Board of Long-Term Care Administrators

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 200
Henrico, Virginia 23233-1463
Board Room #4
September 20, 2016
10:00 a.m.

AGENDA

CALL TO ORDER

ORDERING OF AGENDA

PUBLIC COMMENT PERIOD

ACCEPTANCE OF MINUTES – Tab 1

- Board Meeting – December 15, 2015
- Formal Hearing – March 15, 2016
- Formal Hearing – March 15, 2016
- Summary Suspension Teleconference – May 6, 2016

INFORMAL CONFERENCES HELD (Informational Purposes Only)

- (2) January 7, 2016
- (2) August 30, 2016

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

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

WORKFORCE DATA REPORT – Dr. Elizabeth Carter – Tab 3

NEW BUSINESS

- Legislative Update – **Elaine Yeatts – Tab 4**
  - PPG Regulatory Change – Fast Track
  - Consideration of CE Credit for Voluntary Work
  - Board Review of draft changes by Staff to NHA/ALF regulations
    - Consideration of a issuing a NOIRA on NHA/ALF regulations
- Consideration of GD 95-12 for Processing Licensure Applications - **Lynne Helmick - Tab 5**
  - Adoption of Guidance Document for Processing Licensure Applications
- Consideration of Revisions to Guidance Document 95-8 Bylaws – **Corie Tillman Wolf – Tab 6**
  - Adoption of Revised Guidance Document 95-8
- Election of Officers

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, December 15, 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, Chair
Derrick Kendall, NHA, Vice-Chair
Marj Pantone, ALFA
Doug Nevitt, ALFA
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
Heather Wright, Program Manager, Board of LTC

BOARD COUNSEL
Erin Barrett, Assistant Attorney General

Quorum:

With 7 members present a quorum was established.

Guests Present:

Judy Hackler, Virginia Assisted Living Association (VALA)
Matt Mansell, Virginia Health Care Association (VHCA)
Basil Acey

CALLED TO ORDER

Ms. Hopkins Stanfield, Chair, called the Board meeting to order at 9:37 a.m.

PUBLIC COMMENT PERIOD

Judy Hackler, spoke on behalf of the Virginia Assisted Living Association (VALA) and stated they were highly supportive of anything the board could do in order to gain enough qualified administrators into the industry to sustain the community.

ACCEPTANCE OF MINUTES

Upon a motion by Dr. Koontz and properly seconded by Marj Pantone, the board voted to accept the following minutes:

- Minutes of Board Meeting – September 22, 2015

The motion passed unanimously.

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

Dr. Brown provided the following Agency news:

- Lisa Hahn had been appointed by the Governor to serve as the new Chief Deputy Director of the Agency. Ms. Hahn would continue in her role as the Executive Director for the boards of Physical Therapy, Long Term Care Administrators, and Funeral Directors & Embalmers until sometime following the 2016 General Assembly Session.
- The Healthcare Workforce Data Center provides wonderful and useful information to the boards and to the public. He shared that 95% of Assisted Living Facility Administrators responded that they were satisfied with their job and that with a 60k – 70k average salary; they should be able to recruit effectively. Dr. Brown added that it is an agency goal to condense workforce data reports and share them with the schools and guidance counselors who can use them.

This concluded the Agency Directors Report.

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn

Ms. Hahn reported on the following:

Budget

■ Cash Balance as of June 30, 2015	$(130,525)
■ YTD FY16 Revenue	39,700
■ Less direct and In-Direct Expenditures	175,156
■ Cash Balance as of October 31, 2015	$(265,980)

Ms. Hahn pointed out that through the hard work and efforts of Dr. Brown, Elaine Yeatts, Charles Giles and herself, they were able to get the regulations for a fee increase approved. With that being said, she was pleased to say that the board would be back in the black by the end of fiscal year 2016 and she shared the past and future numbers below:

- FY 14 - ($368,103)
- FY15 - ($130,525)
- FY 16 - $106,814

Licensee Statistics:

ALFA's

	12/15	12/14	12/13
ALFA's	627	646	617
AIT's	116	107	81
Acting AIT	5	6	5
Preceptors	204	198	180
Total ALF	952	957	883

NHA's

	12/15	2/14	12/13
NHA's	872	883	847
AIT's	89	82	75
Preceptors	232	244	238
Total NHA	1,193	1,209	1,160
Combined	2,145	2,166	2,043

Minimal change in past 3 years

Licenses/Registrations Issued (07/01/2014 – 06/30/2015)

Acting ALF-Administrator-In-Training -	12
NHA Administrator-in-Training	62
ALF-Administrator-In-Training	69
Assisted Living Facility Administrator	63
Assisted Living Facility Preceptor	30
Nursing Home Administrator	64
Nursing Home Preceptor	15
Total	315

Ms. Hahn stated that these numbers did not include pending applications.

Discipline Statistics

- **42 open cases:**
  - 12 cases in Investigations
  - 25 in Probable Cause
  - 1 in APD
  - 2 at Informal Stage
  - 2 at Formal Stage

- 11 LTC Compliance Cases being monitored by Lynne Helmick who also manages the disciplinary cases.

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
    - 19 of closed cases (36%) were ALFA
    - 33 of closed cases (64%) were NHA
    - 5 (9%) of closed cases went to IFC

Ms. Hahn stated that the cases were voluminous and the cases take a lot of time to review. She and Ms. Helmick are working with the Enforcement Division to ensure that they are focusing and gathering the evidence we need to make case decisions and not obtaining information that is not useful. Ms. Hahn added that she would be asking for assistance from members of the SCC Committee to make recommendations for the reduction of unnecessary information.

2015 Hearings Held

9 Informal Conferences:
- 5 – ALFA Hearings
- 3 - NHA Hearings
- 1 Respondent held both ALFA & NHA Licenses (case was referred to a formal)

2 Formal Hearings:
- 1– ALFA
- 1- Respondent held both ALFA & NHA Licenses

Virginia Performs (Patient Care Cases) – First Quarter 2016

- Clearance Rate – 54%
- Age of Pending caseload older than 250 days – 13%
- % of Cases closed within 250 days – 71%
- Q4 2015 Caseloads: received=13, closed=7
  Pending over 250=5
  Closed within 250=5
- Customer Satisfaction
  Q1 2016 – 100%
  Q4 2015 – 96.3%
  Q3 2015 – 100%
  Q2 2015 – 100%

Ms. Hahn was pleased to report on the excellent customer satisfaction ratings for the board and attributed her staff for doing a great job.

Increase in Patient Care Cases
- High number of patient care cases in Q 1
- Q1 16 - 18 cases and 12 were patient care
- Q4 15- 12 cases and 3 were patient care
- Average time to close a case is also taking longer
- One main reason is the size of the cases in CY 14 the largest case size was between 200-350 pages with 2 being 1450 pages.
- Compared to CY 15 year

Board Business

SHEV

Ms. Hahn reported that during the September meeting 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 about the requirement for the AIT program.

Followed up with Dr. DeFilippo and at his request we provided him with statistics from applicants who applied from Virginia schools (744 over the past 5 years).

In our conversations he suggested that perhaps SHEV could issue a memo to the schools about disclosing the Virginia requirements for licensure and to suggest that the schools who don't offer an internship issue a disclaimer in their advertising about the requirements.

Dr. DeFilippo will be back in touch with Ms. Hahn.

NAB Business

Ms. Hahn reported that she and Missy Currier and I attended the Mid-Year Meeting in November. I am on the Board of Directors and serve as NAB's treasurer. Do to unforeseen circumstances; Karen Stanfield had to cancel last minute so Missy served as our voting state delegate.

- Key Topics & Presentations:
  - HSE Overview & Implementation plan for the Professional Practice Analysis (PPA) and the new Health Services Executive (HSE).
  - AIT Task Force Overview & Accomplishments which more details would be provided later in meeting.
  - AIT manual with national standards
  - Preceptor training program
  - NAB Exam Programs - Preparing for the Future –New exam projected for release on July 1, 2017.
  - PPA Exam Resources – New Training Manual & Test Exam.
  - Proposed Changes to NAB's Academic Accreditations Program to encompass the HSE Credential.

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.
- If you are going to be on vacation for an extended length of time, please let us know in advance so that we don't inundate you with emails.

2016 Board Meeting Schedule

- Ms. Hahn requested that the members reserve the following dates for the entire day: That the dates are also used for our Formal Hearings and how imperative it is that they commit to these dates.

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

Ms. Hahn concluded her report and thanked the board for all their hard work & dedication!

NEW BUSINESS

Regulatory Report – Elaine Yeatts

Ms. Yeatts reported that at this time there were no active regulatory actions. She did review in detail the regulations for the oversight of an acting administrator which became effective on November 4th.

Legislative Report – Elaine Yeatts

Ms. Yeatts reported that there were no regulatory actions at this time. She did say that DHP would be introducing 14 Bills during the 2016 General Assembly Session and that Dr. Brown and Ms. Hahn would be quite busy during that time.

Guidance Document 95-8 (ByLaws) – Elaine Yeatts

The revision to Guidance Document 95-8 in order to conform to the Code of Virginia was tabled until the next full board meeting.

BREAK

The Board took a recess from 10:10 a.m. until 10:20 a.m.

DHP Guidance Document 76-34 – Elaine Yeatts

Ms. Yeatts opened from the break session by requesting that the board review DHP Guidance Document 76-34 as it was just amended in November 2015. She stated that they should be aware of to what they are required to report, to whom, when, etc. and that by not reporting, penalties could be assessed. She stated that Home Health and Hospice had been added to the list of required reporters.

Model AIT & Preceptor Program Update – Lisa R. Hahn

Ms. Hahn gave a presentation on the Model AIT Program which she has co-chaired and been an integral part of the development over the past couple of years. She gave a general overview of the different sections of the program including a self-assessment that the AIT candidate completes as well as the actual program that is ultimately developed from the self-assessment. She demonstrated study components which included "flashcards" that can be studied online.

Ms. Hahn was most happy to report that Virginia will be the first state to pilot the program which she hopes will be ready within the next couple of months. She was also pleased to announce that the programs will be offered free of charge as everyone has the common goal to achieve consistent programs across all jurisdictions.

Ms. Hahn concluded that a Preceptor training program is also currently being developed and we hope to have this component completed by Spring 2016. This program will also be free of charge to the states.

The Board was very excited to learn about the programs and the progress that was made. Several of the members already have volunteered to use the National Model AIT Program as soon as Virginia receives the go ahead.

Presentation – Healthcare Workforce Data – Dr. Elizabeth Carter

Dr. Carter provided informative statistical information regarding Virginia survey results conducted by the Healthcare Workforce Data Center. She stated that during this meeting she would be presenting on the Assisted Living Facility Administrators and that she would report on the Nursing Home Administrators during the next meeting in 2016. She stated that they received an 85% response rate from the survey which gave an accurate picture of the ALFA workforce.

Dr. Carter concluded her report and thanked everyone for filling out the surveys.

Upon a motion by Derrick Kendall and properly seconded by Doug Nevitt, the board voted to approve the September 2015 Healthcare Workforce Data Report. The motion carried unanimously.

ADJOURNMENT

Ms. Hopkins Stanfield adjourned the meeting at 11:18 a.m.

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

UNAPPROVED

VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING

March 15, 2016	Department of Health Professions 9960 Mayland Drive, Suite #300	Henrico, Virginia

CALL TO ORDER: A panel of the Board was called to order at 10:22 a.m.

MEMBERS PRESENT:
Derrick Kendall, NHA, Chair
Marj Pantone, ALFA
Doug Nevitt, ALFA
Mitchell Davis, NHA
Dr. Warren Koontz, Citizen Member
Mary Brydon, Citizen Member

MEMBERS ABSENT: Shervonne Banks, Citizen Member

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

STAFF PRESENT:
Lisa R. Hahn, Executive Director
Missy Currier, Deputy Executive Director

COURT REPORTER: Andrea Pegram, Certified Court Reporter

PARTIES ON BEHALF OF COMMONWEALTH:
David Kazzie, Adjudication Specialist
Kelli Moss, Senior Investigator
Linda Boston, DSS

MATTER SCHEDULED:
Linda Walker, ALFA
License No.: 1706-000173
Case No.: 157536

ESTABLISHMENT OF A QUORUM: With six (6) members of the Board present, a quorum was established.

DISCUSSION: Ms. Walker did not appear before the Board in accordance with the Board's Amended Notice of Formal Hearing dated February 18, 2016. Mr. Kazzie stated proper notice was made to Ms. Walker at her address of record with the Board and he stated he had not received any

communication from Ms. Walker regarding her appearance before the Board.

Mr. Kendall ruled that proper notice of the hearing was provided to Ms. Walker and the Board proceeded in her absence.

The Board received evidence and sworn testimony from the parties called by the Commonwealth, regarding the matters as set forth in the Statement of Particulars.

CLOSED SESSION: Upon a motion by Doug Nevitt, and duly seconded by Dr. Warren Koontz, the Board voted to convene a closed meeting at 11:26 a.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Linda Walker, ALFA. Additionally, he moved that Ms. Hahn, Ms. Barrett, and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Doug Nevitt, and duly seconded by Dr. Warren Koontz, the Board voted to re-convene at 12:05 p.m.

CERTIFICATION: Mr. Nevitt certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

DISCUSSION: Ms. Walker appeared for her hearing while the Board was deliberating in closed session. The Board agreed to allow Ms. Walker to take the stand to receive her sworn testimony regarding the matters set forth in the Statement of Particulars.

CLOSED SESSION: Upon a motion by Doug Nevitt, and duly seconded by Mitchell Davis, the Board voted to convene a closed meeting at 1:50 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Linda Walker, ALFA. Additionally, he moved that Ms. Hahn, Ms. Barrett, and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:	Upon a motion by Doug Nevitt, and duly seconded by Dr. Warren Koontz, the Board voted to re-convene at 2:40 p.m.
CERTIFICATION:	Mr. Nevitt certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.
DECISION:	Upon a motion by Doug Nevitt, and duly seconded by Marj Pantone, the Board moved to INDEFINITELY SUSPEND Ms. Walker's license for not less than two years, with said suspension being STAYED. Ms. Walker's license shall be placed on INDEFINITE PROBATION for not less than two years of actual employment as an assisted living facility administrator and shall be subject to certain terms and conditions.
VOTE:	The vote was unanimous.
ADJOURNMENT:	The Board adjourned at 2:45 p.m.

The decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decisions of this formal hearing panel.

Derrick Kendall, NHA, Chair	Lisa R. Hahn, Executive Director
Date	Date

UNAPPROVED

VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING

March 15, 2016	Department of Health Professions 9960 Mayland Drive, Suite #300	Henrico, Virginia

CALL TO ORDER:	A panel of the Board was called to order at 3:05 p.m.
MEMBERS PRESENT:	Karen Stanfield, NHA, Chair Derrick Kendall, NHA Doug Nevitt, ALFA Mitchell Davis, NHA Dr. Warren Koontz, Citizen Member Mary Brydon, Citizen Member
MEMBERS ABSENT:	Shervonne Banks, Citizen Member
BOARD COUNSEL:	Erin Barrett, Assistant Attorney General
STAFF PRESENT:	Lynne Helmick, Deputy Executive Director Missy Currier, Deputy Executive Director
COURT REPORTER:	Andrea Pegram, Certified Court Reporter
PARTIES ON BEHALF OF COMMONWEALTH:	Amy Weiss, Adjudication Specialist James Wall, Senior Investigator Jennifer Jarvis Angela Hughes
MATTER SCHEDULED:	**Sandi Hall, NHA** **License No.: 1701-002649** **Case No.: 160857**
ESTABLISHMENT OF A QUORUM:	With six (6) members of the Board present, a quorum was established.
DISCUSSION:	Ms. Hall appeared before the Board in accordance with the Board's Notice of Formal Hearing dated February 18, 2016. Ms. Hall was present and was not represented by counsel.

The Board received evidence and sworn testimony from the parties called by the Commonwealth, regarding the matters as set forth in the Statement of Particulars.

CLOSED SESSION: Upon a motion by Derek Kendall, and duly seconded by Dr. Warren Koontz, the Board voted to convene a closed meeting at 5:46 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Sandi Hall, NHA. Additionally, he moved that Ms. Helmick, Ms. Barrett, and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Derek Kendall, and duly seconded by Marj Pantone, the Board voted to re-convene at 6:25 p.m.

CERTIFICATION: Mr. Kendall certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

DECISION: Upon a motion by Derek Kendall, and duly seconded by Marj Pantone, the Board found there was no clear and convincing evidence to support finding of any violation of the laws and regulations governing the practice of nusing home administrator and moved to DISMISS the case.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 6:31 p.m.

The decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decisions of this formal hearing panel.

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

VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
MINUTES

Friday, May 6, 2016
11:30 A.M.

Department of Health Professions
9960 Mayland Drive, Suite #300
Henrico, Virginia 23233

DATE, TIME & PLACE: On May 6, 2016, at 11:42 a.m., the Board of Long-Term Care Administrators convened by telephone conference call with a quorum of the Board present. Karen Stanfield, Board Chair presided, to consider whether a practitioner's ability to practice assisted living facility administration constituted a substantial danger to public health and safety pursuant to Va. Code §54.1-2408.1.

MEMBERS PRESENT:
Karen Stanfield, N.H.A., Chair
Doug Nevitt, ALFA
Marj Pantone, ALFA
Derrick Kendall, NHA
Martha Hunt, ALFA
Mitchell Davis, NHA
Dr. Warren Koontz
Mary Brydon

MEMBERS ABSENT: Shervonne Banks

BOARD COUNSEL: Erin Barrett, Assistant Attorney General

DHP STAFF PRESENT:
Lisa Hahn, Executive Director
Missy Currier, Deputy Executive Director
Kathy Petersen, Discipline Operations Manager

PARTIES ON BEHALF OF COMMONWEALTH:
Wayne Halbleib, Senior Assistant Attorney General
David Kazzie, Adjudication Specialist

MATTER CONSIDERED:
RACHEL A. ZACARIAS, ALFA
License No.: 1706-000446
Case No.: 172228

The Board received information from Sr. AAG Wayne Halbleib in order to determine whether Ms. Zacarias' ability to practice as an assisted living facility administrator constituted a substantial danger to public health and safety.

Mr. Halbleib provided details of the case to the Board for its consideration.

CLOSED SESSION: Upon a motion by Doug Nevitt, and duly seconded by Martha Hunt, the Board voted to convene a closed meeting at 12:00 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Rachel A. Zacarias, ALFA. Additionally, he moved that Ms. Hahn, Ms. Currier, Ms. Petersen and Ms. Barrett attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Martha Hunt, and duly seconded by Dr. Koontz, the Board voted to re-convene at 12:11 p.m.

CERTIFICATION: Ms. Hunt certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

DECISION: Upon a motion by Ms. Hunt, and duly seconded by Dr. Koontz, the Board determined that Ms. Zacarias' ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend her right to renew her license, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia.

VOTE: The vote was unanimous.

