

**Call to Order – Derrick Kendall, NHA, Board Chairman**

- Welcome and Introductions
  - Emergency Egress Procedures
  - Mission of the Board
- 

**Approval of Minutes**

- Board Meeting – June 28, 2018
  - Informal Conferences – June 28, 2018 and October 25, 2018 (for informational purposes only)
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**Ordering of Agenda**

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**Public Comment**

*The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

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**Agency Report**

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**Staff Reports**

- Executive Director’s Report – **Corie E. Tillman Wolf, Executive Director**
  - Discipline Report – **Lynne Helmick, Deputy Executive Director**
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**Board Counsel Report – Erin Barrett, Assistant Attorney General**

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**Committee and Board Member Reports**

- Board of Health Professions Report – **Derrick Kendall, NHA**
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**Legislation and Regulatory Actions – Elaine Yeatts, Sr. Policy Analyst**

- Regulatory Report – Status of Periodic Review
  - Legislative Report
  - Petition for Rulemaking (Cassiere)
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## **New Business**

- Virginia's Administrator Workforce: 2018 - **Dr. Elizabeth Carter, Health Workforce Data Center**
- Discussion
  - Cognitive Care Education Training Proposal - **Corie Tillman Wolf, Executive Director**
  - Update on AIT/Preceptor Efforts - **Corie Tillman Wolf, Executive Director**
  - Emergency Preparedness - Lessons from Hurricane Florence - **Karen Stanfield/Corie Tillman Wolf**
- Elections

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## **Board Training**

- Probable Cause

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**Next Meeting** - March 12, 2019

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## **Meeting Adjournment**

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

**June 28, 2018**

The Virginia Board of Long-Term Care Administrators convened for a board meeting on Thursday, June 28, 2018 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room #2, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

Derrick Kendall, NHA, Chair  
Martha H. Hunt, ALFA, Vice-Chair  
Karen Hopkins Stanfield, NHA  
Marj Pantone, ALFA  
Mitchell P. Davis, NHA  
Basil Acey, Citizen Member  
Shervonne Banks, Citizen Member  
Mary B. Brydon, Citizen Member

**BOARD MEMBERS ABSENT**

Cary Douglas Nevitt, ALFA

**DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:**

Barbara Allison-Bryan, Agency Chief Deputy Director  
David E. Brown, D.C., Agency Director  
Sarah Georgen, Licensing and Operations Manager  
Lisa R. Hahn, Chief Operating Officer  
Lynne Helmick, Deputy Executive Director, Discipline  
Corie Tillman Wolf, J.D., Executive Director  
Elaine Yeatts, Senior Policy Analyst  
Heather Wright, Program Manager

**BOARD COUNSEL PRESENT:**

Erin Barrett, Assistant Attorney General

**QUORUM:**

With 6 members present at the beginning of the meeting, a quorum was established.

**PRESENTERS**

Kim Small, VisualResearch, Inc.

## **CALL TO ORDER**

Mr. Kendall called the meeting to order at 10:06 a.m. and asked the Board members and staff to introduce themselves.

Mr. Kendall read the mission of the Board and reminders for the meeting.

Ms. Tillman Wolf read the Emergency Egress Procedures.

## **APPROVAL OF MINUTES**

Upon a **MOTION** by Ms. Stanfield and properly seconded by Ms. Hunt, the December 19, 2017 full Board meeting minutes and the April 24, 2018 Telephone Conference Call minutes were approved with no revisions. All members in favor, none opposed.

## **ORDERING OF THE AGENDA**

Ms. Tillman Wolf requested a change to the agenda for the Board to add possible Board action to the Sanctioning Reference Points.

Upon a **MOTION** by Ms. Stanfield and properly seconded by Ms. Pantone, the agenda was accepted as revised. All members in favor, none opposed.

Mr. Davis arrived at 10:12 a.m. and Ms. Banks arrived at 10:13 a.m.

## **PUBLIC COMMENT**

There was no public comment.

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

Dr. Brown reported on the personnel changes within the Secretariat of Health and Human Resources. He stated that Daniel Carey, M.D., was appointed Secretary. His two deputies are Gena Boyle Berger and Marvin Figueroa. He introduced Barbara Allison-Bryan, M.D. who had been appointed by Governor Northam to the position of DHP Chief Deputy Director. Dr. Brown stated that Lisa Hahn has been hired as the new DHP Chief Operations Officer.

Dr. Brown stated that Dr. Allison Bryan and Ms. Hahn are part of a team to review the security measures for the building and is anticipating upcoming changes. He announced that DHP had a new logo and Board members would receive updated identification badges in the future.

Dr. Brown spoke about the 2018 General Assembly and provided information on a bill that would allow nurse practitioners with specific training to practice autonomously. He also provided information the medical marijuana bill through the Board of Pharmacy. Lastly, he provided information on legislation to limit regulations and stated that a pilot program has been developed to review the regulatory process

through the Virginia Department of Professional and Occupational Regulation and Virginia Criminal Justice Services.

With no further questions, Dr. Brown concluded his report.

**OLD BUSINESS**

Ms. Small provided the Board with a presentation of the status of the Sanctioning Reference Points Project and an overview of edits made to the Sanctioning Reference Points worksheets.

Upon a **MOTION** by Ms. Pantone, and properly seconded by Ms. Stanfield, the Board voted to adopt the revised Sanctioning Reference Points manual as Guidance Document 95-3. All members in favor, none opposed.

**EXECUTIVE DIRECTOR’S REPORT – Corie Tillman Wolf, J.D.**

Ms. Tillman Wolf provided the following report:

*Expenditure and Revenue Summary*

*FY18 Budget*

Cash Balance as of June 30, 2017	\$(30,609)
YTD FY18 Revenue	574,790
Less: YTD Direct and In-Direct Expenditures	<u>533,050</u>
 Cash Balance as of May 31, 2018	 <b>\$ 11,131</b>

*NAB Updates*

Ms. Tillman Wolf provided a brief review of the National Association of Long Term Care Administrator Boards (NAB) Annual Meeting held from June 6-8, 2018.

*NAB Updates – Exam Scores*

Exam Scores – Virginia Candidates – July 2017 through June 13, 2018

<b>Exam</b>	<b># Taken</b>	<b># Pass</b>	<b># Fail</b>	<b>Pass/Fail %</b>
<b>CORE</b>	<b>138</b>	<b>116</b>	<b>22</b>	<b>84.1%/15.9%</b>
<b>NHA</b>	<b>78</b>	<b>35</b>	<b>43</b>	<b>44.9%/55.1%</b>
<b>RC/AL</b>	<b>87</b>	<b>63</b>	<b>24</b>	<b>72.4%/27.6%</b>

Overall Pass/Fail Rates – July 1, 2017 through December 31, 2017

Exam	# Taken	Pass %
CORE	1,155	90.4%
NHA	1,220	59.7%
RC/AL	191	75.9%

Ms. Tillman Wolf reported that from the June 13, 2017 Board meeting, the following CY 2016 Stats were available for the RC/AL and NHA Exams:

**RC/AL**

- Average Pass rate – 60.6%
- Virginia Pass rate – 50.72%
- Other state ranges – 45.65%-84.65%

**NHA**

- Average Pass rate – 62.96%
- Virginia Pass rate – 57.45%
- Other state ranges – 25%-100%

Ms. Tillman Wolf provided a pass rate comparison chart for review of CY 2016 and FY 2018. Ms. Tillman Wolf and Ms. Hahn also discussed steps being taken to look at the exam pass/fail rates and whether there is any data or factors to correlate to success or failure on the exams.

Ms. Tillman Wolf announced that Ms. Hahn was sworn in as the new Chair of NAB effective June 8, 2018.

**Licensure Report**

Ms. Tillman Wolf provided the Licensure Report.

**Licensee Statistics – Assisted Living Facility Administrators – Current License Count**

	December 2017	June 2018	+/-
ALFA's	624	628	+4
AIT's	118	94	-24
Acting AIT	4	4	0
<b>Total</b>	<b>746</b>	<b>726</b>	<b>-20</b>
Preceptors	211	199	-12

**Licensee Statistics – Nursing Home Administrators – Current License Count**

	<b>December 2017</b>	<b>June 2018</b>	<b>+/-</b>
NHA’s	918	877	-41
AIT’s	87	77	-10
<b>Total</b>	<b>1,006</b>	<b>954</b>	<b>-52</b>
Preceptors	234	227	-7

Licenses and Registrations issued in 2018:

<b>License Type</b>	<b>Number Issued</b>
<b>ALFA</b>	<b>47</b>
<b>ALFA – AIT</b>	<b>24</b>
<b>ALFA – Acting AIT</b>	<b>6</b>
<b>ALFA – Preceptor</b>	<b>10</b>
<b>NHA</b>	<b>40</b>
<b>NHA – AIT</b>	<b>19</b>
<b>NHA - Preceptor</b>	<b>14</b>

Ms. Tillman Wolf provided the current statistics on licensees and customer satisfaction ratings:

**Virginia Performs – Customer Service Satisfaction**

- FY17 – 100% overall
- FY18 (1<sup>st</sup> Qtr.) – 100%
- FY18 (2<sup>nd</sup> Qtr.) – 100%
- FY18 (3<sup>rd</sup> Qtr.) – 100%

Heather Wright is the front line for the Long-Term Care Administrators Board and she is extremely knowledgeable and helpful. Laura Mueller is cross trained and able to step in whenever necessary.

**Notes**

Ms. Tillman Wolf provided reminders to the Board members regarding any updated contact information.

Ms. Tillman Wolf reviewed the 2019 Board meeting schedule with the Board members. With no requests from the Board members to change the dates, she confirmed the following meeting dates for 2019:

- Tuesday, March 12, 2019 at 10:00 a.m. in Board Room 3
- Tuesday, June 18, 2019 at 10:00 a.m. in Board Room 4

- Thursday, September 12, 2019 at 10:00 a.m. in Board Room 2
- Tuesday, December 17, 2019 at 10:00 a.m. in Board Room 4

With no further questions, Ms. Tillman Wolf concluded her report.

**DISCIPLINE REPORT – Lynne Helmick – Deputy Executive Director, Discipline**

Ms. Tillman Wolf provided the Discipline Report on behalf of Ms. Helmick. Ms. Tillman Wolf reported there are currently 75 open cases. Additionally, 43 of the cases are in the probable cause stage, 3 are in the Administrative Proceedings Division (APD), 2 is at the informal stage, 1 is at the formal stage and 26 are in investigation stage. There are 8 open compliance cases.

Ms. Tillman Wolf reviewed discipline statistics and Key Performance Measure slides with the Board for Q1 2018:

- The Board’s clearance rate is currently 9%; the Board has received 11 cases and closed 1 case.
- The pending caseload over 250 days is at 20%, which is at the 20% goal.
- The percentage of cases closed within 250 days was at 100%, where the goal is 90%.

Ms. Tillman Wolf reviewed discipline statistics and Key Performance Measure slides with the Board for Q2 2018:

- The Board’s clearance rate is currently 60%; the Board has received 10 cases and closed 6 cases.
- The pending caseload over 250 days is at 29%, which is over the 20% goal.
- The percentage of cases closed within 250 days was at 33%, which is below the goal of 90%.

Ms. Tillman Wolf reviewed data regarding the total numbers of cases received and closed, clearance rates for all cases, and the average days to close a case since the third quarter of FY 2016:

**Cases received/closed**

Q3 2016	21/27
Q4 2016	19/7
Q1 2017	16/12
Q2 2017	12/11
Q3 2017	9/13
Q4 2017	18/20
Q1 2018	15/5
Q2 2018	24/8
Q3 2018	13/8

**Percentage of all cases closed in 250 days**

	Q3-2017	Q4-2017	Q1-2018	Q2-2018	Q3-2018
LTCA	69.2%	55%	80%	50%	25%
Agency	81.7%	86.7%	82.2%	86.7%	87.6%



**Average days to close a case**

	Q3-2017	Q4-2017	Q1-2018	Q2-2018	Q3-2018
LTCA	282.8	395	171.2	350.6	424.1
Agency	222.8	194.1	255.7	186.5	196.4

With no additional questions, Ms. Tillman Wolf concluded the report.

**COMMITTEE AND BOARD MEMBER REPORTS**

None

**BREAK**

The Board recessed at 11:41 a.m.

The Board reconvened at 11:50 a.m.

**LEGISLATIVE AND REGULATORY ACTIONS – Elaine Yeatts, Senior Policy Analyst**

Ms. Yeatts temporarily stepped out of the meeting.

Ms. Tillman Wolf began discussion of agenda items related to the status of the Board’s Guidance Documents. Ms. Tillman Wolf reported that she is in the process of working with the Virginia Department of Health (VDH) and the Department of Social Services (DSS) regarding revisions to the Memorandum of Understanding (MOU) in Guidance Documents 95-1 and 95-10. Ms. Tillman Wolf reported that the Board considered revisions to Guidance Document 95-3, the Sanctioning Reference Points manual, that morning. Ms. Tillman Wolf further reported that VDH and the Office of Licensure and Certification (OLC) has indicated that a revision to the documents in Guidance Document 95-5 is currently in the works.

Ms. Yeatts stated that the periodic review of the Regulations Governing the Practice of Nursing Home Administrators was in its final stage at the Secretary’s Office.

Ms. Yeatts provided the Board will an update to the 2018 General Assembly legislation including home hospice programs and the disposal of drugs, new mid-level licensure through the Board of Social Work, autonomous practice with specific training of Nurse Practitioners, the direct delivery of scheduled VI devices to patients and Nursing Homes through the Board of Pharmacy which should be effective by the end of 2018, and the donation of used medications though a drug donation program from Long Term Care facilities.

Ms. Stanfield left at 12:00 p.m.

**BOARD CONSIDERATION OF REVISION, REPEAL, OR READOPTION OF GUIDANCE DOCUMENTS – Elaine Yeatts**

Ms. Tillman Wolf and Ms. Barrett provided an overview of Guidance Document 95-6 related to the use of agency subordinates and explained that the Board does not currently use this process.

Upon a motion by Mr. Davis, duly seconded by Ms. Hunt, the Board voted to repeal *Guidance Document 95-6, Process for delegation of informal fact-finding to an agency subordinate* as presented.

Upon a motion by Ms. Pantone, duly seconded by Ms. Brydon, the Board voted to repeal *Guidance Document 95-7, Qualifying for Licensure: Required Content for College Coursework* as presented.

Upon a motion by Ms. Hunt, duly seconded by Ms. Pantone, the Board voted to reaffirm *Guidance Document 95-9, Continuing Competency Hours for Dually-Licensed Administrators* but requested the policy be reworded “At its meeting on October 28, 2008, the Board voted unanimously to allow persons who are dually licensed as nursing home administrators and assisted living facility administrators to count the continuing competency hours for both professions, requiring that only 20 hours be accrued to meet the requirements for renewal” to “Persons that are dually licensed as nursing home administrators and assisted living facility administrators to count the continuing competency hours for both professions, requiring that only 20 hours be accrued to meet the requirements for renewal.”

Upon a motion by Mr. Davis, duly seconded by Ms. Brydon, the Board voted to reaffirm *Guidance Document 95-11, Disposition of Cases Involving Practicing on an Expired License* as presented.

**BOARD DISCUSSION – Corie Tillman Wolf**

*Updates from NAB Annual Meeting – AIT and Preceptor Resources, CE Registry, HSE Credential*

Ms. Tillman Wolf announced that NAB has launched its new CE Registry, allowing administrators to track their certificates. She stated that the registry is a voluntary tool for licensees. She requested that the Board consider discussion of whether this tool could be used for audit purposes in the future.

**OLD BUSINESS**

*AIT Reporting Forms Update – Corie Tillman Wolf*

Ms. Tillman Wolf requested the Board to review the draft updated forms for AIT Reporting. Mr. Davis requested adding a reminder regarding weekly hours for an Administrators-in-training. Board staff will work on additional revisions to forms and provide them to Board members at the next meeting.

**NEXT MEETING**

Mr. Kendall announced the next full Board meeting will be held on September 12, 2018.

**ADJOURNMENT**

With all business concluded, the meeting adjourned at 12:10 p.m.

\_\_\_\_\_  
Derrick Kendall, NHA, Chair

\_\_\_\_\_  
Corie Tillman Wolf, J.D., Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS  
SPECIAL CONFERENCE COMMITTEE  
MINUTES**

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**June 28, 2018**

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

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**CALL TO ORDER:** A Special Conference Committee of the Board was called to order at 4:04 p.m.

**MEMBERS PRESENT:** Martha H. Hunt, ALFA, Chair  
Marj Pantone, ALFA

**DHP STAFF PRESENT:** Lynne H. Helmick, Deputy Executive Director  
Candace Carey, Discipline Operations Assistant  
Anne Joseph, Adjudication Specialist

**MATTER:** **James Jackson Warner, NHA**  
License # 1701-002479  
Case # 185406

**DISCUSSION:** Mr. Warner appeared before the Committee in accordance with the Notice of Informal Conference, dated May 29, 2018. Mr. Warner was present and was not represented by counsel.

The Committee fully discussed the allegations as outlined in the Notice of Informal Conference.

**CLOSED SESSION:** Upon a motion by Ms. Pantone and duly seconded by Ms. Hunt, the Committee voted to convene a closed meeting 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 James Jackson Warner. Additionally, she moved that Ms. Helmick and Ms. Carey attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions. The Committee entered into closed session at 4:29 p.m.

**RECONVENE:** Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session at 5:01 p.m.

**DECISION:** Upon a motion by Ms. Pantone and duly seconded by Ms. Hunt, the Committee moved to take no action conditioned upon Mr. Warner's entry into the Virginia Health Practitioners Monitoring

Program (HPMP) within 60 days of the entry of the Order and remaining in compliance with HPMP thereafter.

The motion carried.

**ADJOURNMENT:**

The Committee adjourned at 5:07 p.m.

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Martha H. Hunt, Chair

\_\_\_\_\_  
Corie Tillman Wolf, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS  
SPECIAL CONFERENCE COMMITTEE  
MINUTES

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October 25, 2018

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

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- CALL TO ORDER:** A Special Conference Committee of the Board was called to order at 11:20 a.m.
- MEMBERS PRESENT:** Marj Pantone, ALFA, Chair  
Cary Douglas Nevitt, ALFA
- DHP STAFF PRESENT:** Lynne Helmick, Deputy Executive Director  
David Kazzie, Adjudication Specialist
- OTHERS PRESENT:** Janna Mills  
Karen Attardo
- MATTER:** **Verlicious K. Clark, ALFA**  
License # 1706-000877  
Case # 172649
- DISCUSSION:** Ms. Clark appeared before the Committee in accordance with the Notice of Informal Conference, dated August 21, 2018. Ms. Clark was present and represented by attorney, Donna Foster.
- The Committee fully discussed the allegations as referenced in the August 21, 2018, Notice of Informal Conference.
- CLOSED SESSION:** Upon a motion by Mr. Nevitt, and duly seconded by Ms. Pantone, the Committee voted to convene a closed meeting 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 Verlicious K. Clark, ALFA. Additionally, he moved that Ms. Helmick attend the closed meeting because her presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.
- RECONVENE:** Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session and announced its decision.
- DECISION:** Upon a motion by Mr. Nevitt and duly seconded by Ms. Pantone, the Committee moved to issue an Order to Dismiss the<sup>14</sup>

case against Verlicious Clark and Impose No Sanction due to insufficient evidence to warrant disciplinary action by the Board.

The motion carried.

**ADJOURNMENT:**

The Committee adjourned at 2:29 p.m.

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Marj Pantone, ALFA, Chair

\_\_\_\_\_  
Corie Tillman Wolf, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Unapproved**  
**VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS**  
**SPECIAL CONFERENCE COMMITTEE**  
**MINUTES**

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October 25, 2018

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

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- CALL TO ORDER:** A Special Conference Committee of the Board was called to order at 2:40 p.m.
- MEMBERS PRESENT:** Marj Pantone, ALFA, Chair  
Cary Douglas Nevitt, ALFA
- DHP STAFF PRESENT:** Lynne Helmick, Deputy Executive Director  
David Kazzie, Adjudication Specialist
- OTHERS PRESENT:** David Gibbs  
Jonathan Bailie
- MATTER:** **Cheryl Whitford Henry, ALFA**  
License # 1706-000621  
Case # 181047
- DISCUSSION:** Ms. Henry appeared before the Committee in accordance with the Notice of Informal Conference, dated September 5, 2018. Ms. Henry was present.
- The Committee fully discussed the allegations as referenced in the September 5, 2018, Notice of Informal Conference.
- CLOSED SESSION:** Upon a motion by Mr. Nevitt, and duly seconded by Ms. Pantone, the Committee voted to convene a closed meeting 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 Cheryl Whitford Henry, ALFA. Additionally, he moved that Ms. Helmick and Mr. Kazzie attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.
- RECONVENE:** Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session and announced its decision.



**DECISION:**

Upon a motion by Mr. Nevitt and duly seconded by Ms. Pantone, the Committee voted to enter an Order with no sanction imposed.

The motion carried.

**ADJOURNMENT:**

The Committee adjourned at 3:48 p.m.

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Marj Pantone, ALFA, Chair

\_\_\_\_\_  
Corie Tillman Wolf, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS  
SPECIAL CONFERENCE COMMITTEE  
MINUTES

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October 25, 2018

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

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**CALL TO ORDER:** A Special Conference Committee of the Board was called to order at 3:50 p.m.

**MEMBERS PRESENT:** Marj Pantone, ALFA, Chair  
Cary Douglas Nevitt, ALFA

**DHP STAFF PRESENT:** Lynne Helmick, Deputy Executive Director  
David Kazzie, Adjudication Specialist

**MATTER:** **Kim Brandveen, ALFA-AIT applicant**  
Case # 188146

**DISCUSSION:** Ms. Brandveen did not appear before the Committee in accordance with the Board's Notice of Informal Conference, dated October 3, 2018.

By letter dated October 3, 2018, the Board sent a Notice of Informal Conference to Ms. Brandveen notifying her that an informal conference would be held on October 25, 2018. The Notice was sent by certified mail to the legal address of record on file with the Board. The Notice sent to Ms. Brandveen via certified mail was returned unclaimed to the Board office on October 23, 2018. Accordingly, the Committee Chair concluded that adequate notice was provided to Ms. Brandveen and the informal conference proceeded in her absence.

The Committee fully discussed the allegations as referenced in the October 3, 2018, Notice of Informal Conference.

**CLOSED SESSION:** Upon a motion by Mr. Nevitt, and duly seconded by Ms. Pantone, the Committee voted to convene a closed meeting 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 Kim Brandveen, ALFA-AIT applicant. Additionally, he moved that Ms. Helmick and Mr. Kazzie attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

**RECONVENE:**

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session and announced its decision.

**DECISION:**

Upon a motion by Mr. Nevitt and duly seconded by Ms. Pantone, the Committee voted to deny Ms. Brandveen's application for registration as an assisted living facility administrator-in-training.

The motion carried.

**ADJOURNMENT:**

The Committee adjourned at 4:10 p.m.

\_\_\_\_\_  
Marj Pantone, ALFA, Chair

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Corie Tillman Wolf, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



Virginia Department of Health Professions  
Cash Balance  
As of October 31, 2018

	<b>114- Long Term Care Administrators</b>
<b>Board Cash Balance as June 30, 2018</b>	\$ (1,418)
<b>YTD FY19 Revenue</b>	46,245
<b>Less: YTD FY19 Direct and Allocated Expenditures</b>	<u>190,032</u>
<b>Board Cash Balance as October 31, 2018</b>	<u><u>(145,205)</u></u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2018 and Ending October 31, 2018

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
<b>4002400 Fee Revenue</b>					
4002401	Application Fee	34,950.00	86,355.00	51,405.00	40.47%
4002406	License & Renewal Fee	9,680.00	461,560.00	451,880.00	2.10%
4002407	Dup. License Certificate Fee	50.00	175.00	125.00	28.57%
4002409	Board Endorsement - Out	490.00	1,925.00	1,435.00	25.45%
4002421	Monetary Penalty & Late Fees	1,040.00	11,030.00	9,990.00	9.43%
4002432	Misc. Fee (Bad Check Fee)	35.00	-	(35.00)	0.00%
	<b>Total Fee Revenue</b>	<u>46,245.00</u>	<u>561,045.00</u>	<u>514,800.00</u>	<u>8.24%</u>
	<b>Total Revenue</b>	<u>46,245.00</u>	<u>561,045.00</u>	<u>514,800.00</u>	<u>8.24%</u>
<b>5011110 Employer Retirement Contrib.</b>					
5011110	Employer Retirement Contrib.	2,758.01	10,256.00	7,497.99	26.89%
<b>5011120 Fed Old-Age Ins- Sal St Emp</b>					
5011120	Fed Old-Age Ins- Sal St Emp	1,484.05	5,803.00	4,318.95	25.57%
<b>5011130 Fed Old-Age Ins- Wage Earners</b>					
5011130	Fed Old-Age Ins- Wage Earners	-	513.00	513.00	0.00%
<b>5011140 Group Insurance</b>					
5011140	Group Insurance	267.39	994.00	726.61	26.90%
<b>5011150 Medical/Hospitalization Ins.</b>					
5011150	Medical/Hospitalization Ins.	4,671.22	28,998.00	24,326.78	16.11%
<b>5011160 Retiree Medical/Hospitalizatn</b>					
5011160	Retiree Medical/Hospitalizatn	238.91	888.00	649.09	26.90%
<b>5011170 Long term Disability Ins</b>					
5011170	Long term Disability Ins	127.45	471.00	343.55	27.06%
	<b>Total Employee Benefits</b>	<u>9,547.03</u>	<u>47,923.00</u>	<u>38,375.97</u>	<u>19.92%</u>
<b>5011200 Salaries</b>					
<b>5011230 Salaries, Classified</b>					
5011230	Salaries, Classified	20,051.88	75,852.00	55,800.12	26.44%
<b>5011250 Salaries, Overtime</b>					
5011250	Salaries, Overtime	526.13	-	(526.13)	0.00%
	<b>Total Salaries</b>	<u>20,578.01</u>	<u>75,852.00</u>	<u>55,273.99</u>	<u>27.13%</u>
<b>5011300 Special Payments</b>					
<b>5011340 Specified Per Diem Payment</b>					
5011340	Specified Per Diem Payment	350.00	2,650.00	2,300.00	13.21%
<b>5011380 Deferred Compnstn Match Pmts</b>					
5011380	Deferred Compnstn Match Pmts	60.75	720.00	659.25	8.44%
	<b>Total Special Payments</b>	<u>410.75</u>	<u>3,370.00</u>	<u>2,959.25</u>	<u>12.19%</u>
<b>5011400 Wages</b>					
<b>5011410 Wages, General</b>					
5011410	Wages, General	-	6,699.00	6,699.00	0.00%
	<b>Total Wages</b>	<u>-</u>	<u>6,699.00</u>	<u>6,699.00</u>	<u>0.00%</u>
<b>5011600 Terminatn Personal Svce Costs</b>					
<b>5011640 Salaries, Cmp Leave Balances</b>					
5011640	Salaries, Cmp Leave Balances	82.46	-	(82.46)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<u>82.46</u>	<u>-</u>	<u>(82.46)</u>	<u>0.00%</u>
<b>5011930 Turnover/Vacancy Benefits</b>					
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	<b>Total Personal Services</b>	<u>30,618.25</u>	<u>133,844.00</u>	<u>103,225.75</u>	<u>22.88%</u>
<b>5012000 Contractual Svcs</b>					
<b>5012100 Communication Services</b>					
<b>5012110 Express Services</b>					
5012110	Express Services	18.75	142.00	123.25	13.20%
<b>5012130 Messenger Services</b>					
5012130	Messenger Services	5.06	-	(5.06)	0.00%
<b>5012140 Postal Services</b>					
5012140	Postal Services	507.63	1,500.00	992.37	33.84%
<b>5012150 Printing Services</b>					
5012150	Printing Services	95.11	500.00	404.89	19.02%
<b>5012160 Telecommunications Svcs (VITA)</b>					
5012160	Telecommunications Svcs (VITA)	200.73	1,320.00	1,119.27	15.21%
	<b>Total Communication Services</b>	<u>827.28</u>	<u>3,462.00</u>	<u>2,634.72</u>	<u>23.90%</u>
<b>5012200 Employee Development Services</b>					

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2018 and Ending October 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5012210	Organization Memberships	-	1,500.00	1,500.00	0.00%
5012240	Employee Trainng/Workshop/Conf	-	450.00	450.00	0.00%
	<b>Total Employee Development Services</b>	-	1,950.00	1,950.00	0.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	<b>Total Health Services</b>	-	110.00	110.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	596.48	7,990.00	7,393.52	7.47%
5012440	Management Services	57.24	6.00	(51.24)	954.00%
5012470	Legal Services	150.00	500.00	350.00	30.00%
	<b>Total Mgmnt and Informational Svcs</b>	803.72	8,496.00	7,692.28	9.46%
5012500	Repair and Maintenance Svcs				
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
5012530	Equipment Repair & Maint Srvc	450.45	500.00	49.55	90.09%
	<b>Total Repair and Maintenance Svcs</b>	450.45	517.00	66.55	87.13%
5012600	Support Services				
5012630	Clerical Services	215.10	27.00	(188.10)	796.67%
5012640	Food & Dietary Services	-	783.00	783.00	0.00%
5012660	Manual Labor Services	162.77	1,182.00	1,019.23	13.77%
5012670	Production Services	739.68	2,960.00	2,220.32	24.99%
5012680	Skilled Services	0.23	1,408.00	1,407.77	0.02%
	<b>Total Support Services</b>	1,117.78	6,360.00	5,242.22	17.58%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	601.14	2,680.00	2,078.86	22.43%
5012830	Travel, Public Carriers	-	300.00	300.00	0.00%
5012850	Travel, Subsistence & Lodging	-	800.00	800.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtble	-	400.00	400.00	0.00%
	<b>Total Transportation Services</b>	601.14	4,180.00	3,578.86	14.38%
	<b>Total Contractual Svcs</b>	3,800.37	25,075.00	21,274.63	15.16%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	513.85	400.00	(113.85)	128.46%
5013130	Stationery and Forms	-	100.00	100.00	0.00%
	<b>Total Administrative Supplies</b>	513.85	500.00	(13.85)	102.77%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matrl	-	2.00	2.00	0.00%
	<b>Total Repair and Maint. Supplies</b>	-	2.00	2.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	6.22	81.00	74.78	7.68%
5013630	Food Service Supplies	41.94	-	(41.94)	0.00%
	<b>Total Residential Supplies</b>	48.16	81.00	32.84	59.46%
	<b>Total Supplies And Materials</b>	562.01	583.00	20.99	96.40%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2018 and Ending October 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
<b>5014000</b>	<b>Transfer Payments</b>				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
	<b>Total Awards, Contrib., and Claims</b>	-	300.00	300.00	0.00%
	<b>Total Transfer Payments</b>	-	300.00	300.00	0.00%
<b>5015000</b>	<b>Continuous Charges</b>				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	28.96	25.00	(3.96)	115.84%
	<b>Total Insurance-Fixed Assets</b>	28.96	25.00	(3.96)	115.84%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3.40	-	(3.40)	0.00%
5015350	Building Rentals	1.20	-	(1.20)	0.00%
5015390	Building Rentals - Non State	1,538.25	4,569.00	3,030.75	33.67%
	<b>Total Operating Lease Payments</b>	1,542.85	4,569.00	3,026.15	33.77%
5015500	Insurance-Operations				
5015510	General Liability Insurance	103.96	91.00	(12.96)	114.24%
5015540	Surety Bonds	6.13	6.00	(0.13)	102.17%
	<b>Total Insurance-Operations</b>	110.09	97.00	(13.09)	113.49%
	<b>Total Continuous Charges</b>	1,681.90	4,691.00	3,009.10	35.85%
<b>5022000</b>	<b>Equipment</b>				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	36.00	36.00	0.00%
	<b>Total Educational &amp; Cultural Equip</b>	-	36.00	36.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	<b>Total Office Equipment</b>	-	117.00	117.00	0.00%
	<b>Total Equipment</b>	-	153.00	153.00	0.00%
	<b>Total Expenditures</b>	36,662.53	164,646.00	127,983.47	22.27%
	<b>Allocated Expenditures</b>				
20600	Funeral\LTCA\IPT	32,721.20	89,237.70	56,516.50	36.67%
30100	Data Center	36,412.15	91,923.26	55,511.11	39.61%
30200	Human Resources	3,416.59	10,637.47	7,220.87	32.12%
30300	Finance	6,388.23	23,762.37	17,374.14	26.88%
30400	Director's Office	3,098.73	9,121.10	6,022.37	33.97%
30500	Enforcement	44,191.48	150,834.98	106,643.49	29.30%
30600	Administrative Proceedings	14,104.63	52,083.07	37,978.44	27.08%
30800	Attorney General	8,535.93	18,177.64	9,641.71	46.96%
30900	Board of Health Professions	2,335.59	7,585.34	5,249.75	30.79%
31100	Maintenance and Repairs	-	1,669.24	1,669.24	0.00%
31300	Emp. Recognition Program	8.67	236.01	227.34	3.67%
31400	Conference Center	35.31	146.04	110.73	24.18%

