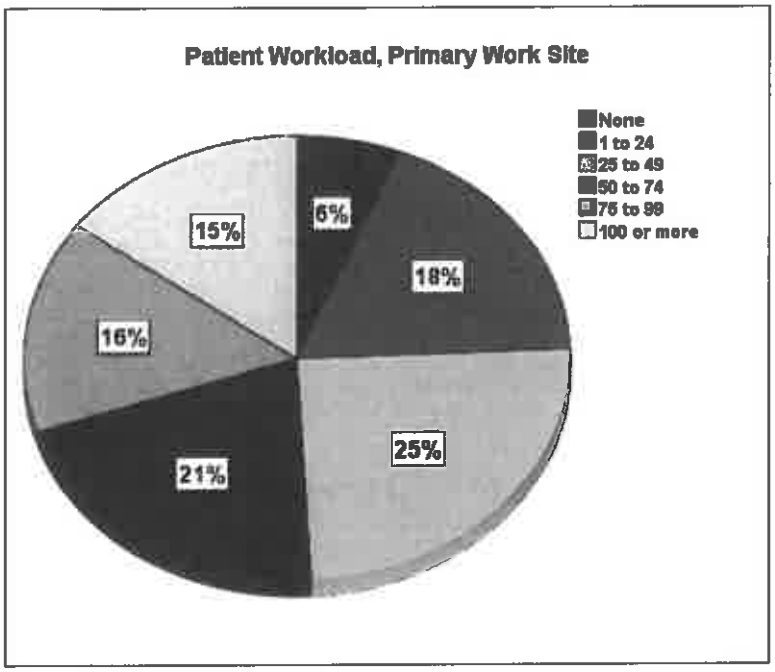
Source: Va. Healthcare Workforce Data Center

A typical ALFA spends more than half of her time performing administrative tasks. In addition, 36% of ALFAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Supervisory		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	12%	17%	0%	11%	0%	2%	0%	2%	0%	2%
Most (60-79%)	24%	15%	2%	0%	0%	2%	4%	0%	0%	0%
About Half (40-59%)	28%	22%	5%	7%	0%	0%	18%	7%	1%	0%
Some (20-39%)	28%	22%	28%	15%	10%	0%	52%	37%	7%	4%
A Little (1-20%)	5%	9%	45%	35%	48%	33%	21%	22%	16%	15%
None (0%)	2%	15%	20%	33%	42%	63%	5%	33%	75%	78%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload
(Median)

Primary Location:	50-74
Secondary Location:	25-49

The typical ALFA was responsible for between 50 and 74 patients at their primary work location and an additional 25 to 49 patients at their secondary work location, if they had one.

Patient Workload Responsibility				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	30	6%	14	17%
1-24	91	18%	24	29%
25-49	123	25%	15	18%
50-74	102	21%	17	20%
75-99	77	15%	5	6%
100-124	23	5%	3	4%
125-149	19	4%	0	0%
150-174	9	2%	0	0%
175-199	9	2%	1	1%
200-224	1	0%	1	1%
225-249	3	1%	0	0%
250-274	0	0%	0	0%
275-299	0	0%	0	0%
300 or more	8	2%	2	2%
Total	497	100%	84	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs over 50	
	#	%	#	%
Under age 50	4	1%	-	-
50 to 54	9	2%	0	0%
55 to 59	42	9%	12	4%
60 to 64	97	20%	45	16%
65 to 69	176	36%	106	38%
70 to 74	84	17%	63	23%
75 to 79	21	4%	15	5%
80 or over	6	1%	6	2%
I do not intend to retire	51	10%	31	11%
Total	490	100%	278	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All ALFAs

Under 65:	31%
Under 60:	11%

ALFAs 50 and over

Under 65:	21%
Under 60:	4%

Time until Retirement

Within 2 years:	6%
Within 10 years:	29%
Half the workforce:	by 2035

Source: Va. Healthcare Workforce Data Center

31% of all ALFAs expect to retire before the age of 65, while one-third plan on working until at least age 70. Among ALFAs who are age 50 and over, 21% still expect to retire by age 65, while 41% plan on working until at least age 70.

Within the next two years, just 2% of Virginia's ALFA workforce expects to leave the profession and 3% plan on leaving the state. Meanwhile, 15% of ALFAs plan on pursing additional educational opportunities, and 7% also expect to increase patient care hours.