DECISION: Upon a motion by Ms. Hunt, and duly seconded by Ms. Dailey, the Board voted to offer Ms. Zacarias a consent order revoking her right to renew her license.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 12:14 p.m.

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

Tab 2

Virginia Department of Health Professions
Cash Balance
As of June 30, 2016

	114- Long Term Care Administrators
Board Cash Balance as of June 30, 2015	$ (130,525)
YTD FY16 Revenue	557,330
Less: YTD FY16 Direct and In-Direct Expenditures	472,072
Board Cash Balance as June 30, 2016	(45,267)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	87,675.00	88,035.00	360.00	99.59%
4002406	License & Renewal Fee	461,780.00	484,725.00	22,945.00	95.27%
4002407	Dup. License Certificate Fee	250.00	-	(250.00)	0.00%
4002409	Board Endorsement - Out	1,540.00	1,905.00	365.00	80.84%
4002421	Monetary Penalty & Late Fees	5,385.00	4,215.00	(1,170.00)	127.76%
4002432	Misc. Fee (Bad Check Fee)	70.00	-	(70.00)	0.00%
	Total Fee Revenue	556,700.00	578,880.00	22,180.00	96.17%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	630.00	-	(630.00)	0.00%
	Total Sales of Prop. & Commodities	630.00	-	(630.00)	0.00%
	Total Revenue	557,330.00	578,880.00	21,550.00	96.28%
5011110	Employer Retirement Contrib.	11,580.96	10,291.00	(1,289.96)	112.53%
5011120	Fed Old-Age Ins- Sal St Emp	6,008.22	5,537.00	(471.22)	108.51%
5011130	Fed Old-Age Ins- Wage Earners	18.02	-	(18.02)	0.00%
5011140	Group Insurance	990.59	862.00	(128.59)	114.92%
5011150	Medical/Hospitalization Ins.	17,650.54	18,837.00	1,186.46	93.70%
5011160	Retiree Medical/Hospitalizatn	874.12	760.00	(114.12)	115.02%
5011170	Long term Disability Ins	549.38	478.00	(71.38)	114.93%
	Total Employee Benefits	37,671.83	36,765.00	(906.83)	102.47%
5011200	Salaries				
5011230	Salaries, Classified	83,336.64	72,367.00	(10,969.64)	115.16%
5011250	Salaries, Overtime	1,697.00	-	(1,697.00)	0.00%
	Total Salaries	85,033.64	72,367.00	(12,666.64)	117.50%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	566.00	696.00	130.00	81.32%
	Total Special Payments	566.00	696.00	130.00	81.32%
5011400	Wages				
5011410	Wages, General	235.62	-	(235.62)	0.00%
	Total Wages	235.62	-	(235.62)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	123,507.09	109,828.00	(13,679.09)	112.46%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	47.82	142.00	94.18	33.68%
5012140	Postal Services	2,351.93	1,500.00	(851.93)	156.80%
5012150	Printing Services	112.04	500.00	387.96	22.41%
5012160	Telecommunications Svcs (VITA)	1,276.82	1,320.00	43.18	96.73%
5012170	Telecomm. Svcs (Non-State)	362.48	-	(362.48)	0.00%
5012190	Inbound Freight Services	101.43	-	(101.43)	0.00%
	Total Communication Services	4,252.52	3,462.00	(790.52)	122.83%
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,200.00	(300.00)	125.00%
5012240	Employee Trainng/Workshop/Conf	500.00	200.00	(300.00)	250.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012250	Employee Tuition Reimbursement	-	802.00	802.00	0.00%
	Total Employee Development Services	2,000.00	2,202.00	202.00	90.83%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	Total Health Services	-	110.00	110.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	8,983.45	7,990.00	(993.45)	112.43%
5012440	Management Services	57.38	6.00	(51.38)	956.33%
5012460	Public Infrmtnl & Relatn Svcs	12.00	-	(12.00)	0.00%
5012470	Legal Services	720.00	150.00	(570.00)	480.00%
	Total Mgmnt and Informational Svcs	9,772.83	8,146.00	(1,626.83)	119.97%
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	652.08	683.00	30.92	95.47%
5012660	Manual Labor Services	759.29	2,182.00	1,422.71	34.80%
5012670	Production Services	5,047.71	2,960.00	(2,087.71)	170.53%
5012680	Skilled Services	245.84	4,408.00	4,162.16	5.58%
	Total Support Services	6,704.92	11,260.00	4,555.08	59.55%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,909.61	4,680.00	2,770.39	40.80%
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	2,054.65	6,180.00	4,125.35	33.25%
	Total Contractual Svs	24,792.25	31,377.00	6,584.75	79.01%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	463.39	400.00	(63.39)	115.85%
5013130	Stationery and Forms	-	100.00	100.00	0.00%
	Total Administrative Supplies	463.39	500.00	36.61	92.68%
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	19.00	81.00	62.00	23.46%
	Total Residential Supplies	19.00	81.00	62.00	23.46%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	204.12	-	(204.12)	0.00%
	Total Specific Use Supplies	204.12	-	(204.12)	0.00%
	Total Supplies And Materials	686.51	583.00	(103.51)	117.75%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11400 - Long-Term Care Administrators
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	120.00	300.00	180.00	40.00%
5014150	Unemployment Comp Reimbursemt	-	100.00	100.00	0.00%
	Total Awards, Contrib., and Claims	120.00	400.00	280.00	30.00%
	Total Transfer Payments	120.00	400.00	280.00	30.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	21.81	25.00	3.19	87.24%
	Total Insurance-Fixed Assets	21.81	25.00	3.19	87.24%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3.09	-	(3.09)	0.00%
5015390	Building Rentals - Non State	7,536.00	7,246.00	(290.00)	104.00%
	Total Operating Lease Payments	7,539.09	7,246.00	(293.09)	104.04%
5015500	Insurance-Operations				
5015510	General Liability Insurance	78.28	91.00	12.72	86.02%
5015540	Surety Bonds	4.62	6.00	1.38	77.00%
	Total Insurance-Operations	82.90	97.00	14.10	85.46%
	Total Continuous Charges	7,643.80	7,368.00	(275.80)	103.74%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022120	Mobile Computers(Microcompter)	2,825.80	-	(2,825.80)	0.00%
5022180	Computer Software Purchases	197.40	-	(197.40)	0.00%
	Total Computer Hrdware & Sftware	3,023.20	-	(3,023.20)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	90.83	36.00	(54.83)	252.31%
	Total Educational & Cultural Equip	90.83	36.00	(54.83)	252.31%
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	3,114.03	153.00	(2,961.03)	2035.31%
	Total Expenditures	159,863.68	149,709.00	(10,154.68)	106.78%
	Allocated Expenditures				
20600	Funeral\LTCA\PT	60,068.48	87,599.10	27,530.63	68.57%
30100	Data Center	66,002.44	69,964.34	3,961.90	94.34%
30200	Human Resources	6,825.23	4,354.32	(2,470.91)	156.75%
30300	Finance	18,215.65	13,230.84	(4,984.81)	137.68%
30400	Director's Office	10,253.89	7,679.70	(2,574.19)	133.52%
30500	Enforcement	102,163.55	73,247.94	(28,915.61)	139.48%
30600	Administrative Proceedings	27,407.93	18,200.09	(9,207.85)	150.59%
30700	Impaired Practitioners	23.81	86.38	62.56	27.57%
30800	Attorney General	10,155.71	10,155.70	(0.01)	100.00%
30900	Board of Health Professions	5,746.70	4,252.99	(1,493.72)	135.12%
31100	Maintenance and Repairs	83.52	400.50	316.98	20.85%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11400 - Long-Term Care Administrators

For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
31300	Emp. Recognition Program	258.60	175.53	(83.07)	147.32%
31400	Conference Center	151.54	210.58	59.04	71.96%
31500	Pgm Devlpmnt & Implmentn	4,851.76	4,493.06	(358.70)	107.98%
	Total Allocated Expenditures	312,208.80	294,051.06	(18,157.74)	106.18%
	Net Revenue in Excess (Shortfall) of Expenditures	$ 85,257.52	$ 135,119.94	$ 49,862.42	63.10%

Long Term Care Administrators

License Count Report

As of:	*9/2016*	*09/2015*	*9/2014*
NHA Administrator in Training	*81*	*95*	*67*
ALF Administrator in Training	*121*	*118*	*88*
"Acting" ALF Administrator in Training	*1*	*6*	*4*
Nursing Home Administrator	*876*	*845*	*842*
Assisted Living Facility Administrator	*610*	*610*	*614*
Nursing Home Preceptor	*229*	*225*	*233*
Assisted Living Facility Preceptor	*204*	*196*	*182*
Total	***2,122***	***2,095***	***2,030***

Virginia Department of Health Professions

APPLICANT SATISFACTION SURVEY RESULTS

APPROVAL RATE

FISCAL YEAR 2016, QUARTER ENDING 06/30/2016

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	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	CURRENT Q4 2016
Audiology/Speech Pathology	94.8%	85.7%	100.0%	100.0%	89.6%	83.3%	100.0%	86.7%	76.7%	100.0%	N/A	100.0%
Counseling	80.1%	83.2%	87.7%	92.8%	83.3%	91.1%	83.9%	80.8%	79.6%	83.3%	100.0%	77.3%
Dentistry	90.9%	95.9%	92.3%	88.9%	86.3%	91.7%	100.0%	93.3%	96.4%	83.3%	N/A	100.0%
Funeral Directing	100.0%	100.0%	88.9%	100.0%	N/A	100.0%	100.0%	97.0%	88.9%	100.0%	N/A	N/A
Long Term Care Administrator	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%	100.0%	N/A	100.0%
Medicine	91.1%	91.8%	92.2%	95.0%	92.2%	81.2%	84.8%	89.6%	80.8%	80.6%	89.2%	84.8%
Nurse Aide	97.2%	99.7%	96.5%	100.0%	95.6%	97.3%	88.9%	98.9%	100.0%	98.2%	100.0%	92.9%
Nursing	94.3%	96.4%	94.5%	94.5%	95.6%	94.9%	98.1%	97.2%	92.4%	86.7%	82.5%	73.3%
Optometry	100.0%	100.0%	N/A	N/A	100.0%	100.0%	N/A	66.7%	100.0%	N/A	N/A	N/A
Pharmacy	97.7%	98.1%	97.6%	99.1%	98.8%	98.3%	100.0%	99.5%	96.3%	98.9%	N/A	99.1%
Physical Therapy	96.9%	98.7%	100.0%	90.5%	94.3%	97.3%	100.0%	100.0%	96.9%	89.7%	N/A	100.0%
Psychology	88.6%	92.6%	88.9%	96.0%	89.6%	76.8%	90.0%	84.9%	83.3%	93.2%	100.0%	100.0%
Social Work	86.6%	90.7%	95.8%	88.5%	92.0%	92.0%	90.7%	92.6%	90.7%	94.4%	N/A	100.0%
Veterinary Medicine	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	91.7%	100.0%	N/A	N/A	100.0%
AGENCY	*93.6%*	*95.0%*	*94.2%*	*95.1%*	*94.2%*	*92.5%*	*95.1%*	*93.9%*	*90.6%*	*88.1%*	*85.0%*	*84.6%*

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	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15	Change Between FY16 & FY15	FY16
Audiology/Speech Pathology	90.5%	9.1%	98.7%	-4.8%	94.0%	-7.6%	86.9%	1.7%	88.3%
Counseling	74.3%	-2.4%	72.5%	17.1%	84.9%	-1.1%	83.9%	-4.5%	80.2%
Dentistry	92.9%	2.0%	94.8%	-3.2%	91.8%	0.3%	92.1%	3.5%	95.4%
Funeral Directing	100.0%	0.0%	100.0%	-3.0%	97.0%	1.4%	98.3%	-5.1%	93.3%
Long Term Care Administrator	96.3%	-100.0%	n/a	100.0%	98.5%	-0.5%	98.0%	2.0%	100.0%
Medicine	96.5%	-6.4%	90.3%	1.9%	92.0%	-3.3%	89.0%	-6.5%	83.2%
Nurse Aide	97.9%	-0.1%	97.8%	0.5%	98.3%	-1.0%	97.3%	-0.1%	97.3%
Nursing	96.3%	-1.1%	95.2%	-0.3%	94.9%	1.2%	96.0%	-11.1%	85.4%
Optometry	100.0%	-7.1%	92.9%	7.6%	100.0%	-8.3%	91.7%	9.1%	100.0%
Pharmacy	96.8%	1.1%	97.9%	0.1%	98.0%	1.0%	98.9%	-1.5%	97.5%
Physical Therapy	97.6%	-0.8%	96.8%	0.4%	97.2%	-0.9%	96.3%	-0.9%	95.4%
Psychology	84.6%	7.9%	91.3%	0.2%	91.5%	-8.3%	83.9%	7.7%	90.4%
Social Work	85.5%	3.2%	88.2%	1.0%	89.1%	3.1%	91.9%	2.8%	94.4%
Veterinary Medicine	97.6%	-1.8%	95.8%	3.7%	99.3%	-4.0%	95.4%	4.9%	100.0%
Agency Total	95.3%	-1.8%	93.6%	0.8%	94.3%	-0.6%	93.8%	-6.3%	87.9%

Open Case Report

As of September 2016:
26 cases in Investigations
16 cases in Probable Cause
8 cases in APD
6 cases at Informal Stage
0 cases at Formal Stage
58 Total Open Cases

5 LTC cases being monitored for compliance

As of September 2015:
21 cases in Investigations
12 cases in Probable Cause
4 cases in APD
5 cases at Informal Stage
0 cases at Formal Stage
42 Total Open Cases

As of September 2014:
13 cases in Investigations
10 in Probable Cause
0 in APD
2 at Informal Stage
2 at Formal Stage
27 Total Open Cases

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q4 2012 - Q4 2016

David E. Brown, D.C.
Director

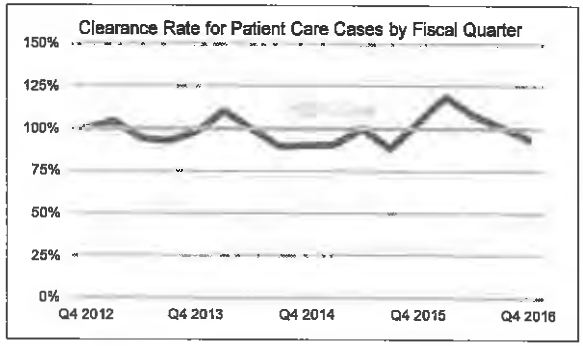
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

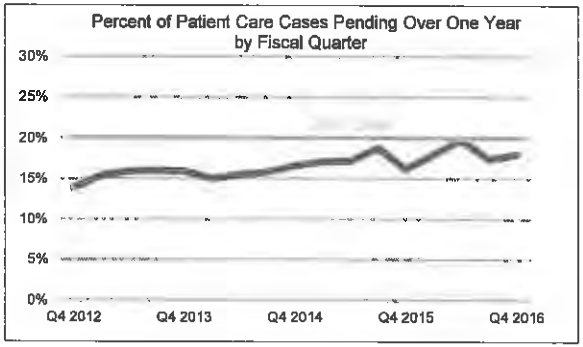
In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, 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.

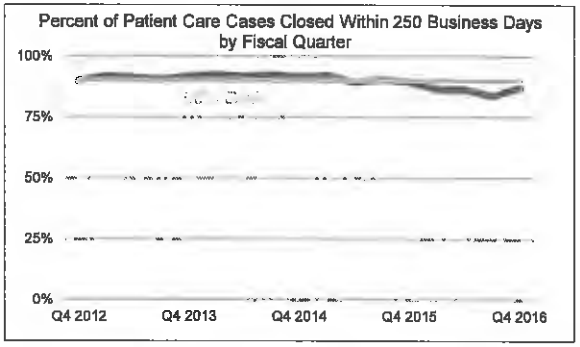
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 94%, with 958 patient care cases received and 899 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 2,495 patient care cases pending and 449 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 874 cases closed and 760 closed within 250 business days.







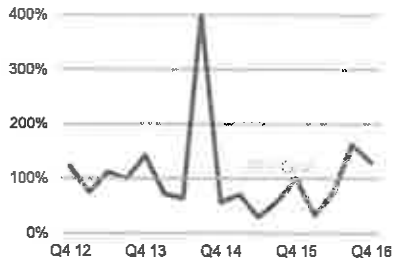
Submitted: 7/5/2016

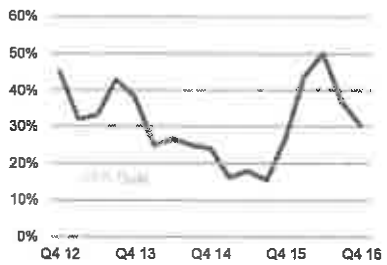
Prepared by: VisualResearch, Inc.

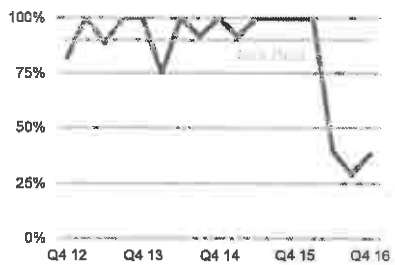
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

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

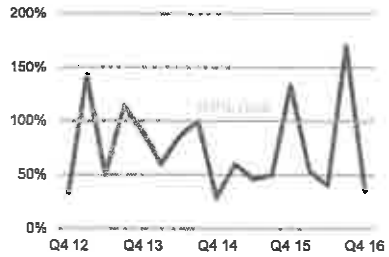
Psychology - In Q4 2016, the clearance rate was 130%, the Pending Caseload older than 250 business days was 30% and the percent closed within 250 business days was 39%.
Q4 2016 Caseloads:
Received=10, Closed=13
Pending over 250 days=17
Closed within 250 days=5

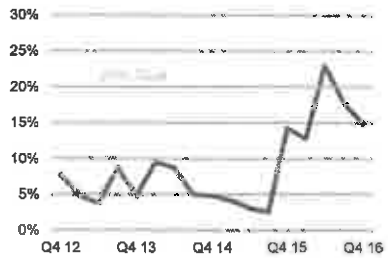


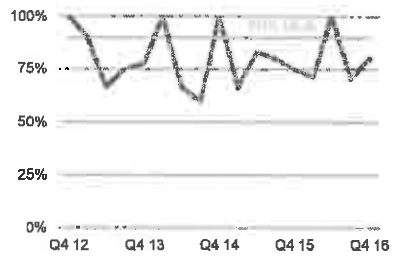




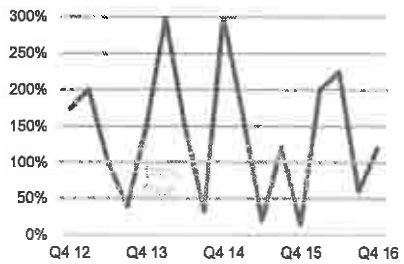
Long-Term Care - In Q4 2016, the clearance rate was 36%, the Pending Caseload older than 250 business days was 15% and the percent closed within 250 business days was 80%.
Q4 2016 Caseloads:
Received=14, Closed=5
Pending over 250 days=7
Closed within 250 days=4

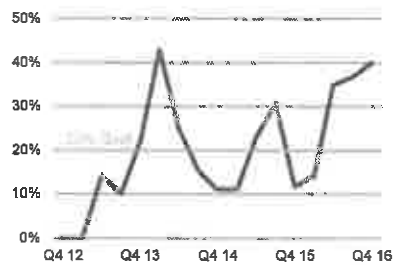


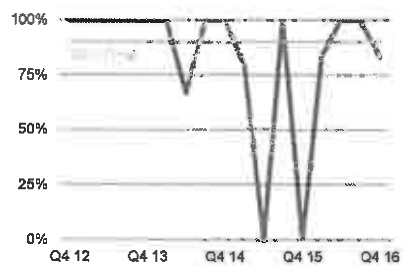




Optometry - In Q4 2016, the clearance rate was 120%, the Pending Caseload older than 250 business days was 40% and the percent closed within 250 business days was 83%.
Q4 2016 Caseloads:
Received=5, Closed=6
Pending over 250 days=8
Closed within 250 days=5







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

Submitted: 7/5/2016

Prepared by: VisualResearch, Inc.