Virginia Department of Health Professions  
 Revenue and Expenditures Summary  
 Department 11400 - Long-Term Care Administrators  
 For the Period Beginning July 1, 2018 and Ending October 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
31500	Pgm Devlpmnt & Implmentn	2,120.72	5,507.01	3,386.29	38.51%
	Total Allocated Expenditures	153,369.24	460,921.23	307,551.99	33.27%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (143,786.77)	\$ (64,522.23)	\$ 79,264.54	222.85%



# **Board of Health Professions**

## **Full Board Meeting**

**August 23, 2018**  
**10:00 a.m. - Board Room 4**  
**9960 Mayland Dr, Henrico, VA**  
**23233**

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### **In Attendance**

Kevin Doyle, EdD, LPC, LSATP, Board of Counseling  
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy  
Derrick Kendall, NHA, Board of Long-Term Care Administrators  
Trula E. Minton, MS, RN, Board of Nursing  
Kevin P. O'Connor, MD, Board of Medicine  
Martha S. Perry, MS, Citizen Member  
Herb Stewart, PhD, Board of Psychology  
Jacquelyn Tyler, RN, Citizen Member  
Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology  
James Wells, RPh, Citizen Member

### **Absent**

Lisette P. Carbajal, Citizen Member  
Helene D. Clayton-Jeter, OD, Board of Optometry  
Mark Johnson, DVM, Board of Veterinary Medicine  
Ryan Logan, RPh, Board of Pharmacy  
Maribel E. Ramos, Citizen Member  
James D. Watkins, DDS, Board of Dentistry  
Vacant – Board of Social Work  
Vacant – Board of Funeral Directors and Embalmers

### **DHP Staff**

Barbara Allison-Bryan, Deputy Director, DHP  
David Brown, Director, DHP  
Elizabeth A. Carter, Ph.D., Executive Director BHP  
Jaime Hoyle, Executive Director Behavioral Sciences Boards, DHP  
Laura L. Jackson, MSHSA, Operations Manager, BHP  
Elaine Yeatts, Senior Policy Analyst DHP  
Diane Powers, Communications Director, DHP  
Corie Tillman Wolf, Executive Director, Boards of Funeral Directors and Embalmers, Physical Therapy, Long-Term Care Directors, DHP

### **OAG Representative**

Charise Mitchell

<b>Presenters</b>	Amy Marschean, DARS Dr. Richard Lindsay, Lindsay Institute for Innovations in Caregiving Christine Jensen, PhD, Riverside Stephanie Willinger, Deputy Director, Stephanie Willinger, Deputy Executive Director Licensing, Board of Nursing Na'im Campbell, Backgrounds Investigation Supervisor, CBC Unit DHP
<b>Speakers</b>	No speakers signed-in
<b>Observers</b>	Sarah Deaver, AATA Kandra Orr Terri Giller, VATA Darlene Green, VATA Carol Olson, VATA Gretchen Graves, VATA
<b>Media</b>	Katie O'Connor, Virginia Mercury
<b>Emergency Egress</b>	Dr. Carter

### **Call to Order**

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**Acting Chair:** Dr. Jones, Jr.      **Time** 10:02 a.m.

**Quorum**      Established

### **Public Comment**

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#### **Discussion**

There was no public comment

### **Approval of Minutes**

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**Presenter**      Dr. Jones, Jr.

#### **Discussion**

The June 26, 2018 Full Board meeting minutes were approved with no revisions. All members in favor, none opposed.

## **Welcome**

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**Presenter** Dr. Jones, Jr.

Dr. Allen R. Jones, Jr. was acting Chair for this meeting as Dr. Clayton-Jeter is out of the state on business. He thanked the board members for their commitment to the Commonwealth and thanked staff for their work and dedication to DHP.

## **Directors Report**

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**Presenter** Dr. Brown

### **Discussion**

Dr. Brown stated that the agency is gearing up for the 2019 legislative session.

In follow-up to the 2018 session:

- Dr. Brown briefed the Board on an upcoming e-prescribing meeting;
- Dr. Allison-Bryan will be meeting with stakeholders to take a preliminary look into regulating community health workers;
- DHP will be convening a meeting of the Behavioral Sciences Unit, Board of Nursing and Board of Medicine to come up with a common set of regulations regarding conversion therapy for minors;
- A workgroup will be convening to see how the PMP may be automated for greater efficiency in ER physicians notifying prescribers of a patient overdose;
- In lieu of yearly board member orientation, DHP will be initiating at the board level, 45 minute board member orientation sessions to train board members on changes relevant to the board and the agency;
- Ms. Hahn and Dr. Allison-Bryan are continuing to work with Virginia State Police and the Henrico County Crime Prevention Environmental Divide Unit to establish agency safety protocol.

## **Invited Presentations**

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**Presenter** Ms. Marschean

### **Virginia Family Caregivers**

Dr. Richard Lindsay provided a PowerPoint presentation on the status of today's caregiving community. Ms. Marschean followed up with an overview of the Virginia Department for Aging and Rehabilitative Services report on Recommendations for Improving Family Caregiver Support in Virginia 2018. Dr. Jenson provided details of different approaches Riverside is taking to support their staff of caregivers.

## **Criminal Background Checks**

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**Presenter** Ms. Willinger

### **Discussion**

Ms. Willinger provided a PowerPoint presentation on how the Virginia Board of Nursing obtained authority and the methods and impact on public safety of criminal background checks. The Board of Pharmacy is also utilizing CBCs for applicants seeking a Pharmaceutical Processor permit. *Attachment 1*

**\*Break**

## **Regulatory Research Committee - Art Therapist Study Recommendation**

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**Presenter** Mr. Wells

### **Discussion**

Mr. Wells provided information regarding the Committee's recommendation to license Art Therapists in Virginia. He stated that the burden of regulation was justified and proof of The Criteria was supported.

### **Motion**

A motion was made to accept the recommendation of the Regulatory Research Committee to license Art Therapists in Virginia was made and by a vote of eight (8) members in favor, one (1) opposed, was properly seconded.

## **Legislative and Regulatory Report**

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**Presenter** Ms. Yeatts

### **Discussion**

Ms. Yeatts advised the Board that there are 13 proposals to move forward in the 2019 legislative session. Updates to regulations and General Assembly legislative actions relevant to DHP were also provided. *Attachment 2*

**\*Lunch**

## **Executive Directors Report**

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**Presenter** Dr. Carter

### **Board Budget**

Dr. Carter stated that the Board is operating within budget.

## **Agency Performance**

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition.

## **Sanction Reference Points (SRP) - Update**

Dr. Carter advised that the Board of Long Term Care had just completed its latest SRP revisions, and the Board of Dentistry is next.

## **Policies and Procedures**

Dr. Carter discussed the updating of the Board's sunrise policies and procedures guidance document, and that the matter will be placed on the December agenda for the full Board's consideration and vote.

## **New FTE Allocation**

Dr. Carter advised the Board of a new FTE to the unit. Dr. Allison-Bryan added that the agency's statistical analysis and data reporting functions are returning to BHP. The new data analyst position will focus on data validation, analysis and reporting, methods documentation, and providing technical analytic support related to agency performance measures, strategic planning, and support for DHP HWDC increasing users.

## **Healthcare Workforce Data Center (HWDC)**

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**Presenter** Dr. Carter

### **Discussion**

Dr. Carter stated that all 2017 profession workforce surveys have been approved by the respective Board and are posted on the agencies website. HWDC collaboration with VLDS is still ongoing. The HWDC released its first newsletter in August with quarterly reports to follow.

## **Board Reports**

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**Presenter** Dr. Jones, Jr.

### **Board of Audiology & Speech Language Pathology**

Ms. Verdun was not in attendance.

### **Board of Counseling**

Dr. Doyle stated that the Board of Counseling is convening a Supervisor's Summit on September 7, 2018 that will allow an opportunity to explain the laws and regulations around supervision. He stated that the board is also registering Qualified Mental Health Professionals. With the additional of QMHPs, the Board of Counseling now has an applicant count of over 24,000. He stated that the Behavioral Sciences Boards would also be participating in the conversion therapy for minor's workgroup.

### **Board of Dentistry**

Dr. Watkins was not in attendance.

### **Board of Funeral Directors & Embalmers**

The seat for this Board is currently vacant.

### **Board of Long Term Care Administrators**

Mr. Kendall stated that the Board has finalized its revisions to the Sanction Reference Point manual and that the periodic review of the Regulations Governing the Practice of Nursing Home Administrators was in its final stage at the Secretary's Office. He was happy to announce that the Board has no vacancies at this time.

### **Board of Medicine**

Dr. O'Connor reported that the board has five (5) new members. The Executive Committee met August 3, 2018 and discussed autonomous practice for Nurse Practitioners; the Board is currently undergoing a periodic review of regulations; and the Board of Medicine will be participating in the conversion therapy for minor's workgroup.

### **Board of Nursing**

Ms. Minton attended the 40<sup>th</sup> annual NCSBN national meeting and was very excited to announce that Ms. Douglas, Executive Director for the Board of Nursing, has been appointed to the NCSBN Board. She also advised that the NCSBN is working to address the role of nurses working with patients who use medical marijuana. She also discussed that "Nursing Now" is a global campaign that aims to improve health by raising the profile of nursing worldwide.

### **Board of Optometry**

Dr. Jones, Jr. provided the report as follows:

\*Next meeting is scheduled for July 13, 2018.

Complaints FY2016: Received 13

Complaints FY2017: Received 36

Licenses (in state/out of state based on address of record provided by licensee)

FY2017: Total – 1,921 TPA – 1,148/390 DPA – 27/90 Professional Designations – 266

Y-T-D FY2018: Total – 1,929 TPA – 1,168/400 DPA – 20/84 Professional Designations – 257

Continuing Education: Audit has not yet commenced.

Regulatory Changes: The Board adopted emergency regulations for the prescribing of opioids, which became effective on 10/30/17. The final replacement regulations under review in the Secretary's office. In addition, a periodic review is in the proposed stage and is still under consideration by the administration.

In response to a petition for rulemaking, the Board moved forward with a NOIRA to add inactive licenses to the regulations.

### **Board of Pharmacy**

Mr. Logan was not in attendance.

### **Board of Physical Therapy**

Dr. Jones, Jr., reported that he is no longer the President of the Board, that Arkena Daily was appointed President at the August 16, 2018 meeting. He stated that the Virginia Board of Physical Therapy was chosen as one of two Boards across the country to receive the 2018 Excellence in Regulation Award from the Federation of State Boards of Physical Therapy (FSBPT). The Boards guidance documents have been reviewed and updated. The Board voted to pursue legislation to enact the Physical Therapy Licensure Compact.

### **Board of Psychology**

Dr. Stewart stated they have approximately 6,500 applicants. The Board has a member seat specific to applied psychologist and due to the low number in the profession, this seat has been vacant for an extended period of time. The board is considering requesting reallocation of the seat. The Board is performing a top to bottom review of existing regulations and has submitted for a one-time fee reduction. The Board of Psychology will also be participating in the conversion therapy for minor's workgroup. In July, the Board voted to endorse PSYPAC and it has been added to 2019 legislation.

### **Board of Social Work**

The seat for this Board is currently vacant.

### **Board of Veterinary Medicine**

Dr. Johnson was not in attendance.

### **New Business**

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**Presenter** Dr. Jones, Jr.

There was no new business to discuss.

**Next Full Board Meeting – December 4, 2018**

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**Presenter** Dr. Jones, Jr.

Dr. Jones, Jr. announced the next Full Board meeting date as December 4, 2018.

**Adjourned** 1:26 p.m.

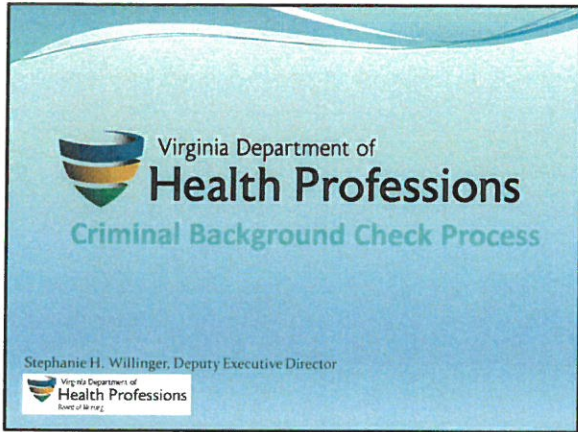
**Acting Chair** Allen R. Jones, Jr., DPT, PT

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Board Executive Director** Elizabeth A. Carter, Ph.D.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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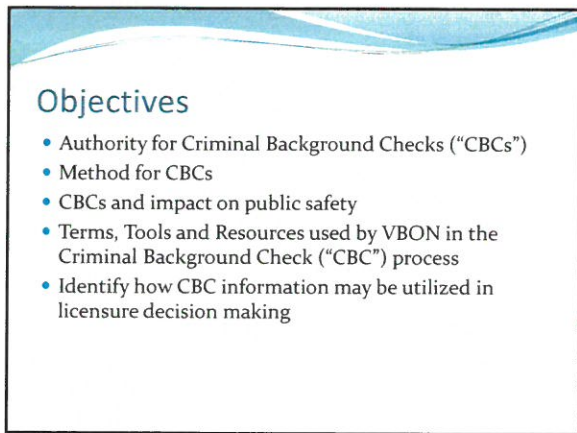
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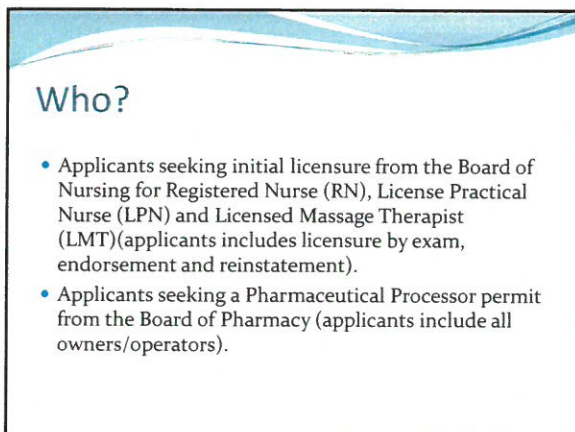
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### Current Authority for CBCs (DHP)

- Virginia Code § 54.1-3005.1 (Effective 1/1/16):

*The Board shall require each applicant for licensure as a practical nurse, registered nurse or licensed massage therapist to submit fingerprints and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information...*

- Virginia Code § 54.1-3442.6 (Starting in 8/18):

*The Board shall require an applicant for a pharmaceutical processor permit to submit to fingerprinting and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information...*

Licensed Massage Therapist added effective January 1, 2017.

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### How?

- **Fingerprint-based** and entail a state (through Virginia State Police or VSP) and FBI (national) search.
- DHP CBC vendor is Fieldprint VA.
- Applicants request fingerprint appointment through **Fieldprint VA** (secure web-based portal).
- Fingerprinting is done via electronic transmission or *Live Scan* service.
- *Live Scan* service is available to our applicants in over 1,200 sites around the US, Virgin Islands and Puerto Rico.

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### Why?

- Required by law.
- Fingerprint-based CBCs are objective and reliable.
- Casts a wider 'net' to include more than just single state criminal history information.
- Applicants with criminal histories may omit information on applications.
- Allows better 'vetting' of applicant backgrounds in the interest of public safety.

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### What?

- **Criminal background check (CBC)** –using fingerprints (biometrics), a search for evidence of an individual’s criminal history in the national criminal history record files (FBI) and state criminal justice data repositories (VSP).
- **Criminal conviction record** means criminal history information obtained from a variety of sources pertaining to an individual’s conviction of a crime.
- **Source Documents** – Includes arrest reports, charging documents, pre-sentence reports, plea agreements, sentencing reports, court conviction documents, probation reports.
- **FBI identification record**-a listing of certain information taken from fingerprint cards, submitted to and retained by the FBI. If a criminal offense, the identification record includes the date arrested or received, the arrest charge, and the disposition of the arrest if known to the FBI *and as submitted* by agencies having criminal justice responsibilities.
- **RAP Sheet**-Record of Arrests and Prosecution as maintained by state and federal databases (e.g. FBI/VSP).

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### What is a considered a Criminal Conviction?

- The final judgement on a verdict or finding of guilty, plea of guilty, or a plea of *nolo contendere* and does not include a final judgment which has been *expunged* by pardon, reversed, set aside or otherwise rendered nugatory (See Black’s Law Dictionary).
- In Virginia, a “conviction” occurs upon a verdict or finding of guilt, the pronouncement of sentence, and the entry of the final order by the trial court (See Rule 1:1 Virginia Supreme Court).

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### Disclosure

**License/Permit Applicants are required to disclose:**

- Any convictions (as defined).

**Applicants are not required to disclose:**

- Arrests if not convicted and no further action resulted from the arrest(s).
- However, if an applicant was fingerprinted upon arrest for a criminal offense, it will show up on a ‘RAP’ sheet.

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## How long?

### DHP receives CBC Results:

- **24-48 hours** to receive electronic response for those applicants **without** arrest/conviction history.
- **15-30 days** to receive 'hard copy' results for those applicants **with** arrest/conviction history mailed to DHP CBC Unit by VSP.

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## CBC Results

### Results are screened by CBC Unit for all Boards to determine:

- o if contains any convictions;
- o if convictions align with information disclosed on current/previous licensure application(s) (if information is not aligned, summary memo generated to applicant).
- o if final review/approval is required by Board.

For ROP: if contains felony or misdemeanor convictions precluding approval for permit as pharmaceutical processor under [§ 54.1-3007](#).

For BON: if contains felony conviction or on a 'case by case basis' a misdemeanor conviction related to nursing practice under [§ 54.1-3007](#). (may not be eligible for a nursing license with multi-state privilege).

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### Convictions Referred for Board Actions under [§ 54.1-3007](#)

- Conviction of any felony or any misdemeanor involving "moral turpitude" (lying, cheating, stealing, etc.).
- Convictions that indicate a possible impairment or pattern of impairment (DUI, drug possession, etc.).
- Convictions not disclosed on current or previous applications.
  - Failure to disclose convictions may be considered *fraud or deceit in procuring or attempting to procure a license.*

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**Screening Applications for Determination**

**For Nursing:**

- License applications are screened case by case and there are NO absolute bars to obtaining a nursing or massage therapist license. However, the following factors are considered:
  - Number and/or pattern of convictions.
  - Nature of convictions.
  - Recency of convictions (See: [BON Guidance 90-10](#) and [BON Guidance 90-59](#)).
- RN/LPN license applications are screened for felony convictions and misdemeanor convictions related to nursing practice. If determined, applicant is only eligible for a single state license (VA only), as part of the new [Uniform Licensure Requirements \(ULRs\)](#) under the [Enhanced Nurse Licensure Compact \(eNLC\)](#).

**For Pharmacy:**

- Applicants with any felony conviction(s) or any offense referenced in section F of [Virginia Code § 54.1-3442.6](#) are not eligible for a permit to operate a pharmaceutical processor.

See also DHF Joint Statement with the VBON with regard to the impact of criminal histories on licensure (or employment) at: [http://www.dhf.virginia.gov/Docs/11-15-08](#)

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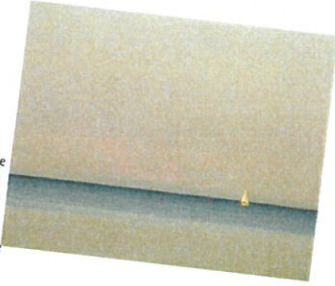
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**On the Horizon**

CBCs for Board of Physical Therapy:

- Board of Physical Therapy contemplating entering the Physical Therapy Compact which would require CBCs for licensure applicants similar to requirements of Enhanced Nurse Licensure Compact (eNLC).
- CBC requirement would have to be included in any proposed legislation to revise laws/regulations.




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<b>Board</b>		<b>Board of Audiology and Speech-Language Pathology</b>
<b>Chapter</b>		<b>Action / Stage Information</b>
[18 VAC 30 - 21]	Regulations Governing the Practice of Audiology and Speech-Language Pathology	<u>Endorsement requirements</u> [Action 5007] <u>Fast-Track - Register Date: 8/6/18</u> [Stage 8225]
<b>Board</b>		<b>Board of Counseling</b>
<b>Chapter</b>		<b>Action / Stage Information</b>
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Credential review for foreign graduates</u> [Action 5089] <u>NOIRA - At Governor's Office</u> [Stage 8338]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Acceptance of doctoral practicum/internship hours towards residency requirements</u> [Action 4829] <u>Proposed - Register Date: 8/6/18</u> [Stage 8140]
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	<u>Updating and clarifying regulations</u> [Action 4691] <u>Proposed - At Governor's Office</u> [Stage 8021]
[18 VAC 115 - 70]	Regulations Governing the Registration of Peer Recovery Specialists [under development]	<u>Initial regulations for registration</u> [Action 4890] <u>Proposed - At Secretary's Office</u> [Stage 8296]
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	<u>Initial regulations for registration</u> [Action 4891] <u>Proposed - DPB Review in progress</u> [Stage 8297]
<b>Board</b>		<b>Board of Dentistry</b>
<b>Chapter</b>		<b>Action / Stage Information</b>
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Change in renewal schedule</u> [Action 4975] <u>NOIRA - Register Date: 8/6/18</u> [Stage 8169]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Amendment to restriction on advertising dental specialties</u> [Action 4920] <u>NOIRA - Register Date: 8/6/18</u> [Stage 8235]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Administration of sedation and anesthesia</u> [Action 5056] <u>NOIRA - Register Date: 8/6/18</u> [Stage 8292]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Prescribing opioids for pain management</u> [Action 4778] <u>Proposed - Register Date: 7/9/18</u> [Stage 8060]

[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	<u>Conforming rules to ADA guidelines on moderate sedation</u> [Action 4748] <b>Final - At Governor's Office</b> [Stage 8233]
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygienists	<u>Continuing education for practice by remote supervision</u> [Action 4917] <b>Fast-Track - Register Date: 8/6/18</b> [Stage 8288]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	<u>Education and training for dental assistants II</u> [Action 4916] <b>NOIRA - Register Date: 8/6/18</b> [Stage 8069]

**Board** **Board of Funeral Directors and Embalmers**

Chapter		Action / Stage Information
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	<u>Students assisting with embalming</u> [Action 5105] <b>Fast-Track - DPB Review in progress</b> [Stage 8360]
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	<u>Clarification of permission to embalm and refrigeration of human remains</u> [Action 4765] <b>Final - At Governor's Office</b> [Stage 8282]
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	<u>CE credit for board meetings</u> [Action 4806] <b>Final - At Secretary's Office</b> [Stage 8283]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	<u>Oversight of funeral intern program</u> [Action 4895] <b>NOIRA - Register Date: 8/6/18</b> [Stage 8183]

**Board** **Department of Health Professions**

Chapter		Action / Stage Information
[18 VAC 76 - 20]	Regulations Governing the Prescription Monitoring Program	 <u>Definition of covered substances</u> [Action 5088] <b>Final - Register Date: 9/3/18</b> [Stage 8337]

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

Chapter		Action / Stage Information
[18 VAC 95 - 20]	Regulations Governing the Practice of Nursing Home Administrators	<u>Periodic review</u> [Action 4723] <b>Final - At Secretary's Office</b> [Stage 8173]

**Board** **Board of Medicine**

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine,	<u>Supervision and direction for laser hair removal</u> [Action 4860] <b>Proposed - At Governor's Office</b> [Stage 8174]

	Podiatry, and Chiropractic	
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<u>Licensure by endorsement</u> [Action 4716] <b>Final - Register Date: 8/6/18</b> [Stage 8266]
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	<u>Initial regulations</u> [Action 4760] <b>Final - Register Date: 7/9/18</b> [Stage 8216]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	<u>Definitions of supervision and weight loss rules</u> [Action 4943] <b>Fast-Track - Register Date: 8/6/18</b> [Stage 8217]
[18 VAC 85 - 130]	Regulations Governing the Practice of Licensed Midwives	<u>Practical experience under supervision</u> [Action 4944] <b>Fast-Track - Register Date: 8/6/18</b> [Stage 8115]
[18 VAC 85 - 170]	Regulations Governing the Practice of Genetic Counselors	<u>Temporary licensure</u> [Action 5066] <b>Fast-Track - At Secretary's Office</b> [Stage 8308]

**Board**

**Board of Nursing**

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Clarification of 90-day authorization to practice</u> [Action 5058] <b>Fast-Track - At Secretary's Office</b> [Stage 8294]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Clinical nurse specialist requirement for registration</u> [Action 5059] <b>Fast-Track - At Secretary's Office</b> [Stage 8295]
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<u>Definition of full approval and timing of criminal background checks for nursing education programs</u> [Action 4926] <b>Fast-Track - Register Date: 8/6/18</b> [Stage 8077]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Supervision and direction of laser hair removal</u> [Action 4863] <b>Proposed - At Secretary's Office</b> [Stage 8259]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Elimination of separate license for prescriptive authority</u> [Action 4958] <b>NOIRA - Register Date: 7/23/18</b> [Stage 8137]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Prescribing of opioids</u> [Action 4797] <b>Proposed - Register Date: 7/9/18</b> [Stage 8063]

**Board**

**Board of Optometry**

Chapter		Action / Stage Information
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[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Inactive licenses</u> [Action 5006] NOIRA - Register Date: 8/6/18 [Stage 8224]
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Periodic review</u> [Action 4780] Proposed - At Governor's Office [Stage 8042]
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Prescribing of opioids</u> [Action 4892] Proposed - At Secretary's Office [Stage 8222]

**Board**      **Board of Pharmacy**

Chapter		Action / Stage Information
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Brown bagging and white bagging</u> [Action 4968] NOIRA - Register Date: 8/6/18 [Stage 8158]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Delivery of dispensed prescriptions; labeling</u> [Action 5093] NOIRA - At Governor's Office [Stage 8346]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Controlled substances registration for naloxone and teleprescribing</u> [Action 4789] Proposed - Register Date: 7/9/18 [Stage 8101]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Periodic review result of Chapters 20 and 50; Promulgation of Chapters 16 and 25</u> [Action 4538] Proposed - At Governor's Office [Stage 8119]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Requirement for applicants and licensees to have an e-profile ID number</u> [Action 4909] Proposed - Register Date: 9/17/18 [Stage 8253]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Increase in fees</u> [Action 4938] Proposed - At Secretary's Office [Stage 8270]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Rescission of pharmacy permit</u> [Action 5080] Fast-Track - At Agency [Stage 8328]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Prohibition against incentives to transfer prescriptions</u> [Action 4186] Final - At Governor's Office [Stage 7888]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Response to petitions for rulemaking</u> [Action 4694] Final - At Governor's Office [Stage 8157]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	 <u>Scheduling of drugs or chemicals</u> [Action 5082] Final - Register Date: 8/6/18 [Stage 8330]

[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehousemen	<u>Delivery of Schedule VI prescription devices</u> [Action 5084] <u>Emergency/NOIRA - AT Attorney General's Office</u> [Stage 8333]
[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehousemen	<u>Registration of nonresident warehousemen and nonresident third party logistics providers</u> [Action 5083] <u>Final - AT Attorney General's Office</u> [Stage 8331]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	<u>New regulations</u> [Action 4695] <u>Emergency/NOIRA - AT Attorney General's Office</u> [Stage 8332]

<b>Board</b>		<b>Board of Physical Therapy</b>
<b>Chapter</b>		<b>Action / Stage Information</b>
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<u>Practice of dry needling</u> [Action 4375] <u>Proposed - At Governor's Office</u> [Stage 8144]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	<u>Type 2 CE credit for attendance at board meetings or hearings</u> [Action 4971] <u>Fast-Track - At Secretary's Office</u> [Stage 8164]

<b>Board</b>		<b>Board of Psychology</b>
<b>Chapter</b>		<b>Action / Stage Information</b>
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<u>Periodic review amendments</u> [Action 4897] <u>Proposed - At Secretary's Office</u> [Stage 8298]

<b>Board</b>		<b>Board of Social Work</b>
<b>Chapter</b>		<b>Action / Stage Information</b>
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Hours of ethics for continuing education</u> [Action 5010] <u>NOIRA - Register Date: 8/6/18</u> [Stage 8228]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Examination requirements</u> [Action 5011] <u>Fast-Track - Register Date: 8/6/18</u> [Stage 8230]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>BSW and LSW licensure</u> [Action 5070] <u>Fast-Track - DPB's fast-track authorization pending</u> [Stage 8344]

<b>Board</b>		<b>Board of Veterinary Medicine</b>
<b>Chapter</b>		<b>Action / Stage Information</b>
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary	<u>Reinspection for reinstatement</u> [Action 5017]

	Medicine	<a href="#">Fast-Track - Register Date: 8/6/18</a> [Stage 8242]
<a href="#">[18 VAC 150 - 20]</a>	Regulations Governing the Practice of Veterinary Medicine	<a href="#">Prescribing of opioids</a> [Action 4808] <a href="#">Final - Register Date: 7/9/18</a> [Stage 8240]

**Report on Regulatory Actions  
Board of Long-Term Care Administrators  
(as of November 30, 2018)**

Chapter		Action / Stage Information
[18 VAC 95 - 20]	Regulations Governing the Practice of Nursing Home Administrators	Periodic review [Action 4723] Final - <i>At Governor's Office for 86 days</i>

**Agenda Item:      Legislation for 2019 General Assembly**

**Staff Note:**

The attached bill will be introduced in the 2019 Session to rebalance the terms of members on several health regulatory boards, including Long-Term Care Administrators.