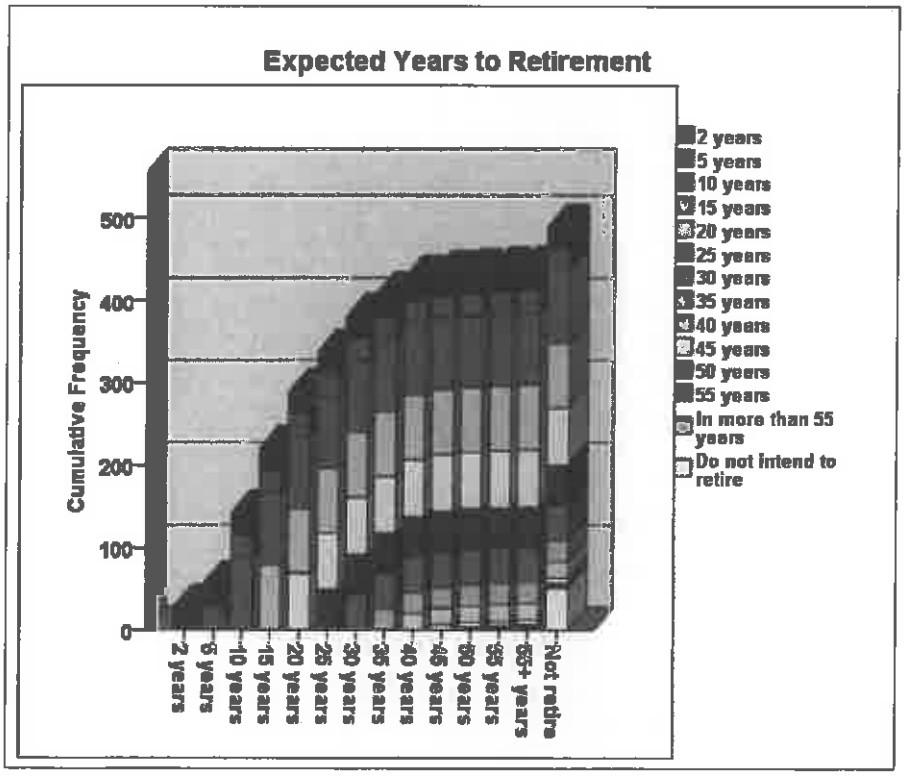
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	13	2%
Leave Virginia	20	3%
Decrease Patient Care Hours	53	8%
Decrease Teaching Hours	2	0%
Cease Accepting Trainees	6	1%
Increase Participation		
Increase Patient Care Hours	45	7%
Increase Teaching Hours	9	1%
Pursue Additional Education	92	15%
Return to the Workforce	7	1%
Begin Accepting Trainees	57	9%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While only 6% of ALFAs expect to retire in the next two years, 29% expect to retire within the next decade. More than half of the current ALFA workforce expects to retire by 2035.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	27	6%	6%
5 years	28	6%	11%
10 years	87	18%	29%
15 years	79	16%	45%
20 years	69	14%	59%
25 years	49	10%	69%
30 years	43	9%	78%
35 years	26	5%	83%
40 years	20	4%	87%
45 years	6	1%	89%
50 years	3	1%	89%
55 years	2	0%	90%
In more than 55 years	1	0%	90%
Do not intend to retire	51	10%	100%
Total	490	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every five years by 2025. Retirements will peak at 18% of the current workforce around the same time before declining to under 10% again around 2045.

At a Glance:

FTEs

Total:	740
FTEs/1,000 Residents:	.089
Average:	1.20

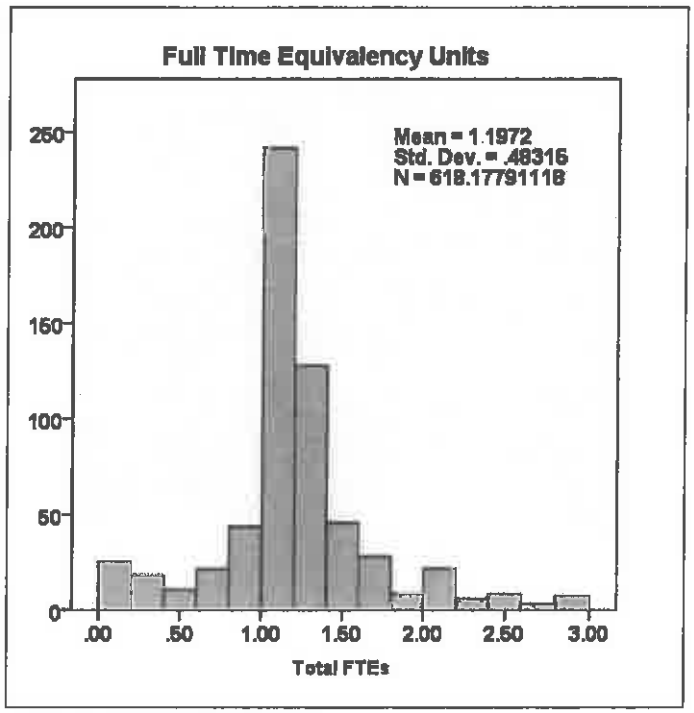
Age & Gender Effect

Age, Partial Eta^2:	Small
Gender, Partial Eta^2:	None

Partial Eta^2 Explained:
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

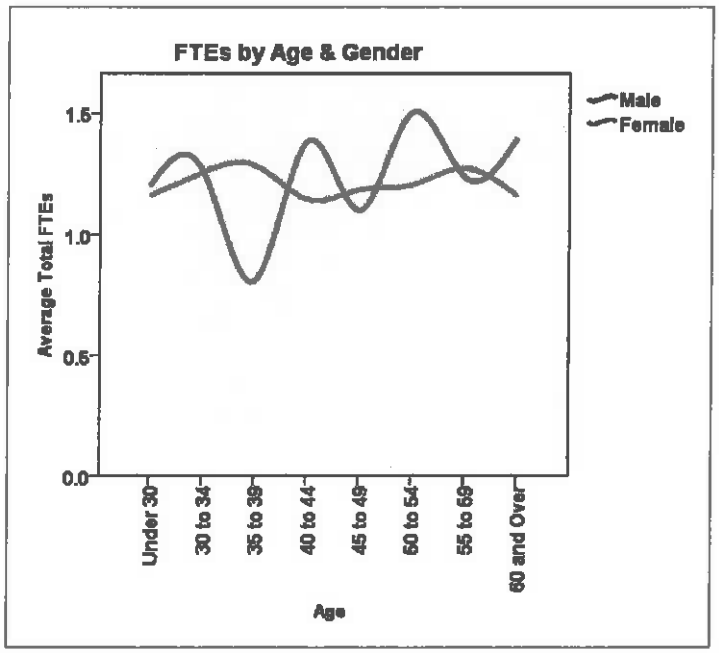


Source: Va. Healthcare Workforce Data Center

The typical ALFA provided 1.17 FTEs in the past year, or approximately 47 hours per week for 50 weeks. Statistical tests did not verify that a difference exists.[2]