Tab 3

Virginia's Nursing Home Administrator Workforce: 2015

DRAFT

Healthcare Workforce Data Center

October 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***

694 Nursing Home 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 Nursing Home Administrator Workforce: At a Glance:

The Workforce

Licensees:	920
Virginia's Workforce:	715
FTEs:	791

Survey Response Rate

All Licensees:	75%
Renewing Practitioners:	88%

Demographics

Female:	60%
Diversity Index:	22%
Median Age:	50

Background

Rural Childhood:	41%
HS Degree in VA:	55%
Prof. Degree in VA:	76%

Highest Prof. Degree

Admin-in-Training:	35%
Masters:	26%

Finances

Median Income:	$105,000
Paid Vacation:	96%
Retirement:	67%

Current Employment

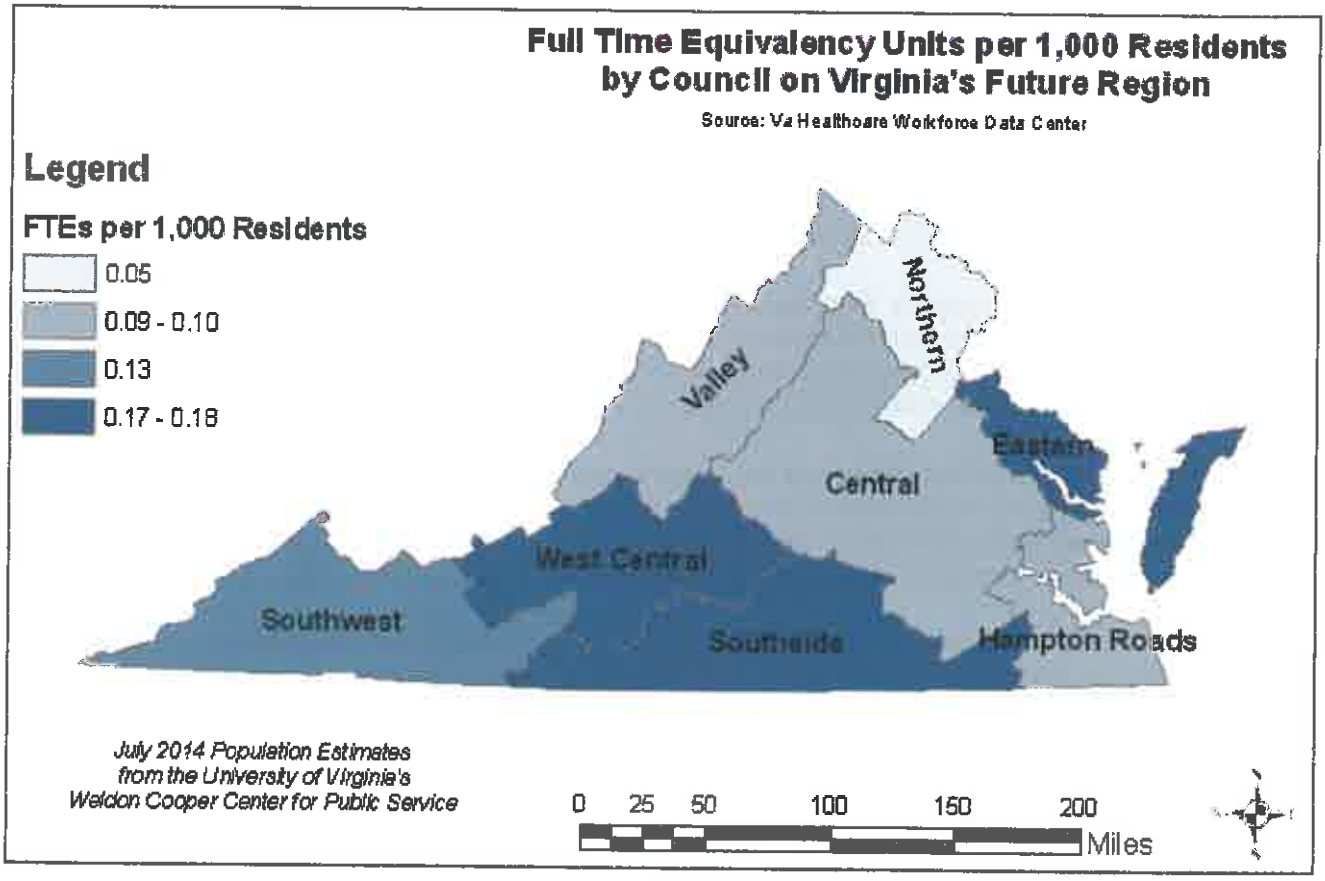
Employed in Prof.:	87%
Hold 1 Full-time Job:	88%
Satisfied?:	96%

Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	55%

Time Allocation

Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%



Results in Brief

694 Nursing Home Administrators (NHAs) voluntarily took part in the 2015 Nursing Home 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 NHAs. These survey respondents represent 75% of the 920 NHAs who are licensed in the state and 88% of renewing practitioners.

The HWDC estimates that 715 NHAs 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 a NHA at some point in the future. Between April 2014 and March 2015, Virginia's NHA workforce provided 791 "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).

60% of NHAs are female, including 55% of those NHAs who are under the age of 40. In a random encounter between two NHAs, there is a 22% chance that they would be of different races or ethnicities, a measure known as the diversity index. Among NHAs who are under the age of 40, the diversity index increases only slightly to 24%. By way of comparison, the diversity index is 54% for Virginia's overall population.

41% of all NHAs grew up in a rural area of Virginia, and 29% of these professionals currently work in non-Metro areas of the state. Overall, 19% of Virginia's NHA workforce is employed in rural areas of the state. In addition, nearly 80% of NHAs have some educational background in Virginia, including 51% who received both their high school and initial professional degrees in the state.

More than one-third of all NHAs hold an Administrator-in-Training certificate as their highest professional degree, while another 26% have earned a Master's degree. Another 25% hold a bachelor's degree as their highest professional degree. 45% all NHAs in the state hold the title of Administrator at their primary work location, while 14% hold the title of Executive Director.

87% of Virginia's NHAs are currently employed in the profession, and only 1% are involuntarily unemployed at the moment. 88% of all NHAs hold one full-time position, while just 4% currently work multiple jobs. 46% of all NHAs work between 40 and 49 hours per week, while 13% work at least 60 hours per week.

The median annual income for a typical NHA is between $100,000 and $110,000. In addition, 97% of NHAs receive at least one employer-sponsored benefit, including 96% who receive paid vacation time. 96% of NHAs indicate they are satisfied with their current employment situation, including 73% who indicate they are "very satisfied".

Over the past year, 8% of Virginia's NHAs have switched jobs, and 18% have been employed at multiple work locations. Meanwhile, 55% of Virginia's NHA workforce has remained at the same primary work location for at least two years. 61% of all NHAs work at a for-profit establishment, while another 35% are employed at non-profit institutions. More than half of all NHAs work at a skilled nursing facility at their primary work location.

A typical NHA spends nearly half of her time on administrative tasks, and nearly one-third of all NHAs serve an administrative role, meaning that at least 60% of their time is spent on administrative activities. In addition, the typical NHA spends approximately one-quarter of her time performing supervisory tasks and an additional 15% of her time treating patients. On average, the typical NHA treats between 100 and 125 total patients at her primary work location.

31% of the NHA workforce expects to retire in the next ten years, while half the current workforce is planning to retire by 2035. Over the next two years, only 3% of Virginia's NHA workforce plans to leave the profession, while 5% expect to leave the state to practice elsewhere. Meanwhile, 16% hope to pursue additional educational opportunities, and 6% expect to increase their patient care activities.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	721	78%
New Licensees	98	11%
Non-Renewals	101	11%
All Licensees	920	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 88% of renewing NHAs submitted a survey. These respondents represent 75% of all NHAs who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	15	26	63%
30 to 34	25	47	65%
35 to 39	14	59	81%
40 to 44	22	83	79%
45 to 49	28	91	77%
50 to 54	24	102	81%
55 to 59	29	98	77%
60 and Over	69	188	73%
Total	226	694	75%
New Licenses			
Issued in Past Year	71	27	28%
Metro Status			
Non-Metro	28	93	77%
Metro	118	456	79%
Not in Virginia	82	146	64%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number:	920
New:	11%
Not Renewed:	11%

Response Rates

All Licensees:	75%
Renewing Practitioners:	88%

Response Rates	
Completed Surveys	694
Response Rate, all licensees	75%
Response Rate, Renewals	88%

Source: Va. Healthcare Workforce Data Center

Definitions

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

At a Glance:

Workforce

NHA Workforce:	715
FTEs:	791

Utilization Ratios

Licensees in VA Workforce:	78%
Licensees per FTE:	1.16
Workers per FTE:	0.90

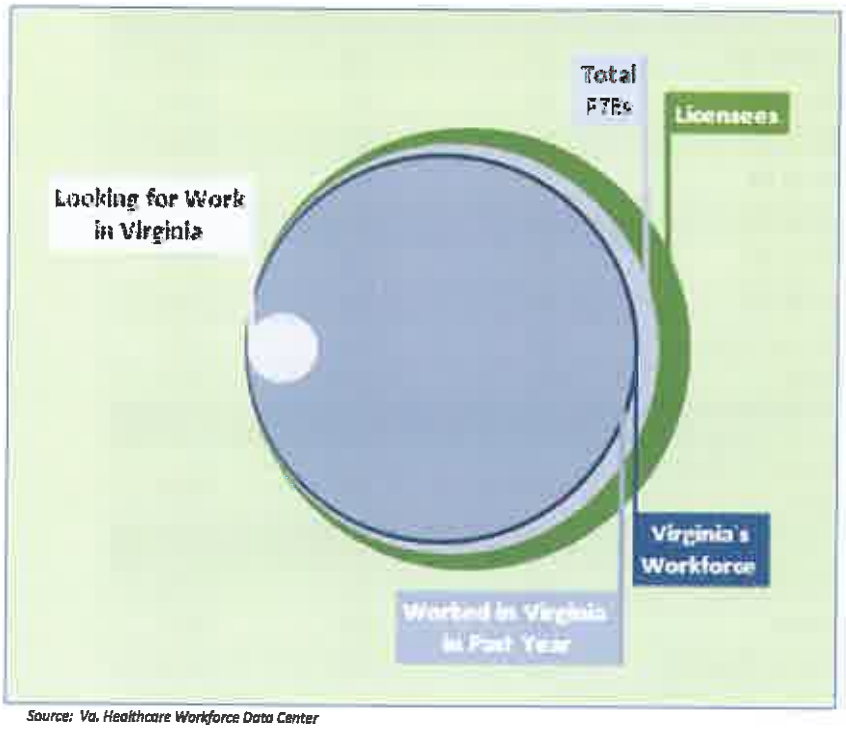
Source: Va. Healthcare Workforce Data Center

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 NHA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	692	97%
Looking for Work in Virginia	23	3%
Virginia's Workforce	715	100%
Total FTEs	791	
Licensees	920	

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	13	41%	19	59%	32	5%
30 to 34	31	53%	28	47%	58	9%
35 to 39	25	42%	35	58%	60	9%
40 to 44	25	29%	62	71%	87	13%
45 to 49	34	37%	59	63%	93	14%
50 to 54	39	44%	49	56%	88	13%
55 to 59	37	40%	55	60%	92	14%
60 +	71	43%	96	58%	167	25%
Total	275	41%	403	60%	678	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	60%
% Under 40 Female:	55%

Age

Median Age:	50
% Under 40:	22%
% 55+:	38%

Diversity

Diversity Index:	22%
Under 40 Div. Index:	24%

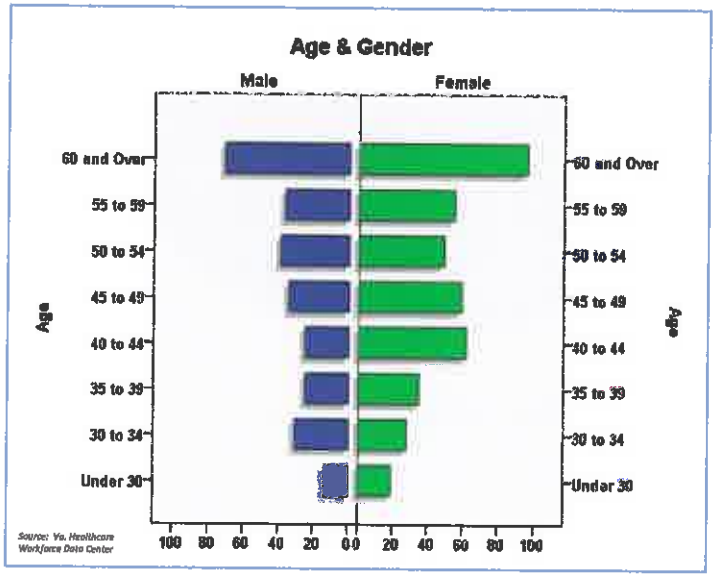
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	64%	598	88%	132	87%
Black	19%	64	9%	12	8%
Asian	6%	5	1%	1	1%
Other Race	0%	1	0%	1	1%
Two or more races	2%	5	1%	1	1%
Hispanic	8%	6	1%	5	3%
Total	100%	679	100%	152	100%

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

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NHAs, there is a 22% 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%.

22% of all NHAs are under the age of 40, and 55% of these professionals are female. In addition, there is a nearly one-in-four chance that two randomly chosen NHAs from this age group would be of a different race or ethnicity.



At a Glance:

Childhood

Urban Childhood:	13%
Rural Childhood:	41%

Virginia Background

HS in Virginia:	55%
Prof. in VA:	76%
HS or Prof. in VA:	79%

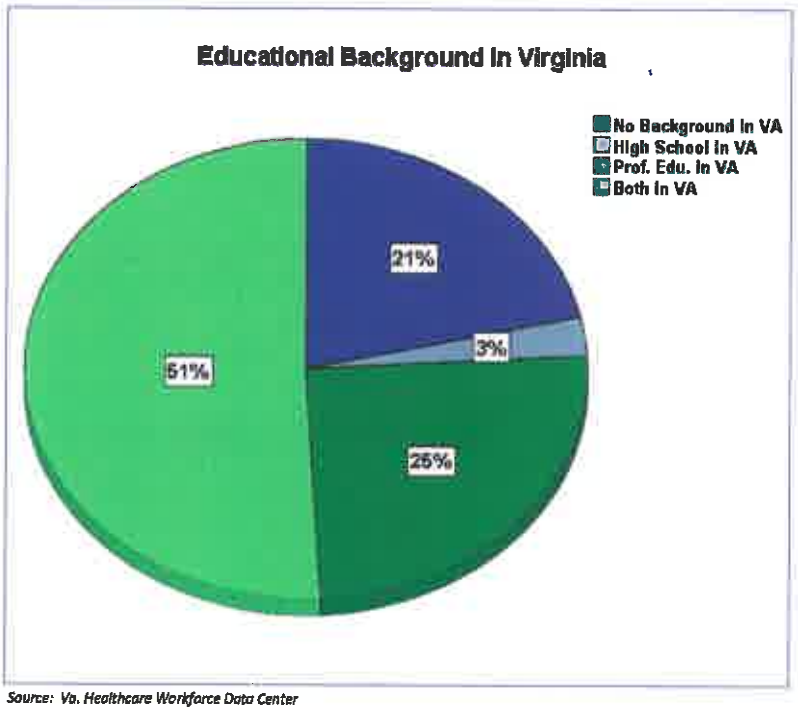
Location Choice

% Rural to Non-Metro:	29%
% Urban/Suburban to Non-Metro:	13%

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+	28%	56%	16%
2	Metro, 250,000 to 1 million	55%	38%	8%
3	Metro, 250,000 or less	46%	41%	13%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	62%	33%	5%
6	Urban pop, 2,500-19,999, Metro adj	62%	24%	14%
7	Urban pop, 2,500-19,999, nonadj	56%	41%	4%
8	Rural, Metro adj	70%	13%	17%
9	Rural, nonadj	50%	40%	10%
	Overall	41%	46%	13%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

41% of all NHAs grew up in a rural area of Virginia, and 29% of these professionals currently work in non-Metro areas of the state. Overall, 19% of NHAs currently work in rural areas of the state.

Top Ten States for Nursing Home Administrator Recruitment

Rank	All Nursing Home Administrators			
	High School	#	Init. Prof Degree	#
1	Virginia	370	Virginia	484
2	Pennsylvania	32	Ohio	21
3	New York	31	Tennessee	18
4	Ohio	24	Maryland	16
5	West Virginia	22	West Virginia	11
6	Maryland	21	North Carolina	11
7	North Carolina	19	New York	8
8	Tennessee	18	Florida	6
9	Outside U.S./Canada	17	Pennsylvania	6
10	Illinois	9	Washington, D.C.	5

Source: Va. Healthcare Workforce Data Center

55% of licensed NHAs received their high school degree in Virginia, and 76% earned their initial professional degree in the state.

Among NHAs who have been licensed in the past five years, 53% received their high school degree in Virginia, while 75% earned their initial professional degree in the state.

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	115	Virginia	155
2	Outside U.S./Canada	11	Ohio	8
3	Ohio	10	Tennessee	8
4	Pennsylvania	10	Maryland	6
5	North Carolina	9	North Carolina	6
6	New York	6	West Virginia	4
7	Tennessee	6	Florida	2
8	West Virginia	6	Vermont	2
9	New Jersey	5	Georgia	2
10	Maryland	4	Minnesota	2

Source: Va. Healthcare Workforce Data Center

22% of licensees were not a part of Virginia's NHA workforce. 95% of these licensees worked at some point in the past year, including 84% who worked as NHAs.