No board action is required; this is for information only.

## Department of Health Professions

### 2019 Session of the General Assembly

A BILL to amend the *Code of Virginia* by amending §§ 54.1-3002 and 54.1-3603 of the Code of Virginia relating to the composition of the Boards of Nursing and Psychology; and to stagger terms of expiration for certain members of health regulatory boards.

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 54.1-3002 and 54.1-3603 of the *Code of Virginia* are amended and reenacted as follows:**

**§ 54.1-3002. Board of Nursing; membership; terms; meetings; quorum; administrative officer.**

The Board of Nursing shall consist of 14 members as follows: eight registered nurses, at least two of whom are licensed nurse practitioners; ~~three~~ two licensed practical nurses; ~~and three~~ citizen members; and one member who shall be a registered nurse or a licensed practical nurse. The terms of office of the Board shall be four years.

The Board shall meet ~~each January~~ at least annually and shall elect officers from its membership ~~a president, a vice president, and a secretary~~. It may hold such other meetings as may be necessary to perform its duties. A majority of the Board including one of its officers shall constitute a quorum for the conduct of business at any meeting. Special meetings of the Board shall be called by the administrative officer upon written request of two members.

The Board shall have an administrative officer who shall be a registered nurse.

That appointments to the Board of Nursing shall be staggered, with the term of one of the licensed registered nurses and one of the licensed practical nurses that are set to begin on July 1, 2021, appointed for a term of one year. Thereafter, all such appointments shall be for terms of four years.

**§ 54.1-3603. Board of Psychology; membership.**


The Board of Psychology shall regulate the practice of psychology. The membership of the Board shall be representative of the practices of psychology and shall consist of nine members as follows: five persons who are licensed as clinical psychologists, one person licensed as a school psychologist, one person licensed ~~as an applied psychologist~~ in any category of psychology and two citizen members. At least one of the seven psychologist members of the Board shall be a

member of the faculty at an accredited institution of higher education in the Commonwealth actively engaged in teaching psychology. The terms of the members of the Board shall be four years.

That the terms of two psychologists to the Board of Psychology, that are set to begin on July 1, 2020, shall be staggered, with one member appointed for a term of one year, and one member appointed for a term of two years. Thereafter, all such appointments shall be for terms of four years.

**2. The terms of appointment for members of health regulatory boards within the Department of Health Professions shall be adjusted as follows:**

A. That the terms of the two dental hygienists appointed to the Board of Dentistry pursuant to §54.1-2702, that are set to begin on July 1, 2020, shall be staggered, with one member appointed for a term of one year, and one member appointed for a term of two years. Thereafter, all such appointments shall be for terms of four years.

 B. That appointments to the Board of Long Term Care Administrators pursuant to §54.1-3101, shall be staggered, with the term of one of the licensed nursing home administrators and one of the assisted living facility administrators that are set to begin on July 1, 2019, be for one year. Thereafter, all such appointments shall be for terms of four years.

C. That appointments to the Board of Medicine pursuant to §54.1-2911, shall be staggered, with three seats whose terms are set to begin on July 1, 2020, appointed for a term of two years. Thereafter, all such appointments shall be for terms of four years.

D. That the term of the citizen member appointed to the Board of Veterinary Medicine pursuant to §54.1-3802, that is set to begin on July 1, 2019, shall be for a term of three years. Thereafter, all such appointments shall be for terms of four years.

E. That the term of one of the speech-language pathologists to the Board of Audiology and Speech-Language Pathology pursuant to §54.1-2602, that is set to begin on July 1, 2022, shall be appointed for a term of two years. Thereafter, all such appointments shall be for terms of four years.

F. That appointments to the Board of Pharmacy pursuant to §54.1-3305, shall be staggered, with the term of the citizen member and one of the pharmacists that are set to begin on

July 1, 2022, be for three years. Thereafter, all such appointments shall be for terms of four years.

- G. That the terms of three of the licensed professional counselors appointed to the Board of Counseling pursuant to §54.1-3503, that are set to begin on July 1, 2021, shall be staggered, with one member appointed for a term of two years, and two members appointed for a term of three years. Thereafter, all such appointments shall be for terms of four years.



**Agenda Item: Board Action – Decision on Petition for Rule-making**

**Staff Note:**

Included in your package are:

A copy of a petition for rule-making relating to preceptorships

A copy of the Notice for Comment  
(NOTE: Comment Period ended 11/14/18)

Copies of comments received

A copy of 18VAC95-30-180 through 18VA95-30-200

**Action:**

Motion to either:

Accept the petitioner's request and initiate a regulatory action, or

Take no action on the request and state the reasons for doing so.

## Request for Comment on Petition for Rulemaking

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

Elaine J. Yeatts  
Regulatory Coordinator: (804)367-4688  
elaine.yeatts@dhp.virginia.gov

Agency Contact: Corie Tillman Wolf  
Executive Director  
(804)367-4595  
corie.wolf@dhp.virginia.gov

Contact Address: Department of Health Professions  
9960 Mayland Drive  
Suite 300  
Richmond, VA 23233-1463

Chapter Affected:  
18 vac 95 - Regulations Governing the Practice of Assisted Living Facility  
30: Administrators

Statutory Authority: State: 54.1-2400 and 54.1-3102

Date Petition Received 09/13/2018

Petitioner Daniel Cassiere

### **Petitioner's Request**

The petitioner requests amendments to: 1) allow an administrator with one year of total experience to be preceptor; 2) to make it mandatory for an employer to inform the Board about employee work dates, and 3) to add other types of documents to prove work history.

### **Agency Plan**

In accordance with Virginia law, the petition was filed with the Register of Regulations and posted on the Virginia Regulatory Townhall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov). The petition will be published on October 15, 2018, and comment will be requested from interested parties until November 14, 2018. The petition and copies of all comment will be considered by the Board of Long-Term Care Administrators at its meeting scheduled for December 13, 2018. After considering the request and reviewing the comments, the Board will decision whether to initiate rule-making or deny the petition and retain the current requirements.

Publication Date 10/15/2018 *(comment period will also begin on this date)*

Comment End Date 11/14/2018



# COMMONWEALTH OF VIRGINIA

## Board of Long-Term Care Administrators

9960 Mayland Drive, Suite 300  
Richmond, Virginia 23233-1463

(804) 367-4595 (Tel)  
(804) 527-4413 (Fax)

### Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

<b>Please provide the information requested below. (Print or Type)</b>			
Petitioner's full name (Last, First, Middle Initial, Suffix, <i>Cassiere, Daniel B.</i>			
Street Address <i>2316 Strangford Court</i>		Area Code and Telephone Number <i>804-562-8311</i>	
City <i>Richmond</i>		State <i>Virginia</i>	Zip Code <i>23233</i>
Email Address (optional) <i>mrcassiere@gmail.com</i>		Fax (optional) <i>N/A</i>	
<b>Respond to the following questions:</b>			
1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending. <i>18 VAC-95-30-180 B2</i>			
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. <i>I petition the Board to allow an Administrator (A/F) with at least one year of total experience, to be allowed the opportunity to receive a Preceptor License and then be able to carry that license to their next employer, if/when there is a change. There is such a high turnover of Administrators and that makes it difficult to wait or keep a Preceptor License. In addition, many people who need Preceptors, aren't going to be working for the company anyway unless it is a paid internship (with a contract). In both of these cases, company culture doesn't matter. Rather, it's the Administrator's dedication and personality. Being licensed with one year experience, should be enough to train someone else.</i>			
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.			
Signature: <i>Daniel Cassiere</i>		Date: <i>09/11/2018</i>	



# COMMONWEALTH OF VIRGINIA

## Board of Long-Term Care Administrators

9960 Mayland Drive, Suite 300  
Richmond, Virginia 23233-1463

(804) 367-4595 (Tel)  
(804) 527-4413 (Fax)

### Petition for Rule-making

The Code of Virginia (§2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

<b>Please provide the information requested below. (Print or Type)</b>			
Petitioner's full name (Last, First, Middle Initial, Suffix) <b>Cassiere, Daniel B</b>			
Street Address <b>2316 Strangford Court</b>		Area Code and Telephone Number <b>804-562-8311</b>	
City <b>Richmond</b>		State <b>Virginia</b>	Zip Code <b>23233</b>
Email Address (optional) <b>mrcassiere@gmail.com</b>		Fax (optional) <b>N/A</b>	
<b>Respond to the following questions:</b>			
1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.			
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. <i>Employment verification from an employer is not possible when an employer refuses (for whatever reason), I petition the board to either make it mandatory for the employer to inform the "BLTCA's" when a new Admin is hired and when their last day worked was, and/or make it mandatory for the employer to respond to an inquiry from the board, in regards to an employees work dates, what is my course of action if they refuse now? DSS is not required to provide this information. Thus, I also request the board to add other types of documents - like a Tax Return, to be considered. The employer has no incentive to provide this information and it's not fair to be denied a Preceptor License cause they can't</i>			
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.			
Signature: <b>Daniel Cassiere</b>		Date: <b>9/11/2018</b>	



# Virginia Assisted Living Association

*“Virginia’s Unified Voice for Assisted Living”*

To: Virginia Board of Long-Term Care Administrators

From: Judy Hackler, Executive Director  
Virginia Assisted Living Association, PO Box 71266, Henrico, VA 23255  
(804) 332-2111~ [jhackler@valainfo.org](mailto:jhackler@valainfo.org)

Date: November 14, 2018

Re: Request for Comment on Petition for Rulemaking

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The Virginia Assisted Living Association (VALA) represents licensed assisted living communities from throughout Virginia. We thank the Board of Long-Term Care Administrators for the opportunity to comment on two recent Petitions for Rulemaking that were filed regarding the licensure of assisted living administrators and preceptors. Below are our comments on the requests made by the petitioner.

- **Licensure as a Preceptor with “at least one year of total experience”** – VALA supports the current Virginia requirements that an individual registering as a preceptor shall “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 would not support lessening the requirement for registration as a preceptor.
- **Requirement of employment verification from an employer** – VALA supports a requirement that employers, with the employee’s permission, must verify employment position and dates upon request. The Virginia Joint Commission on Health Care discussed similar concerns at their most recent meeting about employers that do not provide employment verification for multiple employment industries making it more difficult for workforce opportunities. We would support allowing applicants to provide paystubs to be acceptable for verifying of approximate dates of employment.

Please let me know if you have any questions regarding these comments.

[Back to List of Comments](#)

Commenter: Pamela E. Doshier

10/23/18 11:41 am

**Preceptor Requirements**

I do not believe that the 2 year waiting period to become a Preceptor should be dropped to 1 year. The experience you get in your first year is really just getting used to or getting to know the role. Adding on being a Preceptor at this point, I believe, could be detrimental to the success of the Administrator. This is not an easy job and needs focused attention, especially during that first year. In addition, how much does a new Administrator really know or experience in one year to be able to offer a comprehensive view of the role. Now, I know there are exceptions, but in general I would say this is not a good idea.

### **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.



# Department of Health Professions Healthcare Workforce Data Center

[www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

YouTube: <https://www.youtube.com/watch?v=0ha5o8w8mXE>

## Data Products – Summer 2018

**Profession Reports** ([www.dhp.virginia.gov/hwdc/findings.htm](http://www.dhp.virginia.gov/hwdc/findings.htm)) - Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis, with publication following the end of respective professions' license renewal periods. Profession reports include the results of CareForce indicators as well as additional detailed profession-focused information.<sup>1</sup>

**Virginia CareForce Snapshots** ([vahwdc.tumblr.com/VACareForceSnapshot](http://vahwdc.tumblr.com/VACareForceSnapshot)) - The Virginia CareForce Snapshot is a compilation of the key CareForce indicators for all professions, statewide, in a given survey year. It provides an interactive guide to compare CareForce factors across professions. In collaboration with the Virginia Health Workforce Development Authority (VHWA), HWDC also publishes the **Regional CareForce Snapshot** ([www.vahwdc.tumblr.com/RegionalCareforce](http://www.vahwdc.tumblr.com/RegionalCareforce)). It has the same interactive features but with breakouts by Area Health Education Center (AHEC) regions.

### **Trends in Healthcare Workforce Full Time Equivalency (FTE) Units**

(<http://vahwdc.tumblr.com/Full%20Time%20Equivalency>) - This feature enables FTE trend comparisons of the original surveyed professions from 2012 to 2016. It also compares 2016 results for 20 professions by county, as well as AHEC, Council on Virginia's Future<sup>2</sup>, Workforce Investment Area, and Health Planning Districts.

### **Student Choice** ([www.vahwdc.tumblr.com/StudentChoice](http://www.vahwdc.tumblr.com/StudentChoice))

- The interactive Student Choice tool uses HWDC data and information from the Bureau of Labor Statistics to help students begin thinking about health careers and education. It highlights the interoperability of HWDC data and how it can be used in analysis and decision-making. In May 2017, DHP HWDC launched another online, digital tool for students and other career seekers: **Occupational Roadmap** ([www.dhp.virginia.gov/Roadmap/OccupationalRoadmap.pdf](http://www.dhp.virginia.gov/Roadmap/OccupationalRoadmap.pdf)). It contains key information for over ten healthcare careers with user-friendly overviews and links, video clips of licensed practitioners, information on income, job satisfaction, entry requirements and more.

### **Trends in Virginia Healthcare Workforce**

(<http://vahwdc.tumblr.com/VA%20Healthcare%20Workforce>) - Launched in 2018, this tool provides users with profession-specific data for all the years available. It allows for trends analysis as well as geographical analysis of healthcare workforce data across the state for respective professions.

### **Virginia Health Workforce Briefs** ([www.dhp.virginia.gov/hwdc/briefs.htm](http://www.dhp.virginia.gov/hwdc/briefs.htm))

The *Briefs* provide timely indicators of the strength of Virginia's healthcare labor market in an accessible format. Their information is based on data gleaned from the US Department of Labor, Bureau of Labor Statistics and the US Department of Commerce, Bureau of Economic Analysis. The briefs consist of three series:

- *Series 1: State & National Employment (Monthly)*
- *Series 2: Virginia Regional & Sectoral Employment (Monthly)*
- *Series 3: Income & Compensation (Quarterly)*

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<sup>1</sup>In 2013, DHP HWCC launched a standard survey research methodology applicable to all professions. It enables comparisons of key healthcare workforce ("CareForce") factors across and within professions, geographic and policy-related areas, and over time. For details, see *HWDC Methodology* accessible at <https://www.dhp.virginia.gov/hwdc/docs/MethodologyandGlossary.pdf>

<sup>2</sup> Council on Virginia's Future regions are now those of the Virginia Department of Planning and Budget due to the Council's sunset.

**DRAFT**

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# *Virginia's Assisted Living Facility Administrator Workforce: 2018*

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Healthcare Workforce Data Center

May 2018

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-367-2115, 804-527-4466(fax)  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

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

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, DC**  
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## **Virginia Board of Long-Term Care Administrators**

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*Blackstone*

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*Richmond*

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*Richmond*

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*Henrico*

### ***Executive Director***

Corie E. Tillman Wolf, JD

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## The Assisted Living Facility Administrator Workforce: At a Glance:

### The Workforce

Licensees:	653
Virginia's Workforce:	620
FTEs:	751

### Background

Rural Childhood:	45%
HS Degree in VA:	57%
Prof. Degree in VA:	91%

### Current Employment

Employed in Prof.:	90%
Hold 1 Full-time Job:	84%
Satisfied?:	95%

### Survey Response Rate

All Licensees:	82%
Renewing Practitioners:	94%

### Health Admin. Edu.

Admin-in-Training:	33%
Baccalaureate:	11%

### Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	63%

### Demographics

Female:	81%
Diversity Index:	41%
Median Age:	52

### Finances

Median Income: \$70k-\$80k	
Retirement Benefits:	49%
Under 40 w/ Ed debt:	59%

### Time Allocation

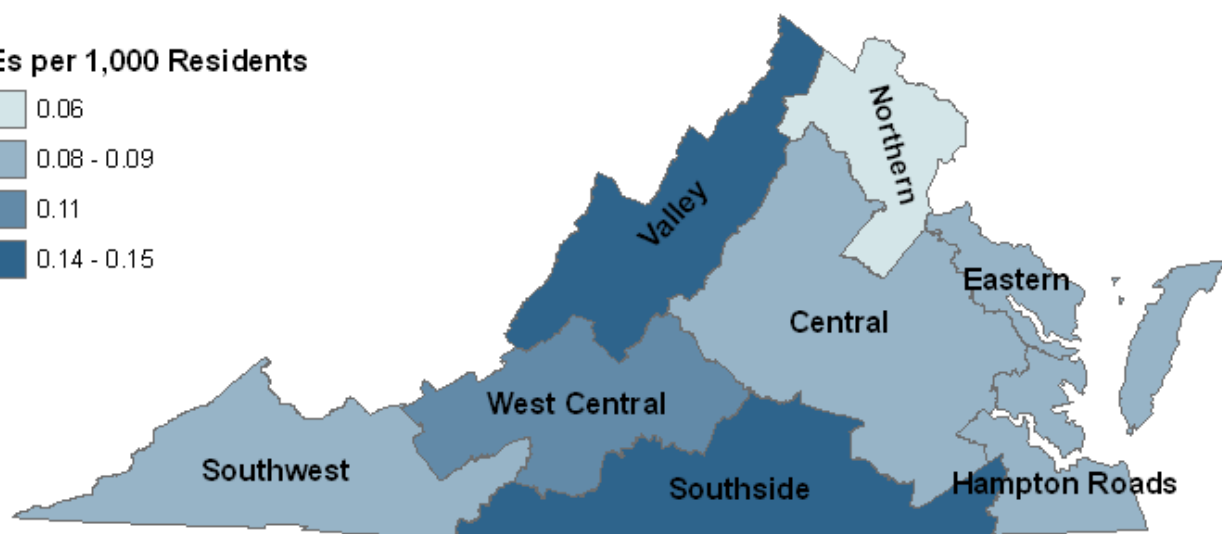
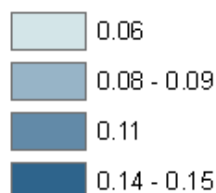
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017  
Source: U.S. Census Bureau, Population Division



The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administered the 2018 Assisted Living Facility Administrator (ALFA) workforce survey in March 2018. 534 ALFAs responded to this survey, which represents 82% of the 653 ALFAs who are licensed in the state. In 2018, there were a total of 620 ALFAs in Virginia's workforce, and these professionals provided 751 "full-time equivalency units", which the HWDC defines as working 2,000 hours per year (or 40 hours per week for 50 weeks with two weeks off).

81% of all ALFAs are female, and the median age of the ALFA workforce is 52. In a random encounter between two ALFAs, there is a 41% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's ALFA workforce less diverse than the state's overall population with its diversity index of 56%. 45% of all ALFAs grew up in a rural area during their childhood, and 26% of these professionals currently work in non-metro areas of the state. Overall, 17% of Virginia's ALFAs work in non-metro areas.

34% of all ALFAs hold a Baccalaureate degree as their highest overall degree. With respect to professional degrees specifically, 33% hold an Administrator-in-Training certificate as their highest degree. 28% of all ALFAs carry education debt, including 59% of those under the age of 40. For those ALFAs with education debt, the median debt burden is between \$20,000 and \$30,000.

90% of all ALFAs are currently employed in the profession, and 84% hold one full-time job. Meanwhile, 2% of ALFAs have been involuntarily unemployed at some point in the past year, and another 2% have been underemployed. The median annual income for ALFAs is between \$70,000 and \$80,000. In addition, 87% of ALFAs receive at least one employer-sponsored benefit, including 85% who receive paid vacation time. 95% of ALFAs are satisfied with their current employment situation, including 70% who are "very satisfied".

46% of all ALFAs work in either Hampton Roads or Northern Virginia. 80% work in the for-profit sector, and 70% are employed in assisted living facilities as their primary work location. The typical ALFA spends approximately half of her time on administrative tasks and treats between 50 and 74 patients at her primary work location. 27% of Virginia's ALFA workforce expect to retire in the next ten years, and one-half of the workforce expect to retire by 2038.

## Summary of Trends

---

Although the number of licensed ALFAs has hardly increased since 2013 (653 vs. 642), the response rate among these licensees has increased significantly (82% vs. 68%). Meanwhile, the size of the ALFA workforce has increased by just 1% (620 vs. 612), and the number of FTEs provided by this workforce has increased by 3% (751 vs. 728).

While the percentage of females in the ALFA workforce has fallen over the past five years (81% vs. 83%), the ALFA workforce has also seen an increase in its diversity index (41% vs 37%). Among ALFAs who are under the age of 40, the increase in the diversity index has been even more pronounced (50% vs. 41%). In addition, Virginia's ALFAs are less likely to have grown up in rural areas (45% vs. 49%), and those professionals are less likely to work in non-metro areas (26% vs. 33%). ALFAs are now more likely to hold an Administrator-in-Training certificate as their highest professional degree (33% vs. 24%). ALFAs are also more likely to hold a Baccalaureate degree as their highest overall degree (34% vs. 32%).

Since 2013, ALFAs have become less likely to be employed in the profession (90% vs. 93%). ALFAs are also less likely to work at their primary work location for at least two years (63% vs. 69%). Meanwhile, their median annual income has increased by \$10,000 since 2014, and more ALFAs earn at least \$100,000 per year (20% vs. 13%). Regardless, ALFAs are less likely to consider themselves "very satisfied" at their primary work location relative to 2013 (70% vs. 73%).

ALFAs have become less likely to be employed at an assisted living facility since 2015 (70% vs. 78%). Instead, they are more likely to work at continuing care retirement facilities (5% vs. 4%) and hospices (2% vs. 1%). Meanwhile, ALFAs have become more likely to serve an administrative role since 2013 (28% vs. 23%). ALFAs are also less likely to be planning to pursue additional educational opportunities (15% vs. 18%) or increase patient care hours (5% vs. 8%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	536	82%
New Licensees	62	9%
Non-Renewals	55	8%
<b>All Licensees</b>	<b>653</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. 94% of renewing ALFAs submitted a survey. These respondents represent 82% of all ALFAs who held a license at some point in the past year.*

Definitions

- 1. The Survey Period:** The survey was conducted in March 2018.
- 2. Target Population:** All ALFAs who held a Virginia license at some point between April 2017 and March 2018.
- 3. Survey Population:** The survey was available to ALFAs who renewed their licenses online. It was not available to those who did not renew, including some ALFAs newly licensed in the past year.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
Under 30	7	10	59%
30 to 34	7	39	85%
35 to 39	6	46	89%
40 to 44	20	61	75%
45 to 49	15	82	85%
50 to 54	16	72	82%
55 to 59	17	88	84%
60 and Over	31	136	81%
<b>Total</b>	<b>119</b>	<b>534</b>	<b>82%</b>
<b>New Licenses</b>			
Issued in Past Year	35	27	44%
<b>Metro Status</b>			
Non-Metro	17	104	86%
Metro	87	393	82%
Not in Virginia	15	37	71%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	<b>534</b>
Response Rate, All Licensees	<b>82%</b>
Response Rate, Renewals	<b>94%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 653  
 New: 9%  
 Not Renewed: 8%

Response Rates

All Licensees: 82%  
 Renewing Practitioners: 94%

Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Workforce

ALFA Workforce: 620  
 FTEs: 751

### Utilization Ratios

Licensees in VA Workforce: 95%  
 Licensees per FTE: 0.87  
 Workers per FTE: 0.83

Source: Va. Healthcare Workforce Data Center

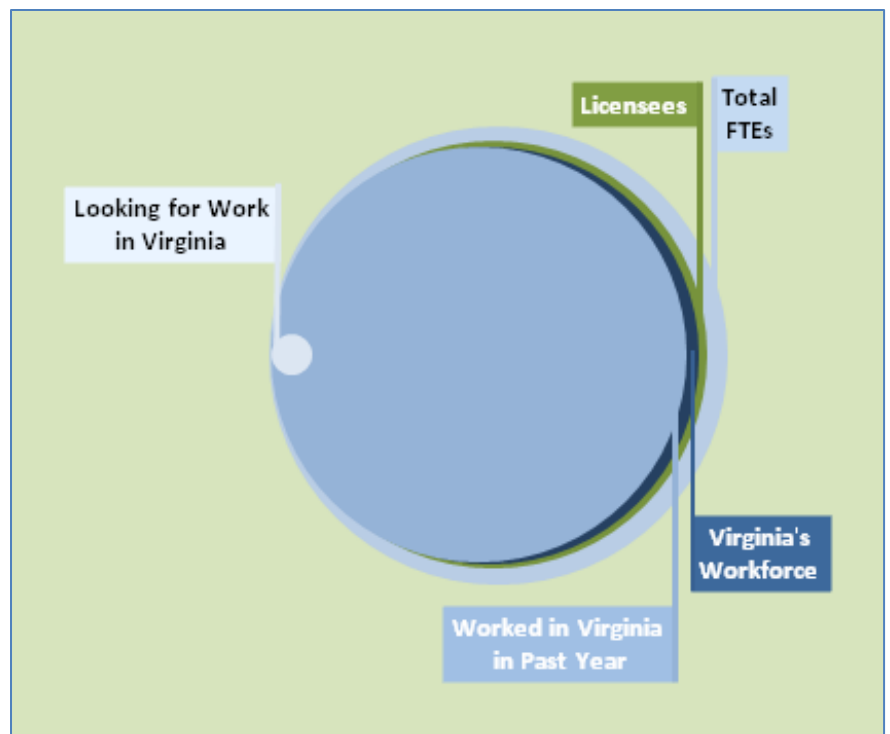
Virginia's ALFA Workforce		
Status	#	%
Worked in Virginia in Past Year	614	99%
Looking for Work in Virginia	6	1%
Virginia's Workforce	620	100%
Total FTEs	751	
Licensees	653	

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.

*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](http://www.dhp.virginia.gov/hwdc)*



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	2	11%	13	89%	15	3%
30 to 34	10	23%	33	77%	42	8%
35 to 39	9	21%	36	80%	45	9%
40 to 44	9	15%	52	85%	61	12%
45 to 49	15	20%	61	80%	76	15%
50 to 54	15	21%	54	79%	69	13%
55 to 59	12	15%	71	86%	83	16%
60 +	26	20%	105	81%	131	25%
<b>Total</b>	<b>97</b>	<b>19%</b>	<b>425</b>	<b>81%</b>	<b>522</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	62%	397	75%	70	68%
Black	19%	87	16%	19	18%
Asian	6%	22	4%	6	6%
Other Race	0%	4	1%	2	2%
Two or more races	3%	7	1%	3	3%
Hispanic	9%	11	2%	3	3%
<b>Total</b>	<b>100%</b>	<b>528</b>	<b>100%</b>	<b>103</b>	<b>100%</b>

\* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2016.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 81%  
% Under 40 Female: 80%

**Age**

Median Age: 52  
% Under 40: 20%  
% 55+: 41%

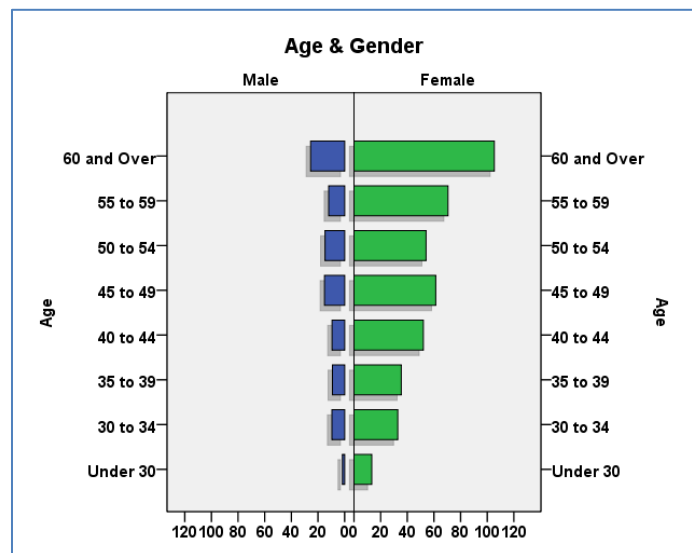
**Diversity**

Diversity Index: 41%  
Under 40 Div. Index: 50%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two ALFAs, there is a 41% 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 56%.

20% of all ALFAs are under the age of 40, and 80% of these professionals are female. In addition, there is a 50% chance that two randomly chosen ALFAs from this age group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 18%  
Rural Childhood: 45%

### Virginia Background

HS in Virginia: 57%  
Prof. in VA: 91%  
HS or Prof. in VA: 93%

### Location Choice

% Rural to Non-Metro: 26%  
% Urban/Suburban to Non-Metro: 9%

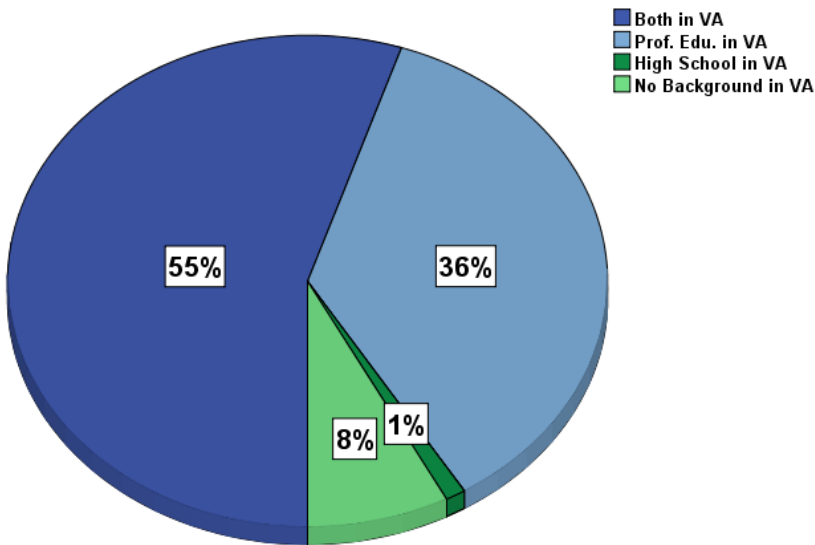
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	34%	45%	21%
2	Metro, 250,000 to 1 million	53%	26%	21%
3	Metro, 250,000 or less	59%	38%	4%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	60%	27%	13%
6	Urban pop, 2,500-19,999, Metro adj	72%	21%	8%
7	Urban pop, 2,500-19,999, nonadj	83%	0%	17%
8	Rural, Metro adj	60%	20%	20%
9	Rural, nonadj	25%	50%	25%
<b>Overall</b>		<b>45%</b>	<b>38%</b>	<b>18%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

45% of all ALFAs grew up in a rural area, and 26% of these professionals currently work in non-metro areas of the state. Overall, 17% of ALFAs currently work in non-metro areas of the state.