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	1.14	1.20
30 to 34	1.25	1.22
35 to 39	1.16	1.18
40 to 44	1.18	1.15
45 to 49	1.16	1.09
50 to 54	1.23	1.17
55 to 59	1.25	1.18
60 and Over	1.18	1.09
Gender		
Male	1.27	1.15
Female	1.20	1.20

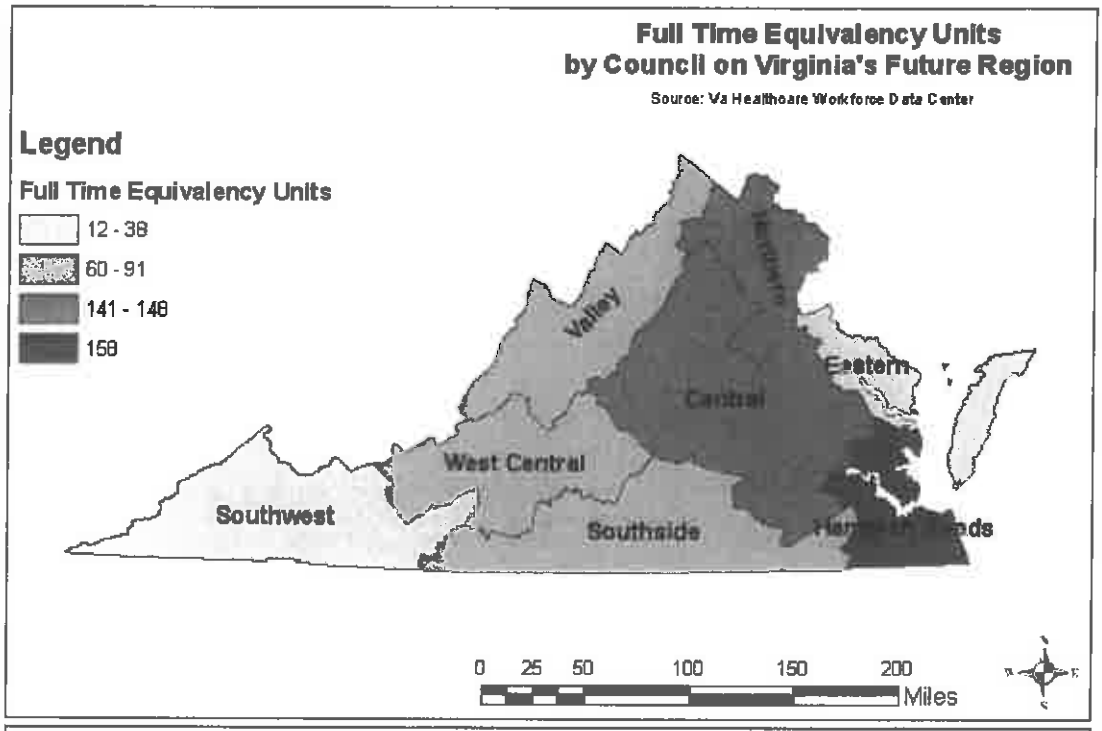
Source: Va. Healthcare Workforce Data Center