At a Glance:

Not in VA Workforce

Total:	206
% of Licensees:	22%
Federal/Military:	0%
Va Border State/DC:	15%

A Closer Look:

Highest Degree				
	Health Administration		All Degrees	
Degree	#	%	#	%
No Specific Training	17	3%	-	-
Admin-in-Training	234	35%	-	-
High School/GED	-	-	17	3%
Associate	17	3%	48	7%
Bachelors	170	25%	289	43%
Graduate Cert.	16	2%	18	3%
Masters	176	26%	280	42%
Doctorate	6	1%	16	2%
Other	32	5%	-	-
Total	668	100%	668	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Admin. Education

Admin-in-Training:	35%
Master's Degree:	26%
Bachelor's Degree:	25%

Licenses/Registrations

Nurse (RN or LPN):	14%
ALFA:	4%
RMA:	1%

Job Titles

Administrator:	45%
Executive Director:	14%

More than one-third of all NHAs have an Administrator-in-Training certificate as their highest professional education, while more than one-quarter have earned a Master's degree.

Licenses and Registrations		
License/Registration	#	%
Nurse (RN or LPN)	102	14%
ALF Administrator	26	4%
Registered Medication Aide	10	1%
Certified Nursing Aide	8	1%
Occupational Therapist	5	1%
Other	46	6%
At Least One	**180**	**25%**

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
Administrator	322	45%	35	5%
Executive Director	25	3%	16	2%
Pres./Exec. Officer	102	14%	11	2%
Assistant Admin.	78	11%	1	0%
Owner	12	2%	6	1%
Other	140	20%	33	5%
At Least One	**638**	**89%**	**96**	**13%**

45% of Virginia's NHA workforce held the title of Administrator at their primary work location. Another 14% held the title of President/Executive Office.

At a Glance:

Employment

Employed in Profession:	87%
Involuntarily Unemployed:	1%

Positions Held

1 Full-time:	88%
2 or More Positions:	4%

Weekly Hours:

40 to 49:	46%
60 or more:	13%
Less than 30:	2%

A Closer Look:

Current Work Status

Status	#	%
Employed, capacity unknown	1	0%
Employed in a capacity related to long-term care	590	87%
Employed, NOT in a capacity related to long-term care	56	8%
Not working, reason unknown	0	0%
Involuntarily unemployed	7	1%
Voluntarily unemployed	19	3%
Retired	7	1%
Total	**681**	**100%**

Source: Va. Healthcare Workforce Data Center

88% of licensed NHAs currently hold one full-time job, and 87% are currently employed in a profession related to long-term care. 46% of all NHAs work between 40 and 49 hours per week, while 13% of NHAs work at least 60 hours per week.

Current Positions

Positions	#	%
No Positions	33	5%
One Part-Time Position	15	2%
Two Part-Time Positions	7	1%
One Full-Time Position	595	88%
One Full-Time Position & One Part-Time Position	23	3%
Two Full-Time Positions	0	0%
More than Two Positions	0	0%
Total	**673**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours

Hours	#	%
0 hours	33	5%
1 to 9 hours	4	1%
10 to 19 hours	5	1%
20 to 29 hours	4	1%
30 to 39 hours	6	1%
40 to 49 hours	310	46%
50 to 59 hours	226	34%
60 to 69 hours	72	11%
70 to 79 hours	10	1%
80 or more hours	4	1%
Total	**674**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	8	2%
Less than $30,000	12	2%
$30,000-$49,999	15	3%
$50,000-$69,999	38	7%
$70,000-$89,999	101	19%
$90,000-$109,999	167	31%
$110,000-$129,999	89	16%
$130,000-$149,999	47	9%
$150,000-$169,999	32	6%
$170,000-$189,999	19	3%
$190,000 or More	21	4%
Total	547	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $100k-$110k

Benefits

Paid Vacation: 96%

Employer Retirement: 67%

Satisfaction

Satisfied: 96%

Very Satisfied: 73%

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	566	96%
Paid Sick Leave	493	84%
Group Life Insurance	475	81%
Dental Insurance	469	79%
Retirement	397	67%
Signing/Retention Bonus	80	14%
Receive at least one benefit	575	97%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

The median income for NHAs is between $100,000 and $110,000 per year. In addition, 97% of NHAs receive at least one employer-sponsored benefit at their place of work, including 96% who receive paid vacation time.

96% of NHAs are satisfied with their job, including 73% who are very satisfied with their current work circumstances.

Job Satisfaction		
Level	#	%
Very Satisfied	485	73%
Somewhat Satisfied	153	23%
Somewhat Dissatisfied	21	3%
Very Dissatisfied	8	1%
Total	667	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	18	3%
Experience Voluntary Unemployment?	32	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	19	3%
Work two or more positions at the same time?	50	7%
Switch employers or practices?	58	8%
Experienced at least 1	146	20%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Unemployment Experience 2015

Involuntarily Unemployed: 3%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 8%
New Location: 26%
Over 2 years: 55%
Over 2 yrs, 2nd location: 43%

3% of Virginia's NHAs 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]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	9	1%	5	5%
Less than 6 Months	55	9%	16	16%
6 Months to 1 Year	83	13%	16	16%
1 to 2 Years	145	23%	20	20%
3 to 5 Years	154	24%	24	24%
6 to 10 Years	65	10%	6	6%
More than 10 Years	133	21%	14	14%
Subtotal	644	100%	102	100%
Did not have location	23		594	
Item Missing	48		19	
Total	715		715	

Source: Va. Healthcare Workforce Data Center

55% of NHAs 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:	22%
Top 3 Regions:	59%
Lowest Region:	3%

Locations

2 or more (Past Year):	18%
2 or more (Now*):	14%

Source: Va. Healthcare Workforce Data Center

22% of all NHAs are employed in Central Virginia, the most of any region in the state. Hampton Roads and West Central Virginia are also significant employers of the state's NHA workforce

A Closer Look:

Regional Distribution of Work Locations

COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	142	22%	16	15%
Eastern	19	3%	6	6%
Hampton Roads	133	21%	20	19%
Northern	99	15%	20	19%
Southside	52	8%	7	6%
Southwest	45	7%	6	6%
Valley	43	7%	7	6%
West Central	109	17%	13	12%
Virginia Border State/DC	0	0%	4	4%
Other US State	4	1%	9	8%
Outside of the US	0	0%	0	0%
Total	646	100%	108	100%
Item Missing	45		14	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	23	3%	25	4%
1	525	79%	551	82%
2	73	11%	57	9%
3	34	5%	25	4%
4	0	0%	0	0%
5	3	0%	3	0%
6 or More	12	2%	8	1%
Total	670	100%	670	100%

*At the time of survey completion, March 2015.

Source: Va. Healthcare Workforce Data Center

14% of Virginia's NHA workforce currently have multiple work locations, while 18% of all NHAs have worked at multiple locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	378	61%	72	71%
Non-Profit	217	35%	25	25%
State/Local Government	23	4%	4	4%
Veterans Administration	4	1%	0	0%
U.S. Military	0	0%	0	0%
Other Federal Government	1	0%	0	0%
Total	623	100%	101	100%
Did not have location	23		594	
Item Missing	68		21	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

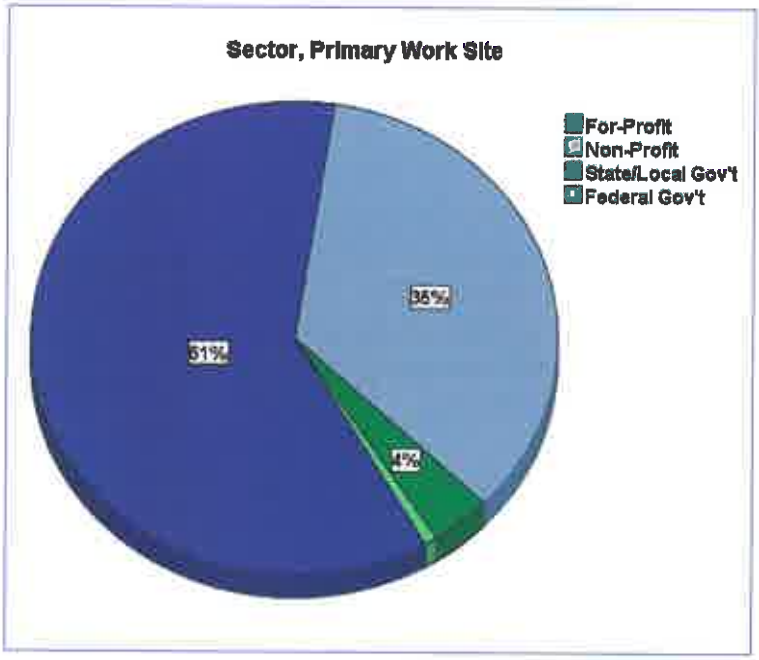
Sector

For Profit: 61%
Federal: 1%

Top Establishments

Skilled Nursing Facility: 56%
Continuing Care Retirement Comm.: 17%

Approximately 95% of all NHAs work in the private sector, including 61% who work at a for-profit establishment.



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	403	56%	53	7%
Continuing Care Retirement Community	121	17%	14	2%
Assisted Living Facility	86	12%	8	1%
Rehabilitation Facility	70	10%	8	1%
Home/Community Health Care	23	3%	4	1%
Hospice	11	2%	5	1%
Academic Institution	8	1%	6	1%
PACE	4	1%	2	0%
Adult Day Care	4	1%	0	0%
Other Practice Type	77	11%	20	3%
At Least One Establishment	647	90%	105	15%

Source: Va. Healthcare Workforce Data Center

56% of Virginia's NHA workforce is employed at a Skilled Nursing Facility at their primary work location.

55% of NHAs are employed at a facility chain organization at their primary work location. Another 26% are employed at an independent/stand-alone organization.

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Facility Chain	318	55%	49	52%
Independent/Stand Alone	150	26%	19	20%
Hospital-Based	41	7%	7	7%
Integrated Health System	24	4%	4	4%
College or University	3	1%	6	6%
Other	44	8%	10	11%
Total	580	100%	95	100%
Did Not Have Location	23		594	
Item Missing	112		26	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

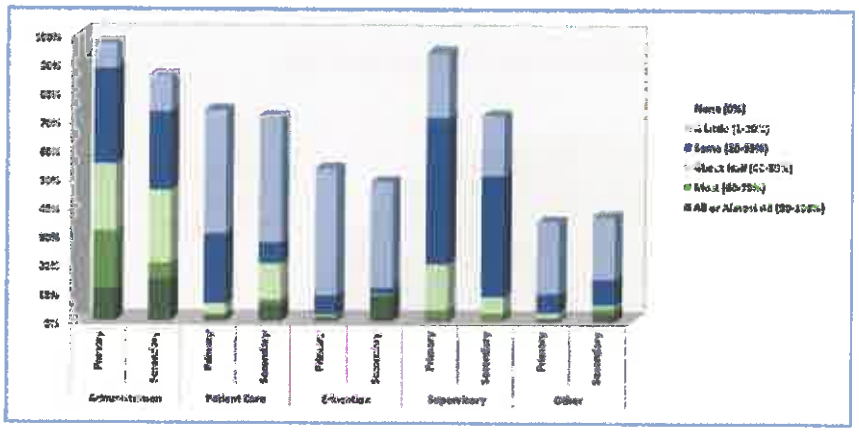
Typical Time Allocation

Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%
Education:	1%-9%

Roles

Administration:	31%
Supervisory:	4%
Patient Care:	2%
Education:	1%

A Closer Look:



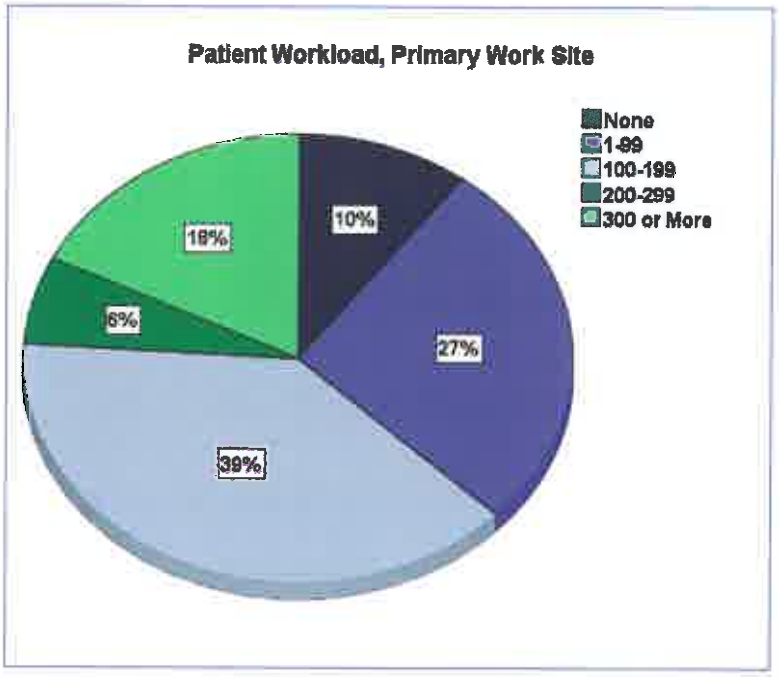
Source: Va. Healthcare Workforce Data Center

A typical NHA spends nearly half of her time performing administrative tasks. In addition, 31% of NHAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.

Time Spent	Time Allocation									
	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%)	11%	14%	2%	6%	1%	9%	1%	0%	1%	3%
Most (60-79%)	20%	6%	1%	1%	0%	1%	3%	3%	0%	1%
About Half (40-59%)	24%	26%	4%	13%	1%	0%	16%	6%	2%	1%
Some (20-39%)	33%	27%	25%	7%	7%	1%	51%	43%	6%	9%
A Little (1-20%)	9%	13%	43%	44%	44%	37%	23%	21%	25%	21%
None (0%)	3%	14%	26%	29%	47%	51%	6%	29%	65%	63%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload
(Median)

Primary Location: 100-124
Secondary Location: 50-74

The typical NHA is responsible for between 100 and 124 patients at their primary work location and an additional 50 to 74 patients at their secondary work location, if they had one.

Patient Workload Responsibility				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	60	10%	26	27%
1-24	17	3%	11	11%
25-49	21	4%	4	4%
50-74	50	8%	7	7%
75-99	72	12%	12	13%
100-124	115	19%	11	11%
125-149	42	7%	4	4%
150-174	31	5%	5	5%
175-199	41	7%	2	2%
200-224	16	3%	3	3%
225-249	8	1%	0	0%
250-274	4	1%	0	0%
275-299	9	2%	0	0%
300 or more	105	18%	11	11%
Total	590	100%	96	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs over 50	
	#	%	#	%
Under age 50	6	1%	-	-
50 to 54	22	4%	1	0%
55 to 59	36	6%	10	3%
60 to 64	115	19%	55	17%
65 to 69	260	44%	154	49%
70 to 74	103	17%	64	20%
75 to 79	17	3%	8	3%
80 or over	9	2%	6	2%
I do not intend to retire	28	5%	17	5%
Total	594	100%	315	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NHAs

Under 65: 30%
Under 60: 11%

NHAs 50 and over

Under 65: 21%
Under 60: 3%

Time until Retirement

Within 2 years: 7%
Within 10 years: 31%
Half the workforce: by 2035

30% of all NHAs expect to retire before the age of 65, while 26% plan on working until at least age 70. Among NHAs who are age 50 and over, 21% still expect to retire by age 65, while 30% plan on working until at least age 70.

Within the next two years, just 3% of Virginia's NHA workforce expects to leave the profession and 5% plan on leaving the state. Meanwhile, 16% of NHAs plan on pursing additional educational opportunities, and 6% also expect to increase patient care hours.

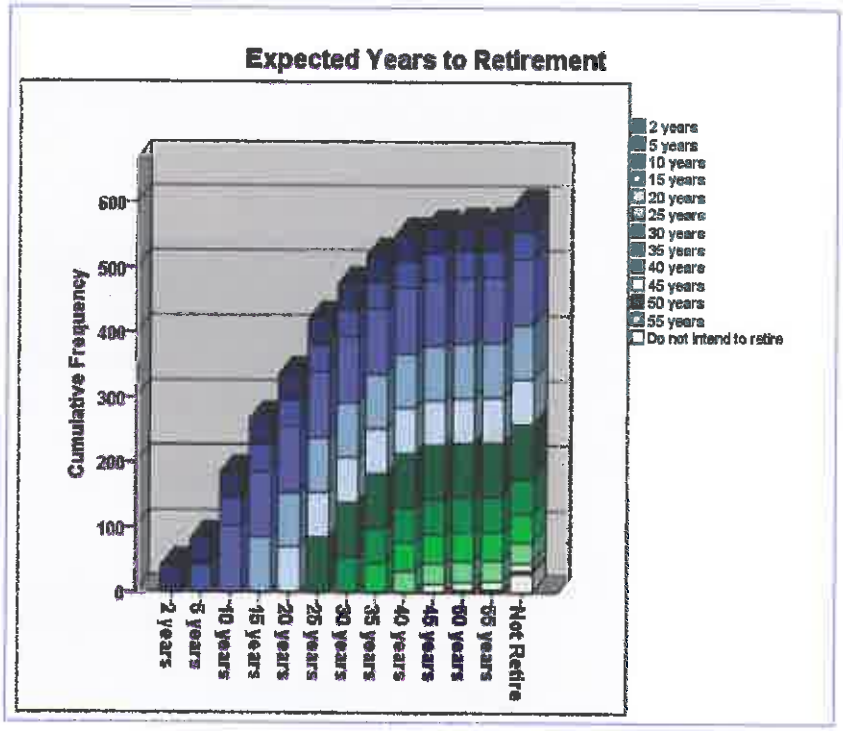
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	19	3%
Leave Virginia	33	5%
Decrease Patient Care Hours	37	5%
Decrease Teaching Hours	2	0%
Cease Accepting Trainees	2	0%
Increase Participation		
Increase Patient Care Hours	42	6%
Increase Teaching Hours	23	3%
Pursue Additional Education	115	16%
Return to the Workforce	10	1%
Begin Accepting Trainees	75	10%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While only 7% of NHAs expect to retire in the next two years, 31% expect to retire within the next decade. More than half of the current NHA workforce expects to retire by 2035.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	40	7%	7%
5 years	41	7%	14%
10 years	101	17%	31%
15 years	84	14%	45%
20 years	69	12%	56%
25 years	84	14%	71%
30 years	54	9%	80%
35 years	44	7%	87%
40 years	32	5%	92%
45 years	12	2%	94%
50 years	3	1%	95%
55 years	1	0%	95%
In more than 55 years	0	0%	95%
Do not intend to retire	28	5%	100%
Total	594	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 17% of the current workforce around the same time before declining to under 10% again around 2045.