## Top Ten States for Assisted Living Facility Administrator Recruitment

Rank	All Assisted Living Facility Administrators			
	High School	#	Init. Prof Degree	#
1	Virginia	298	Virginia	424
2	Outside U.S./Canada	32	North Carolina	8
3	New York	32	Maryland	5
4	Pennsylvania	20	Iowa	5
5	North Carolina	17	New Jersey	4
6	Maryland	16	New York	3
7	New Jersey	10	Illinois	3
8	West Virginia	9	California	2
9	Illinois	8	New Mexico	1
10	Florida	7	Georgia	1

*57% of licensed ALFAs received their high school degree in Virginia, and 91% earned their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among ALFAs who have been licensed in the past five years, 53% received their high school degree in Virginia, while 89% earned their initial professional degree in the state.*

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	104	Virginia	158
2	Outside U.S./Canada	14	New York	3
3	New York	11	New Jersey	3
4	Maryland	10	North Carolina	3
5	North Carolina	9	Illinois	3
6	Pennsylvania	6	Iowa	2
7	West Virginia	5	New Mexico	1
8	Illinois	4	Maryland	1
9	Ohio	4	Oregon	1
10	Indiana	3	Nevada	1

Source: Va. Healthcare Workforce Data Center

*5% of licensees were not a part of Virginia's ALFA workforce. 93% of these licensees worked at some point in the past year, including 84% who worked as ALFAs.*

### At a Glance:

#### Not in VA Workforce

Total:	33
% of Licensees:	5%
Federal/Military:	0%
Va Border State/DC:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	86	17%	-	-
Admin-in-Training	166	33%	-	-
High School/GED	-	-	119	23%
Associate	53	11%	102	20%
Bachelors	57	11%	175	34%
Graduate Cert.	15	3%	21	4%
Masters	35	7%	91	18%
Doctorate	1	0%	4	1%
Other	89	18%	-	-
<b>Total</b>	<b>502</b>	<b>100%</b>	<b>512</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Health Administration Education**

Admin-in-Training: 33%  
 Bachelor's Degree: 11%  
 Associate Degree: 11%

**Educational Debt**

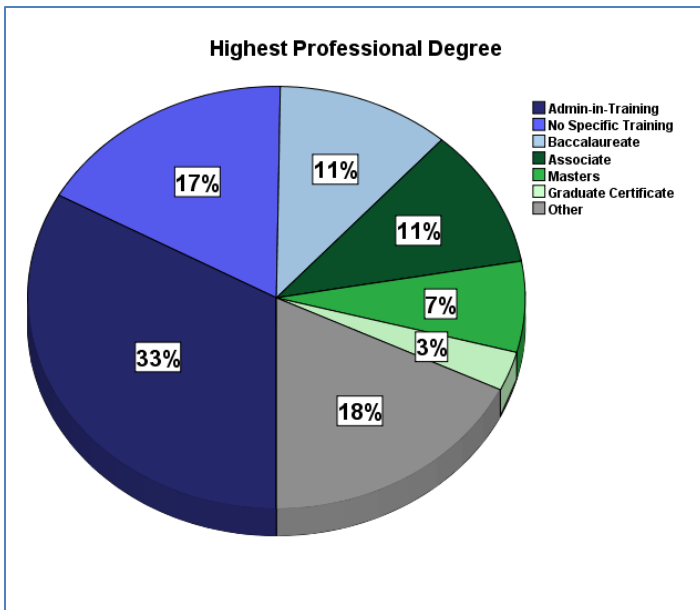
Carry debt: 29%  
 Under age 40 w/ debt: 59%  
 Median debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

29% of ALFAs carry educational debt, including 59% of those under the age of 40. For those with educational debt, their median debt burden is between \$20,000 and \$30,000.

Educational Debt				
Amount Carried	All ALFAs		ALFAs under 40	
	#	%	#	%
None	319	71%	38	41%
Less than \$20,000	50	11%	24	26%
\$20,000-\$49,999	39	9%	14	15%
\$50,000-\$99,999	26	6%	13	14%
\$100,000 or more	12	3%	3	3%
<b>Total</b>	<b>448</b>	<b>100%</b>	<b>92</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Licenses/Registrations

Nurse (RN or LPN):	20%
RMA:	13%
CNA:	4%

### Job Titles

Administrator:	40%
Executive Director:	22%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Licenses and Registrations		
License/Registration	#	%
<b>ALF Administrator</b>	515	83%
<b>Nurse (RN or LPN)</b>	121	20%
<b>Registered Medication Aide</b>	83	13%
<b>Certified Nursing Assistant</b>	22	4%
<b>Nursing Home Administrator</b>	4	1%
<b>Occupational Therapist</b>	1	0%
<b>At Least One</b>	<b>519</b>	<b>84%</b>

Source: Va. Healthcare Workforce Data Center

Title	Job Titles			
	Primary		Secondary	
	#	%	#	%
<b>Administrator</b>	251	40%	32	5%
<b>Executive Director</b>	136	22%	16	3%
<b>Owner</b>	55	9%	11	2%
<b>Assistant Admin.</b>	33	5%	5	1%
<b>Pres./Exec. Officer</b>	24	4%	5	1%
<b>Other</b>	114	18%	29	5%
<b>At Least One</b>	<b>495</b>	<b>80%</b>	<b>88</b>	<b>14%</b>

Source: Va. Healthcare Workforce Data Center

*40% of Virginia's ALFA workforce held the title of Administrator at their primary work location. Another 22% held the title of Executive Director.*

## At a Glance:

### Employment

Employed in Profession: 90%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 84%  
2 or More Positions: 9%

### Weekly Hours:

40 to 49: 46%  
60 or more: 18%  
Less than 30: 4%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	1%
Employed in a capacity related to long-term care	471	90%
Employed, NOT in a capacity related to long-term care	37	7%
Not working, reason unknown	0	0%
Involuntarily unemployed	5	1%
Voluntarily unemployed	4	1%
Retired	2	1%
<b>Total</b>	<b>522</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*90% of licensed ALFAs are currently employed in the profession, and only 1% are involuntarily unemployed. In addition, 84% of all ALFAs hold one full-time job, and 46% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	11	2%
One Part-Time Position	24	5%
Two Part-Time Positions	3	1%
One Full-Time Position	427	84%
One Full-Time Position & One Part-Time Position	25	5%
Two Full-Time Positions	10	2%
More than Two Positions	9	2%
<b>Total</b>	<b>509</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	11	2%
1 to 9 hours	3	1%
10 to 19 hours	9	2%
20 to 29 hours	6	1%
30 to 39 hours	20	4%
40 to 49 hours	236	46%
50 to 59 hours	132	26%
60 to 69 hours	65	13%
70 to 79 hours	11	2%
80 or more hours	15	3%
<b>Total</b>	<b>508</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Hourly Wage	#	%
<b>Volunteer Work Only</b>	1	0%
<b>Less than \$30,000</b>	32	8%
<b>\$30,000-\$39,999</b>	21	5%
<b>\$40,000-\$49,999</b>	43	10%
<b>\$50,000-\$59,999</b>	51	12%
<b>\$60,000-\$69,999</b>	45	10%
<b>\$70,000-\$79,999</b>	47	11%
<b>\$80,000-\$89,999</b>	63	15%
<b>\$90,000-\$99,999</b>	37	9%
<b>\$100,000-\$109,999</b>	37	9%
<b>\$110,000-\$119,999</b>	8	2%
<b>\$120,000 or More</b>	40	10%
<b>Total</b>	<b>427</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$70k-\$80k

**Benefits**  
Paid Vacation: 85%  
Employer Retirement: 49%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 70%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
<b>Paid Vacation</b>	398	85%
<b>Paid Sick Leave</b>	330	70%
<b>Dental Insurance</b>	292	62%
<b>Group Life Insurance</b>	262	56%
<b>Retirement</b>	231	49%
<b>Signing/Retention Bonus</b>	50	11%
<b>At Least One Benefit</b>	<b>408</b>	<b>87%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

The median income for ALFAs is between \$70,000 and \$80,000 per year. In addition, 87% of ALFAs receive at least one employer-sponsored benefit, including 85% who receive paid vacation time.

95% of ALFAs are satisfied with their job, including 70% who are very satisfied with their current work circumstances.

Job Satisfaction		
Level	#	%
<b>Very Satisfied</b>	360	70%
<b>Somewhat Satisfied</b>	125	25%
<b>Somewhat Dissatisfied</b>	20	4%
<b>Very Dissatisfied</b>	7	1%
<b>Total</b>	<b>513</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	15	2%
Experience Voluntary Unemployment?	17	3%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	10	2%
Work two or more positions at the same time?	75	12%
Switch employers or practices?	50	8%
<b>Experienced at least one</b>	<b>144</b>	<b>23%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 2%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 8%  
New Location: 23%  
Over 2 years: 63%  
Over 2 yrs, 2<sup>nd</sup> location: 47%

Source: Va. Healthcare Workforce Data Center

*Only 2% of Virginia’s ALFAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia’s average monthly unemployment rate was 3.6% during the past year.<sup>1</sup>*

**Location Tenure**

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	5	1%	10	11%
Less than 6 Months	40	8%	12	13%
6 Months to 1 Year	58	12%	6	7%
1 to 2 Years	83	17%	20	22%
3 to 5 Years	95	19%	16	18%
6 to 10 Years	57	11%	5	6%
More than 10 Years	162	32%	21	23%
<b>Subtotal</b>	<b>500</b>	<b>100%</b>	<b>90</b>	<b>100%</b>
Did not have location	6		521	
Item Missing	114		8	
<b>Total</b>	<b>620</b>		<b>620</b>	

*63% of ALFAs have worked at their primary location for more than two years.*

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate went from 3.5% in April 2017 to 3.3% in March 2018. Between these two dates, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.3% and a high of 3.9%. The unemployment rate from March 2018 was still preliminary at the time of publication.

## At a Glance:

### Concentration

Top Region:	23%
Top 3 Regions:	64%
Lowest Region:	1%

### Locations

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

Source: Va. Healthcare Workforce Data Center

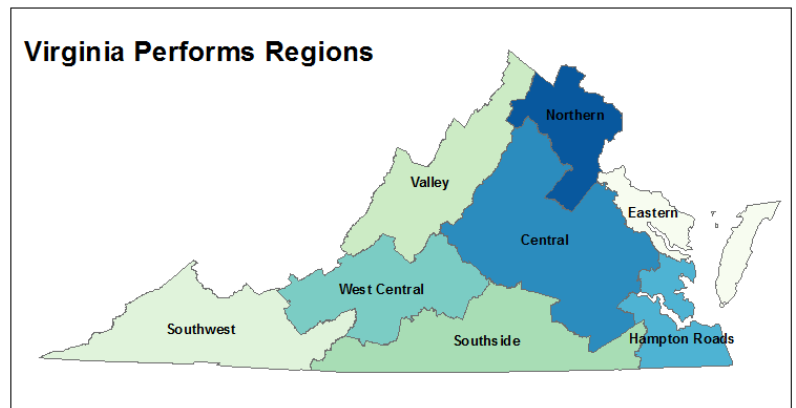
64% of all ALFAs in the state work in Hampton Roads, Northern Virginia, and Central Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	95	19%	25	27%
Eastern	5	1%	1	1%
Hampton Roads	114	23%	18	20%
Northern	113	23%	20	22%
Southside	36	7%	7	8%
Southwest	22	4%	4	4%
Valley	48	10%	4	4%
West Central	63	13%	8	9%
Virginia Border State/DC	4	1%	0	0%
Other US State	1	0%	4	4%
Outside of the US	0	0%	0	0%
<b>Total</b>	<b>501</b>	<b>100%</b>	<b>91</b>	<b>100%</b>
Item Missing	113		7	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



16% of ALFAs currently have multiple work locations, while 20% have had multiple work locations over the past 12 months.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	6	1%	6	1%
1	399	80%	414	82%
2	55	11%	52	10%
3	31	6%	20	4%
4	0	0%	1	0%
5	1	0%	1	0%
6 or More	11	2%	8	2%
<b>Total</b>	<b>502</b>	<b>100%</b>	<b>502</b>	<b>100%</b>

\*At the time of survey completion, March 2018.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	392	80%	80	91%
<b>Non-Profit</b>	79	16%	8	9%
<b>State/Local Government</b>	15	3%	0	0%
<b>Veterans Administration</b>	2	0%	0	0%
<b>U.S. Military</b>	0	0%	0	0%
<b>Other Federal Government</b>	0	0%	0	0%
<b>Total</b>	<b>488</b>	<b>100%</b>	<b>88</b>	<b>100%</b>
<b>Did not have location</b>	6		521	
<b>Item Missing</b>	127		10	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

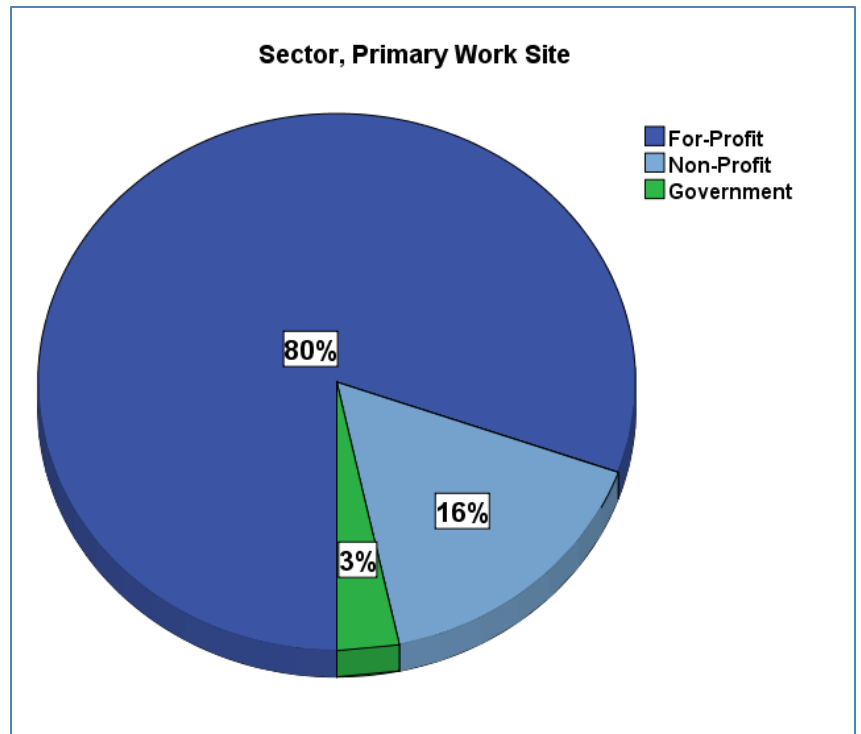
For Profit:	80%
Federal:	< 1%

**Top Establishments**

Assisted Living Facility:	70%
Continuing Care	
Retirement Comm.:	5%
Hospice:	2%

Source: Va. Healthcare Workforce Data Center

97% of all ALFAs work in the private sector, including 80% who worked at a for-profit establishment.



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Assisted Living Facility</b>	437	70%	66	11%
<b>Continuing Care Retirement Community</b>	29	5%	0	0%
<b>Hospice</b>	14	2%	1	0%
<b>Skilled Nursing Facility</b>	11	2%	2	0%
<b>Academic Institution</b>	8	1%	0	0%
<b>Home/Community Health Care</b>	7	1%	5	1%
<b>Acute Care/Rehabilitative Facility</b>	6	1%	1	0%
<b>Adult Day Care</b>	6	1%	1	0%
<b>Other Practice Type</b>	35	6%	17	3%
<b>At Least One Establishment</b>	<b>501</b>	<b>81%</b>	<b>88</b>	<b>14%</b>

*70% of Virginia's ALFA workforce are employed at an Assisted Living Facility as their primary work location.*

Source: Va. Healthcare Workforce Data Center

*51% of ALFAs are employed at an independent/stand-alone organization as their primary work location. Another 39% of Virginia's ALFAs are employed at a facility chain organization.*

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Independent/Stand Alone</b>	227	51%	33	41%
<b>Facility Chain</b>	176	39%	35	44%
<b>Hospital-Based</b>	9	2%	1	1%
<b>College or University</b>	4	1%	1	1%
<b>Integrated Health System (Veterans Administration, Large Health System)</b>	1	0%	0	0%
<b>Other</b>	31	7%	10	13%
<b>Total</b>	<b>448</b>	<b>100%</b>	<b>80</b>	<b>100%</b>
<b>Did Not Have Location</b>	6		521	
<b>Item Missing</b>	165		18	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

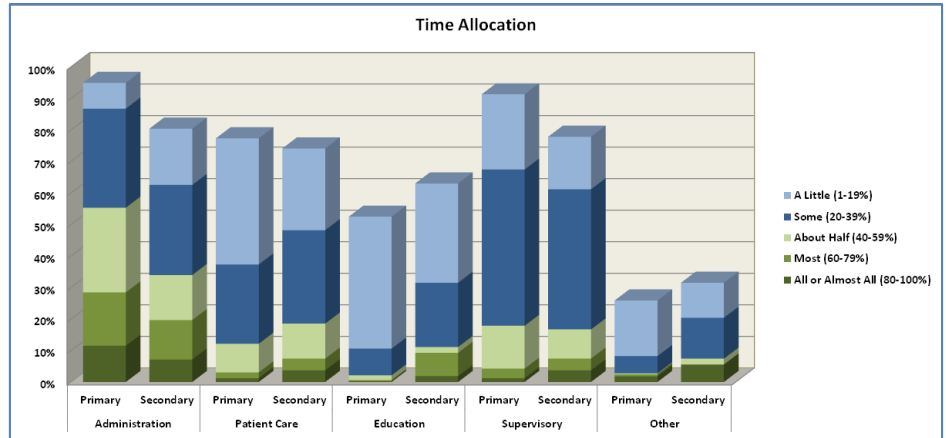
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 28%  
 Supervisory: 4%  
 Patient Care: 3%  
 Education: 1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



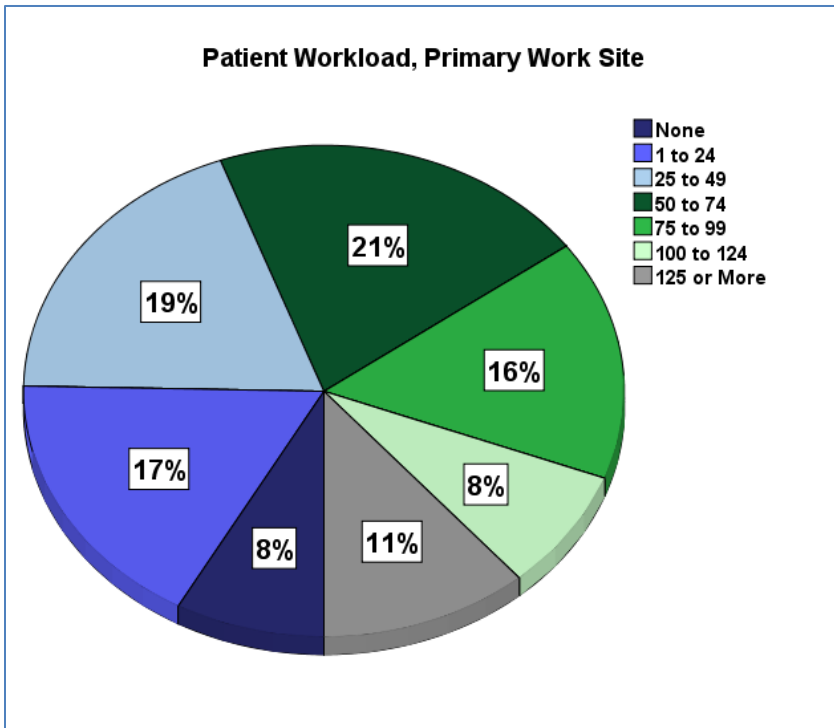
Source: Va. Healthcare Workforce Data Center

*A typical ALFA spends nearly half of her time performing administrative tasks. In addition, 28% of ALFAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.*

Time Allocation											
Time Spent	Admin.		Patient Care		Education		Supervisory		Other		
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	
<b>All or Almost All (80-100%)</b>	12%	7%	1%	4%	0%	2%	1%	4%	2%	5%	
<b>Most (60-79%)</b>	17%	13%	2%	4%	0%	7%	3%	4%	1%	0%	
<b>About Half (40-59%)</b>	27%	15%	9%	11%	2%	2%	14%	9%	0%	2%	
<b>Some (20-39%)</b>	32%	29%	25%	29%	8%	20%	50%	44%	5%	13%	
<b>A Little (1-19%)</b>	8%	18%	40%	25%	42%	31%	24%	16%	18%	11%	
<b>None (0%)</b>	5%	20%	23%	25%	48%	36%	9%	22%	74%	67%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Patient Workload (Median)**

Primary Location: 50-74

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

*The typical ALFA is responsible for between 50 and 74 patients at their primary work location. Those ALFAs who also have a secondary work location are typically responsible for an additional 1 to 24 patients.*

Patient Workload Responsibility				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	37	8%	13	17%
<b>1-24</b>	78	17%	26	34%
<b>25-49</b>	87	19%	11	14%
<b>50-74</b>	93	20%	6	8%
<b>75-99</b>	72	16%	7	9%
<b>100-124</b>	36	8%	4	5%
<b>125-149</b>	15	3%	4	5%
<b>150-174</b>	9	2%	0	0%
<b>175-199</b>	6	1%	0	0%
<b>200-224</b>	8	2%	1	1%
<b>225-249</b>	0	0%	1	1%
<b>250-274</b>	0	0%	0	0%
<b>275-299</b>	0	0%	0	0%
<b>300 or more</b>	14	3%	4	5%
<b>Total</b>	<b>454</b>	<b>100%</b>	<b>77</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs over 50	
	#	%	#	%
<b>Under age 50</b>	4	1%	-	-
<b>50 to 54</b>	11	2%	1	0%
<b>55 to 59</b>	29	6%	11	4%
<b>60 to 64</b>	97	21%	37	15%
<b>65 to 69</b>	170	36%	94	37%
<b>70 to 74</b>	88	19%	61	24%
<b>75 to 79</b>	17	4%	12	5%
<b>80 or over</b>	11	2%	7	3%
<b>I do not intend to retire</b>	45	10%	30	12%
<b>Total</b>	<b>472</b>	<b>100%</b>	<b>253</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All ALFAs**

Under 65: 30%  
Under 60: 9%

**ALFAs 50 and over**

Under 65: 19%  
Under 60: 5%

**Time until Retirement**

Within 2 years: 7%  
Within 10 years: 27%  
Half the workforce: By 2038

Source: Va. Healthcare Workforce Data Center

30% of all ALFAs expect to retire before the age of 65. Among ALFAs who are already at least age 50, 19% still expect to retire by age 65.

Within the next two years, 15% of ALFAs expect to pursue additional educational opportunities, and 12% expect to begin accepting Administrators-in-Training.

**Future Plans**

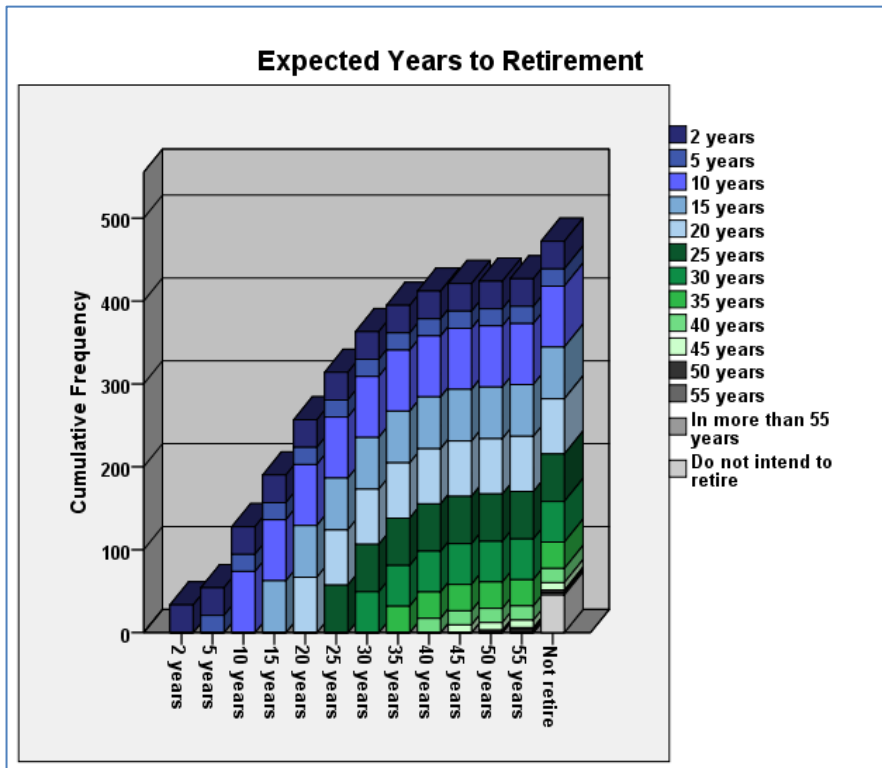
2 Year Plans:	#	%
<b>Decrease Participation</b>		
Leave Profession	10	2%
Leave Virginia	33	5%
Decrease Patient Care Hours	50	8%
Decrease Teaching Hours	4	1%
Cease Accepting Trainees	9	1%
<b>Increase Participation</b>		
Increase Patient Care Hours	33	5%
Increase Teaching Hours	20	3%
Pursue Additional Education	95	15%
Return to the Workforce	5	1%
Begin Accepting Trainees	72	12%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While only 7% of ALFAs expect to retire in the next two years, 27% expect to retire within the next decade. More than half of the current ALFA workforce expect to retire by 2038.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	33	7%	7%
5 years	21	4%	11%
10 years	74	16%	27%
15 years	62	13%	40%
20 years	67	14%	54%
25 years	57	12%	67%
30 years	49	10%	77%
35 years	32	7%	84%
40 years	17	4%	87%
45 years	9	2%	89%
50 years	3	1%	90%
55 years	3	1%	90%
In more than 55 years	0	0%	90%
Do not intend to retire	45	10%	100%
<b>Total</b>	<b>472</b>	<b>100%</b>	

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 2028. Retirements will peak at 16% of the current workforce around the same time before declining to under 10% again around 2053.