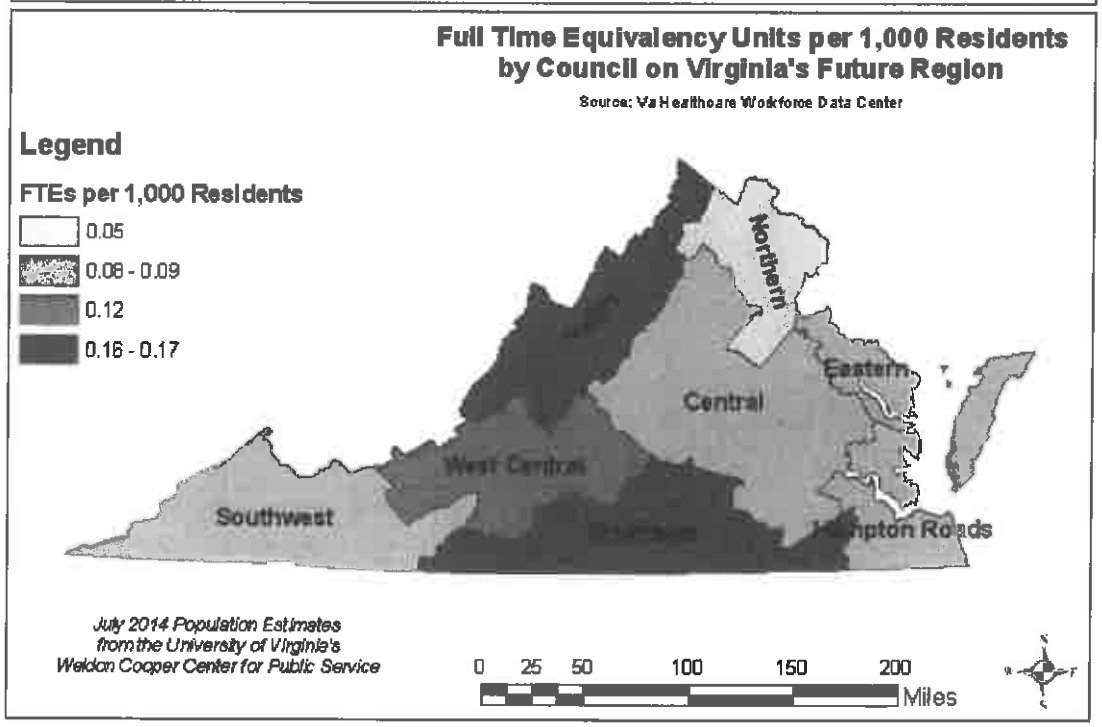


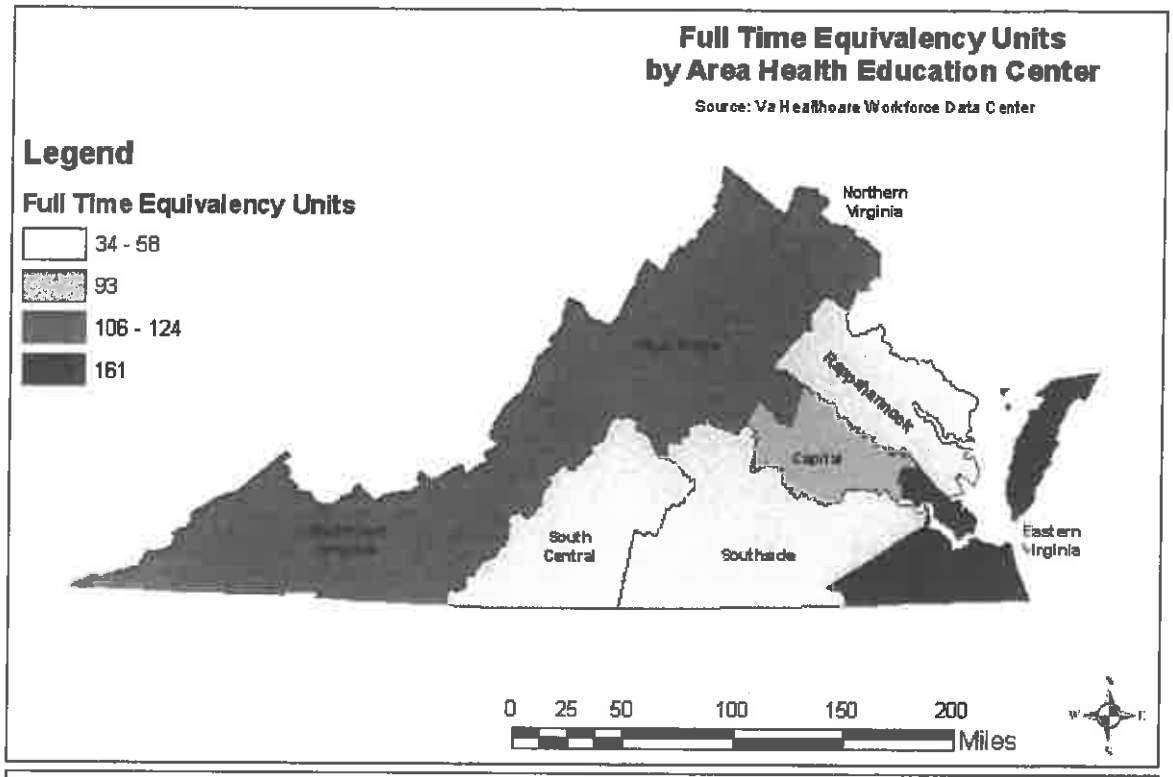
Source: Va. Healthcare Workforce Data Center

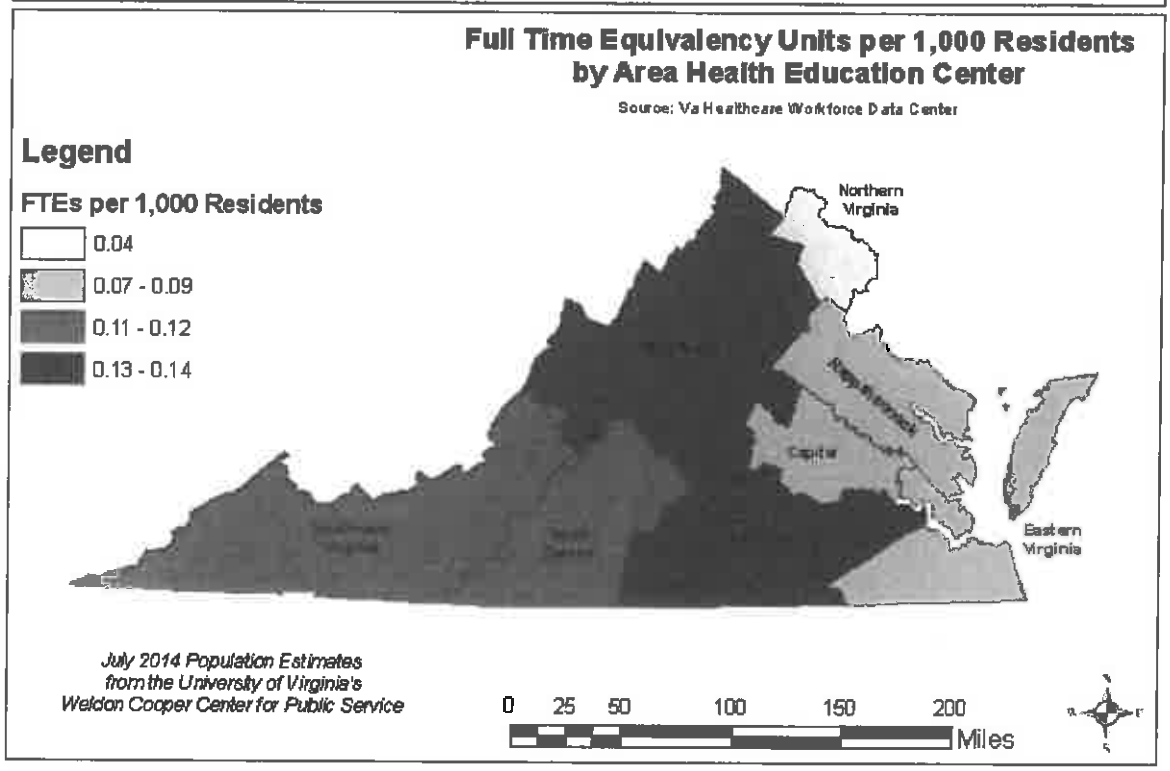
[2] Due to assumption violations in Mixed between-within ANOVA (Interaction effect was significant).