At a Glance:

FTEs

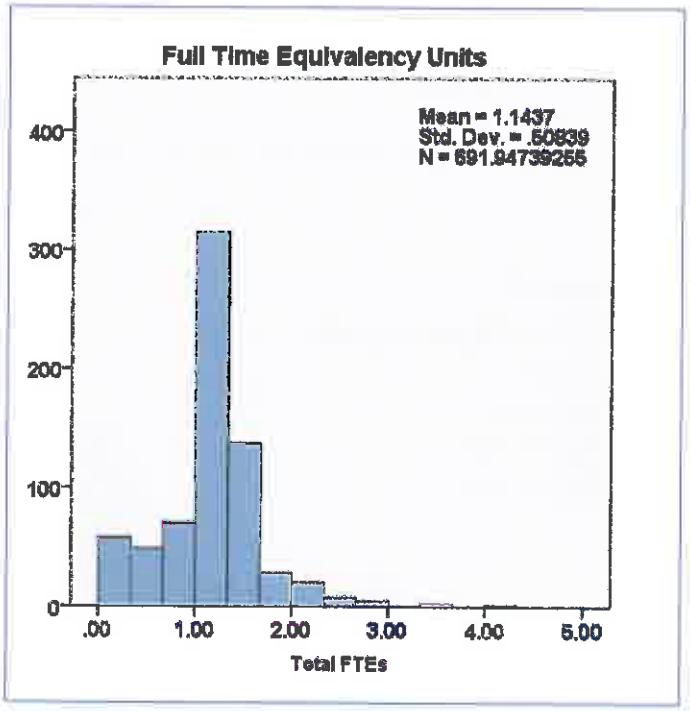
Total: 791
FTEs/1,000 Residents: .095
Average: 1.14

Age & Gender Effect

Age, Partial Eta^2: Small
Gender, Partial Eta^2: Negligible

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

A Closer Look:

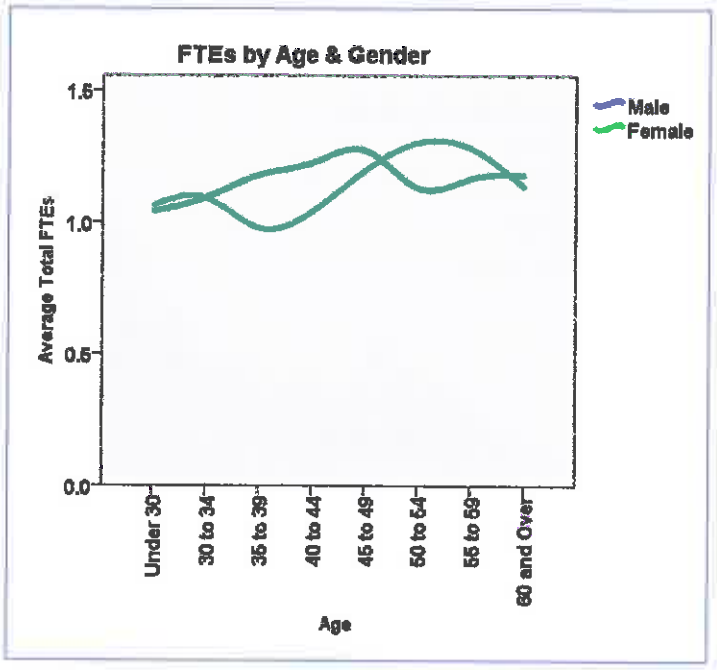


Source: Va. Healthcare Workforce Data Center

The typical NHA provided 1.18 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	1.05	1.09
30 to 34	1.09	1.18
35 to 39	1.07	1.22
40 to 44	1.09	1.18
45 to 49	1.17	1.18
50 to 54	1.24	1.25
55 to 59	1.23	1.22
60 and Over	1.12	1.15
Gender		
Male	1.17	1.20
Female	1.15	1.18

Source: Va. Healthcare Workforce Data Center

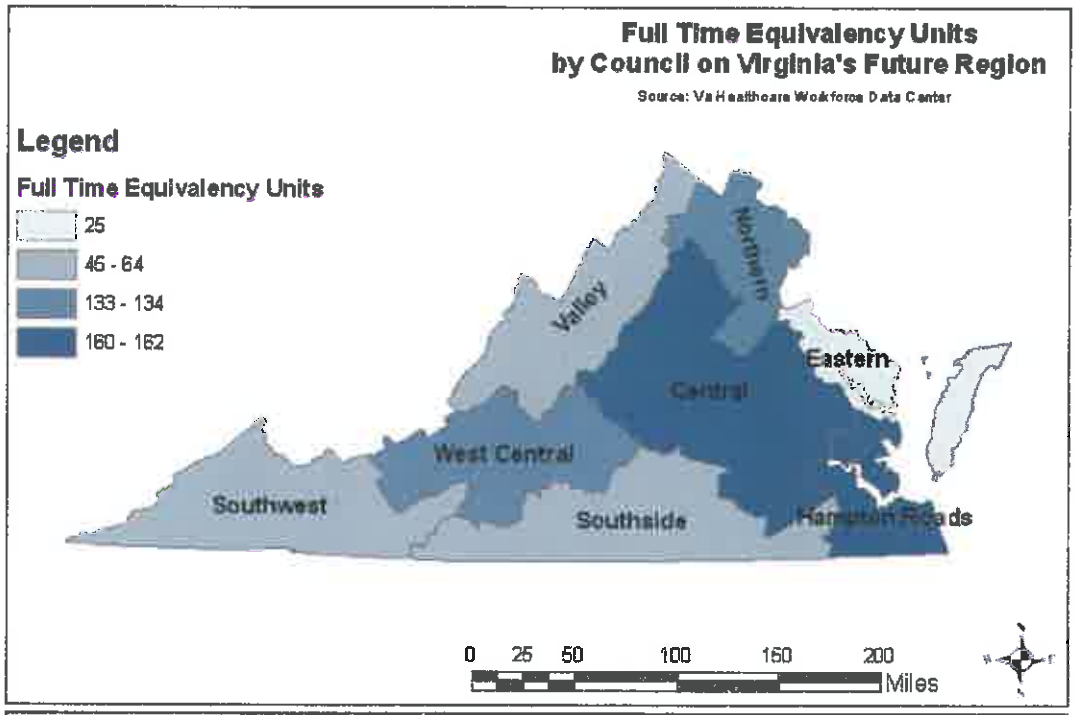


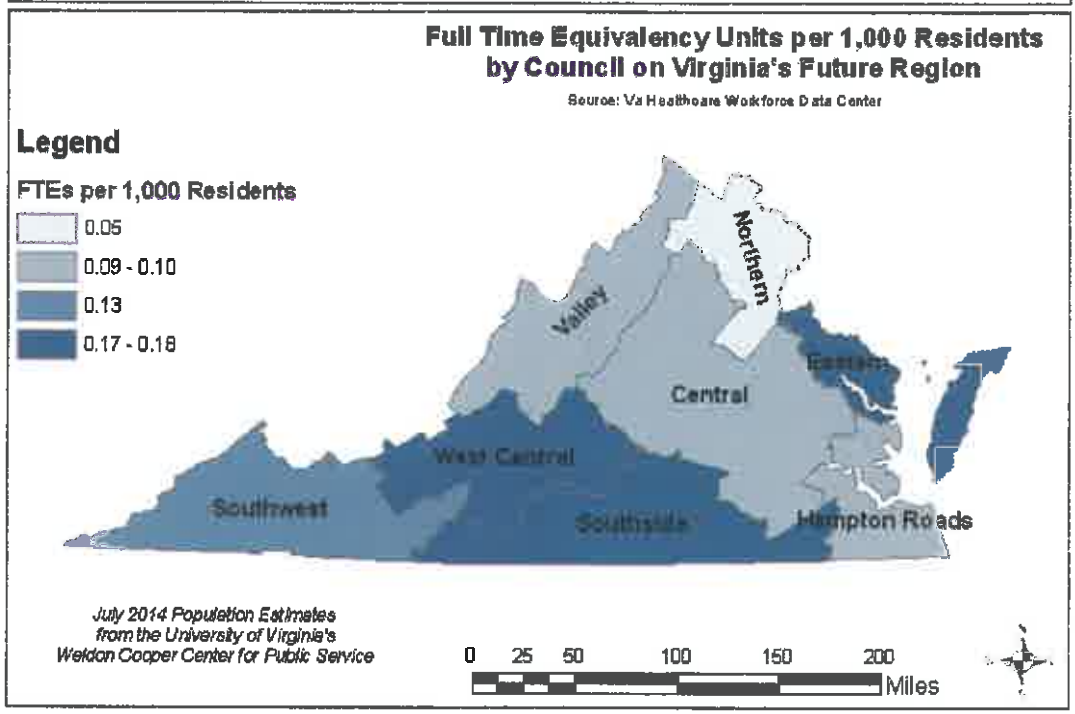
Source: Va. Healthcare Workforce Data Center

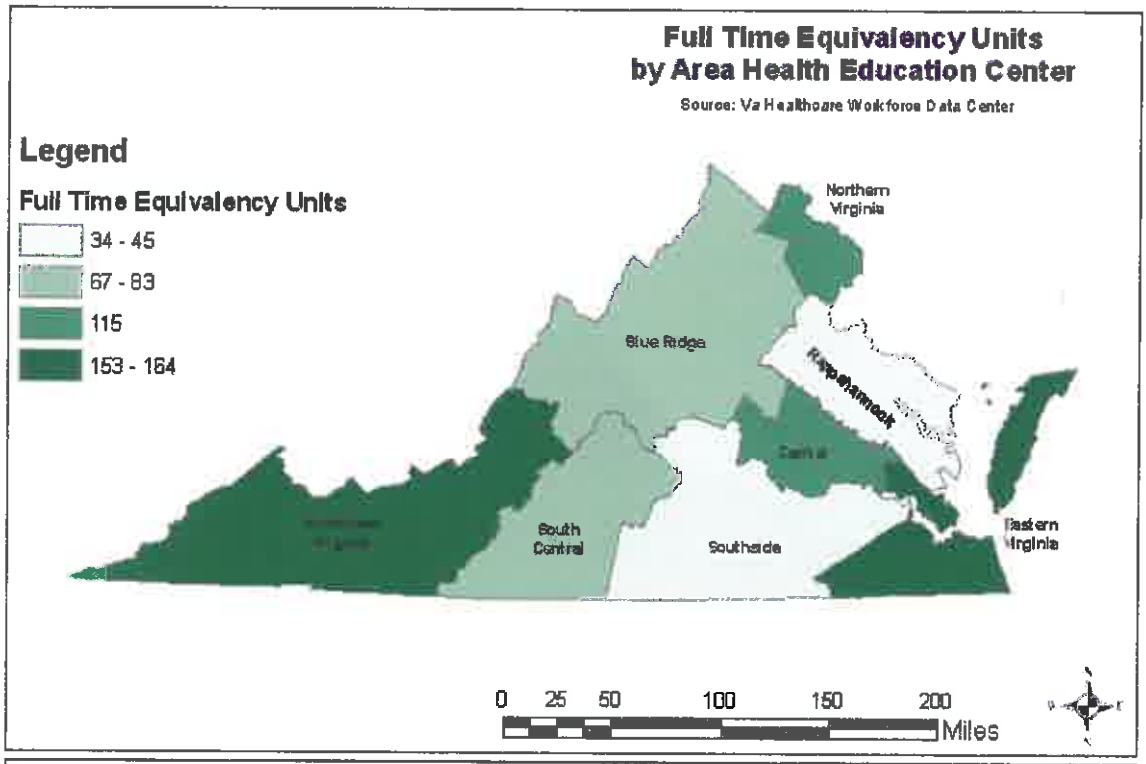
[2] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