## At a Glance:

### FTEs

Total: 751  
 FTEs/1,000 Residents<sup>2</sup>: .089  
 Average: 1.22

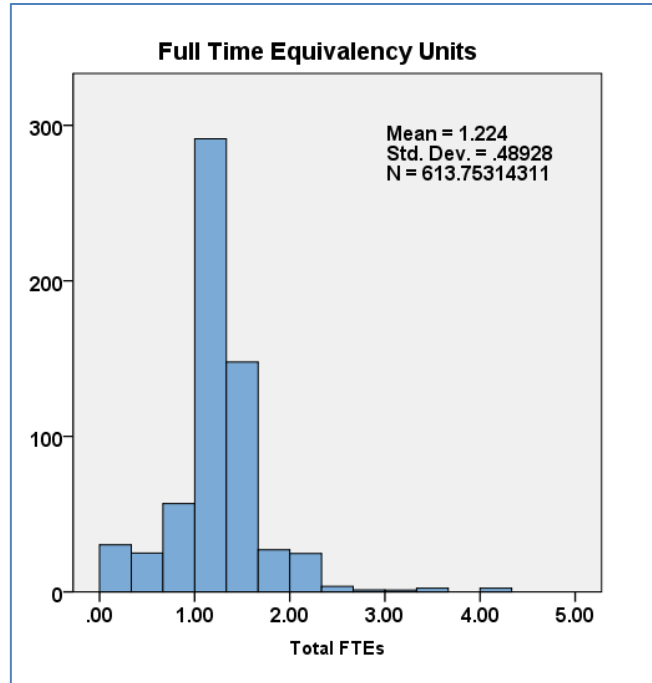
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: Negligible

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

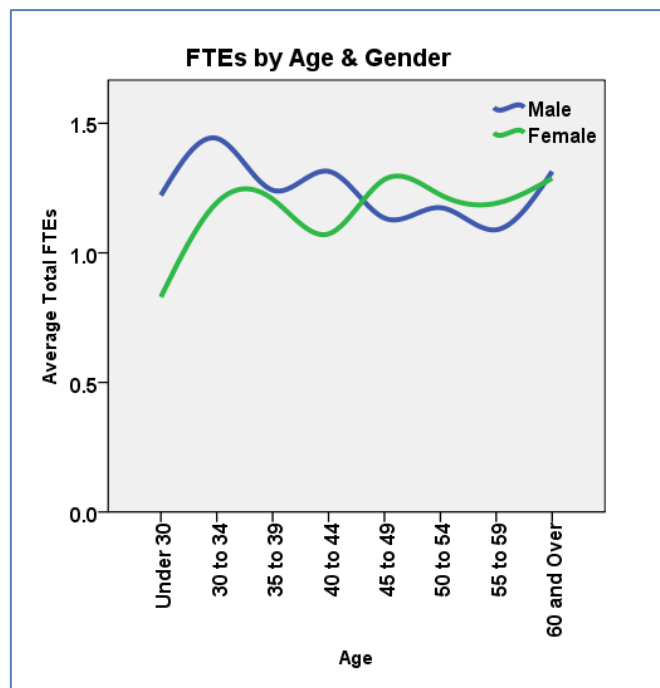


Source: Va. Healthcare Workforce Data Center

*The typical ALFA provided 1.20 FTEs in the past year, or approximately 48 hours per week for 50 weeks. Statistical tests do not indicate that FTEs vary by age or gender.*

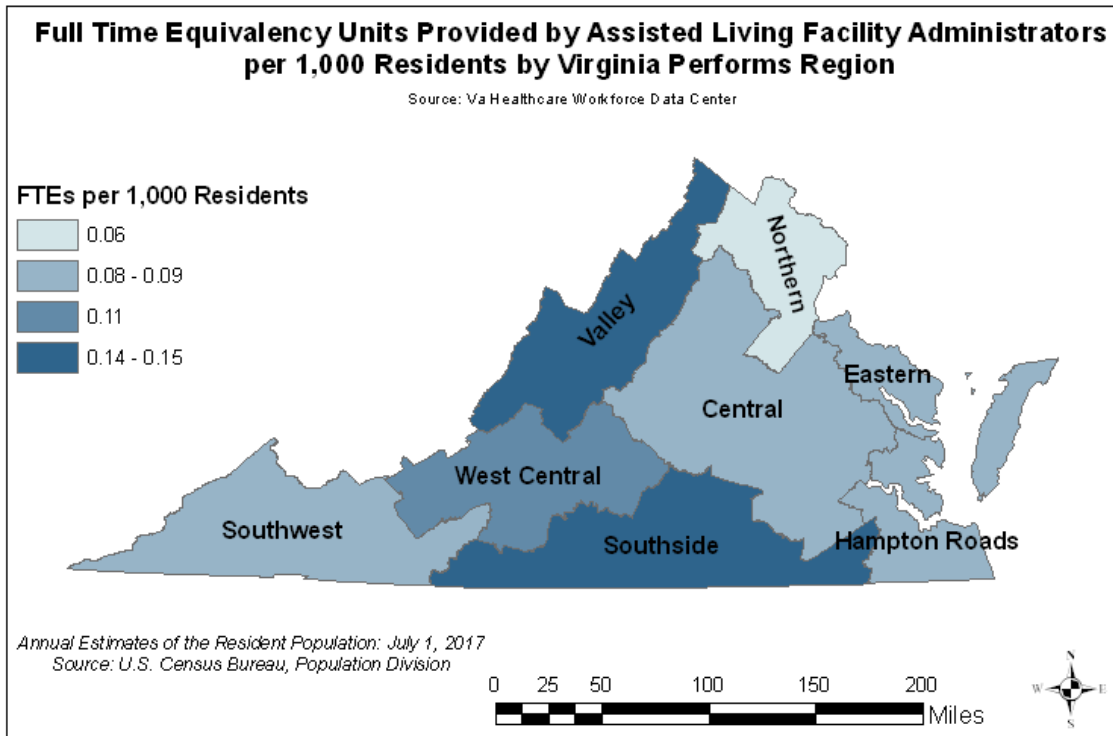
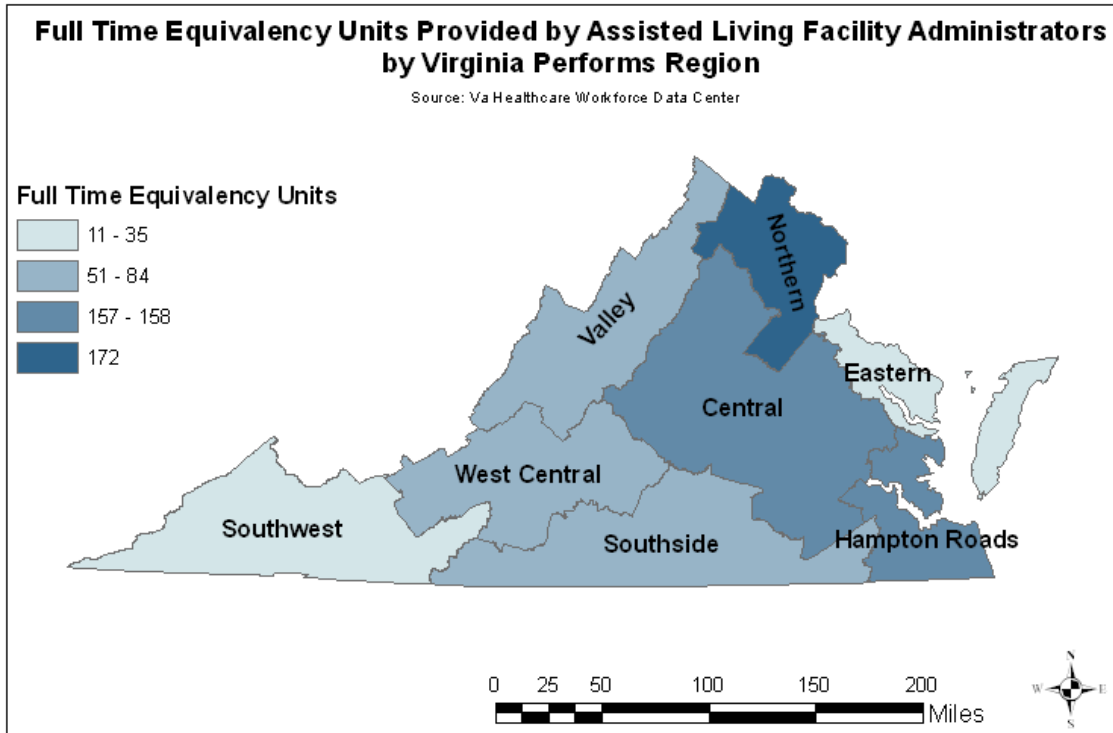
Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	0.89	1.01
30 to 34	1.24	1.18
35 to 39	1.21	1.09
40 to 44	1.17	1.27
45 to 49	1.22	1.18
50 to 54	1.20	1.15
55 to 59	1.18	1.18
60 and Over	1.33	1.33
<b>Gender</b>		
Male	1.24	1.22
Female	1.21	1.18

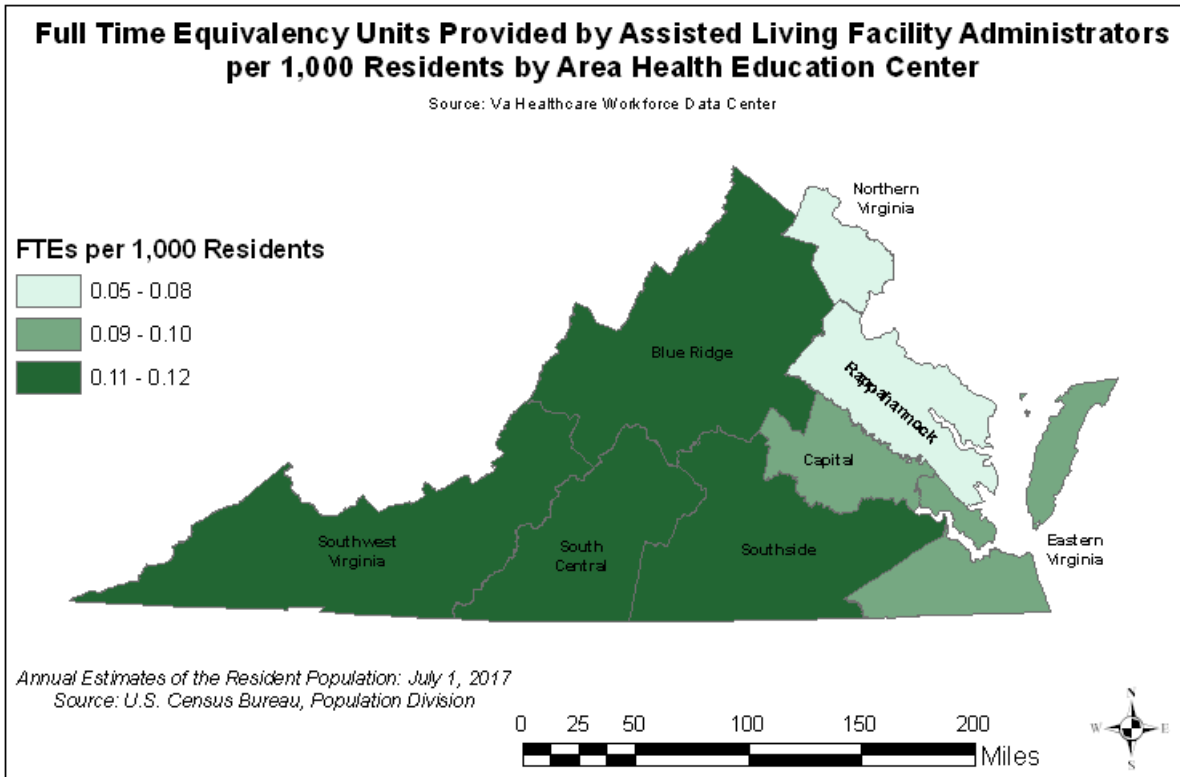
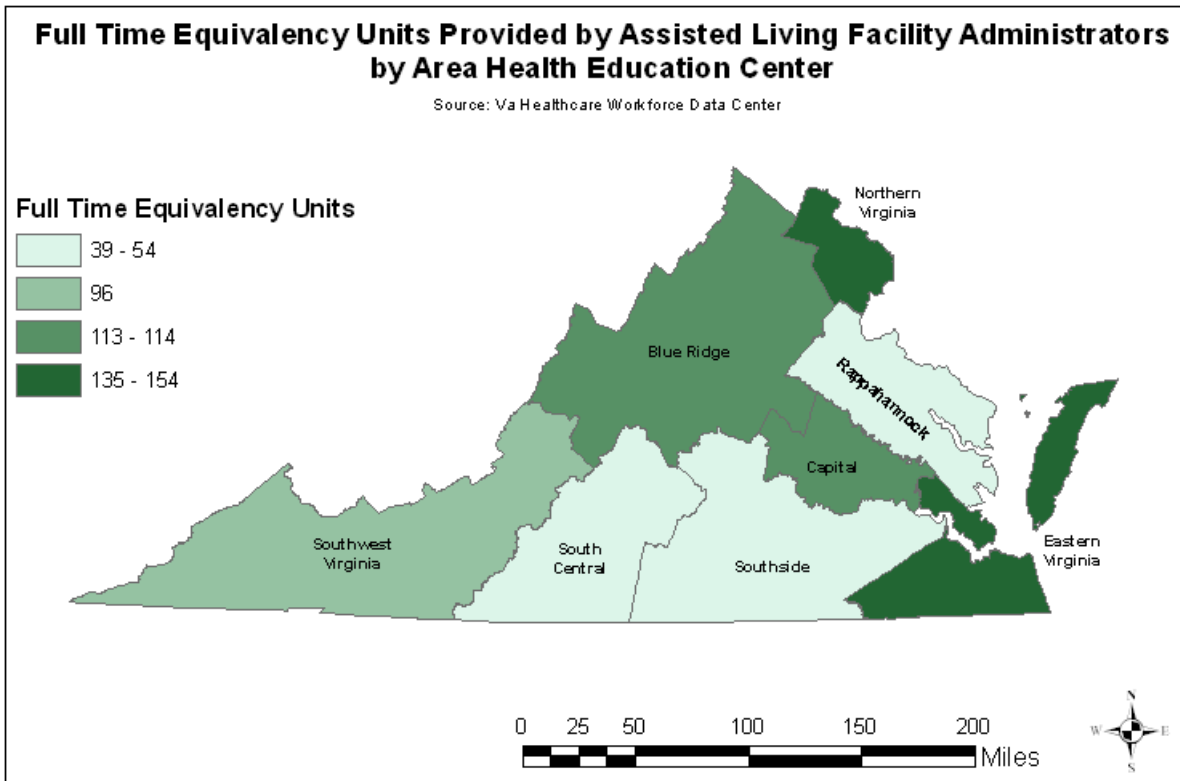
Source: Va. Healthcare Workforce Data Center

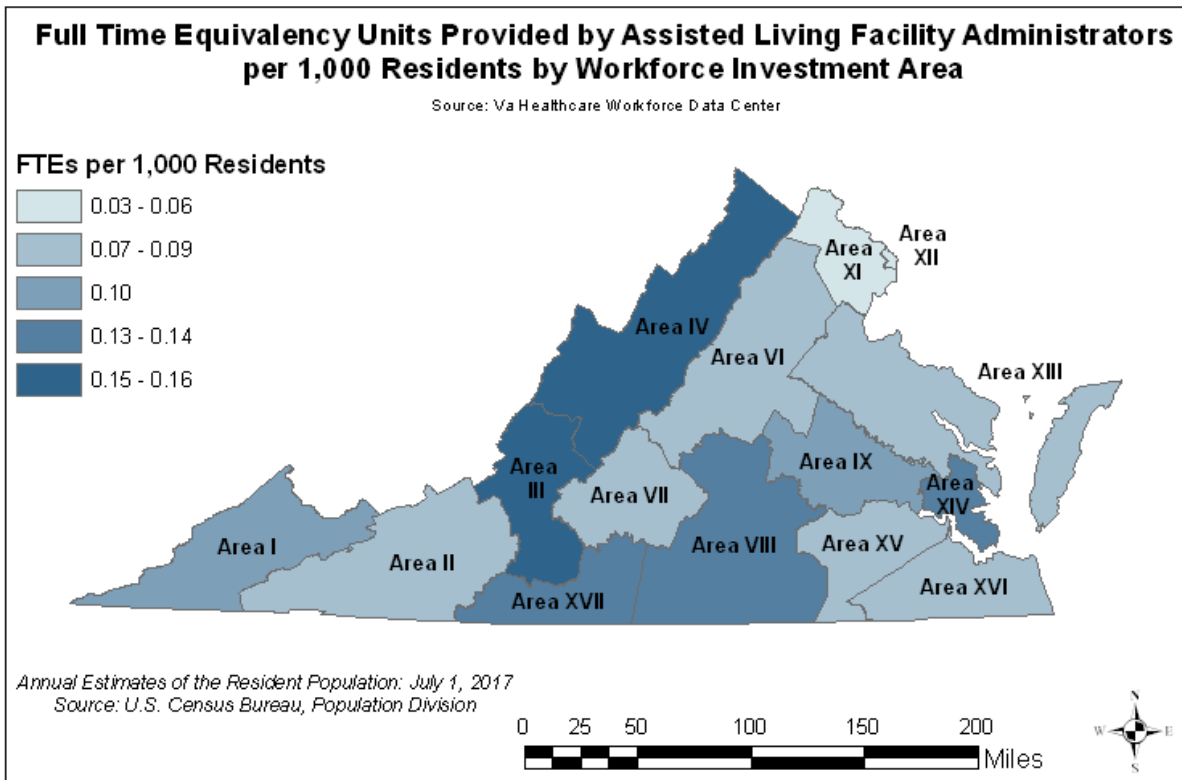
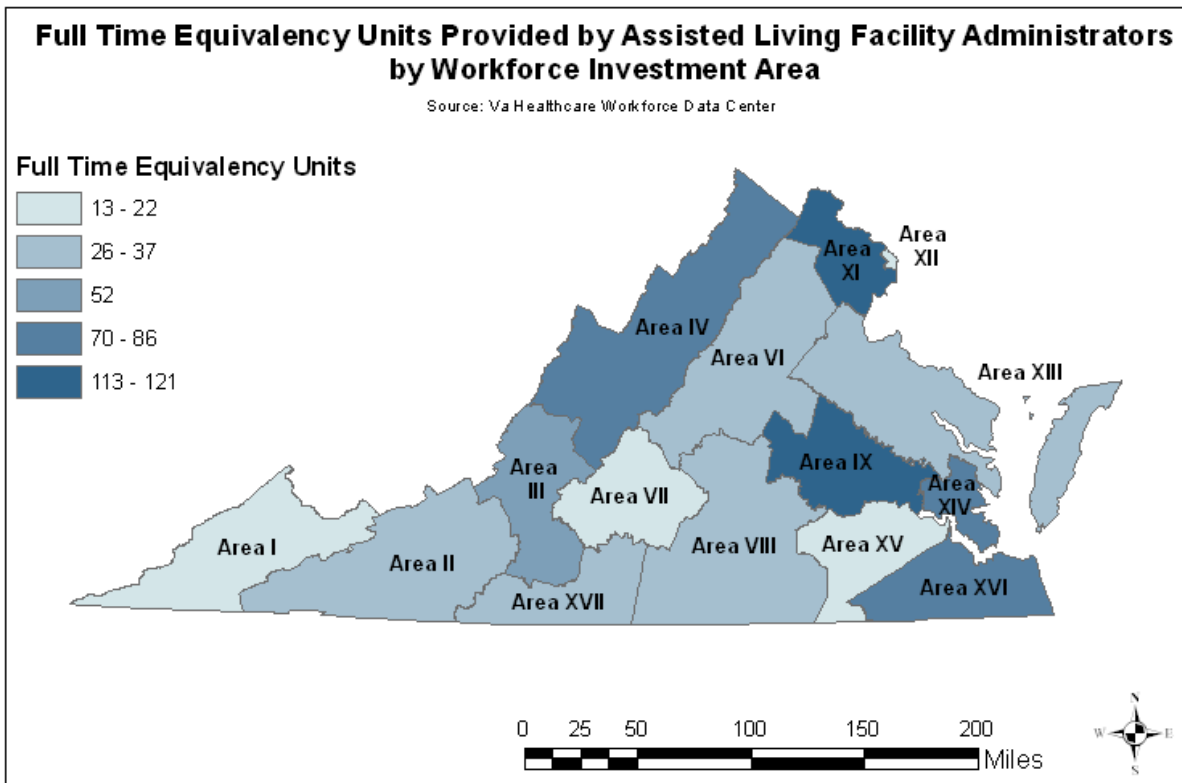


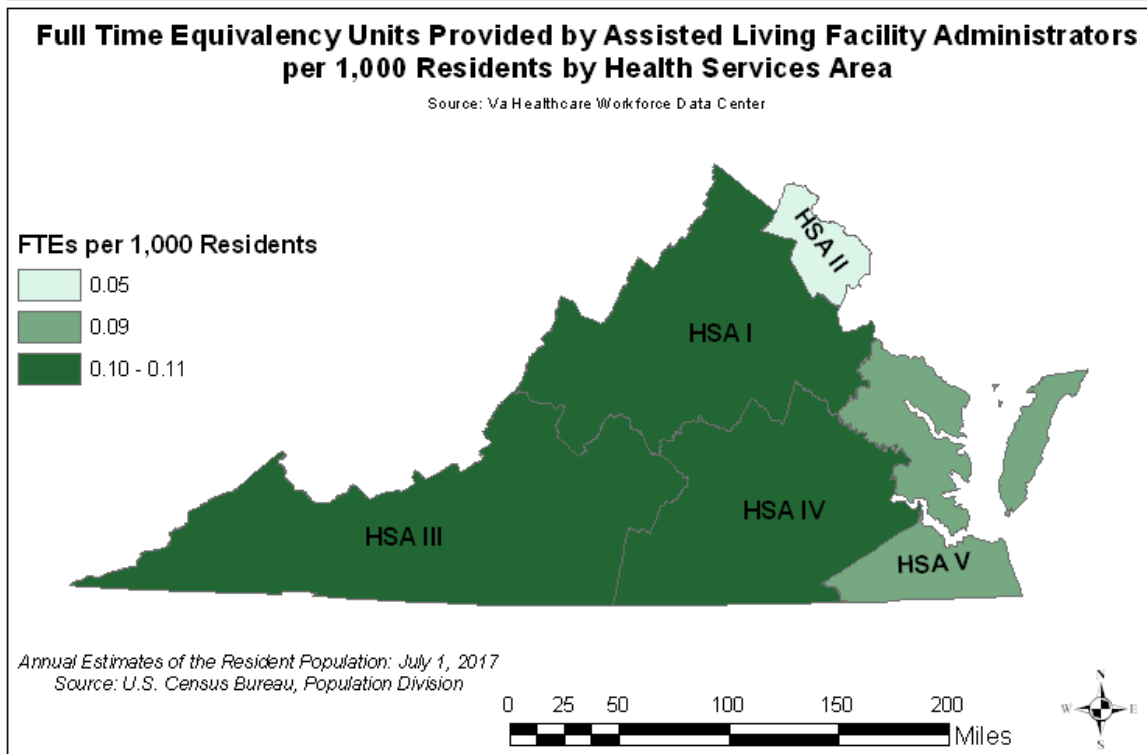
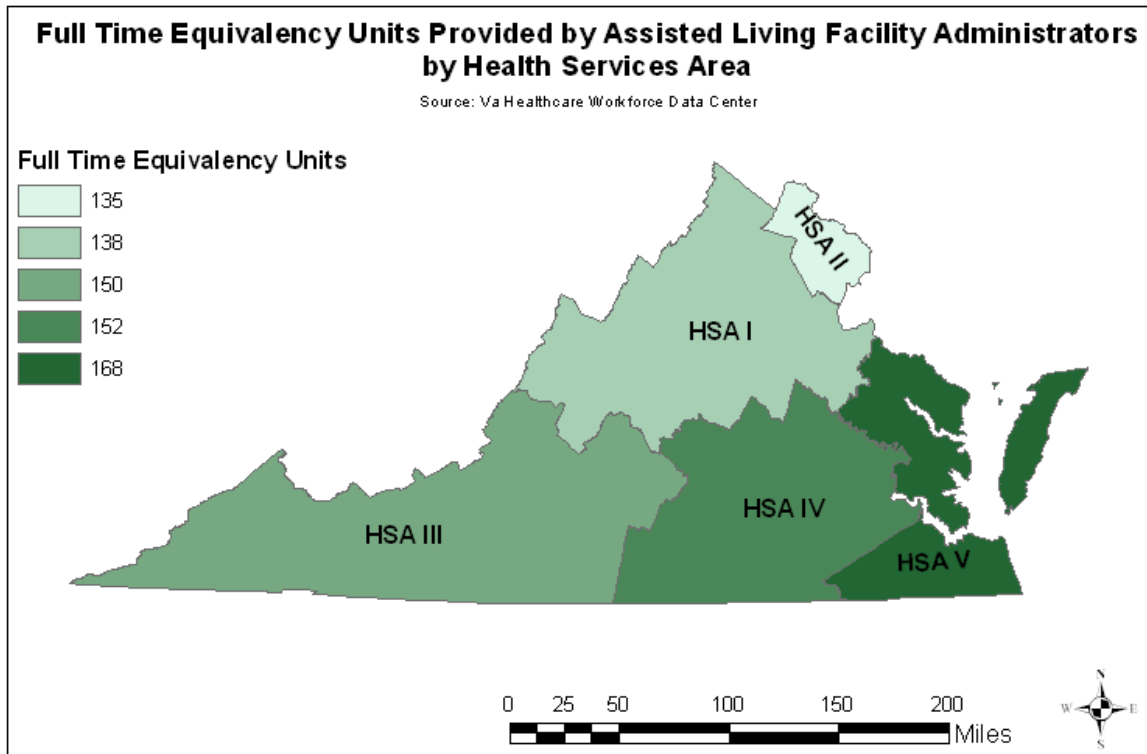
Source: Va. Healthcare Workforce Data Center

<sup>2</sup> Number of residents in 2017 was used as the denominator.





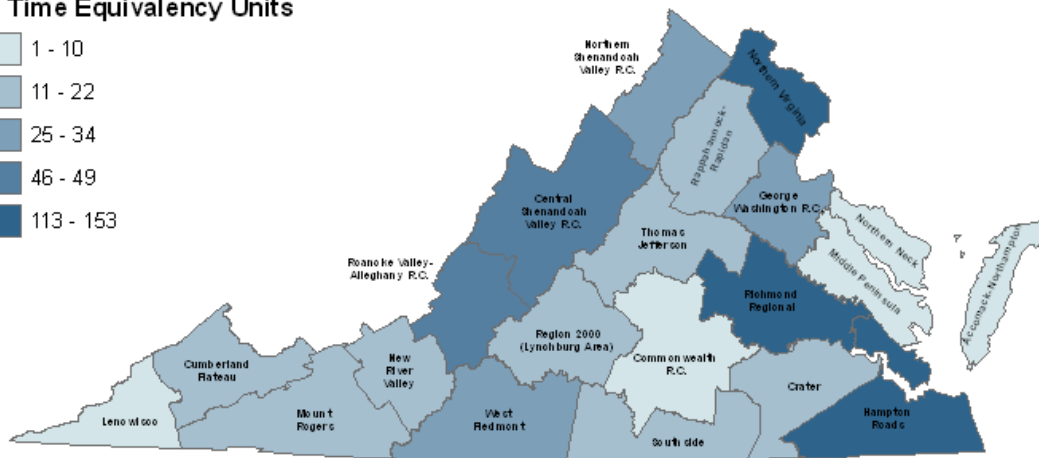
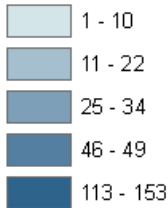




### Full Time Equivalency Units Provided by Assisted Living Facility Administrators by Planning District

Source: Va Healthcare Workforce Data Center

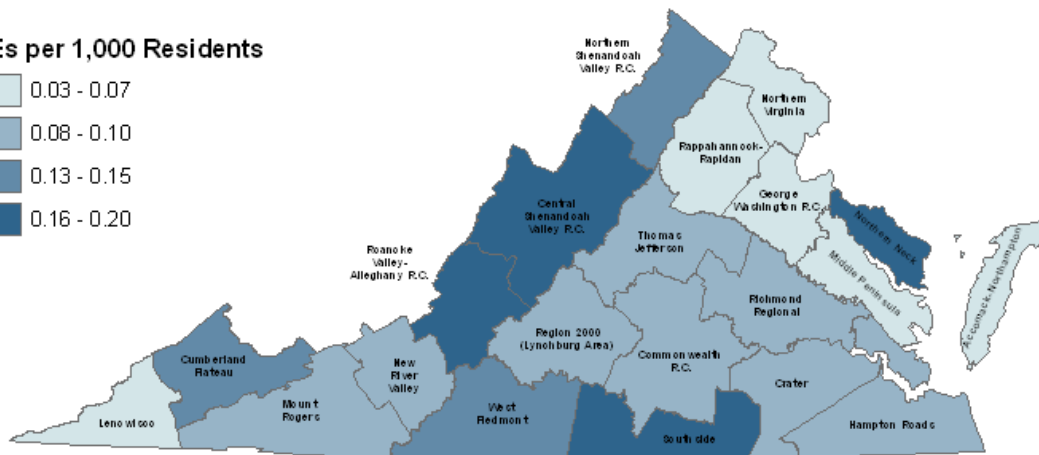
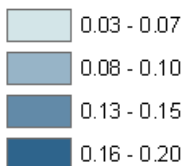
#### Full Time Equivalency Units



### Full Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Planning District

Source: Va Healthcare Workforce Data Center

#### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017  
Source: U.S. Census Bureau, Population Division

## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	358	81.28%	1.230241	1.13727	1.71028
Metro, 250,000 to 1 million	61	83.61%	1.196078	1.10569	1.66279
Metro, 250,000 or less	61	83.61%	1.196078	1.10569	1.66279
Urban pop 20,000+, Metro adj	20	80.00%	1.25	1.15554	1.25521
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	53	86.79%	1.152174	1.0651	1.60175
Urban pop, 2,500-19,999, nonadj	26	92.31%	1.083333	1.00147	1.50605
Rural, Metro adj	12	83.33%	1.2	1.10932	1.66824
Rural, nonadj	10	80.00%	1.25	1.15554	1.25521
Virginia border state/DC	42	69.05%	1.448276	1.33883	1.57266
Other US State	10	80.00%	1.25	1.20919	1.25521

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	17	58.82%	1.7	1.50605	1.71028
30 to 34	46	84.78%	1.179487	1.11132	1.39692
35 to 39	52	88.46%	1.130435	1.00147	1.33883
40 to 44	81	75.31%	1.327869	1.17637	1.57266
45 to 49	97	84.54%	1.182927	1.04797	1.401
50 to 54	88	81.82%	1.222222	1.08278	1.44754
55 to 59	105	83.81%	1.193182	1.05705	1.41314
60 and Over	167	81.44%	1.227941	1.08785	1.45431

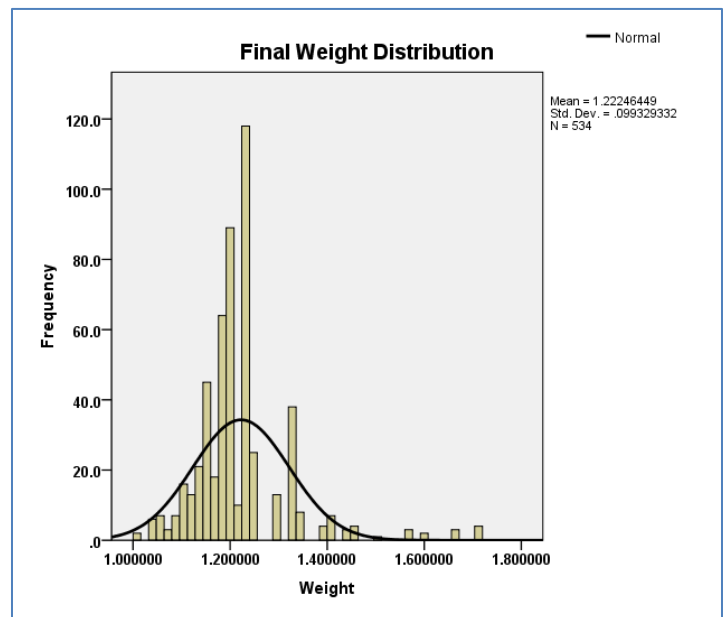
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: [www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

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

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.817764**



Source: Va. Healthcare Workforce Data Center

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# *Virginia's Nursing Home Administrator Workforce: 2018*

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Healthcare Workforce Data Center

May 2018

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-367-2115, 804-527-4466(fax)  
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Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>



*769 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!***

***Virginia Department of Health Professions***

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*Richmond*

Basil Acey  
*Henrico*

### ***Executive Director***

Corie E. Tillman Wolf, JD

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## The Nursing Home Administrator Workforce: At a Glance:

### The Workforce

Licensees:	916
Virginia's Workforce:	730
FTEs:	811

### Background

Rural Childhood:	41%
HS Degree in VA:	54%
Prof. Degree in VA:	77%

### Current Employment

Employed in Prof.:	87%
Hold 1 Full-time Job:	89%
Satisfied?:	94%

### Survey Response Rate

All Licensees:	84%
Renewing Practitioners:	98%

### Health Admin. Edu.

Admin-in-Training:	39%
Masters:	26%

### Job Turnover

Switched Jobs:	9%
Employed over 2 yrs:	52%

### Demographics

Female:	56%
Diversity Index:	24%
Median Age:	51

### Finances

Median Inc.: \$110k-\$120k	
Retirement Benefits:	78%
Under 40 w/ Ed debt:	49%

### Time Allocation

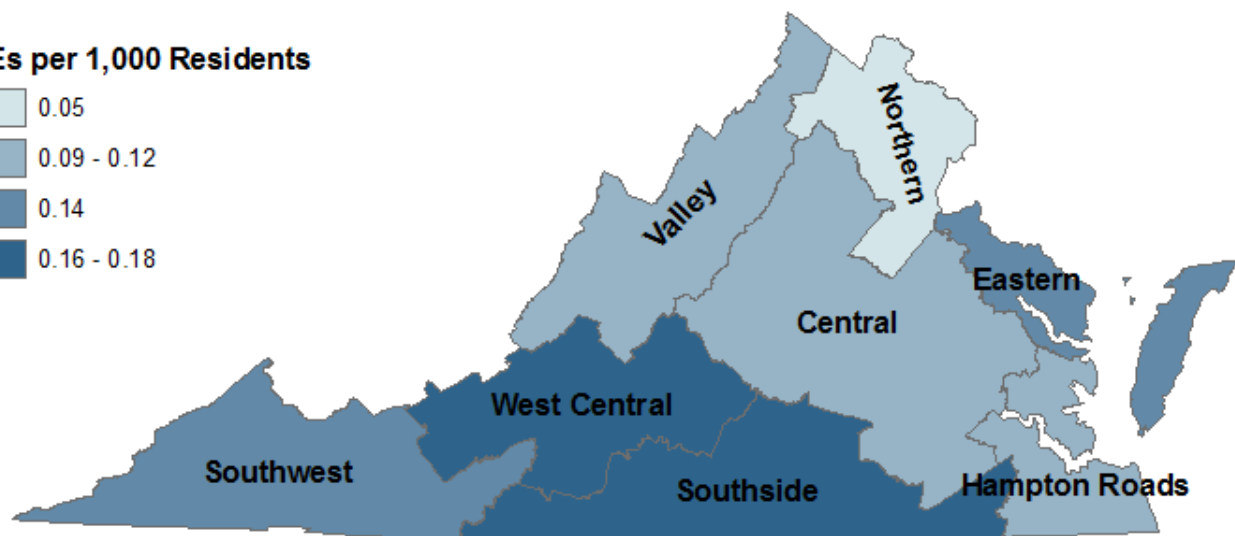
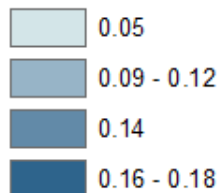
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

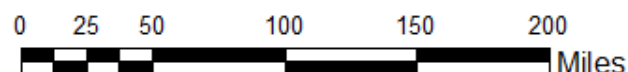
## Full Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017  
Source: U.S. Census Bureau, Population Division



The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administered the 2018 Nursing Home Administrator (NHA) workforce survey in March 2018. 769 NHAs responded to this survey, which represents 84% of the 916 NHAs who are licensed in the state. In 2018, there were a total of 730 Nursing Home Administrators (NHAs) in Virginia's workforce, and these professionals provided 811 "full-time equivalency units", which the HWDC defines as working 2,000 hours per year (or 40 hours per week for 50 weeks with two weeks off).