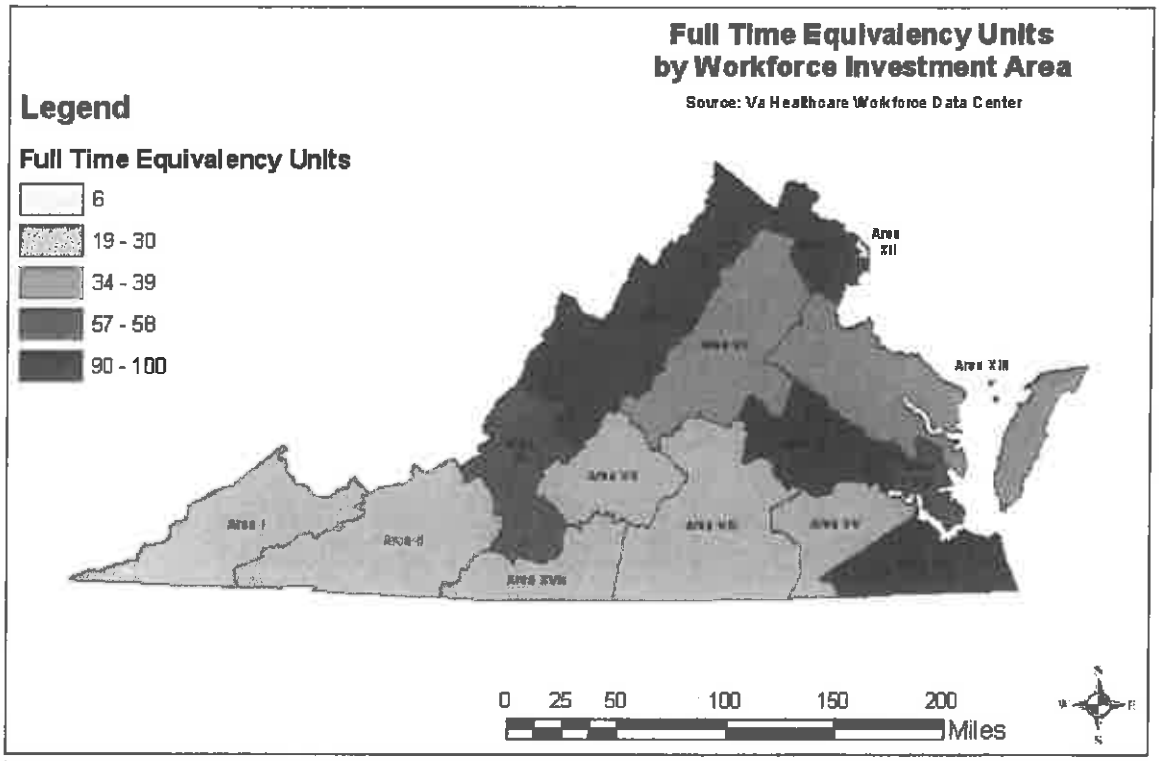
Council on Virginia's Future Regions

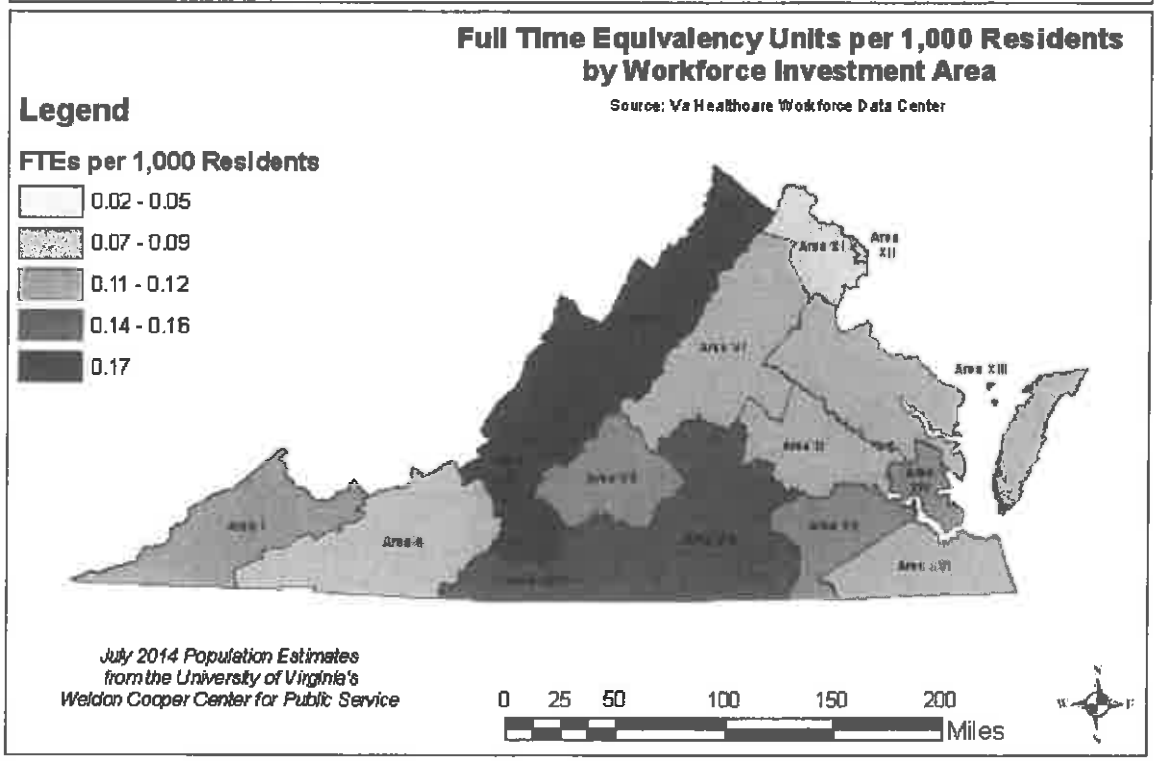


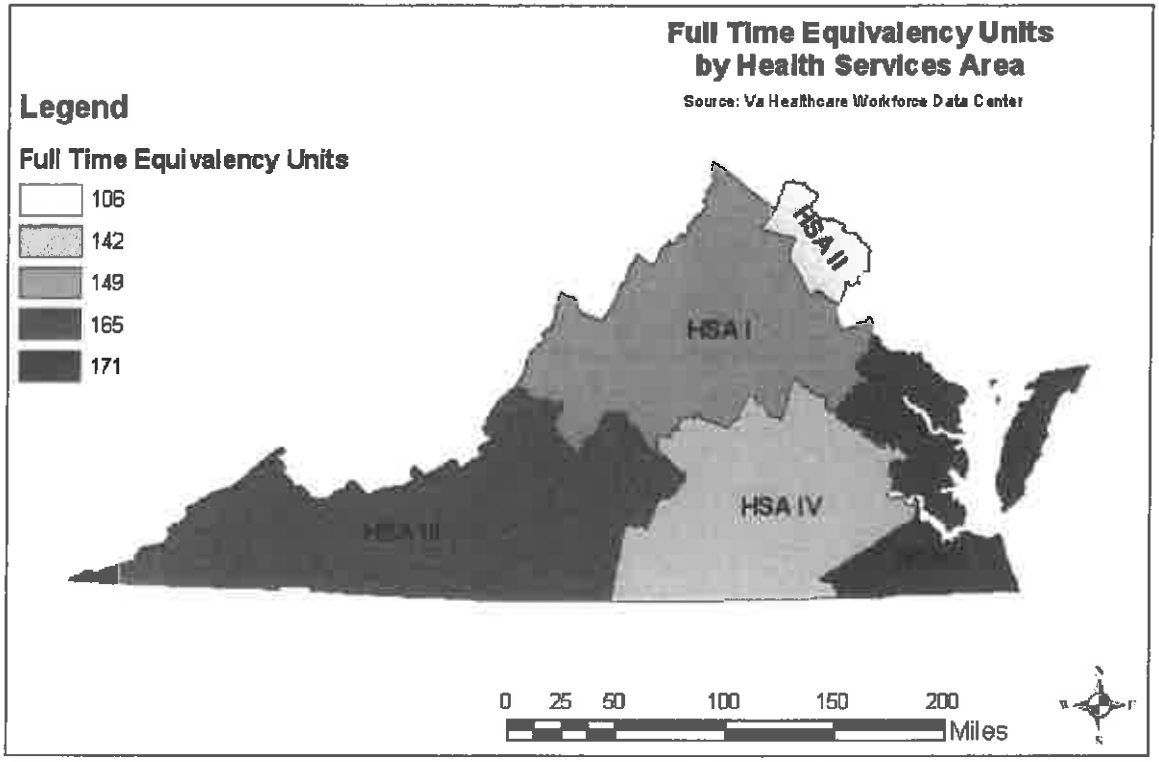


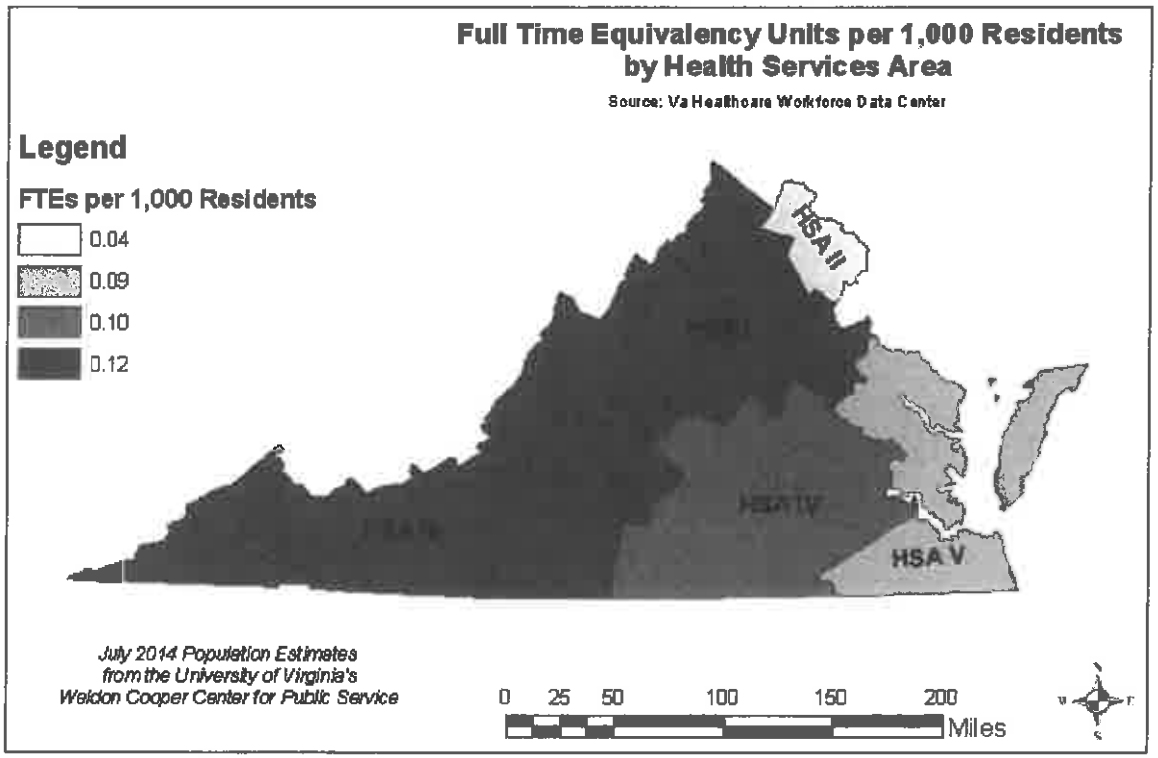

Full Time Equivalency Units
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