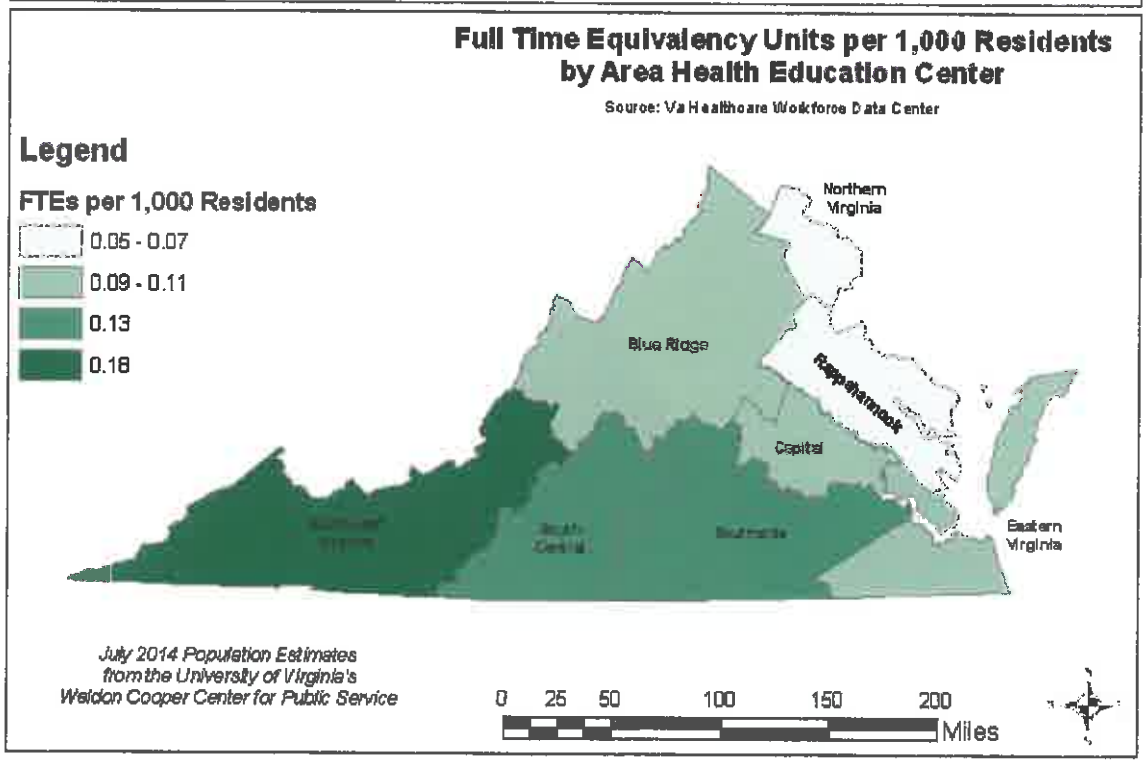
Maps

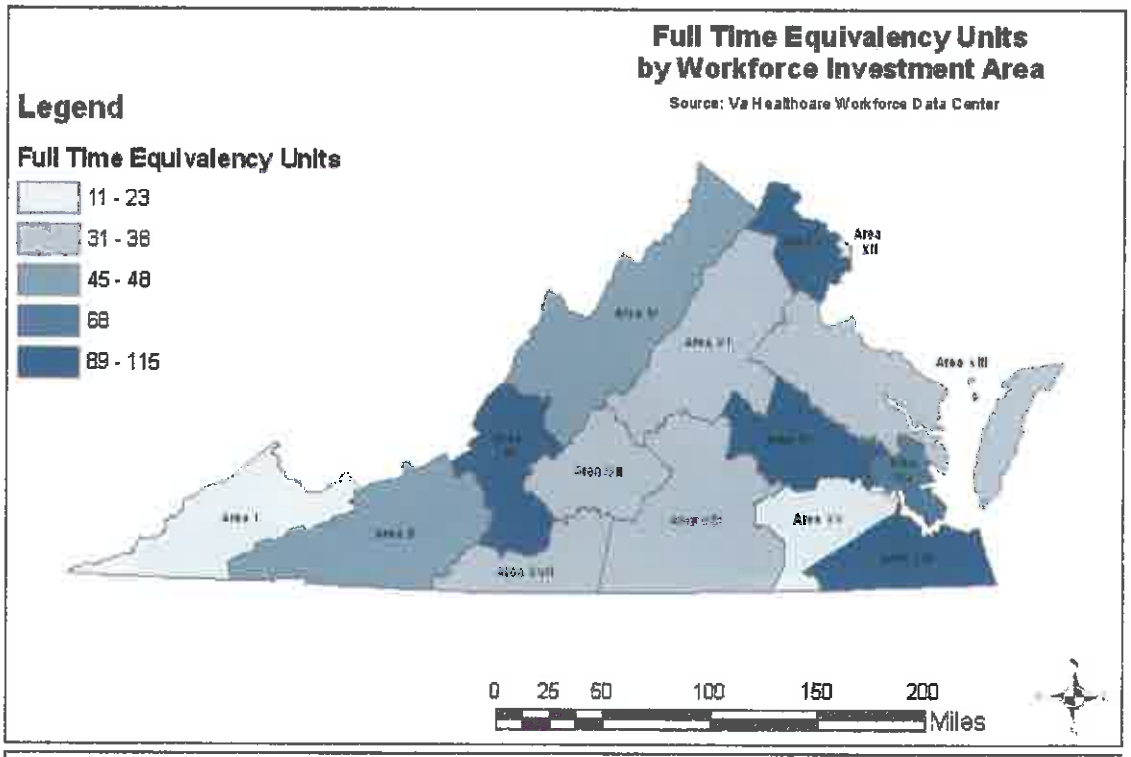
Council on Virginia's Future Regions

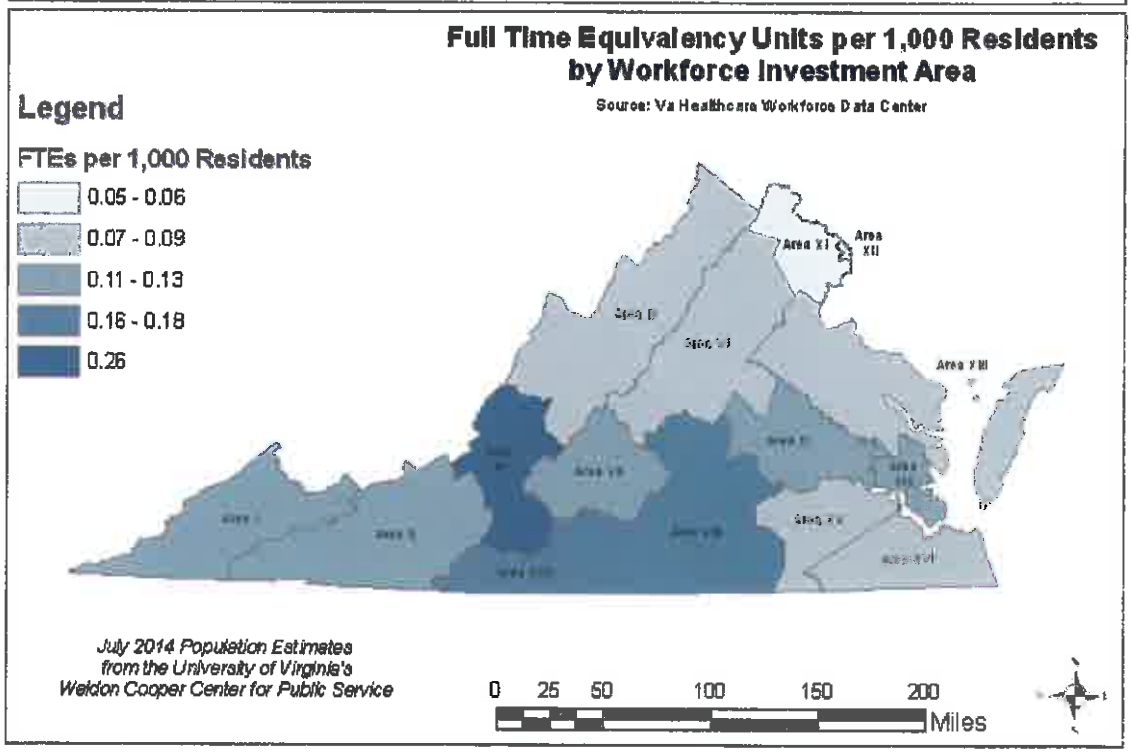


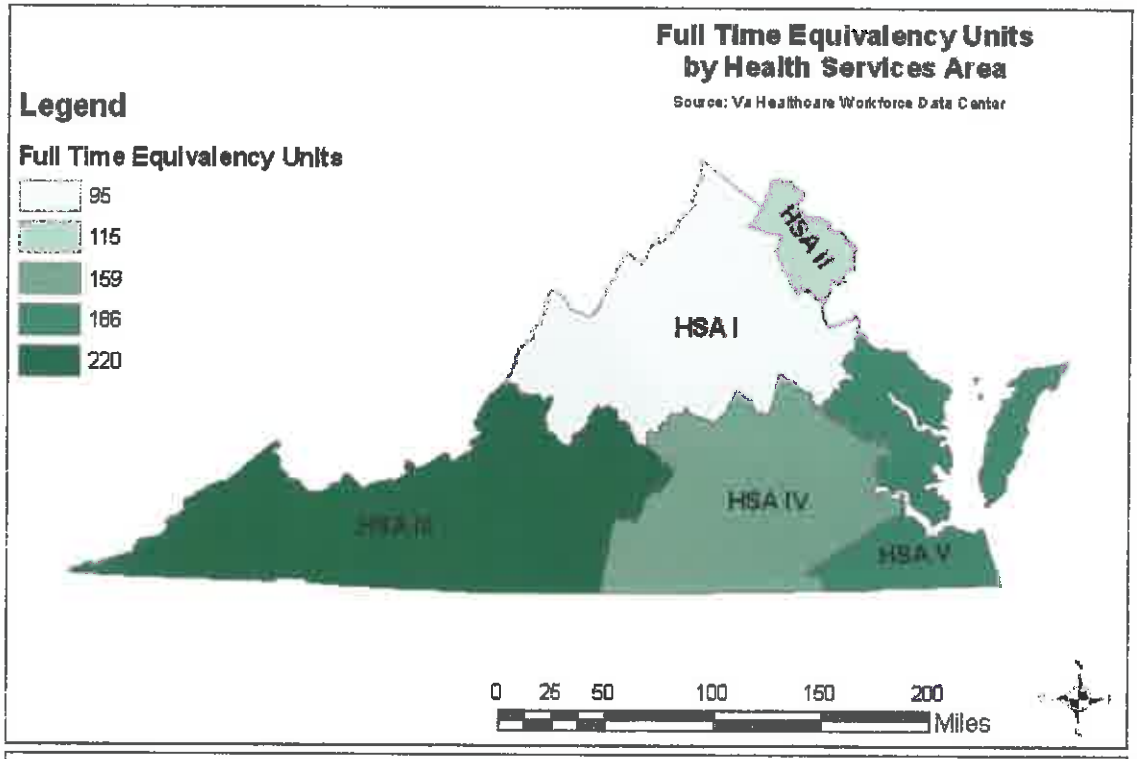


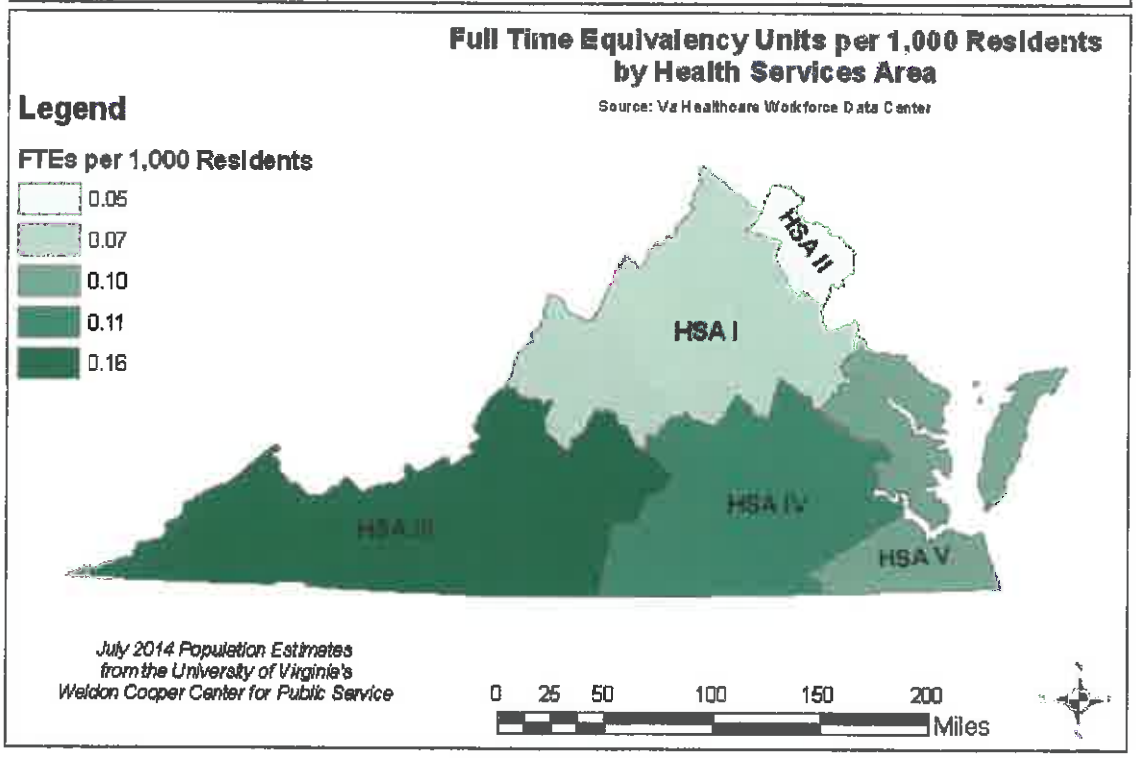

Full Time Equivalency Units
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
34 - 45
67 - 83
115
153 - 164
Northern Virginia
Blue Ridge
Rappahannock
Capital
South Central
Southside
Eastern Virginia
0 25 50 100 150 200
Miles

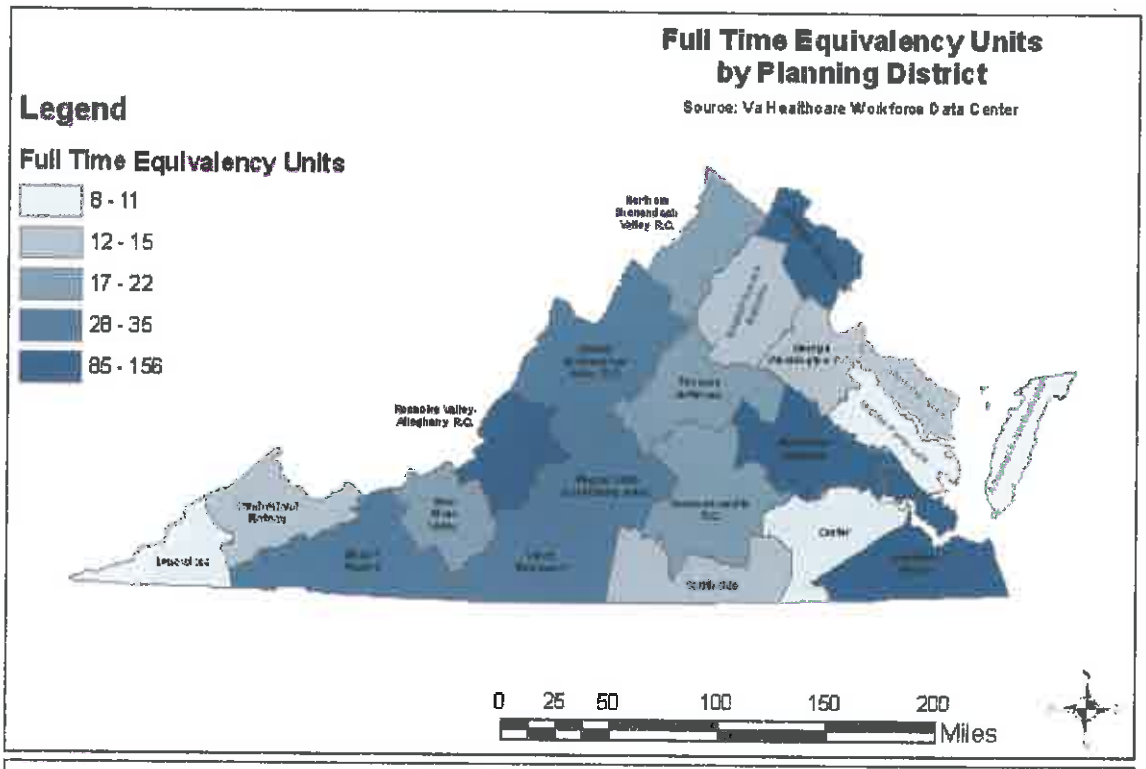

Full Time Equivalency Units per 1,000 Residents
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.05 - 0.07
0.09 - 0.11
0.13
0.18
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
July 2014 Population Estimates
from the University of Virginia's
Weldon Cooper Center for Public Service
0 25 50 100 150 200
Miles

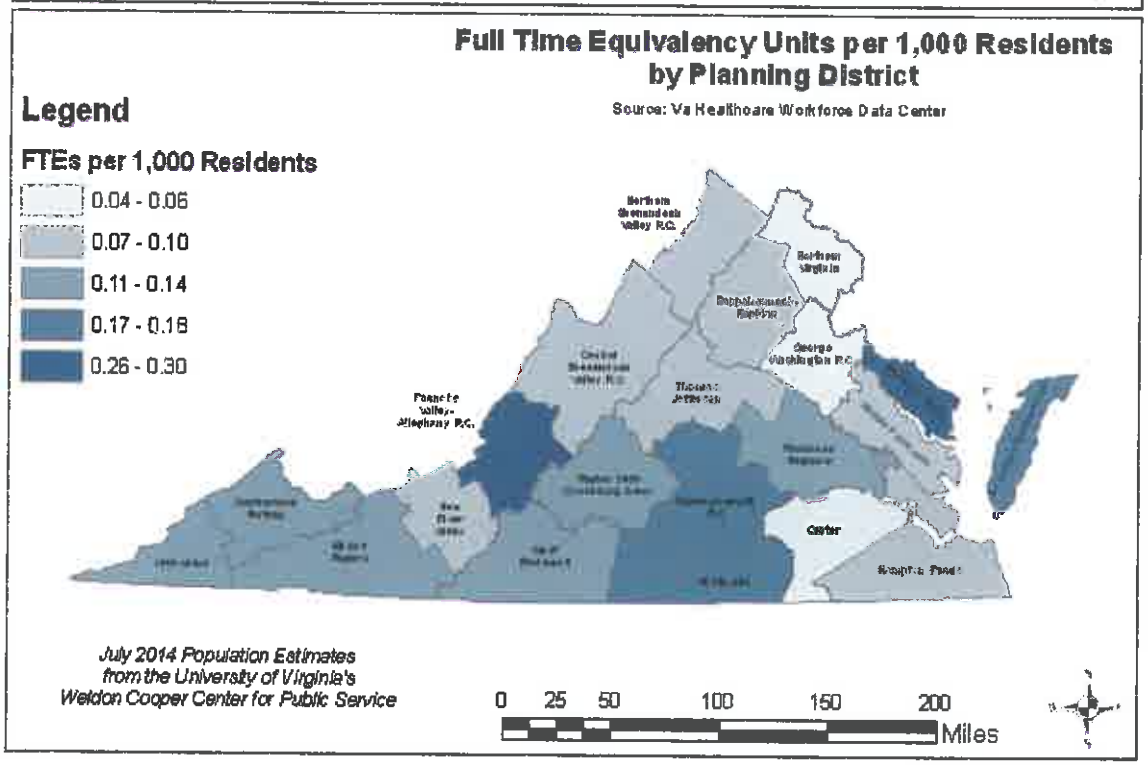

Full Time Equivalency Units
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Legend
Full Time Equivalency Units
11 - 23
31 - 38
45 - 48
68
89 - 115
Area XII
Area XIII
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Legend
FTEs per 1,000 Residents
0.05 - 0.06
0.07 - 0.09
0.11 - 0.13
0.16 - 0.18
0.26
Area XI
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
95
115
159
166
220
HSA I
HSA II
HSA III
HSA IV
HSA V
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
0.05
0.07
0.10
0.11
0.16
HSA I
HSA II
HSA III
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
8 - 11
12 - 15
17 - 22
28 - 35
85 - 156
Roanoke Valley-Alleghany R.C.
Center
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 - 0.06
0.07 - 0.10
0.11 - 0.14
0.17 - 0.18
0.26 - 0.30
Roanoke Valley-Alleghany R.C.
Center
July 2014 Population Estimates
from the University of Virginia's
Weldon Cooper Center for Public Service
0 25 50 100 150 200
Miles

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	381	80.58%	1.241042	1.15436	1.4736
Metro, 250,000 to 1 million	124	79.03%	1.265306	1.17693	1.50241
Metro, 250,000 or less	69	73.91%	1.352941	1.25844	1.60647
Urban pop 20,000+, Metro adj	13	76.92%	1.3	1.26854	1.49955
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	48	83.33%	1.2	1.11618	1.42487
Urban pop, 2,500-19,999, nonadj	19	89.47%	1.117647	1.03958	1.32708
Rural, Metro adj	25	60.00%	1.666667	1.55025	1.9225
Rural, nonadj	16	68.75%	1.454545	1.35513	1.67782
Virginia border state/DC	135	61.48%	1.626506	1.5129	1.9313
Other US State	93	67.74%	1.47619	1.37308	1.75282

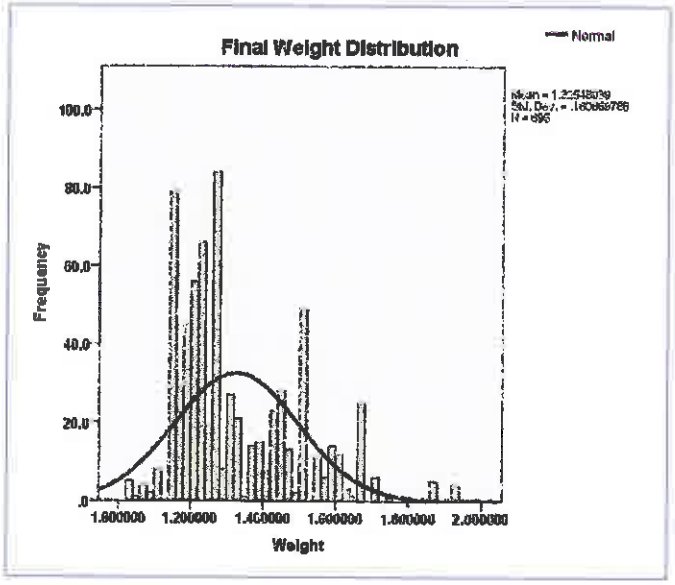
Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	41	63.41%	1.576923	1.32708	1.9313
30 to 34	72	65.28%	1.531915	1.28921	1.9225
35 to 39	73	80.82%	1.237288	1.04126	1.55275
40 to 44	105	79.05%	1.26506	1.06463	1.58761
45 to 49	119	76.47%	1.307692	1.10051	1.64111
50 to 54	126	80.95%	1.235294	1.03958	1.55025
55 to 59	127	77.17%	1.295918	1.0906	1.62633
60 and Over	257	73.15%	1.367021	1.15044	1.71557

See the Methods section on the HWDC website for details on HWDC Methods: [illegible]

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: 0.752979



Tab 4

Agenda Item: Fast-track Regulations for amending regulations for "Public Participation Guidelines (PPG)"

Included in your agenda package are:

A copy of the Administrative Process Act relating to PPG's

A copy of the fast-track regulations for consideration

Board action:

Adoption of amendment by a Fast-track action

Code of Virginia
Title 2.2. Administration of Government
Chapter 40. Administrative Process Act

§ 2.2-4007.02. Public participation guidelines.

A. Public participation guidelines for soliciting the input of interested parties in the formation and development of its regulations shall be developed, adopted, and used by each agency pursuant to the provisions of this chapter. The guidelines shall set out any methods for the identification and notification of interested parties and any specific means of seeking input from interested persons or groups that the agency intends to use in addition to the Notice of Intended Regulatory Action. The guidelines shall set out a general policy for the use of standing or ad hoc advisory panels and consultation with groups and individuals registering interest in working with the agency. Such policy shall address the circumstances in which the agency considers the panels or consultation appropriate and intends to make use of the panels or consultation.

B. In formulating any regulation, including but not limited to those in public assistance and social services programs, the agency pursuant to its public participation guidelines shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency, to include an online public comment forum on the Virginia Regulatory Town Hall, or other specially designated subordinate and (ii) be accompanied by and represented by counsel or other representative. However, the agency may begin drafting the proposed regulation prior to or during any opportunities it provides to the public to submit comments.

2007, cc. 873, 916; 2012, c. 795.

Project 4747 - none

BOARD OF LONG-TERM CARE ADMINISTRATORS

Conform to APA

Part III

Public Participation Procedures

18VAC95-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.

2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).

2. For a minimum of 60 calendar days following the publication of a proposed regulation.

3. For a minimum of 30 calendar days following the publication of a reproposed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.

5. For a minimum of 30 calendar days following the publication of a fast-track regulation.

6. For a minimum of 21 calendar days following the publication of a notice of periodic review.

7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

Agenda Item: Board action on Continuing Education Regulations

Included in your agenda package are:

A copy of HB319 of the 2016 General Assembly

A copy of the DRAFT regulations

Staff Note:

The legislation requires promulgation of regulations to allow some volunteer service time to count towards meeting CE requirements. The mandate takes effect January 1, 2017.

Board action:

1) **To adopt the draft amendments to Chapter 20 and Chapter 30 by fast-track action; or**
2) **To adopt a different proposal as determined by the Board.**

VIRGINIA ACTS OF ASSEMBLY -- 2016 SESSION

CHAPTER 82

An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to continuing education requirements; volunteer health services.

[H 319]

Approved March 1, 2016

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify, license or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.

4. To establish schedules for renewals of registration, certification, licensure, and the issuance of a multistate licensure privilege.

5. To levy and collect fees for application processing, examination, registration, certification or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) ~~which~~ *that* are reasonable and necessary to administer effectively the regulatory system*, which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services*. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) ~~of this title~~.

7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.

8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.

9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration or multistate licensure privilege in lieu of disciplinary action.

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.

This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered or licensed practitioner or person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered or licensed practitioner who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

2. That the provisions of this act shall become effective on January 1, 2017.

Project 4862 - none

BOARD OF LONG-TERM CARE ADMINISTRATORS

CE credit for volunteer work

18VAC95-20-175. Continuing education requirements.