56% of all NHAs are female, and the median age of the NHA workforce is 51. In a random encounter between two NHAs, there is a 24% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the diversity index is at 56%.

41% of all NHAs grew up in a rural area. In total, 18% of Virginia's NHA workforce is currently employed in non-metro areas of the state. 39% of all NHAs hold an Administrator-in-Training certificate as their highest professional degree, while another 26% hold a Master's degree in health administration. 30% of all NHAs hold education debt, including 49% of those who are under the age of 40. The median debt burden of those with education debt is between \$30,000 and \$40,000.

87% of Virginia's NHAs are currently employed in the profession, and 89% have one full-time job. The median annual income for NHAs is between \$110,000 and \$120,000. 97% also receive at least one employer-sponsored benefit. 94% of Virginia's NHAs are satisfied with their current employment situation, including 68% who are "very satisfied". 4% of NHAs have been involuntarily unemployed at some point in the past year, while 2% have been underemployed.

22% of NHAs work in Central Virginia, while another 19% work in Hampton Roads. 61% work in the for-profit sector. In addition, 52% are employed in skilled nursing facilities. The typical NHA spends nearly half of her time on administrative tasks and treats between 100 and 124 patients at her primary work location. 31% of NHAs expect to retire in the next ten years, while one-half of the NHA workforce expect to retire by 2038.

## Summary of Trends

---

Over the past five years, the survey response rate among all licensed NHAs has increased from 75% to 84%. At the same time, the size of the NHA workforce has increased by 8% from 674 to 730. In addition, the number of FTEs has increased by 7% from 760 to 811. Females make up a smaller proportion of Virginia's NHA workforce in 2018 (56% vs. 60%), and this decline is particularly pronounced among NHAs who are under the age of 40 (50% vs. 59%). Meanwhile, Virginia's NHA workforce has become more diverse since 2013 (24% vs. 18%).

Although there was little change in the childhood background among NHAs since 2013, they are more likely to receive either their high school or professional degree in the state (79% vs. 75%). In addition, Virginia's NHAs are somewhat more likely to earn an Administrator-in-Training certificate (39% vs. 36%) and somewhat less likely to earn a Baccalaureate degree in health administration (23% vs. 26%).

There were not many significant changes with respect to the current employment situation of Virginia's NHAs, but they are more likely to hold one full-time job in 2018 (89% vs. 86%). On the other hand, fewer NHAs have been at their primary work location for at least two years (52% vs. 57%). The median annual income of NHAs increased for the first time in more than four years, and NHAs are also more likely to receive an employer-sponsored benefit (97% vs. 92%).

Since 2013, NHAs have become somewhat more likely to work in the for-profit sector (61% vs. 59%). With respect to time allocation, NHAs are considerably more likely to serve an administrative role (30% vs 23%) as well as being somewhat more likely to serve a patient care role (3% vs. 0%). In general, the future plans of Virginia's NHAs have not changed much over the past five years, but NHAs are now less likely to plan to pursue additional education over the next two years (12% vs. 15%). In addition, more NHAs expect to retire within the next two years (9% vs. 7%). However, they are also slightly less likely to intend to retire by the age of 65 (30% vs. 31%).

**A Closer Look:**

Licensees		
License Status	#	%
Renewing Practitioners	746	81%
New Licensees	77	8%
Non-Renewals	93	10%
<b>All Licensees</b>	<b>916</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. 98% of renewing NHAs submitted a survey. These respondents represent 84% of all NHAs who held a license at some point in the past year.*

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
Under 30	12	24	67%
30 to 34	10	48	83%
35 to 39	8	65	89%
40 to 44	15	87	85%
45 to 49	15	116	89%
50 to 54	17	109	87%
55 to 59	22	102	82%
60 and Over	48	218	82%
<b>Total</b>	<b>147</b>	<b>769</b>	<b>84%</b>
<b>New Licenses</b>			
Issued in Past Year	43	34	44%
<b>Metro Status</b>			
Non-Metro	16	107	87%
Metro	75	513	87%
Not in Virginia	57	149	72%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted in March 2018.
- 2. Target Population:** All NHAs who held a Virginia license at some point between April 2017 and March 2018.
- 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.

Response Rates	
Completed Surveys	769
Response Rate, All Licensees	84%
Response Rate, Renewals	98%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed Administrators**

Number: 916  
 New: 8%  
 Not Renewed: 10%

**Response Rates**

All Licensees: 84%  
 Renewing Practitioners: 98%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

NHA Workforce: 730  
 FTEs: 811

### Utilization Ratios

Licensees in VA Workforce: 80%  
 Licensees per FTE: 1.13  
 Workers per FTE: 0.90

Source: Va. Healthcare Workforce Data Center

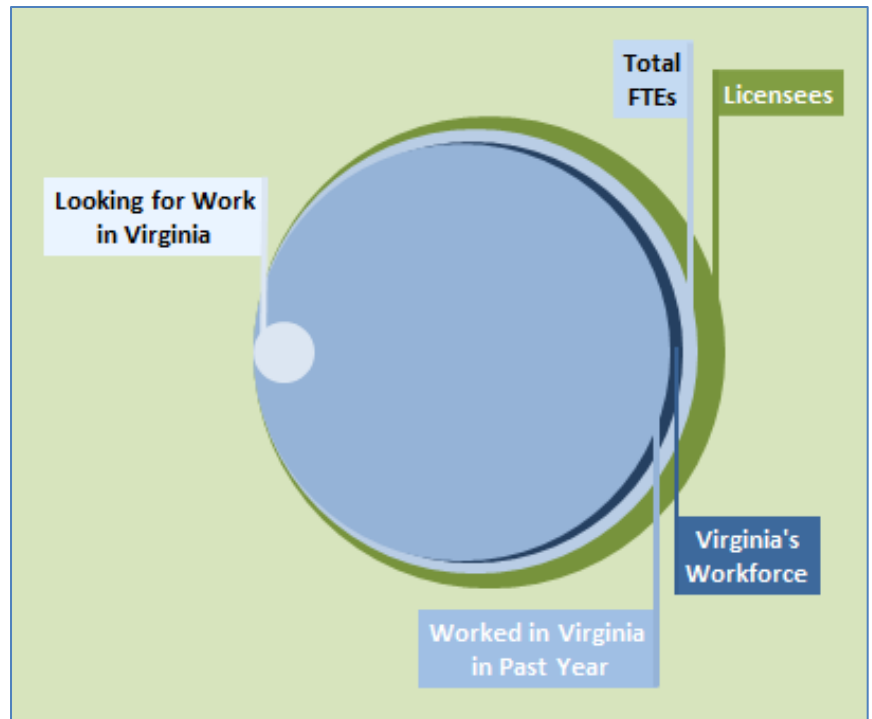
Virginia's NHA Workforce		
Status	#	%
Worked in Virginia in Past Year	713	98%
Looking for Work in Virginia	16	2%
Virginia's Workforce	730	100%
Total FTEs	811	
Licensees	916	

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.

*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](http://www.dhp.virginia.gov/hwdc)*



Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	11	37%	19	63%	31	5%
30 to 34	20	44%	26	56%	46	7%
35 to 39	36	62%	22	38%	58	9%
40 to 44	25	32%	53	68%	78	12%
45 to 49	35	36%	62	64%	98	15%
50 to 54	36	42%	49	58%	85	13%
55 to 59	42	51%	40	49%	83	13%
60 +	82	48%	90	52%	172	26%
<b>Total</b>	<b>288</b>	<b>44%</b>	<b>362</b>	<b>56%</b>	<b>651</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	62%	563	86%	116	86%
Black	19%	68	10%	10	7%
Asian	6%	7	1%	1	1%
Other Race	0%	2	0%	1	1%
Two or more races	3%	5	1%	4	3%
Hispanic	9%	7	1%	3	2%
<b>Total</b>	<b>100%</b>	<b>652</b>	<b>100%</b>	<b>135</b>	<b>100%</b>

\* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2016.

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Gender**

% Female: 56%  
% Under 40 Female: 50%

**Age**

Median Age: 51  
% Under 40: 21%  
% 55+: 39%

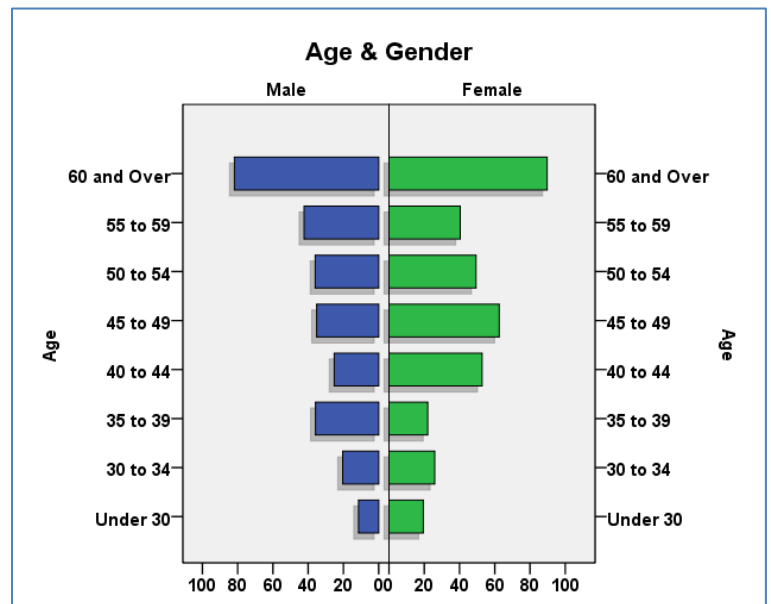
**Diversity**

Diversity Index: 24%  
Under 40 Div. Index: 25%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two NHAs, there is a 24% 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 56%.*

*21% of all NHAs are under the age of 40, and 50% of these professionals are female. In addition, there is a 25% chance that two randomly chosen NHAs from this age group would be of a different race or ethnicity.*



Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Childhood

Urban Childhood: 13%  
 Rural Childhood: 41%

### Virginia Background

HS in Virginia: 54%  
 Prof. in VA: 77%  
 HS or Prof. in VA: 79%

### Location Choice

% Rural to Non-Metro: 32%  
 % Urban/Suburban to Non-Metro: 7%

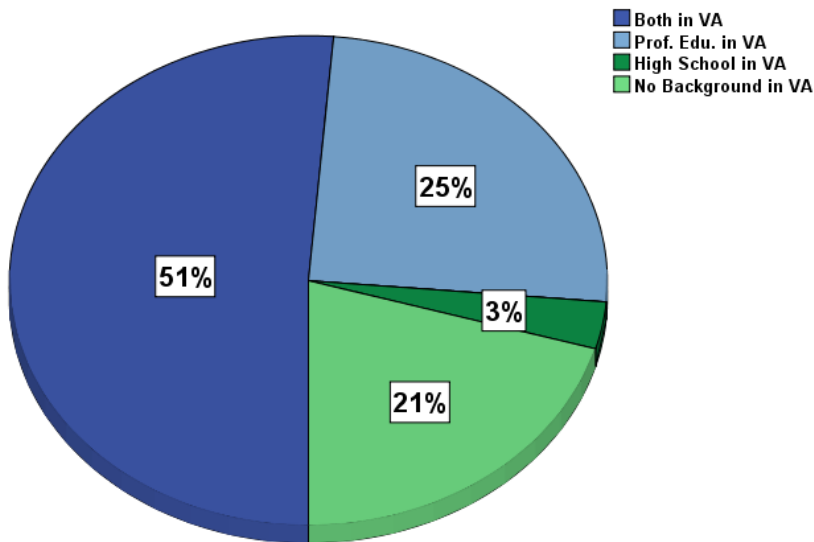
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	26%	58%	16%
2	Metro, 250,000 to 1 million	51%	39%	10%
3	Metro, 250,000 or less	52%	37%	11%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	73%	27%	0%
6	Urban pop, 2,500-19,999, Metro adj	76%	7%	17%
7	Urban pop, 2,500-19,999, nonadj	90%	5%	5%
8	Rural, Metro adj	68%	32%	0%
9	Rural, nonadj	69%	23%	8%
<b>Overall</b>		<b>41%</b>	<b>46%</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

## Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

41% of all NHAs grew up in a rural area, and 32% of these professionals currently work in non-metro areas of the state. Overall, 18% of NHAs currently work in non-metro areas of the state.

## Top Ten States for Nursing Home Administrator Recruitment

Rank	All Nursing Home Administrators			
	High School	#	Init. Prof Degree	#
1	Virginia	352	Virginia	457
2	New York	41	Maryland	17
3	Pennsylvania	28	Ohio	11
4	West Virginia	24	West Virginia	11
5	North Carolina	22	Tennessee	11
6	Ohio	21	North Carolina	7
7	Maryland	19	New York	7
8	Outside U.S./Canada	17	New Jersey	6
9	Tennessee	15	Indiana	6
10	New Jersey	13	Washington, D.C.	5

*54% of licensed NHAs received their high school degree in Virginia, and 77% earned their initial professional degree in the state.*

Source: Va. Healthcare Workforce Data Center

*Among NHAs who have been licensed in the past five years, 48% received their high school degree in Virginia, while 72% earned their initial professional degree in the state.*

Rank	Licensed in Past Five Years			
	High School	#	Init. Prof Degree	#
1	Virginia	102	Virginia	145
2	New York	13	Maryland	6
3	Ohio	10	Ohio	6
4	Outside U.S./Canada	9	North Carolina	5
5	Pennsylvania	8	Washington, D.C.	4
6	Maryland	8	Arizona	4
7	North Carolina	8	West Virginia	4
8	West Virginia	7	Indiana	3
9	Tennessee	6	Delaware	3
10	Indiana	5	Georgia	3

Source: Va. Healthcare Workforce Data Center

*20% of licensees were not a part of Virginia's NHA workforce. 94% of these licensees worked at some point in the past year, including 81% who worked as NHAs.*

### At a Glance:

#### Not in VA Workforce

Total:	187
% of Licensees:	20%
Federal/Military:	1%
Va Border State/DC:	15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		All Degrees	
	#	%	#	%
No Specific Training	23	4%	-	-
Admin-in-Training	243	39%	-	-
High School/GED	-	-	13	2%
Associate	11	2%	45	7%
Bachelors	145	23%	281	44%
Graduate Cert.	12	2%	16	3%
Masters	164	26%	270	42%
Doctorate	3	0%	13	2%
Other	22	4%	-	-
<b>Total</b>	<b>624</b>	<b>100%</b>	<b>638</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Health Administration Education**

Admin-in-Training: 39%

Master's Degree: 26%

Bachelor's Degree: 23%

**Educational Debt**

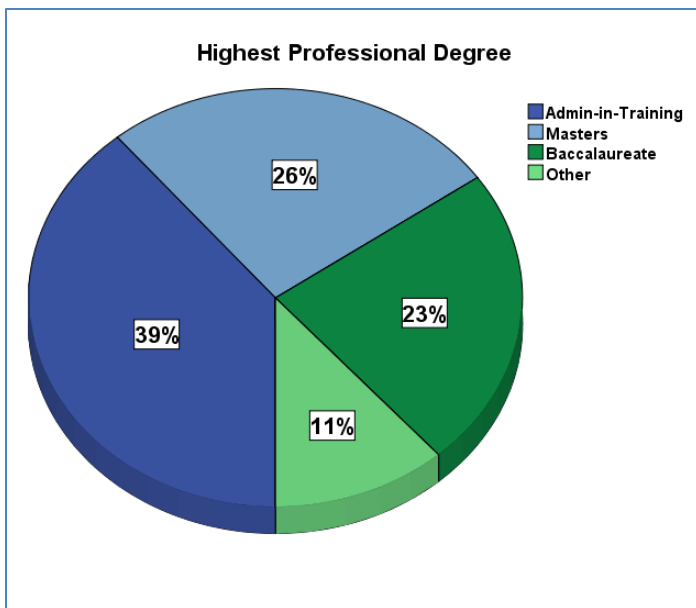
Carry debt: 30%

Under age 40 w/ debt: 49%

Median debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

30% of NHAs carry educational debt, including 49% of those under the age of 40. For those with educational debt, their median debt burden is between \$30,000 and \$40,000.



Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All NHAs		NHAs under 40	
	#	%	#	%
None	390	70%	59	51%
Less than \$20,000	54	10%	25	22%
\$20,000-\$49,999	55	10%	18	16%
\$50,000-\$99,999	40	7%	11	9%
\$100,000 or more	16	3%	3	3%
<b>Total</b>	<b>555</b>	<b>100%</b>	<b>116</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Licenses/Registrations

Nurse (RN or LPN):	13%
ALFA:	4%
CNA:	2%

### Job Titles

Administrator:	43%
Executive Director:	13%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Licenses and Registrations		
License/Registration	#	%
Nursing Home Administrator	636	87%
Nurse (RN or LPN)	95	13%
ALF Administrator	28	4%
Certified Nursing Assistant	14	2%
Registered Medication Aide	7	1%
Occupational Therapist	2	0%
Physical Therapist	1	0%
Respiratory Therapist	1	0%
Speech-Language Pathologist	1	0%
Other	45	6%
<b>At Least One</b>	<b>641</b>	<b>88%</b>

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
Administrator	311	43%	40	5%
Executive Director	95	13%	8	1%
Pres./Exec. Officer	79	11%	8	1%
Assistant Admin.	28	4%	4	1%
Owner	12	2%	3	0%
Other	125	17%	27	4%
<b>At Least One</b>	<b>605</b>	<b>83%</b>	<b>81</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

*43% of Virginia's NHA workforce held the title of Administrator at their primary work location. Another 13% held the title of Executive Director.*

## At a Glance:

### Employment

Employed in Profession: 87%  
 Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 89%  
 2 or More Positions: 4%

### Weekly Hours:

40 to 49: 41%  
 60 or more: 14%  
 Less than 30: 1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in a capacity related to long-term care	559	87%
Employed, NOT in a capacity related to long-term care	57	9%
Not working, reason unknown	0	0%
Involuntarily unemployed	6	1%
Voluntarily unemployed	11	2%
Retired	12	2%
<b>Total</b>	<b>645</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*87% of licensed NHAs are currently employed in the profession, and only 1% are involuntarily unemployed. In addition, 89% of all NHAs hold one full-time job, and 41% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	29	5%
One Part-Time Position	16	3%
Two Part-Time Positions	3	< 1%
One Full-Time Position	570	89%
One Full-Time Position & One Part-Time Position	16	3%
Two Full-Time Positions	0	0%
More than Two Positions	4	1%
<b>Total</b>	<b>638</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	29	5%
1 to 9 hours	2	< 1%
10 to 19 hours	2	< 1%
20 to 29 hours	5	1%
30 to 39 hours	8	1%
40 to 49 hours	258	41%
50 to 59 hours	237	38%
60 to 69 hours	73	12%
70 to 79 hours	9	1%
80 or more hours	6	1%
<b>Total</b>	<b>629</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Annual Income	#	%
<b>Volunteer Work Only</b>	9	2%
<b>Less than \$60,000</b>	36	7%
<b>\$60,000-\$69,999</b>	18	4%
<b>\$70,000-\$79,999</b>	33	6%
<b>\$80,000-\$89,999</b>	36	7%
<b>\$90,000-\$99,999</b>	54	10%
<b>\$100,000-\$109,999</b>	72	14%
<b>\$110,000-\$119,999</b>	61	12%
<b>\$120,000-\$129,999</b>	53	10%
<b>\$130,000-\$139,999</b>	40	8%
<b>\$140,000-\$149,999</b>	21	4%
<b>\$150,000-\$159,999</b>	23	5%
<b>\$160,000 or More</b>	66	13%
<b>Total</b>	<b>522</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$110k-\$120k

**Benefits**  
Paid Vacation: 96%  
Employer Retirement: 78%

**Satisfaction**  
Satisfied: 94%  
Very Satisfied: 68%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
<b>Paid Vacation</b>	534	96%
<b>Paid Sick Leave</b>	482	86%
<b>Dental Insurance</b>	445	80%
<b>Group Life Insurance</b>	445	80%
<b>Retirement</b>	436	78%
<b>Signing/Retention Bonus</b>	88	16%
<b>At Least One Benefit</b>	<b>544</b>	<b>97%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

*The median income for NHAs is between \$110,000 and \$120,000 per year. In addition, 97% of NHAs receive at least one employer-sponsored benefit, including 96% who receive paid vacation time.*

*94% of NHAs are satisfied with their job, including 68% who are very satisfied with their current work circumstances.*

Job Satisfaction		
Level	#	%
<b>Very Satisfied</b>	425	68%
<b>Somewhat Satisfied</b>	164	26%
<b>Somewhat Dissatisfied</b>	25	4%
<b>Very Dissatisfied</b>	13	2%
<b>Total</b>	<b>628</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	28	4%
Experience Voluntary Unemployment?	30	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	14	2%
Work two or more positions at the same time?	46	6%
Switch employers or practices?	67	9%
<b>Experienced at least one</b>	<b>158</b>	<b>22%</b>

Source: Va. Healthcare Workforce Data Center

*4% of Virginia's NHAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 3.6% during the past year.<sup>1</sup>*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 4%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 9%  
New Location: 30%  
Over 2 years: 52%  
Over 2 yrs, 2<sup>nd</sup> location: 44%

Source: Va. Healthcare Workforce Data Center

**Location Tenure**

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	7	1%	13	15%
Less than 6 Months	85	14%	14	16%
6 Months to 1 Year	75	12%	8	9%
1 to 2 Years	125	20%	13	15%
3 to 5 Years	118	19%	23	27%
6 to 10 Years	85	14%	6	7%
More than 10 Years	117	19%	8	9%
<b>Subtotal</b>	<b>612</b>	<b>100%</b>	<b>85</b>	<b>100%</b>
Did not have location	20		630	
Item Missing	98		15	
<b>Total</b>	<b>730</b>		<b>730</b>	

Source: Va. Healthcare Workforce Data Center

*52% of NHAs have worked at their primary location for more than two years.*

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.5% in April 2017 to 3.3% in March 2018. Between these two dates, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.3% and a high of 3.9%.

## At a Glance:

### Concentration

Top Region:	22%
Top 3 Regions:	59%
Lowest Region:	3%

### Locations

2 or more (Past Year):	16%
2 or more (Now*):	12%

Source: Va. Healthcare Workforce Data Center

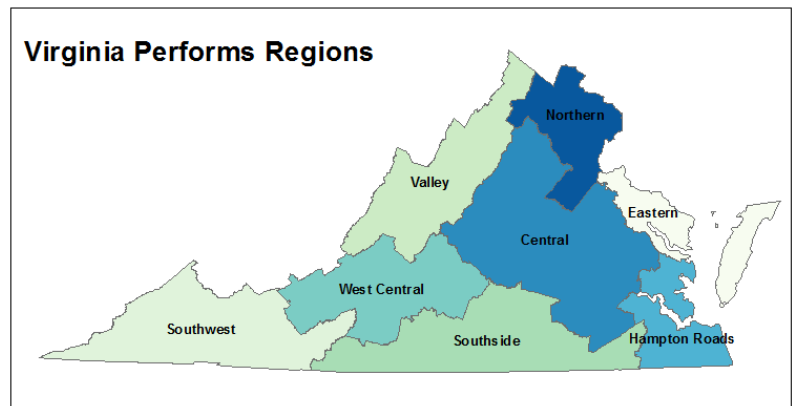
59% of all NHAs in the state work in Central Virginia, Hampton Roads, and Northern Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	131	22%	18	21%
Eastern	17	3%	6	7%
Hampton Roads	118	19%	20	23%
Northern	109	18%	9	10%
Southside	38	6%	6	7%
Southwest	42	7%	6	7%
Valley	45	7%	4	5%
West Central	100	16%	14	16%
Virginia Border State/DC	0	0%	0	0%
Other US State	7	1%	4	5%
Outside of the US	0	0%	0	0%
<b>Total</b>	<b>607</b>	<b>100%</b>	<b>87</b>	<b>100%</b>
Item Missing	103		13	

Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



12% of NHAs currently have multiple work locations, while 16% have had multiple work locations over the past 12 months.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	16	3%	21	3%
1	511	82%	528	84%
2	65	10%	58	9%
3	25	4%	15	2%
4	2	0%	0	0%
5	2	0%	1	0%
6 or More	5	1%	2	0%
<b>Total</b>	<b>627</b>	<b>100%</b>	<b>627</b>	<b>100%</b>

\*At the time of survey completion, March 2018.

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	364	61%	62	78%
<b>Non-Profit</b>	206	35%	14	18%
<b>State/Local Government</b>	22	4%	2	3%
<b>Veterans Administration</b>	0	0%	0	0%
<b>U.S. Military</b>	0	0%	1	1%
<b>Other Federal Government</b>	0	0%	0	0%
<b>Total</b>	<b>592</b>	<b>100%</b>	<b>79</b>	<b>100%</b>
<b>Did not have location</b>	20		630	
<b>Item Missing</b>	118		21	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

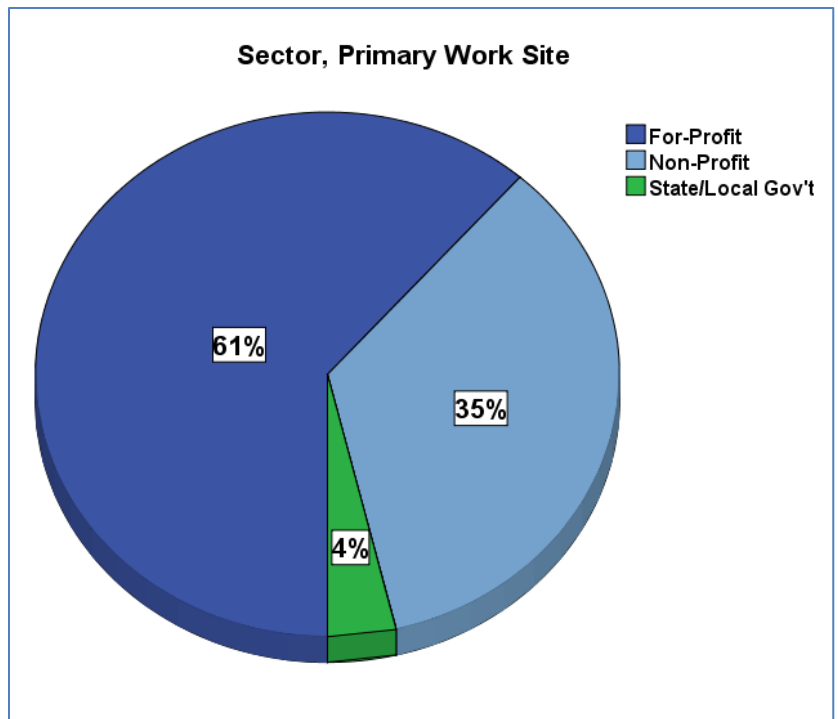
For Profit:	61%
Federal:	0%

**Top Establishments**

Skilled Nursing Facility:	52%
Continuing Care	
Retirement Comm.:	17%
Assisted Living Facility:	15%

Source: Va. Healthcare Workforce Data Center

96% of all NHAs work in the private sector, including 61% who worked at a for-profit establishment.



Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Skilled Nursing Facility</b>	377	52%	52	7%
<b>Continuing Care Retirement Community</b>	124	17%	8	1%
<b>Assisted Living Facility</b>	113	15%	9	1%
<b>Acute Care/Rehabilitative Facility</b>	25	3%	5	1%
<b>Home/Community Health Care</b>	21	3%	1	0%
<b>Hospice</b>	10	1%	0	0%
<b>Adult Day Care</b>	7	1%	0	0%
<b>PACE</b>	3	0%	0	0%
<b>Academic Institution</b>	2	0%	2	0%
<b>Other Practice Type</b>	56	8%	14	2%
<b>At Least One Establishment</b>	<b>606</b>	<b>83%</b>	<b>82</b>	<b>11%</b>

*52% of Virginia's NHA workforce are employed at a skilled nursing facility as their primary work location.*

Source: Va. Healthcare Workforce Data Center

Organization Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
<b>Facility Chain</b>	310	55%	43	60%
<b>Independent/Stand Alone</b>	168	30%	16	22%
<b>Hospital-Based</b>	28	5%	3	4%
<b>Integrated Health System (Veterans Administration, Large Health System)</b>	23	4%	2	3%
<b>College or University</b>	1	0%	3	4%
<b>Other</b>	31	6%	5	7%
<b>Total</b>	<b>561</b>	<b>100%</b>	<b>72</b>	<b>100%</b>
<b>Did Not Have Location</b>	20		630	
<b>Item Missing</b>	148		27	

*55% of NHAs are employed at a facility chain organization as their primary work location. Another 30% of Virginia's NHAs are employed at an independent/stand-alone organization.*

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

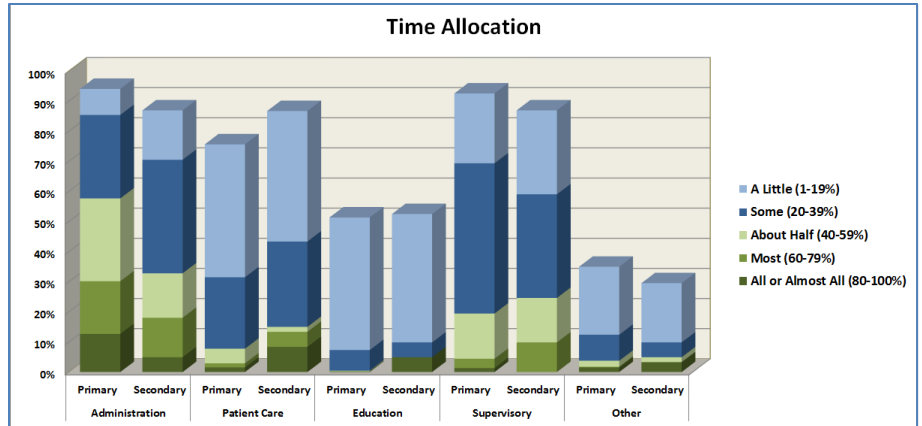
Administration: 40%-49%  
 Supervisory: 20%-29%  
 Patient Care: 10%-19%  
 Education: 1%-9%

### Roles

Administration: 30%  
 Supervisory: 4%  
 Patient Care: 3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



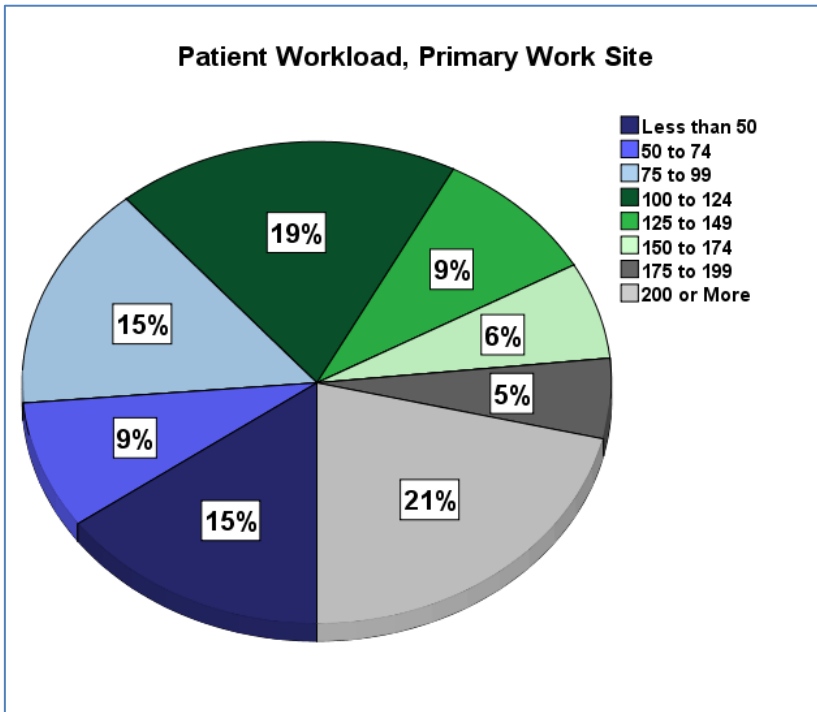
Source: Va. Healthcare Workforce Data Center

*A typical NHA spends nearly half of her time performing administrative tasks. In addition, 30% of NHAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.*

Time Allocation											
Time Spent	Admin.		Patient Care		Education		Supervisory		Other		
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	
<b>All or Almost All (80-100%)</b>	13%	5%	2%	8%	0%	5%	1%	0%	2%	3%	
<b>Most (60-79%)</b>	17%	13%	1%	5%	0%	0%	3%	10%	0%	0%	
<b>About Half (40-59%)</b>	27%	15%	5%	2%	0%	0%	15%	15%	2%	2%	
<b>Some (20-39%)</b>	28%	38%	24%	28%	7%	5%	50%	34%	9%	5%	
<b>A Little (1-19%)</b>	9%	16%	44%	43%	44%	43%	23%	28%	23%	20%	
<b>None (0%)</b>	6%	13%	24%	13%	49%	48%	8%	13%	65%	70%	

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: 100-124

Source: Va. Healthcare Workforce Data Center

The typical NHA is responsible for between 100 and 124 patients at their primary work location. Those NHAs who also have a secondary work location are typically responsible for an additional 100 to 124 patients.

Patient Workload Responsibility				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	54	10%	15	18%
<b>1-24</b>	9	2%	4	5%
<b>25-49</b>	21	4%	0	0%
<b>50-74</b>	48	9%	8	10%
<b>75-99</b>	85	15%	8	10%
<b>100-124</b>	106	19%	18	22%
<b>125-149</b>	52	9%	11	13%
<b>150-174</b>	37	6%	7	9%
<b>175-199</b>	30	5%	2	2%
<b>200-224</b>	15	3%	0	0%
<b>225-249</b>	7	1%	1	1%
<b>250-274</b>	8	1%	1	1%
<b>275-299</b>	7	1%	0	0%
<b>300 or more</b>	83	15%	6	7%
<b>Total</b>	<b>562</b>	<b>100%</b>	<b>82</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs over 50	
	#	%	#	%
<b>Under age 50</b>	9	2%	-	-
<b>50 to 54</b>	19	3%	3	1%
<b>55 to 59</b>	34	6%	6	2%
<b>60 to 64</b>	111	19%	49	16%
<b>65 to 69</b>	256	44%	154	49%
<b>70 to 74</b>	111	19%	76	24%
<b>75 to 79</b>	13	2%	8	3%
<b>80 or over</b>	4	1%	4	1%
<b>I do not intend to retire</b>	27	5%	14	4%
<b>Total</b>	<b>584</b>	<b>100%</b>	<b>314</b>	<b>100%</b>

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: 18%  
Under 60: 3%

**Time until Retirement**

Within 2 years: 9%  
Within 10 years: 31%  
Half the workforce: By 2038

Source: Va. Healthcare Workforce Data Center

*30% of all NHAs expect to retire before the age of 65. Among NHAs who are already at least age 50, 18% expect to retire by age 65.*

*Within the next two years, 13% of NHAs expect to begin accepting Administrators-in-Training, and 12% expect to pursue additional educational opportunities.*

**Future Plans**

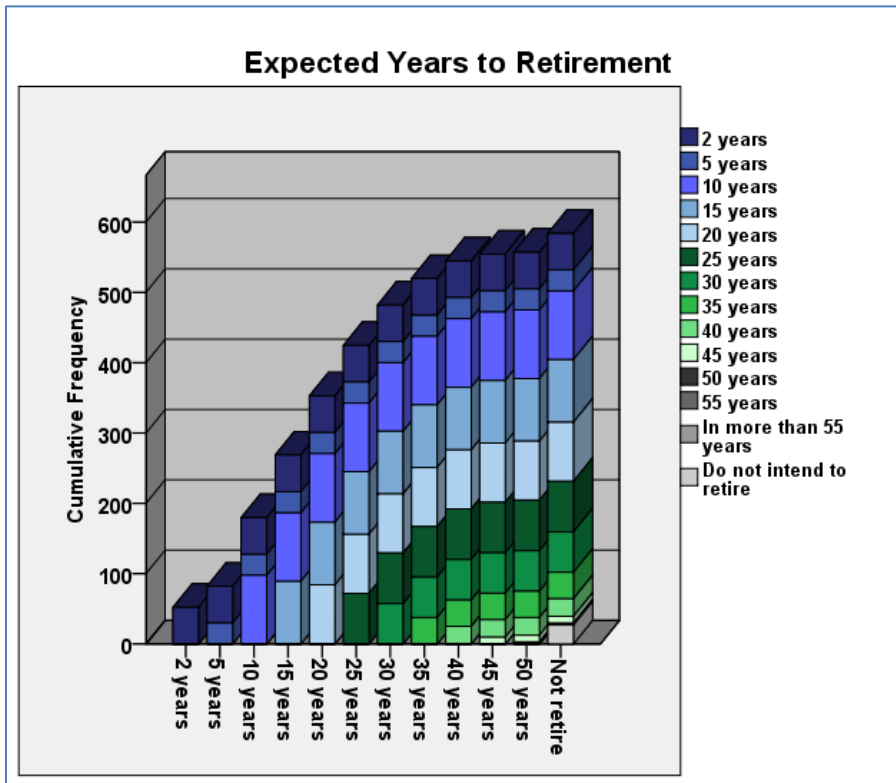
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	13	2%
<b>Leave Virginia</b>	36	5%
<b>Decrease Patient Care Hours</b>	44	6%
<b>Decrease Teaching Hours</b>	0	0%
<b>Cease Accepting Trainees</b>	7	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	42	6%
<b>Increase Teaching Hours</b>	29	4%
<b>Pursue Additional Education</b>	85	12%
<b>Return to the Workforce</b>	10	1%
<b>Begin Accepting Trainees</b>	98	13%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While only 9% 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 expect to retire by 2038.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	52	9%	9%
5 years	30	5%	14%
10 years	98	17%	31%
15 years	89	15%	46%
20 years	84	14%	60%
25 years	72	12%	73%
30 years	57	10%	83%
35 years	38	7%	89%
40 years	25	4%	93%
45 years	10	2%	95%
50 years	3	1%	96%
55 years	0	0%	96%
In more than 55 years	0	0%	96%
Do not intend to retire	27	5%	100%
<b>Total</b>	<b>584</b>	<b>100%</b>	

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 2028. Retirements will peak at 17% of the current workforce around the same time before declining to under 10% again around 2053.

## At a Glance:

### FTEs

Total: 811  
 FTEs/1,000 Residents<sup>2</sup>: .096  
 Average: 1.14

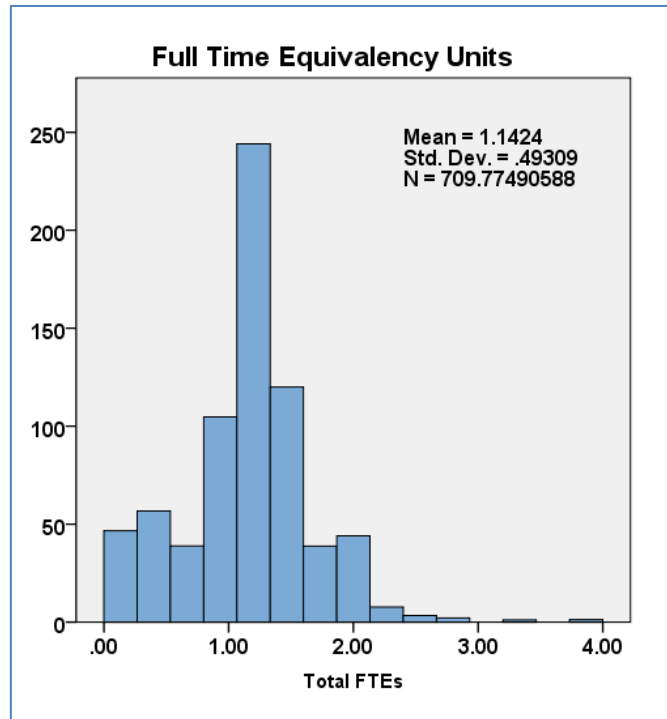
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Small  
 Gender, Partial Eta<sup>2</sup>: None

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

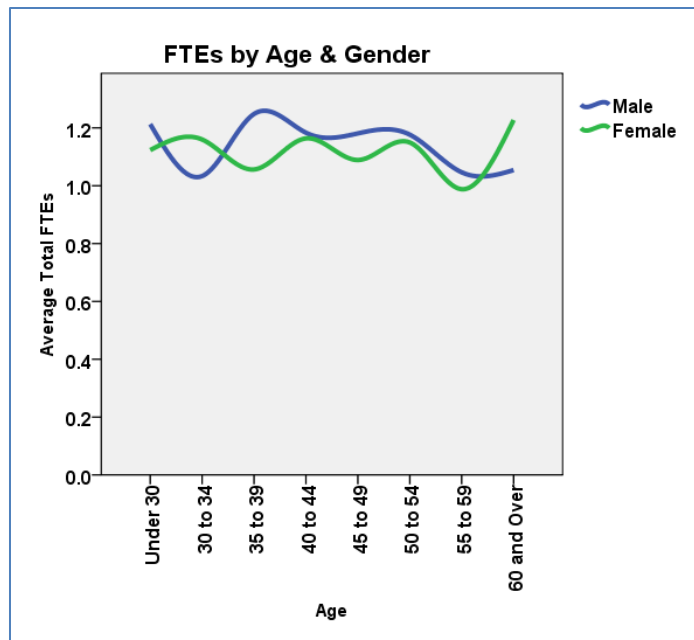


Source: Va. Healthcare Workforce Data Center

*The typical NHA provided 1.18 FTEs in the past year, or approximately 47 hours per week for 50 weeks. Statistical tests do not indicate that FTEs vary by age or gender.*

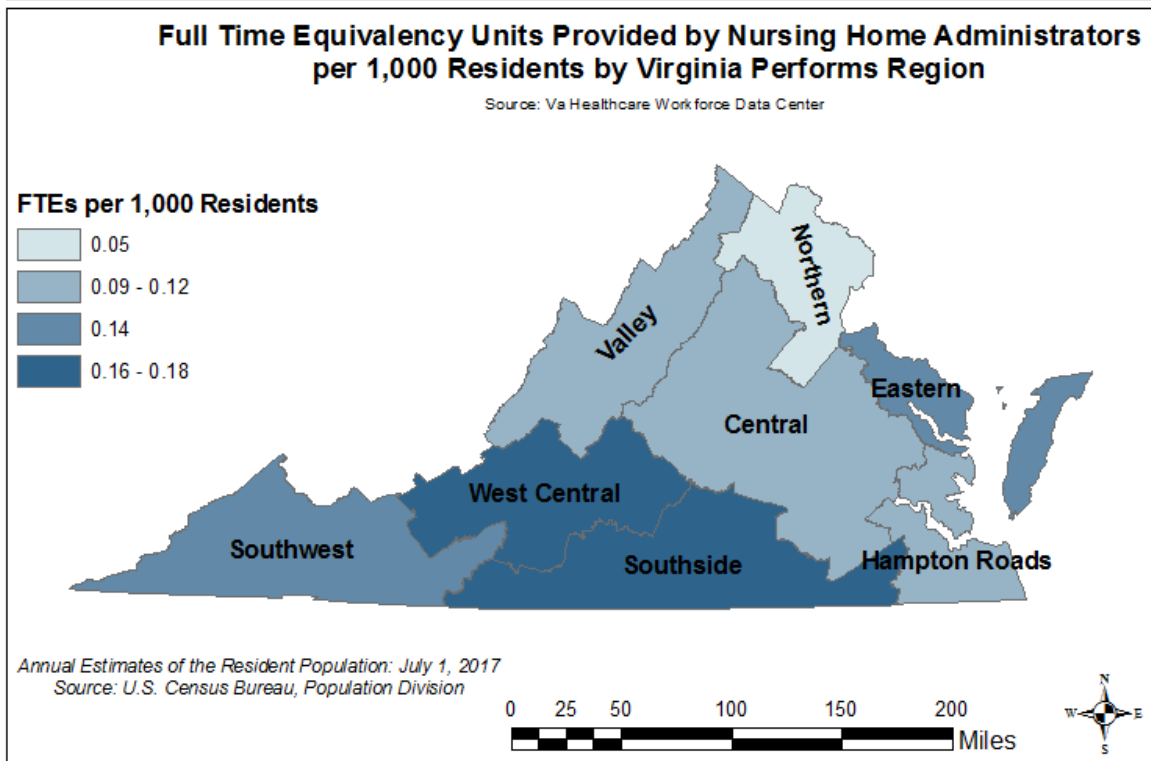
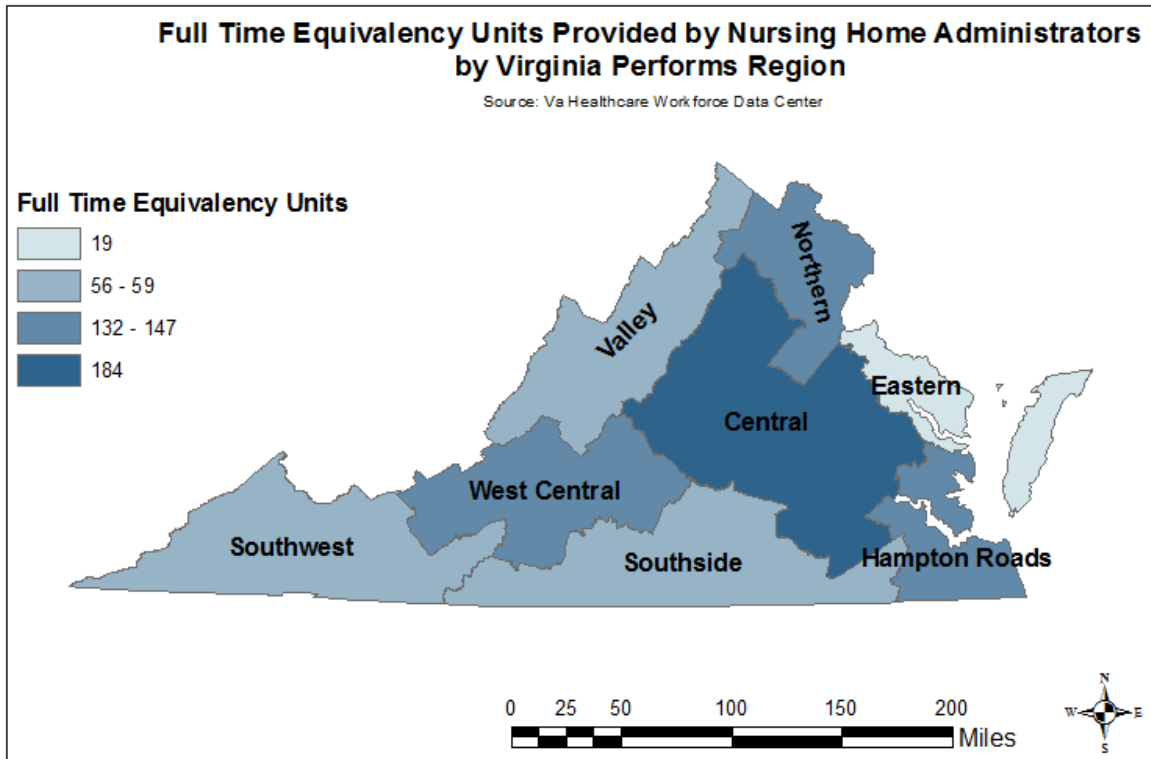
Full-Time Equivalency Units		
Age	Average	Median
<b>Age</b>		
Under 30	1.15	1.20
30 to 34	1.10	1.13
35 to 39	1.17	1.18
40 to 44	1.16	1.15
45 to 49	1.12	1.13
50 to 54	1.10	1.22
55 to 59	1.04	1.15
60 and Over	1.22	1.22
<b>Gender</b>		
Male	1.12	1.18
Female	1.14	1.20

Source: Va. Healthcare Workforce Data Center

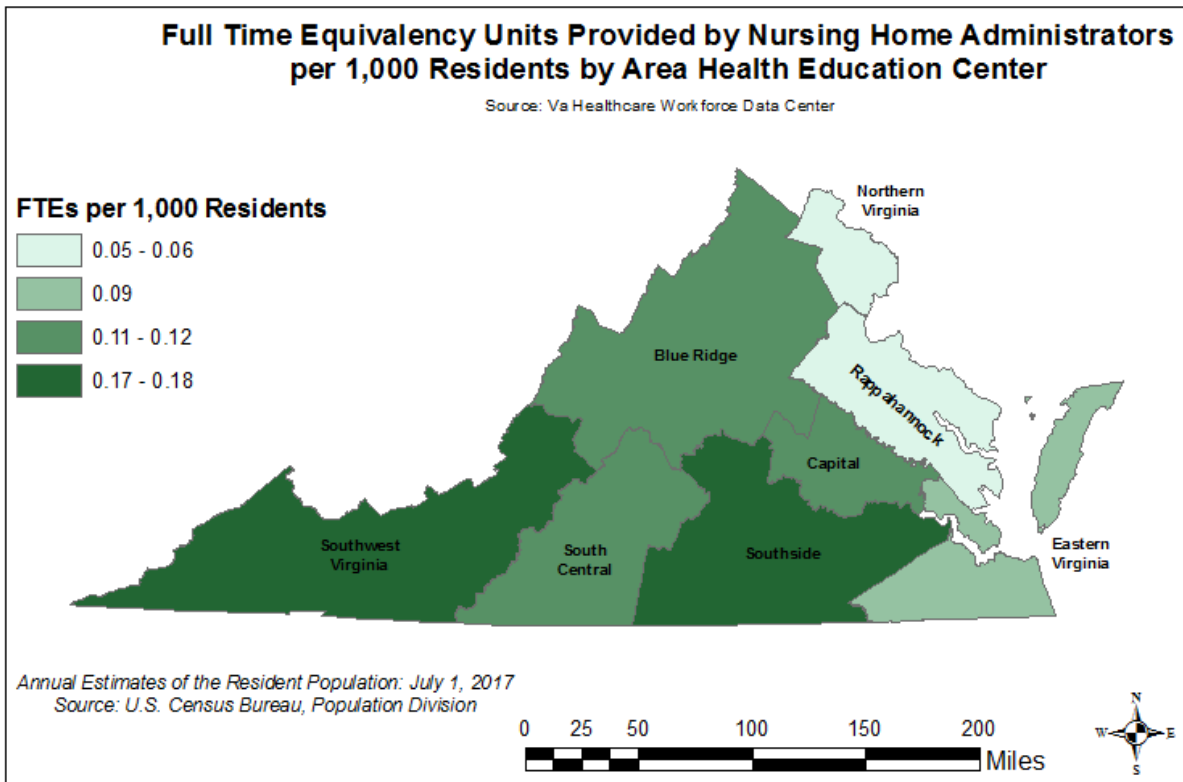
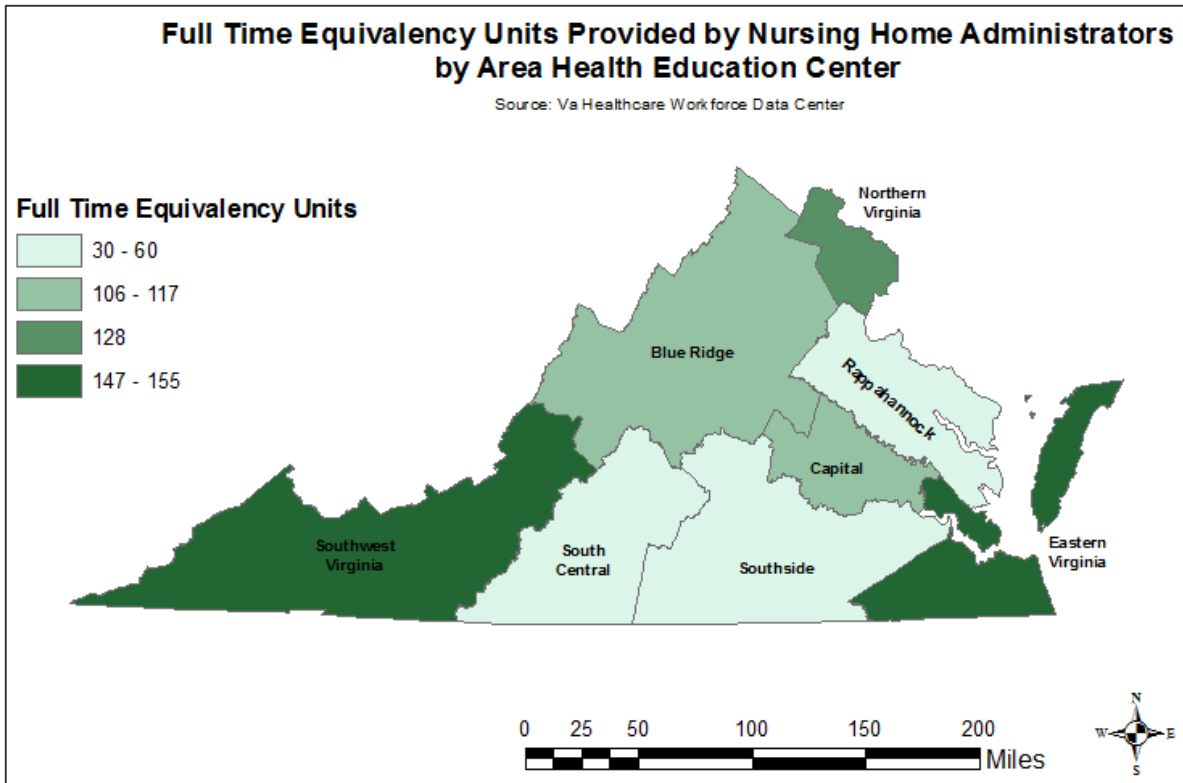


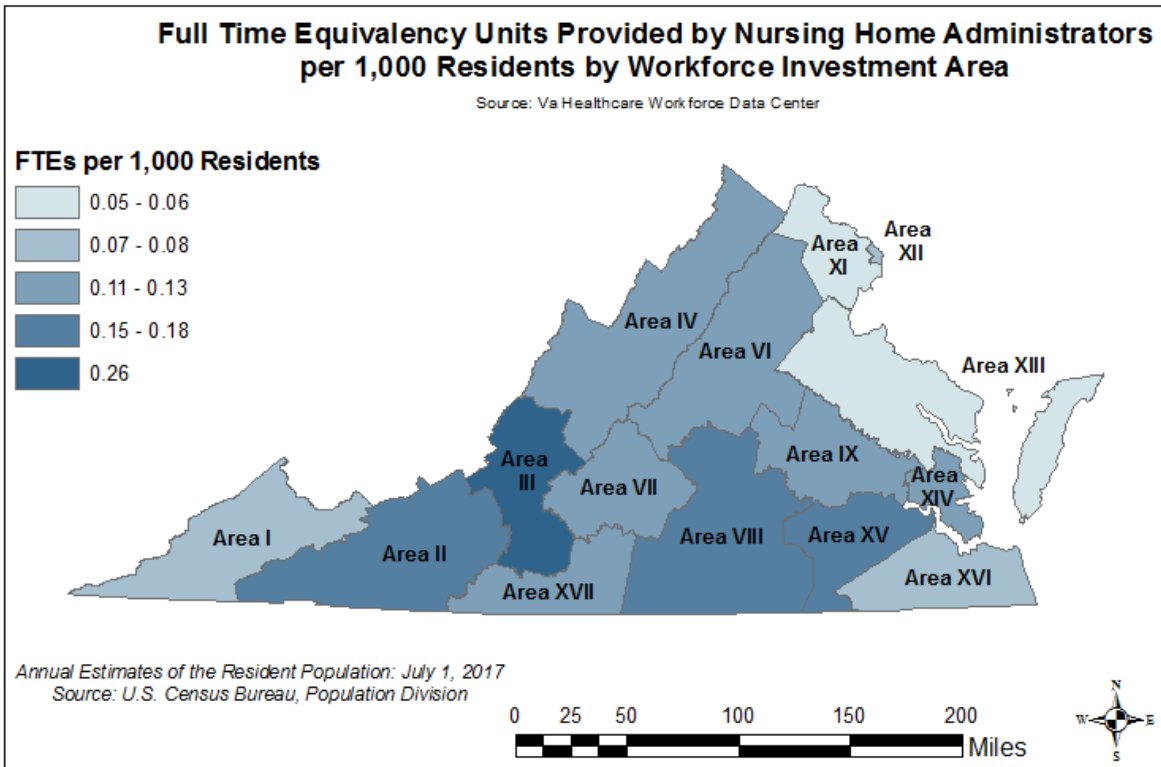
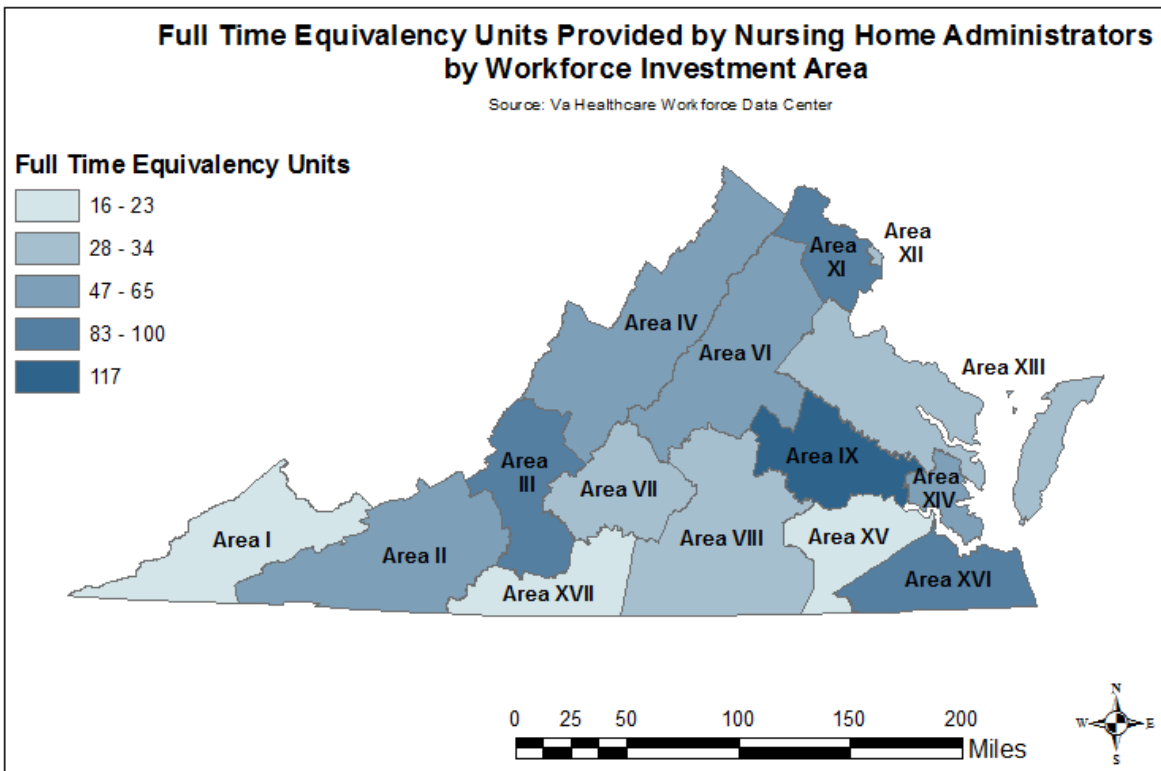
Source: Va. Healthcare Workforce Data Center