34 - 58
93
106 - 124
161
Northern Virginia
Rappahannock
Capital
South Central
Southside
Eastern Virginia
0 25 50 100 150 200
Miles

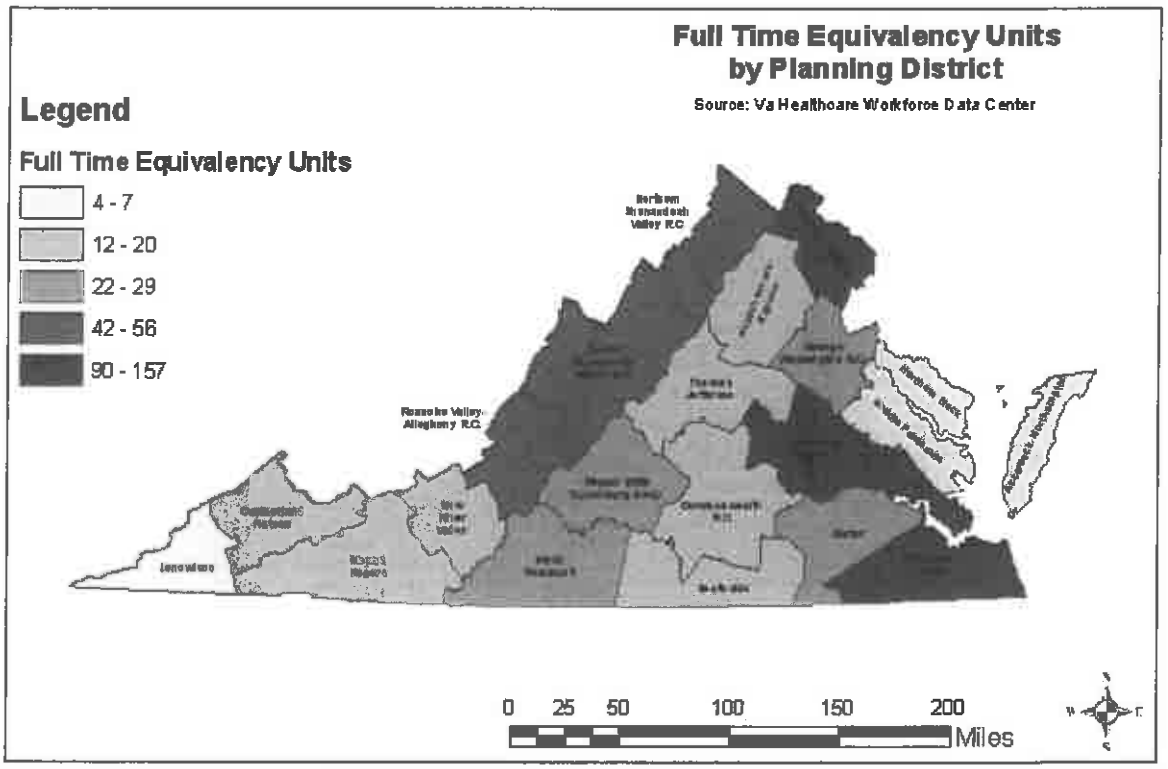

Full Time Equivalency Units per 1,000 Residents
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.04
0.07 - 0.09
0.11 - 0.12
0.13 - 0.14
Northern Virginia
Rappahannock
Capital
Eastern Virginia
July 2014 Population Estimates
from the University of Virginia's
Weldon Cooper Center for Public Service
0 25 50 100 150 200
Miles