A. In order to renew a nursing home administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.

2. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

~~2.~~3. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following initial licensure.

B. In order for continuing education to be approved by the board, it shall be related to health care administration and shall be approved or offered by the National Association of Long Term Care Administrator Boards (NAB), an accredited institution, or a government agency.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.

2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:

a. Date or dates the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

d. Signature of an authorized representative of the approved sponsor.

3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters.

18VAC95-30-70. Continuing education requirements.

A. In order to renew an assisted living administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.

2. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

~~2.~~3. A licensee is exempt from completing continuing education requirements for the first renewal following initial licensure in Virginia.

B. In order for continuing education to be approved by the board, it shall be related to the domains of practice for residential care/assisted living and approved or offered by NAB, an accredited educational institution, or a governmental agency.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.

2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:

a. Date or dates the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

d. Signature of an authorized representative of the approved sponsor.

3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters.

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VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Long-Term Care Administrators**

Chapter **Regulations Governing the Practice of Assisted Living Facility Administrators [18 VAC 95 - 30]**

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 5/31/2016

Review Announcement

Pursuant to Executive Order 17 (2014) and §§2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Long Term Care Administrators is conducting a periodic review and small business impact review of: 18VAC95-20-10 et seq., Regulations Governing the Practice of Nursing Home Administrators and 18VAC95-30-10 et seq., Regulations Governing the Practice of Assisted Living Facility Administrators.

The review of this regulation will be guided by the principles in Executive Order 17 (2014). http://dpb.virginia.gov/regs/EO17.pdf

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law, and (iii) is clearly written and easily understandable.

The comment period begins June 27, 2016, and ends on July27, 2016.

Comments may be submitted online to the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/L/Forums.cfm. Comments may also be sent to Name: Elaine Yeatts, Title: Agency Regulatory Coordinator, Address: 9960 Mayland Drive, Suite 300, City: Henrico, State: Virginia, Zip: 23233, FAX 804-527-4434, email address: elaine.yeatts@dhp.virginia.gov.

Comments must include the commenter's name and address (physical or email) information in order to receive a response to the comment from the agency. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Public Comment Period

Begin Date: 6/27/2016 End Date: 7/27/2016

Comments Received: 0

Review Result

Pending

Attorney General Certification

Result of Review: Certified

Review Memo 6/13/2016

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF ASSISTED LIVING FACILITY ADMINISTRATORS

Virginia Board of Long-Term Care Administrators

Title of Regulations: 18VAC95-30-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 31 of Title 54.1 of the *Code of Virginia*

Effective Date: November 4, 2015

9960 Mayland Drive, Suite 300
Henrico, VA 23233

Phone: (804) 367-4630
FAX: (804) 527-4413
ltc@dhp.virginia.gov

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Part I. General Provisions.

18VAC95-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the definitions ascribed to them in §54.1-3100 of the Code of Virginia:

"Assisted living facility"

"Assisted living facility administrator"

"Board"

B. The following words and terms when used in this chapter shall have the following meanings unless the context indicates otherwise:

"ALF AIT" shall mean an assisted living facility administrator-in-training.

"Domains of practice" means the content areas of tasks, knowledge and skills necessary for administration of a residential care/assisted living facility as approved by the National Association of Long Term Care Administrator Boards.

"NAB" means the National Association of Long Term Care Administrator Boards.

18VAC95-30-20. Posting of license.

Each licensee shall post his license in a main entrance or place conspicuous to the public in each facility in which the licensee is administrator-of-record.

18VAC95-30-30. Accuracy of information.

A. All changes in the address of record or the public address, if different from the address of record, or the name of a licensee, trainee, or preceptor shall be furnished to the board within 30 days after the change occurs.

B. All notices required by law and by this chapter to be mailed by the board to any licensee shall be validly given when mailed to the latest address of record on file with the board and shall not relieve the licensee, trainee, or preceptor of the obligation to comply.

18VAC95-30-40. Required fees.

A. The applicant or licensee shall submit all fees below that apply:

1. ALF AIT program application	$215
2. Preceptor application	$65
3. Licensure application	$315
4. Verification of licensure requests from other states	$35
5. Assisted living facility administrator license renewal	$315
6. Preceptor renewal	$65
7. Penalty for assisted living facility administrator late renewal	$110

8. Penalty for preceptor late renewal	$25
9. Assisted living facility administrator reinstatement	$435
10. Preceptor reinstatement	$105
11. Duplicate license	$25
12. Duplicate wall certificates	$40
13. Returned check	$35
14. Reinstatement after disciplinary action	$1,000

B. Fees shall not be refunded once submitted.

C. Examination fees are to be paid directly to the service contracted by the board to administer the examination.

D. For the first renewal after the effective date of this regulation, the following one-time shortfall assessment shall apply:

1. Assisted living facility administrator license renewal	$100
2. Preceptor renewal	$20

18VAC95-30-50. Practice by a licensed nursing home administrator.

Pursuant to §54.1-3102 B of the Code of Virginia, a person who holds a license as a nursing home administrator issued by the board may engage in the general administration of an assisted living facility.

Part II. Renewals and Reinstatements.

18VAC95-30-60. Renewal requirements.

A. A person who desires to renew his license or preceptor registration for the next year shall, not later than the expiration date of March 31 of each year, submit a completed renewal form and fee.

B. The renewal form and fee shall be received no later than the expiration date. Postmarks shall not be considered.

C. An assisted living facility administrator license or preceptor registration not renewed by the expiration date shall be invalid, and continued practice may constitute grounds for disciplinary action.

18VAC95-30-70. Continuing education requirements.

A. In order to renew an assisted living administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.

2. A licensee is exempt from completing continuing education requirements for the first renewal following initial licensure in Virginia.

B. In order for continuing education to be approved by the board, it shall be related to the domains of practice for residential care/assisted living and approved or offered by NAB, an accredited educational institution or a governmental agency.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.

2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:

a. Date or dates the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

d. Signature of an authorized representative of the approved sponsor.

3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters.

18VAC95-30-80. Late renewal.

A. A person who fails to renew his license or preceptor registration by the expiration date shall, within one year of the initial expiration date:

1. Submit the renewal notice or request renewal by mail to the board;

2. Submit the applicable renewal fee and penalty fee;

3. Provide evidence as may be necessary to establish eligibility for renewal.

B. The documents required in subsection A of this section shall be received in the board office within one year of the initial expiration date. Postmarks shall not be considered.

18VAC95-30-90. Reinstatement for an assisted living facility administrator license or preceptor registration.

A. The board may reinstate an assisted living facility administrator license or preceptor registration that was not renewed within one year of the initial expiration date.

B. An applicant for assisted living facility administrator license reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and provide one of the following:

1. Evidence of the equivalent of 20 hours of continuing education for each year since the last renewal, not to exceed a total of 60 hours.

2. Evidence of active practice in another state or U.S. jurisdiction or in the U.S. armed services during the period licensure in Virginia was lapsed.

3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-30-100 and 18VAC95-30-110.

C. An applicant for preceptor reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and meet the current requirements for a preceptor in effect at the time of application for reinstatement.

Part III. Requirements for Licensure.

18VAC95-30-95. (Repealed).

18VAC95-30-100. Educational and training requirements for initial licensure.

A. To be qualified for initial licensure as an assisted living facility administrator, an applicant shall hold a high school diploma or general education diploma (GED) and hold one of the following qualifications:

1. Administrator-in-training program.

a. Complete at least 30 semester hours in an accredited college or university in any subject and 640 hours in an ALF AIT as specified in 18VAC95-30-150;

b. Complete an educational program as a licensed practical nurse and hold a current, unrestricted license or multistate licensure privilege and 640 hours in an ALF AIT;

c. Complete an educational program as a registered nurse and hold a current, unrestricted license or multistate licensure privilege and 480 hours in an ALF AIT;

d. Complete at least 30 semester hours in an accredited college or university with courses in the content areas of (i) tClient/resident care; (ii) Human resources management; (iii) Financial management; (iv) Physical environment; and (v) Leadership and governance; and 320 hours in an ALF AIT;

e. Hold a master's or a baccalaureate degree in health care related field or a comparable field that meets the requirements of subsection B of 18VAC95-30-100 with no internship or practicum and 320 hours in an ALF AIT program; or

f. Hold a master's or baccalaureate degree in an unrelated field and 480 hours in an ALF AIT program; or

2. Certificate program.

Hold a baccalaureate or higher degree in a field unrelated to health care from an accredited college or university and successfully complete a certificate program with a minimum of 21 semester hours study in a health care related field that meets course content requirements of subsection B of this section from an accredited college or university and successfully complete not less than a 320-hour internship or practicum that addresses the domains of practice as specified in 18VAC95-30-160 in a licensed assisted living facility as part of the certificate program under the supervision of a preceptor; or

3. Degree and practical experience.

Hold a baccalaureate or higher degree in a health care related field that meets the course content requirements of subsection B of this section from an accredited college or university and have completed not less than a 320-hour internship or practicum that addresses the

Domains of Practice as specified in 18VAC95-30-160 in a licensed assisted living facility as part of the degree program under the supervision of a preceptor.

B. To meet the educational requirements for a degree in a health care related field, an applicant must provide a transcript from an accredited college or university that documents successful completion of a minimum of 21 semester hours of coursework concentrated on the administration and management of health care services to include a minimum of six semester hours in the content area set out in subdivision 1of this subsection, three semester hours in each of the content areas in subdivisions 2 through 5 of this subsection, and three semester hours for an internship or practicum.

1. Resident/client services management;
2. Human resource management;
3. Financial management;
4. Physical environment management;
5. Leadership and governance.

18VAC95-30-110. Examination requirement for initial licensure.

To be licensed under 18VAC95-30-95 or 18VAC95-30-100, an applicant shall provide evidence of a passing grade on the national credentialing examination for administrators of assisted living facilities approved by the board.

18VAC95-30-120. Qualifications for licensure by endorsement or credentials.

A. If applying from any state or the District of Columbia in which a license, certificate or registration is required to be the administrator of an assisted living facility, an applicant for licensure by endorsement shall hold a current, unrestricted license, certificate or registration from that state or the District of Columbia. If applying from a jurisdiction that does not have such a requirement, an applicant may apply for licensure by credentials, and no evidence of licensure, certification or registration is required.

B. The board may issue a license to any person who:

1. Meets the provisions of subsection A;
2. Has not been the subject of a disciplinary action taken by any jurisdiction in which he was found to be in violation of law or regulation governing practice and which, in the judgment of the board, has not remediated;
3. Meets one of the following conditions:
   a. Has practiced as the administrator of record in an assisted living facility that provides assisted living care as defined in § 63.2-100 of the Code of Virginia for at least two of the four years immediately preceding application to the board; or
   b. Has education and experience substantially equivalent to qualifications required by this chapter and has provided written evidence of those qualifications at the time of application for licensure; and
4. Has successfully passed a national credentialing examination for administrators of assisted living facilities approved by the board.

18VAC95-30-130. Application package.

A. An application for licensure shall be submitted after the applicant completes the qualifications for licensure.

B. An individual seeking licensure as an assisted living facility administrator or registration as a preceptor shall submit:

1. A completed application as provided by the board;
2. Additional documentation as may be required by the board to determine eligibility of the applicant, to include the most recent survey report if the applicant has been serving as an acting administrator of a facility;
3. The applicable fee;
4. An attestation that he has read and understands and will remain current with the applicable Virginia laws and the regulations relating to assisted living facilities; and
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

C. With the exception of school transcripts, examination scores, the NPDB report, and verifications from other state boards, all parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year, after which time the application shall be destroyed and a new application and fee shall be required.

Part IV. Administrator-in-Training Program.

18VAC95-30-140. Training qualifications.

A. To be approved as an ALF administrator-in-training, a person shall:

1. Meet the requirements of 18VAC95-30-100 A 1;
2. Obtain a preceptor to provide training;
3. Submit the application provided by the board and the fee prescribed in 18VAC95-30-40; and
4. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the ALF AIT program.

B. With the exception of school transcripts, all required parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year after which time the application shall be destroyed and a new application and fee shall be required.

18VAC95-30-150. Required hours of training.

A. The ALF AIT program shall consist of hours of continuous training as specified in 18VAC95-30-100 A 1 in a facility as prescribed in 18VAC95-30-170 to be completed within 24 months, except a person in an ALF AIT who has been approved by the board and is serving as an acting administrator shall complete the program within 150 days. An extension may be granted by the board on an individual case basis. The board may reduce the required hours for applicants with certain qualifications as prescribed in subsection B of this section.

B. An ALF AIT applicant with prior health care work experience may request approval to receive hours of credit toward the total hours as follows:

1. An applicant who has been employed full time for one of the past four years immediately prior to application as an assistant administrator in a licensed assisted living facility or nursing home or as a hospital administrator shall complete 320 hours in an ALF AIT;

2. An applicant who holds a license or a multistate licensure privilege as a registered nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years, in a licensed assisted living facility or nursing home shall complete 320 hours in an ALF AIT; or

3. An applicant who holds a license or a multistate licensure privilege as a licensed practical nurse and who has held an administrative level supervisory position in nursing for at least one of the past four consecutive years, in a licensed assisted living facility or nursing home shall complete 480 hours in an ALF AIT.

18VAC95-30-160. Required content of an ALF administrator-in-training program.

A. Prior to the beginning of the training program, the preceptor shall develop and submit for board approval a training plan which shall include and be designed around the specific training needs of the administrator-in-training. The training plan shall include the tasks and the knowledge and skills required to complete those tasks as approved by NAB as the domains of practice for residential care/assisted living in effect at the time the training is being provided. An ALF AIT program shall include training in each of the learning areas in the domains of practice.

B. An ALF AIT shall be required to serve weekday, evening, night and weekend shifts and to receive training in all areas of an assisted living facility operation.

18VAC95-30-170. Training facilities.

Training in an ALF AIT program or for an internship [or practicum] shall be conducted only in:

1. An assisted living facility or unit licensed by the Virginia Board of Social Services or by a similar licensing body in another jurisdiction;

2. An assisted living facility owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or

3. An assisted living unit located in and operated by a licensed hospital as defined in §32.1-123 of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction.

18VAC95-30-180. Preceptors.

A. Training in an ALF AIT program shall be under the supervision of a preceptor who is registered or recognized by Virginia or a similar licensing board in another jurisdiction.

B. To be registered by the board as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia assisted living facility administrator or nursing home administrator license;

2. Be employed full-time as an administrator in a training facility or facilities for a minimum of one of the past four years immediately prior to registration or be a regional administrator with on-site supervisory responsibilities for a training facility or facilities; and

3. Submit an application and fee as prescribed in 18VAC95-30-40. The board may waive such application and fee for a person who is already approved as a preceptor for nursing home licensure.

C. A preceptor shall:

1. Provide direct instruction, planning and evaluation;

2. Be routinely present with the trainee in the training facility; and

3. Continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

D. A preceptor may supervise no more than two trainees at any one time.

E. A preceptor for a person who is serving as an acting administrator while in an ALF AIT program shall be present in the training facility for face-to-face instruction and review of the trainee's performance for a minimum of two hours per week.

18VAC95-30-190. Reporting requirements.

A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training. For a person who is serving as an acting administrator while in an ALF AIT program, the preceptor shall include in the progress report evidence of face-to-face instruction and review for a minimum of two hours per week.

B. The trainee's certificate of completion plus the accumulated original monthly reports shall be submitted by the preceptor to the board within 30 days following the completion of the program. For a trainee who is serving as an acting administrator while in an ALF AIT program, the certificate of completion and reports shall be submitted to the board within five business days of completion of the program.

18VAC95-30-200. Interruption or termination of program.

A. If the program is interrupted because the registered preceptor is unable to serve, the trainee shall notify the board within 10 working days and shall obtain a new preceptor who is registered with the board within 60 days.

1. Credit for training shall resume when a new preceptor is obtained and approved by the board.

2. If an alternate training plan is developed, it shall be submitted to the board for approval before the trainee resumes training.

B. If the training program is terminated prior to completion, the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within five working days. The preceptor shall also submit all required monthly progress reports completed prior to termination.

18VAC95-30-201. Administrator-in-training program for acting administrators.

A. A person who is in an ALF AIT program while serving as an acting administrator, pursuant to § 54.1-3103.1 of the Code of Virginia, shall be identified on his nametag as an acting administrator-in-training.

B. The facility shall post the certificate issued by the board for the acting administrator and a copy of the license of the preceptor in a place conspicuous to the public.

Part V. Refusal, Suspension, Revocation and Disciplinary Action.

18VAC95-30-210. Unprofessional conduct.

The board may refuse to admit a candidate to an examination, refuse to issue or renew a license or approval to any applicant, suspend a license for a stated period of time or indefinitely, reprimand a licensee, place his license on probation with such terms and conditions and for such time as it may designate, impose a monetary penalty, or revoke a license for any of the following causes:

1. Conducting the practice of assisted living administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;
2. Failure to comply with federal, state, or local laws and regulations governing the operation of an assisted living facility;
3. Conviction of a felony or any misdemeanor involving abuse, neglect or moral turpitude;
4. Failure to comply with any regulations of the board; or
5. Inability to practice with skill or safety.

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VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Long-Term Care Administrators**

Chapter **Regulations Governing the Practice of Nursing Home Administrators [18 VAC 95 - 20]**

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 5/31/2016

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The comment period begins June 27, 2016 and ends on July 27, 2016.

Comments may be submitted online to the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/L/Forums.cfm. Comments may also be sent to Name: Elaine Yeatts, Title: Agency Regulatory Coordinator, Address: 9960 Mayland Drive, Suite 300, City: Henrico, State: Virginia, Zip: 23233, FAX 804-527-4434, email address: elaine.yeatts@dhp.virginia.gov.

Comments must include the commenter's name and address (physical or email) information in order to receive a response to the comment from the agency. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Public Comment Period

Begin Date: 6/27/2016 End Date: 7/27/2016

Comments Received: 0

Review Result

Pending

Attorney General Certification

Result of Review: Certified

Review Memo 6/14/2016

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF NURSING HOME ADMINISTRATORS

Virginia Board of Long-Term Care Administrators

Title of Regulations: 18VAC95-20-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 31 of Title 54.1 of the *Code of Virginia*

Effective Date: July 16, 2015

9960 Mayland Drive, Suite 300
Henrico, VA 23233

Phone: (804) 367-4630
FAX: (804) 527-4413
ltc@dhp.virginia.gov

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Part I. General Provisions.

18VAC95-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the definitions ascribed to them in §54.1-3100 of the Code of Virginia:

"Board"

"Nursing home"

"Nursing home administrator"

B. The following words and terms when used in this chapter shall have the following meanings unless the context indicates otherwise:

"Accredited institution" means any degree-granting college or university accredited by an accrediting body approved by the United States Department of Education.

"A.I.T." means a person enrolled in the administrator-in-training program in nursing home administration in a licensed nursing home.