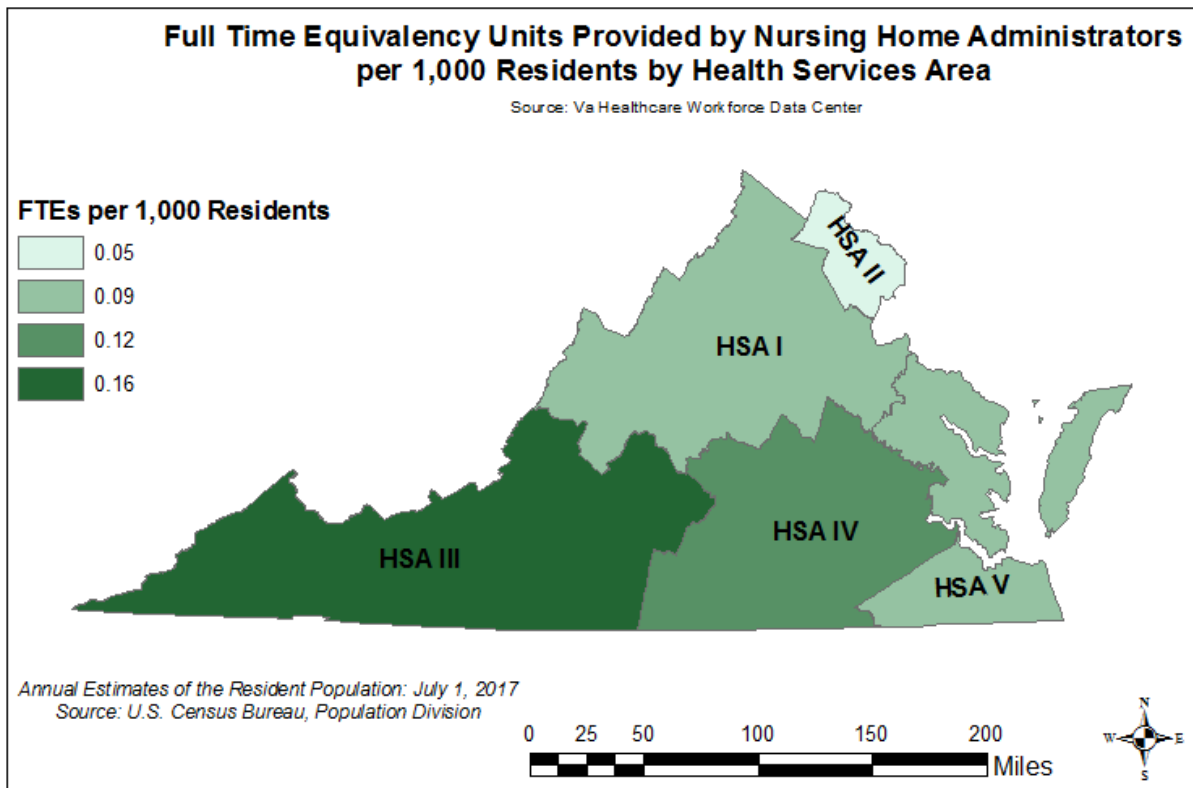
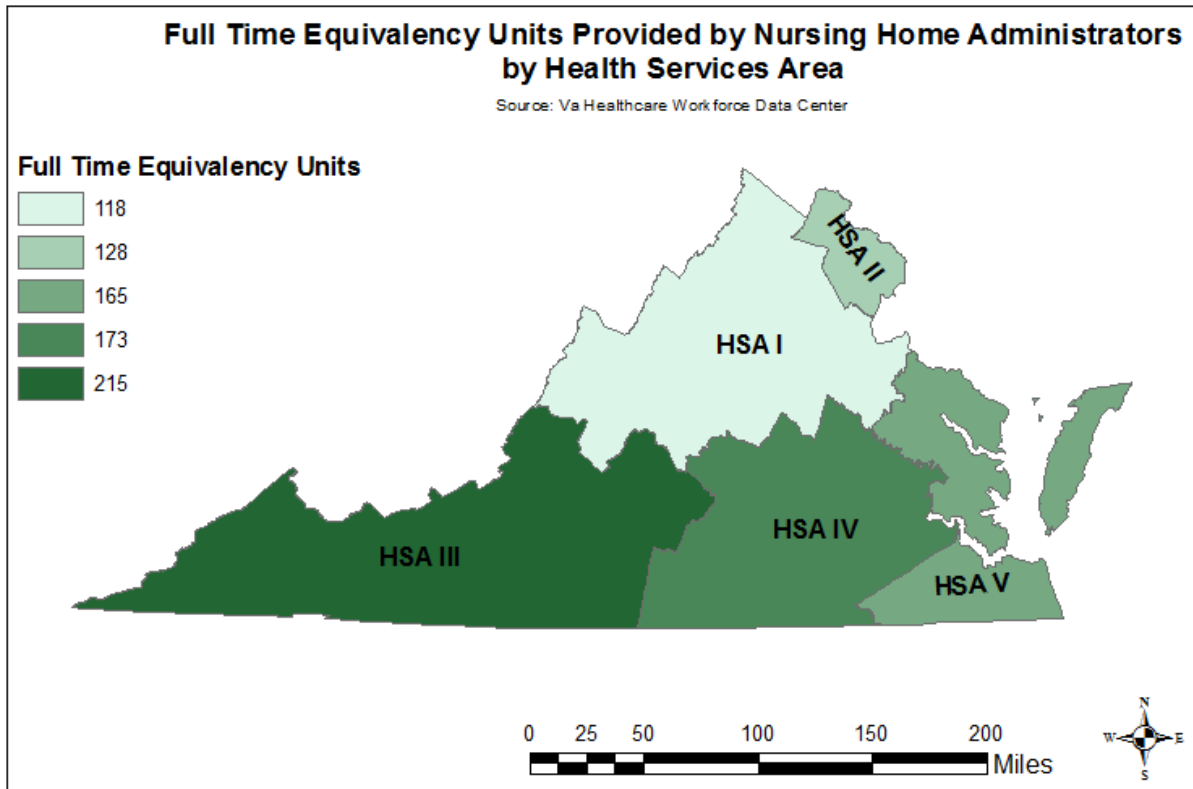
<sup>2</sup> Number of residents in 2017 was used as the denominator.

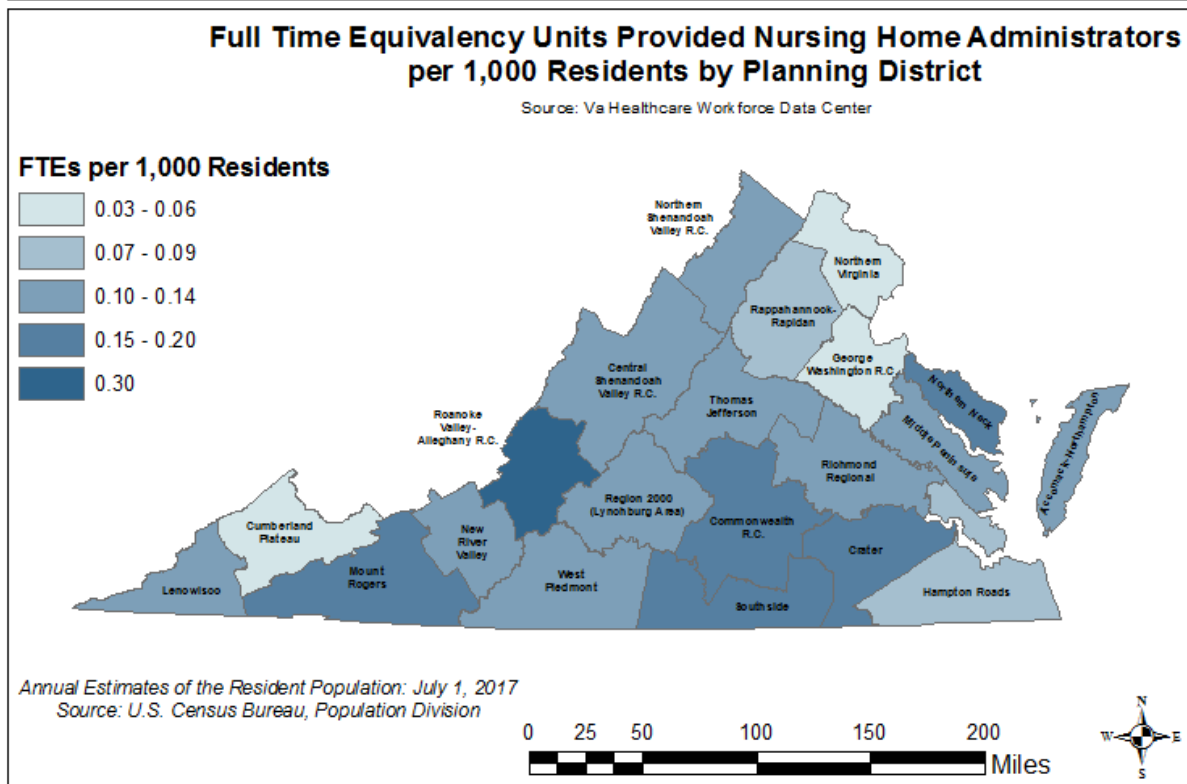
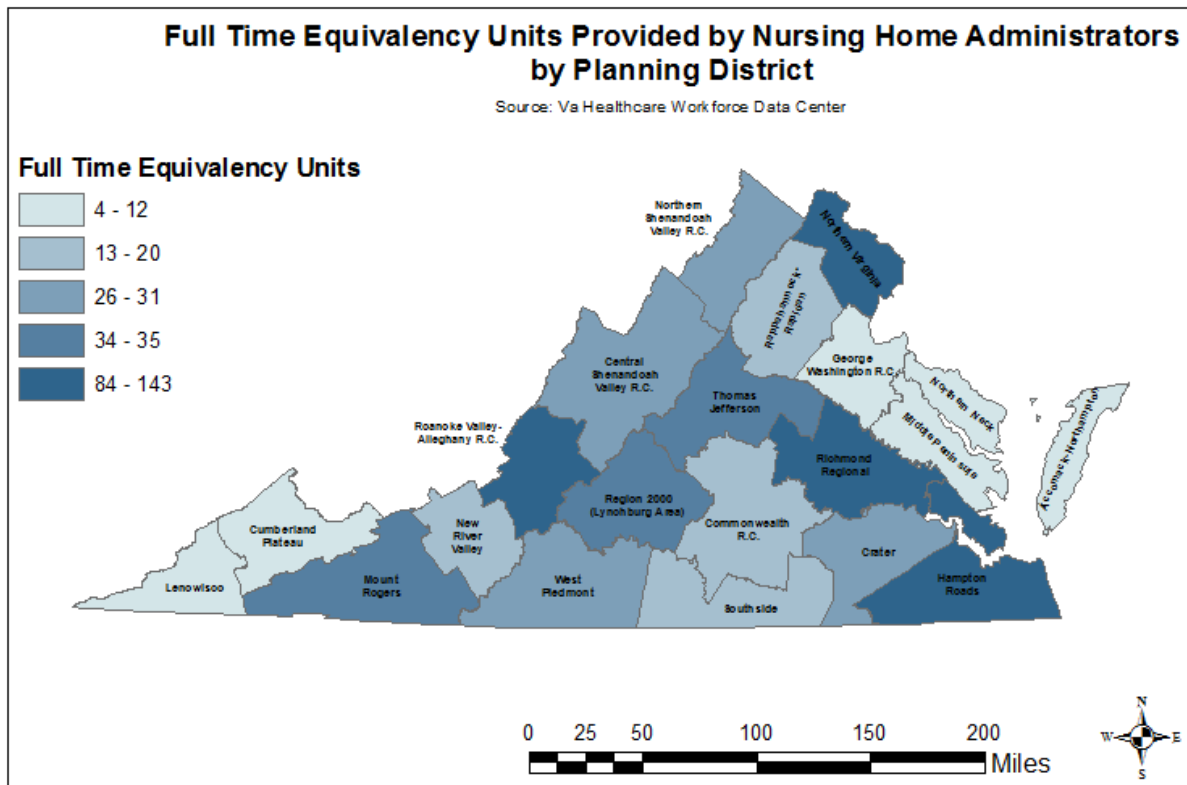












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	398	87.44%	1.143678	1.07714	1.43864
Metro, 250,000 to 1 million	111	85.59%	1.168421	1.10044	1.46976
Metro, 250,000 or less	79	88.61%	1.128571	1.06291	1.41964
Urban pop 20,000+, Metro adj	14	85.71%	1.166667	1.09879	1.19379
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	48	89.58%	1.116279	1.05133	1.40417
Urban pop, 2,500-19,999, nonadj	20	85.00%	1.176471	1.10802	1.47989
Rural, Metro adj	22	81.82%	1.222222	1.1575	1.53744
Rural, nonadj	19	89.47%	1.117647	1.05262	1.4059
Virginia border state/DC	118	73.73%	1.356322	1.27741	1.70613
Other US State	88	70.45%	1.419355	1.33677	1.78542

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	36	66.67%	1.5	1.40417	1.78542
30 to 34	58	82.76%	1.208333	1.13114	1.43825
35 to 39	73	89.04%	1.123077	1.05133	1.33677
40 to 44	102	85.29%	1.172414	1.09752	1.3955
45 to 49	131	88.55%	1.12931	1.05717	1.34419
50 to 54	126	86.51%	1.155963	1.08212	1.37592
55 to 59	124	82.26%	1.215686	1.13802	1.447
60 and Over	266	81.95%	1.220183	1.14223	1.45236

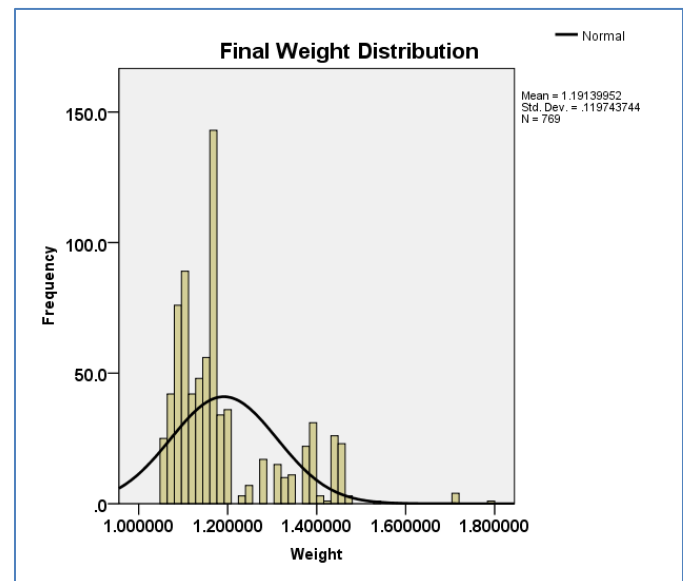
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: [www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

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

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.838604**



Source: Va. Healthcare Workforce Data Center



Commonwealth of Virginia  
Office of the Governor

## Executive Order

**NUMBER SEVENTEEN (2018)**

***AMENDED***

### **DECLARATION OF A STATE OF EMERGENCY FOR THE COMMONWEALTH OF VIRGINIA DUE TO POTENTIAL IMPACTS FROM HURRICANE FLORENCE**

#### **Importance of the Issue**

On September 8, 2018, I declared that a state of emergency exists in the Commonwealth of Virginia based on the need to prepare and coordinate our response for potential impacts from Hurricane Florence. National Weather Service forecasts indicate Hurricane Florence could produce damaging winds, periods of heavy rainfall, power outages, and flooding in the Commonwealth. These conditions have the potential to impact life safety and create significant transportation issues throughout Virginia.

State action is required to protect the health and general welfare of Virginia residents. The anticipated effects of this situation constitute a disaster wherein human life and public and private property are, or are likely to be, imperiled, as described in § 44-146.16 of the *Code of Virginia*.

Therefore, by virtue of the authority vested in me by § 44-146.17 of the *Code of Virginia*, as Governor and as Director of Emergency Management, and by virtue of the authority vested in me by Article V, Section 7 of the Constitution of Virginia and by § 44-75.1 of the *Code of Virginia*, as Commander-in-Chief of the armed forces of the Commonwealth, and subject always to my continuing and ultimate authority and responsibility to act in such matters, I hereby proclaim a state of emergency exists. Accordingly, I direct state and local governments to render appropriate assistance to prepare for the impacts of Hurricane Florence, to alleviate any conditions resulting from the situation, and to implement recovery and mitigation operations and activities so as to return impacted areas to pre-event conditions as much as possible.

In order to marshal all public resources and appropriate preparedness, response, and recovery measures to meet this threat and recover from its effects, and in accordance with my authority contained in § 44-146.17 of the *Code of Virginia*, I order the following:

- A. Implementation of the Commonwealth of Virginia Emergency Operations Plan (COVEOP), as amended, by state agencies along with other appropriate state plans.
- B. Activation of the Virginia Emergency Operations Center (VEOC) and the Virginia Emergency Support Team (VEST), as directed by the State Coordinator of Emergency Management, to coordinate the provision of assistance to local governments and emergency services assignments of other agencies as necessary and determined by the State Coordinator of Emergency Management and other agencies as appropriate.
- C. Activation of the Virginia National Guard and the Virginia Defense Force to state active duty to assist in providing such aid. This shall include Virginia National Guard assistance to the Virginia Department of State Police to direct traffic, prevent looting, and perform such other law enforcement functions as the Superintendent of State Police (in consultation with the State Coordinator of Emergency Management, the Adjutant General, and the Secretary of Public Safety and Homeland Security) may find necessary. Pursuant to § 52-6 of the *Code of Virginia*, I authorize the Superintendent of the Department of State Police to appoint any and all such Virginia Army and Air National Guard personnel called to state active duty as additional police officers as deemed necessary. These police officers shall have the same powers and perform the same duties as the Virginia State Police officers appointed by the Superintendent. Any bonds and/or insurance required by § 52-7 of the *Code of Virginia* shall be provided for them at the expense of the Commonwealth. In all instances, members of the Virginia National Guard and Virginia Defense Force shall remain subject to military command as prescribed by § 44-78.1 of the *Code of Virginia* and are not subject to the civilian authorities of county or municipal governments.
- D. Evacuation of areas threatened or stricken by effects of this event, as appropriate. Pursuant to § 44-146.17(1) of the *Code of Virginia*, I reserve the right to direct and compel the evacuation of all or part of the populace therein from such areas upon a determination by the State Coordinator of Emergency Management. I reserve the right to control the ingress and egress at an emergency area, including the movement of persons within the area and the occupancy of premises therein based upon a determination made by the State Coordinator of Emergency Management. Violations of any order to citizens to evacuate shall constitute a violation of this Executive Order and are punishable as a Class 1 misdemeanor.
- E. Activation, implementation, and coordination of appropriate mutual aid agreements and compacts, including the Emergency Management Assistance Compact (EMAC), and the authorization of the State Coordinator of Emergency Management to enter into any other supplemental agreements, pursuant to §§ 44-146.17(5) and 44-146.28:1 of the *Code of Virginia*. The State Coordinator of Emergency Management is hereby designated as Virginia's authorized representative within the meaning of the Emergency Management Assistance Compact, § 44-146.28:1 of the *Code of Virginia*.

- F. This Emergency Declaration implements limited relief from the provisions of 49 CFR §§ 390.23 and 395.3 for the purpose of providing direct relief or assistance as a result of this disaster.
- G. Authorization of the Virginia Departments of State Police, Transportation, and Motor Vehicles to grant temporary overweight, over width, registration, license, or hours of service exemptions to all carriers transporting essential emergency relief supplies to, through and from any area of the Commonwealth. This authorization also applies to water, food, heating oil, motor fuels or propane, or agricultural products, agricultural supplies, livestock and poultry, livestock and poultry feed, forest products and salvaged wood, waste, and trees cut in preparation for the storm, or providing restoration of utilities (including but not limited to electricity, gas, phone, water, wastewater, and cable) or removal of waste to, through and from any area of the Commonwealth in order to support the disaster response and recovery, regardless of their point of origin or destination. Weight exemptions are not valid on posted structures for restricted weight. Weight exemptions are also not valid on interstate highways unless there is an associated Federal emergency declaration. The exemption shall not exceed the duration of the motor carrier's or driver's direct assistance in providing emergency relief, or 30 days from the initial declaration of emergency, whichever is less.
1. All over width loads, up to a maximum of 12 feet, and over height loads up to a maximum of 14 feet must follow Virginia Department of Motor Vehicles hauling permit and safety guidelines.
  2. In addition to described overweight/over width transportation privileges, carriers are also exempt from vehicle registration with the Department of Motor Vehicles. This includes vehicles en route and returning to their home base. The agencies cited in this provision shall communicate this information to all staff responsible for permit issuance and truck legalization enforcement.
- H. Implementation and discontinuance of the transportation-related provisions authorized above shall be disseminated by the publication of administrative notice to all affected and interested parties. I hereby delegate to the Secretary of Public Safety and Homeland Security, after consultation with other affected Cabinet Secretaries, the authority to implement and disseminate this Order as set forth in § 2.2-104 of the *Code of Virginia*.
- I. Authorization of the Commissioner of Agriculture and Consumer Services to grant a temporary waiver of the maximum vapor pressure prescribed in regulation 2 VAC 5-425 *et seq.*, and to prescribe a vapor pressure limit the Commissioner deems reasonable. The temporary waiver shall remain in effect until emergency relief is no longer necessary, as determined by the Commissioner of Agriculture and Consumer Services.
- J. Provision of appropriate assistance, including temporary assignments of non-essential state employees to the Adjunct Emergency Workforce, be rendered by state agencies to respond to this situation.



- K. Authorization of appropriate oversight boards, commissions, and agencies to ease building code restrictions, permitting requirements, and to allow for emergency demolition, hazardous waste disposal, debris removal, emergency landfill siting, and other operations and activities necessary to address immediate health and safety needs without regard to time-consuming procedures or formalities and without regard to application or permit fees or royalties. All appropriate executive branch agencies are to exercise discretion to the extent allowed by law to address any pending deadlines or expirations affected by or attributable to this emergency event.
- L. Authorization of the Marine Resources Commissioner to act on behalf of the Commission in issuing permits pursuant to Chapter 12 of Title 28.2 of the *Code of Virginia* when, in the judgment of the Commissioner, it is necessary to address immediate health and safety needs and the Commissioner would be unable to convene a meeting of the full Commission in a timely manner. In an effort to address the impacts attributable to Hurricane Florence on the health, safety, and general welfare of the residents of the Commonwealth, and in an attempt to expedite the return of impacted areas and structures to pre-event conditions insofar as possible, no permits for encroachments on state-owned submerged lands, tidal wetlands and coastal primary sand dunes or beaches shall be required to replace previously permitted structures in the same location and in identical or smaller dimensions as the previously permitted structure, and for beach nourishment activities along public beaches, provided any structure replacement or beach nourishment is initiated prior to the expiration of this Executive Order. No person may proceed with replacement of a previously permitted structure or beach nourishment activity under the provisions of this Executive Order without written approval from the Commissioner of the Virginia Marine Resources Commission.
- M. Authorization for the heads of executive branch agencies, with the concurrence of their Cabinet Secretary, to act, when appropriate, on behalf of their regulatory boards to waive any state requirement or regulation where the federal government has waived the corresponding federal or state regulation based on the impact of events related to this situation.
- N. Authorization for the State Veterinarian to grant exemptions for specific requirements for the importation of agricultural and companion animals into the Commonwealth from affected areas.
- O. Activation of the statutory provisions in § 59.1-525 *et seq.* of the *Code of Virginia* related to price gouging.
- P. Authorization of a maximum of \$60,000,000 in state sum sufficient funds for state and local government mission assignments authorized and coordinated through the Virginia Department of Emergency Management that are allowable as defined by The Stafford Act, 42 U.S.C. § 5121 *et seq.* This funding is also available for state response and recovery operations and incident documentation. Out of this state disaster sum sufficient, an amount estimated at \$1,500,000 is authorized for the Department of Military Affairs for the state's portion of the eligible disaster-related costs incurred for salaries, travel, and

meals during mission assignments authorized and coordinated through the Virginia Department of Emergency Management.

- Q. Authorization of an amount estimated at \$1,000,000 for matching funds for the Individuals and Household Program, authorized by The Stafford Act, 42 U.S.C. § 5121 *et seq.* (when presidentially authorized), to be paid from state funds.
- R. Implementation by public agencies under my supervision and control of their emergency assignments as directed in the COVEOP without regard to normal procedures pertaining to performance of public work, entering into contracts, incurring of obligations or other logistical and support measures of the Emergency Services and Disaster Laws, as provided in § 44-146.28(b) of the *Code of Virginia*. Section 44-146.24 of the *Code of Virginia* also applies to the disaster activities of state agencies.
- S. During this declared emergency, any person who holds a license, certificate, or other permit issued by any state or political subdivision thereof, evidencing the meeting of qualifications for professional, mechanical, or other skills, the person, without compensation other than reimbursement for actual and necessary expenses, may render aid involving that skill in the Commonwealth during this emergency. Such person shall not be liable for negligently causing the death of, or injury to, any person or for the loss of, or damage to, the property of any person resulting from such service as set forth in § 44-146.23(C) of the *Code of Virginia*. Additionally, members and personnel of volunteer, professional, auxiliary, and reserve groups identified and tasked by the State Coordinator of Emergency Management for specific disaster-related mission assignments, as representatives of the Commonwealth engaged in emergency services activities within the meaning of the immunity provisions of § 44-146.23(A) of the *Code of Virginia*, shall not be liable for the death of, or any injury to, persons or damage to property as a result of such activities, as provided in § 44-146.23(A) of the *Code of Virginia*.
- T. Designation of physicians, nurses, and other licensed and non-licensed health care providers and other individuals as well as hospitals, nursing facilities, and other licensed and non-licensed health care organizations, political subdivisions and other private entities by state agencies, including the Departments of Health, Behavioral Health and Developmental Services, Social Services, Emergency Management, Transportation, State Police, Motor Vehicles, as representatives of the Commonwealth engaged in emergency services activities, at sites designated by the Commonwealth, within the meaning of the immunity provisions of § 44-146.23(A) of the *Code of Virginia*, in the performance of their disaster-related mission assignments.
- U. A license issued to a health care practitioner by another state, and in good standing with such state, shall be deemed to be an active license issued by the Commonwealth to provide health care or professional services as a health care practitioner of the same type for which such license is issued in another state, provided such health care practitioner is engaged by a hospital, licensed nursing facility, or dialysis facility in the Commonwealth for the purpose of assisting that facility with public health and medical disaster response operations. Hospitals, licensed nursing facilities, and dialysis facilities must submit to

the applicable licensing authority each out-of-state health care practitioner's name, license type, state of license, and license identification number within a reasonable time of such healthcare practitioner arriving at the applicable health care facility in the Commonwealth.

- V. As provided in § 44-146.23(A) of the *Code of Virginia*, no individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, fraternal organization, religious organization, charitable organization, or any other legal or commercial entity and any successor, officer, director, representative, or agent thereof, who, without compensation other than reimbursement for actual and necessary expenses, provides services, goods, real or personal property, or facilities at the request and direction of the State Department of Emergency Management or a county or city employee whose responsibilities include emergency management shall be liable for the death of or injury to any person or for the loss of, or damage to, the property of any person where such death, injury, loss, or damage was proximately caused by the circumstances of the actual emergency or its subsequent conditions, or the circumstances this emergency.
  
- W. The Director of the Virginia Department of Social Services (VDSS), in coordination with Virginia Department of Emergency Management, is directed to activate the statewide sheltering plan and identify and make available such shelters as necessary. Pursuant to the authority in § 44.146.15 of the *Code of Virginia*, and in order to ensure public safety, all weapons listed in § 18.2-308 A of the *Code of Virginia*, including all firearms, are prohibited from such shelters. This prohibition applies to both open and concealed carry of firearms pursuant to a concealed carry permit. The firearm restriction shall not apply to members of the National Guard and Law Enforcement Officers in the performance of their official duties.

Upon my approval, the costs incurred by state agencies and other agents in performing mission assignments through the VEOC as defined herein and in § 44-146.28 of the *Code of Virginia*, other than costs defined in the paragraphs above pertaining to the Virginia National Guard and pertaining to the Virginia Defense Force, shall be paid from state funds.

**Effective Date of this Executive Order**

This Executive Order shall be effective September 8, 2018, and shall remain in full force and in effect until December 31, 2018, unless sooner amended or rescinded by further executive order. Termination of the Executive Order is not intended to terminate any federal type benefits granted or to be granted due to injury or death as a result of service under this Executive Order.

Given under my hand and under the Seal of the Commonwealth of Virginia, this 12th day of September, 2018.



Handwritten signature of Ralph S. Northam in black ink.

Ralph S. Northam, Governor

Attest:

Handwritten signature of Kelly Thomasson in black ink.

Kelly Thomasson, Secretary of the Commonwealth



# Virginia Healthcare Emergency Management Program

On September 8, 2018, Governor Northam declared that a [state of emergency](#) exists in the Commonwealth of Virginia based on the need to prepare and coordinate our response for potential impacts from Hurricane Florence. The following provision is included in the Executive Order:

“A license issued to a health care practitioner by another state, and in good standing with such state, shall be deemed to be an active license issued by the Commonwealth to provide health care or professional services as a health care practitioner of the same type for which such license is issued in another state, provided such health care practitioner is engaged by a hospital, licensed nursing facility, or dialysis facility in the Commonwealth for the purpose of assisting that facility with public health and medical disaster response operations. Hospitals, licensed nursing facilities, and dialysis facilities must submit to the applicable licensing authority each out-of-state health care practitioner’s name, license type, state of license, and license identification number within a reasonable time of such healthcare practitioner arriving at the applicable health care facility in the Commonwealth.”

Healthcare facilities operating under this provision **must fill out** the below information and submit to the Department of Health Professions (DHP).

### Instructions:

- **Fill out all fields below**
- **Submit both pages to [laura.rothrock@dhp.virginia.gov](mailto:laura.rothrock@dhp.virginia.gov) or Fax to (804) 527 - 4434**

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Facility POC:** \_\_\_\_\_  
Name Phone E-mail

**24 Hour Phone Number:** \_\_\_\_\_

*The Virginia Healthcare Emergency Management Program is a partnership of*





Virginia Healthcare Emergency  
Management Program

\* Denotes Required Fields

*Practitioner's Name	*License Type	*State of License	*License Identification Number	Estimated Length of Deployment

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