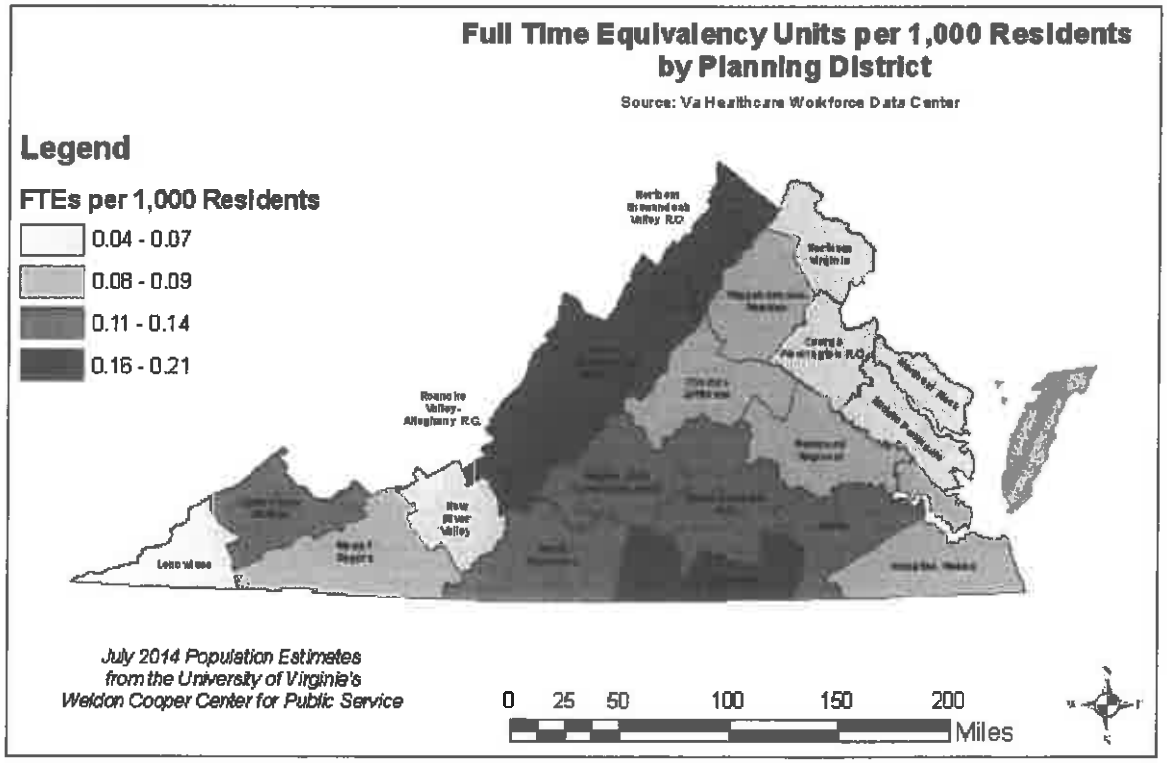

Full Time Equivalency Units
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
6
19 - 30
34 - 39
57 - 58
90 - 100
Area XII
Area XIII
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.02 - 0.05
0.07 - 0.09
0.11 - 0.12
0.14 - 0.16
0.17
Area XII
Area XIII
July 2014 Population Estimates
from the University of Virginia's
Weldon Cooper Center for Public Service
0 25 50 100 150 200
Miles


Full Time Equivalency Units
by Health Services Area
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
106
142
149
165
171
HSA II
HSA I
HSA IV
HSA III
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Health Services Area
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.04
0.09
0.10
0.12
HSA II
HSA IV
HSA V
July 2014 Population Estimates
from the University of Virginia's
Weldon Cooper Center for Public Service
0 25 50 100 150 200
Miles


Full Time Equivalency Units
by Planning District
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
4 - 7
12 - 20
22 - 29
42 - 56
90 - 157
Roanoke Valley-Allegheny R.C.
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Planning District
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.04 - 0.07
0.08 - 0.09
0.11 - 0.14
0.16 - 0.21
Roanoke Valley-Allegheny R.C.
New River Valley
July 2014 Population Estimates
from the University of Virginia's
Weldon Cooper Center for Public Service
0 25 50 100 150 200
Miles

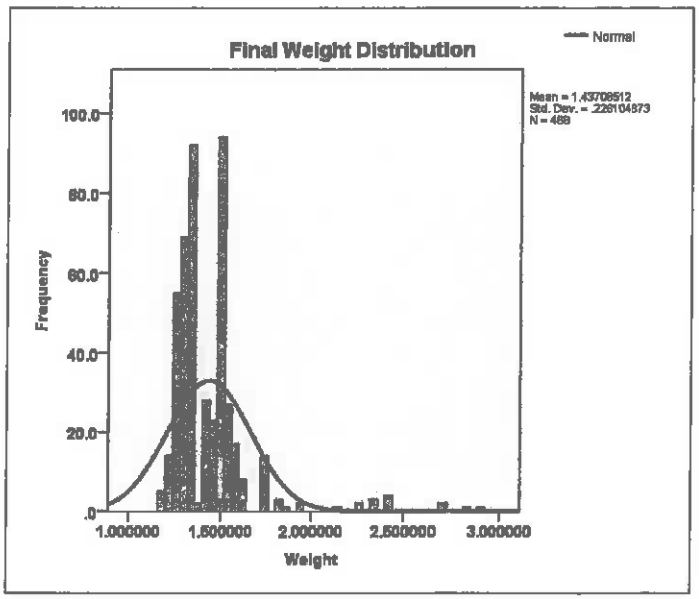
Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	370	71.89%	1.390977	1.25746	1.61213
Metro, 250,000 to 1 million	64	76.56%	1.306122	1.18075	1.47594
Metro, 250,000 or less	66	62.12%	1.609756	1.45524	1.81905
Urban pop 20,000+, Metro adj	21	61.90%	1.615385	1.46033	1.73967
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	59	74.58%	1.340909	1.2122	1.5541
Urban pop, 2,500-19,999, nonadj	29	72.41%	1.380952	1.2484	1.60051
Rural, Metro adj	13	76.92%	1.3	1.17522	1.46902
Rural, nonadj	7	71.43%	1.4	1.26562	1.50771
Virginia border state/DC	30	40.00%	2.5	2.26003	2.89747
Other US State	14	50.00%	2	1.80802	2.26003

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	20	60.00%	1.666667	1.5541	2.89747
30 to 34	37	64.86%	1.541667	1.39369	2.68016
35 to 39	52	61.54%	1.625	1.46902	2.82504
40 to 44	87	72.41%	1.380952	1.25428	2.40076
45 to 49	78	76.92%	1.3	1.17522	2.26003
50 to 54	105	74.29%	1.346154	1.21694	2.34027
55 to 59	119	72.27%	1.383721	1.2509	2.40558
60 and Over	175	64.57%	1.548673	1.40002	2.69234

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.695394