"Administrator-of-record" means the licensed nursing home administrator designated in charge of the general administration of the facility and identified as such to the facility's licensing agency.

"Approved sponsor" means an individual, business or organization approved by the National Association of Long Term Care Administrator Boards or by an accredited institution to offer continuing education programs in accordance with this chapter.

"Continuing education" means the educational activities which serve to maintain, develop, or increase the knowledge, skills, performance and competence recognized as relevant to the nursing home administrator's professional responsibilities.

"Full time" means employment of at least 35 hours per week.

"Hour" means 50 minutes of participation in a program for obtaining continuing education.

"Internship" means a practicum or course of study as part of a degree or post-degree program designed especially for the preparation of candidates for licensure as nursing home administrators that involves supervision by an accredited college or university of the practical application of previously studied theory.

"National examination" means a test used by the board to determine the competence of candidates for licensure as administered by the National Association of Long Term Care Administrator Boards or any other examination approved by the board.

"Preceptor" means a nursing home administrator currently licensed and registered or recognized by a nursing home administrator licensing board to conduct an administrator-in-training (A.I.T.) program.

18VAC95-20-20 to 18VAC95-20-50. (Repealed.)

18VAC95-20-60. Posting of license.

Each licensee shall post his license in a main entrance or place conspicuous to the public in the facility in which the licensee is administrator-of-record.

18VAC95-20-70. Accuracy of information.

A. All changes in the address of record or the public address, if different from the address of record, or the name of a licensee, trainee, or preceptor shall be furnished to the board within 30 days after the change occurs.
B. All notices required by law and by this chapter to be mailed by the board to any registrant or licensee shall be validly given when mailed to the latest address of record on file with the board and shall not relieve the licensee, trainee, or preceptor of the obligation to comply

18VAC95-20-80. Required fees.

A. The applicant or licensee shall submit all fees below which apply:

1. A.I.T. program application	$215
2. Preceptor application	$65
3. Licensure application	$315
4. Verification of licensure requests from other states	$35
5. Nursing home administrator license renewal	$315
6. Preceptor renewal	$65
7. Penalty for nursing home administrator late renewal	$110
8. Penalty for preceptor late renewal	$25
9. Nursing home administrator reinstatement	$435
10. Preceptor reinstatement	$105
11. Duplicate license	$25
12. Duplicate wall certificates	$40
13. Reinstatement after disciplinary action	$1,000

B. For the first renewal after the effective date of this regulation, the following one-time shortfall assessment shall apply:

1. Nursing home license renewal	$100

2. Preceptor renewal $20

18VAC95-20-90 to 18VAC95-20-120. (Repealed.)

18VAC95-20-130. Additional fee information.

A. There shall be a fee of $35 for returned checks.

B. Fees shall not be refunded once submitted.

C. Examination fees are to be paid directly to the service or services contracted by the board to administer the examinations.

Part II. Renewals and Reinstatements.

18VAC95-20-140 to 18VAC95-20-160. (Repealed.)

18VAC95-20-170. Renewal requirements.

A. A person who desires to renew his license or preceptor registration for the next year shall, not later than the expiration date of March 31 of each year, submit a completed renewal form and fee.

B. The renewal form and fee shall be received no later than the expiration date. Postmarks shall not be considered.

C. A nursing home administrator license or preceptor registration not renewed by the expiration date shall be invalid.

18VAC95-20-175. Continuing education requirements.

A. In order to renew a nursing home administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.

2. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following initial licensure.

B. In order for continuing education to be approved by the board, it shall be related to health care administration and shall be approved or offered by the National Association of Long Term Care Administrator Boards (NAB), an accredited institution, or a government agency.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.

2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:

a. Date or dates the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

d. Signature of an authorized representative of the approved sponsor.

3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters.

18VAC95-20-180. Late renewal.

A. A person who fails to renew his license or preceptor registration by the expiration date shall, within one year of the initial expiration date:

1. Return the renewal notice or request renewal in writing to the board; and

2. Submit the applicable renewal fee and penalty fee.

B. The documents required in subsection A of this section shall be received in the board office within one year of the initial expiration date. Postmarks shall not be considered.

18VAC95-20-190. (Repealed.)

18VAC95-20-200. Reinstatement for nursing home administrator license or preceptor registration.

A. The board may reinstate a nursing home administrator license or preceptor registration that was not renewed within one year of the initial expiration date.

B. An applicant for nursing home administrator license reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and provide one of the following:

1. Evidence of the equivalent of 20 hours of continuing education for each year since the last renewal, not to exceed a total of 60 hours.

2. Evidence of active practice in another state or U.S. jurisdiction or in the U.S. armed services during the period licensure in Virginia was lapsed.

3. Evidence of requalifying for licensure by meeting the requirements prescribed in 18VAC95-20-220 or 18VAC95-20-225.

C. An applicant for preceptor reinstatement shall apply on a reinstatement form provided by the board, submit the reinstatement fee, and meet the current requirements for a preceptor in effect at the time of application for reinstatement.

18VAC95-20-210. (Repealed.)

Part III. Requirements for Licensure.

18VAC95-20-220. Qualifications for initial licensure.

One of the following sets of qualifications is required for licensure as a nursing home administrator:

1. Degree and practical experience. The applicant shall (i) hold a baccalaureate or higher degree in a health care -related field that meets the requirements of 18VAC95-20-221 from an accredited institution; (ii) have completed not less than a 320-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the degree program under the supervision of a preceptor; and (iii) have received a passing grade on the national examination;

2. Certificate program. The applicant shall (i) hold a baccalaureate or higher degree from an accredited institution; (ii) successfully complete a program with a minimum of 21 semester hours study in a health care-related field that meets the requirements of 18VAC95-20-221 from an accredited college or university; (iii) successfully complete not less than a 400-hour internship that addresses the Domains of Practice as specified in 18VAC95-20-390 in a licensed nursing home as part of the certificate program under the supervision of a preceptor; and (iv) have received a passing grade on the national examination; or

3. Administrator-in-training program. The applicant shall have (i) successfully completed an A.I.T. program which meets the requirements of Part IV (18VAC95-20-300 et seq.) of this chapter and (ii) received a passing grade on the national examination.

18VAC95-20-221. Required content for coursework.

To meet the educational requirements for a degree in a health care-related field, an applicant must provide a transcript from an accredited college or university that documents successful completion of a minimum of 21 semester hours of coursework concentrated on the administration and management of health care services to include a minimum of three semester hours in each of the content areas in subdivisions 1 through 4 of this section, six semester hours in the content area set out in subdivision 5 of this section, and three semester hours for an internship.

1. Resident care and quality of life: Course content shall address program and service planning, supervision and evaluation to meet the needs of patients, such as (i) nursing, medical and pharmaceutical care; (ii) rehabilitative, social, psycho-social and recreational services; (iii) nutritional services; (iv) safety and rights protections; (v) quality assurance; and (vi) infection control.

2. Human resources: Course content shall focus on personnel leadership in a health care management role and must address organizational behavior and personnel management skills such as (i) staff organization, supervision, communication and evaluation; (ii) staff recruitment, retention, and training; (iii) personnel policy development and implementation; and (iv) employee health and safety.

3. Finance: Course content shall address financial management of health care programs and facilities such as (i) an overview of financial practices and problems in the delivery of health care services; (ii) financial planning, accounting, analysis and auditing; (iii) budgeting; (iv) health care cost issues; and (v) reimbursement systems and structures.

4. Physical environment and atmosphere: Course content shall address facility and equipment management such as (i) maintenance; (ii) housekeeping; (iii) safety; (iv) inspections and compliance with laws and regulations; and (v) emergency preparedness.

5. Leadership and management: Course content shall address the leadership roles in health delivery systems such as (i) government oversight and interaction; (ii) organizational policies and procedures; (iii) principles of ethics and law; (iv) community coordination and cooperation; (v) risk management; and (vi) governance and decision making.

18VAC95-20-225. Qualifications for licensure by endorsement.

The board may issue a license to any person who:

1. Holds a current, unrestricted license from any state or the District of Columbia; and

2. Meets one of the following conditions:

a. Has practiced nursing home administration for one year; or

b. Has education and experience equivalent to qualifications required by this chapter and has provided written evidence of those qualifications at the time of application for licensure.

18VAC95-20-230. Application package.

A. An application for licensure shall be submitted after the applicant completes the qualifications for licensure.

B. An individual seeking licensure as a nursing home administrator or registration as a preceptor shall submit:

1. A completed application as provided by the board;

2. Additional documentation as may be required by the board to determine eligibility of the applicant;

3. The applicable fee;

4. An attestation that he has read and understands and will remain current with the applicable Virginia laws and regulations relating to the administration of nursing homes; and

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

C. With the exception of school transcripts, examination scores, the NPDB report, and verifications from other state boards, all parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year, after which time the application shall be destroyed and a new application and fee shall be required.

18VAC95-20-240 to 18VAC95-20-290. (Repealed.)

Part IV. Administrator-In-Training Program.

18VAC95-20-300. Administrator-in-training qualifications.

A. To be approved as an administrator-in-training, a person shall:

1. Have received a passing grade on a total of 60 semester hours of education from an accredited college or university;

2. Obtain a preceptor to provide training;

3. Submit the fee prescribed in 18VAC95-20-80;

4. Submit the application provided by the board; and

5. Submit additional documentation as may be necessary to determine eligibility of the applicant and the number of hours required for the A.I.T. program.

B. With the exception of school transcripts, all required parts of the application package shall be submitted at the same time. An incomplete package shall be retained by the board for one year after which time the application shall be destroyed and a new application and fee shall be required.

18VAC95-20-310. Required hours of training.

A. The A.I.T. program shall consist of 2,000 hours of continuous training in a facility as prescribed in 18VAC95-20-330 to be completed within 24 months. An extension may be granted by the board on an individual case basis. The board may reduce the required hours for applicants with certain qualifications as prescribed in subsection B and C of this section.

B. An A.I.T. applicant with prior health care work experience may request approval to receive a maximum 1,000 hours of credit toward the total 2,000 hours as follows:

1. Applicant shall have been employed full time for four of the past five consecutive years immediately prior to application as an assistant administrator or director of nursing in a training facility as prescribed in 18VAC95-20-330, or as the licensed administrator of an assisted living facility;

2. Applicants with experience as a hospital administrator shall have been employed full time for three of the past five years immediately prior to application as a hospital administrator-of-record or an assistant hospital administrator in a hospital setting having responsibilities in all of the following areas:

a. Regulatory;

b. Fiscal;

c. Supervisory;

d. Personnel; and

e. Management; or

3. Applicants who hold a license as a registered nurse shall have held an administrative level supervisory position for at least four of the past five consecutive years, in a training facility as prescribed in 18VAC95-20-330.

C. An A.I.T. applicant with the following educational qualifications shall meet these requirements:

1. An applicant with a master's or a baccalaureate degree in health care administration or a comparable field with no internship shall complete 320 hours in an A.I.T. program;

2. An applicant with a master's degree in an unrelated field shall complete 1,000 hours in an A.I.T. program;

3. An applicant with a baccalaureate degree in an unrelated field shall complete 1,500 hours in an A.I.T. program; or

4. An applicant with 60 semester hours of education in an accredited college or university shall complete 2,000 hours in an A.I.T. program.

D. An A.I.T. shall be required to serve weekday, evening, night and weekend shifts to receive training in all areas of nursing home operation.

18VAC95-20-320. (Repealed.)

18VAC95-20-330. Training facilities.

Training in an A.I.T. program shall be conducted only in:

1. A nursing home licensed by the Virginia Board of Health or by a similar licensing body in another jurisdiction;

2. An institution operated by the Virginia Department of Behavioral Health and Developmental Services in which long-term care is provided;

3. A certified nursing home owned or operated by an agency of any city, county, or the Commonwealth or of the United States government; or

4. A certified nursing home unit that is located in and operated by a licensed hospital as defined in § 32.1-123 of the Code of Virginia, a state-operated hospital, or a hospital licensed in another jurisdiction.

18VAC95-20-340. Supervision of trainees.

A. Training shall be under the supervision of a preceptor who is registered or recognized by a licensing board.

B. A preceptor may supervise no more than two A.I.T.'s at any one time.

C. A preceptor shall:

1. Provide direct instruction, planning and evaluation;

2. Shall be routinely present with the trainee in the training facility; and

3. Shall continually evaluate the development and experience of the A.I.T. to determine specific areas in the Domains of Practice that need to be addressed.

18VAC95-20-350 to 18VAC95-20-370. (Repealed.)

18VAC95-20-380. Qualifications of preceptors.

To be registered by the board as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia nursing home administrator license and be employed full time as an administrator in a training facility for a minimum of two of the past three years immediately prior to registration; and

2. Meet the application requirements in 18VAC95-20-230.

18VAC95-20-390. Training plan.

Prior to the beginning of the A.I.T. program, the preceptor shall develop and submit for board approval a training plan that shall include and be designed around the specific training needs of the

administrator-in-training. The training plan shall address the Domains of Practice approved by the National Association of Long Term Care Administrator Boards that is in effect at the time the training program is submitted for approval. An A.I.T. program shall include training in each of the learning areas in the Domains of Practice.

18VAC95-20-400. Reporting requirements.

A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training.

B. The A.I.T.'s certificate of completion plus the accumulated original monthly reports shall be submitted by the preceptor to the board within 30 days following the completion of the A.I.T. program.

18VAC95-20-410 to 18VAC95-20-420. (Repealed.)

18VAC95-20-430. Termination of program.

A. If the A.I.T. program is terminated prior to completion, the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within five working days.

B. The preceptor shall also submit all required monthly progress reports completed prior to termination.

18VAC95-20-440. Interruption of program.

A. If the program is interrupted because the registered preceptor is unable to serve, the A.I.T. shall notify the board within five working days and shall obtain a new preceptor who is registered with the board within 60 days.

B. Credit for training shall resume when a new preceptor is obtained and approved by the board.

C. If an alternate training plan is developed, it shall be submitted to the board for approval before the A.I.T. resumes training.

18VAC95-20-450 to 18VAC95-20-460. (Repealed.)

Part V. Refusal, Suspension, Revocation, and Disciplinary Action.

18VAC95-20-470. Unprofessional conduct.

The board may refuse to admit a candidate to an examination, refuse to issue or renew a license or approval to any applicant, suspend a license for a stated period of time or indefinitely, reprimand a licensee, place his license on probation with such terms and conditions and for such time as it may designate, impose a monetary penalty, or revoke a license for any of the following causes:

1. Conducting the practice of nursing home administration in such a manner as to constitute a danger to the health, safety, and well-being of the residents, staff, or public;

2. Failure to comply with federal, state, or local laws and regulations governing the operation of a nursing home;

3. Conviction of a felony or any misdemeanor involving abuse, neglect or moral turpitude;

4. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.) and this chapter or regulations of the board; or

5. Inability to practice with skill or safety.

18VAC95-20-471. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in subdivisions 1, 3 and 5 of 18VAC95-20-470, except as may otherwise be determined by a special conference committee of the Board.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate 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 heard.

18VAC95-20-480 to 18VAC95-20-740. (Repealed.)

Tab 5

Guidance document: 95-12

Virginia Board of Long Term Care Administrators

Guidelines for Processing Applications for Licensure: Examination, Endorsement and Reinstatement

Applicants for licensure or registration by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations shall be issued a license, registration, or certificate pursuant to authority delegated to the Executive Director of the Board of Long Term Care Administrators as specified in the Bylaws of the Board. (*See* Article VII, Bylaws.)

An applicant whose license, registration, or certificate has been revoked or suspended for any reason other than nonrenewal by another jurisdiction is not eligible for licensure or certification in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it. (Va. Code § 54.1-2408.) A suspension or revocation by another jurisdiction that has been stayed on terms is not considered to be reinstated for purposes of Va. Code § 54.1-2408.

Affirmative responses to any questions on applications for licensure, registration, or certification that might constitute grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, registration, or certificate, or impose sanction shall be referred to the Board President for guidance on how to proceed.

A criminal conviction for any felony or any misdemeanor involving abuse, neglect, or moral turpitude may cause an applicant to be denied licensure or registration. (Regulations Governing the Practice of Nursing Home Administrators 18VAC95-20-470 and Regulations Governing the Practice of Assisted Living Facility Administrators 18VAC95-30-210) Each applicant, however, is considered on an individual basis, and there are no criminal convictions or impairments that are an absolute bar to licensure or registration by the Board of Long Term Care Administrators.

Applications for licensure, registration, and certification include questions about the applicant's history, including:

1. Any and all criminal convictions;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure, certification, or registration in another state or jurisdiction; and
3. Any mental or physical illness or chemical dependency condition that could interfere with the applicant's ability to practice.

Replying "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It simply means more information must be gathered and considered before a decision can be made. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Long Term Care Administrators has the ultimate authority to approve or deny an applicant for licensure, registration, or certification. (Regulations Governing the Practice of Nursing Home Administrators 18VAC95-20-470 and Regulations Governing the Practice of Assisted Living Facility Administrators 18VAC95-30-210)

The following information will be requested from an applicant with criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, evidence of paid fines and restitution, etc.); and
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s).

The following information will be requested from an applicant with past disciplinary action or licensure/certification/registration denial in another state (unrelated to criminal convictions):

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity;
- A certified copy of any subsequent actions (i.e. reinstatement), if applicable; and
- A letter from the applicant explaining the factual circumstances leading to the action or denial.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) describing diagnosis, treatment regimen, compliance with treatment, and an analysis of the applicant's ability to practice safely; and
- A letter from the applicant explaining the factual circumstances of the condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.).

The Executive Director may approve the application without referral to the Board President in the following cases:

1. The applicant's history of a criminal conviction does not constitute grounds for denial (any felony or any misdemeanor involving abuse, neglect, or moral turpitude) or constitute grounds for Board action pursuant to Regulations Governing the Practice of Nursing Home Administrators 18VAC95-20-470 and Regulations Governing the Practice of Assisted Living Facility Administrators 18VAC95-30-210. (Article VII, Bylaws)

2. The applicant has a history of criminal conviction for felonies or misdemeanors involving abuse, neglect or moral turpitude, but the following criteria are met:

   - Conviction history includes only misdemeanors which are greater than 5 years old, as long as court requirements have been met;
   - If one misdemeanor conviction is less than 5 years old, the court requirements have been met, and the crime was unrelated to the license or registration sought; or
   - If the applicant was convicted of one felony more than 10 years ago, when that one felony was non-violent in nature and all court/probationary/parole requirements have been met.

3. Reported juvenile convictions.

4. Applicants with a conviction history previously reviewed and approved by the Board of Long Term Care Administrators, provided no subsequent criminal convictions exist. (Article VII, Bylaws.)

Tab 6

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 year~~ At the last regularly scheduled meeting of the organizational 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.~~ An officer may be re-elected in that same position for a second consecutive term. ~~No officer shall be eligible to serve for more than three consecutive terms in the same office unless serving an unexpired term.~~ Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.

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.

9. The Board delegates to the Executive Director, the authority to approve applications with criminal convictions in accordance with Guidance Document 95-12.

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.