Virginia Department of
Health Professions
Board of Long-Term Care Administrators

Agenda
Full Board Meeting

October 27, 2021
In-Person, Board Room 1
11:00 a.m.

Call to Order – Martha H. Hunt, ALFA, Board Chair

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

Approval of Minutes (pages 4-37)

- Board Meeting – December 8, 2020
- Formal Hearing – December 8, 2020 and February 12, 2021
- Legislative/Regulatory Committee Meeting – June 15, 2021 and September 9, 2021
- For informational purposes – Informal Conference – May 18, 2021

Ordering and Approval of Agenda

Public Comment

The Board will receive public comment on 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.

Board Member Recognition

Agency Report – David E. Brown, DC, Director, and Barbara Allison-Bryan, MD, Deputy Director

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Presentation (pages 39-98)

- 2021 Workforce Reports – Nursing Home Administrator and Assisted Living Facility Administrator – **Yetty Shobo, PhD, Deputy Director, Healthcare Workforce Data Center**

Staff Reports

- Executive Director's Report – **Corie E. Tillman Wolf, JD, Executive Director (pages 100-112)**
- Discipline Report – **Kelley Palmatier, JD, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Manager**

Board Counsel Report – Erin Barrett, Assistant Attorney General

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Committee and Board Member Reports (pages 114-122)

- Legislative/Regulatory Committee Report – **Jenny Inker, MBA, PhD, ALFA, Committee Chair**

Legislative and Regulatory Report – Elaine Yeatts, Senior Policy Analyst (page 124)

- Report on Status of Regulations

Board Discussion and Actions – Elaine Yeatts and Corie E. Tillman Wolf (pages 126-166)

- Adoption of Electronic Meeting Policy
- Consideration of Recommendations from Legislative/Regulatory Committee and Adoption of Proposed Regulations for the Administrator-in-Training Program (18 VAC 95-20-10 et seq., and 18 VAC 95-30-10 et seq.)
- Readoption of Guidance Documents
    - 95-2, Procedures for Auditing Continuing Education
    - 95-4, Board Policy on the Use of Confidential Consent Agreements
- Revisions to Guidance Documents
    - 95-12, Guidelines for Processing Applications for Licensure: Examination, Endorsement and Reinstatement
    - 95-13 – Guidance on Completion of Continuing Education
- Repeal of Documents as Board Guidance Documents
    - 95-1, Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification
    - 95-10, Memorandum of Understanding with the Virginia Department of Social Services, Division of Licensing Programs on Assisted Living Facilities

New Business

Elections

Next Meeting – December 6, 2021

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 2.2-3707 (F).

Approval of Minutes

Virginia Department of Health Professions
Board of Long-Term Care Administrators

Draft Minutes
***Virtual* Full Board Meeting**

December 8, 2020

The Virginia Board of Long-Term Care Administrators convened virtually via WebEx for a full board meeting on Tuesday, December 8, 2020.

BOARD MEMBERS PRESENT (ALL VIRTUAL)

Mitchell P. Davis, NHA, Chair
Ali Faruk, Citizen Member
Martha H. Hunt, ALFA
Jenny Inker, ALFA
Ashley Jackson, NHA
Derrick Kendall, NHA
Marj Pantone, ALFA, Vice-Chair

BOARD MEMBERS ABSENT

Shervonne Banks, Citizen Member

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING (ALL VIRTUAL)

Barbara Allison-Bryan, MD, DHP Deputy Director
Erin Barrett, Assistant Attorney General, Board Counsel
Trasean Boatwright, Program Manager
Sarah Georgen, Licensing and Operations Manager
Kelley Palmatier, Deputy Executive Director
Corie Tillman Wolf, Executive Director

OTHER GUESTS PRESENT (ALL VIRTUAL)

Lauren Burnette
Jennifer Howell

CALL TO ORDER

Mr. Davis called the meeting to order at 11:00 a.m.

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of the Freedom of Information Act including Virginia Code § 2.2-3708.2, the Board convened a virtual meeting to consider such regulatory and business matters as were presented on the agenda necessary for the Board to discharge its lawful purposes, duties, and responsibilities.

Mr. Davis provided the Board members, staff, and the public with contact information should the electronic meeting be interrupted.

Mr. Davis provided reminders to the Board and public regarding WebEx functions. He completed a roll call of the Board members and staff.

With seven Board members present at the meeting, a quorum was established.

Mr. Davis read the mission of the Board, which is also the mission of the Department of Health Professions.

APPROVAL OF MINTUES

Upon a **MOTION** by Dr. Inker, and properly seconded by Mr. Kendall, the Board voted to accept the September 15, 2020 to November 6, 2020 minutes in block, including minutes from the Board meeting and formal hearing on September 15, 2020, and a telephonic conference on November 6, 2020. The motion passed unanimously (7-0).

ORDERING OF THE AGENDA

Ms. Tillman Wolf requested a change to the agenda noting that Dr. Brown would not be in attendance at the meeting. Ms. Tillman Wolf stated that Dr. Allison-Bryan would provide the Agency Report.

Upon a **MOTION** by Ms. Hunt, and properly seconded by Mr. Kendall, the Board voted to accept the agenda as presented. The motion passed unanimously (7-0).

PUBLIC COMMENT

The Board did not receive any written public comment or request to provide verbal public comment.

AGENCY REPORT

Dr. Allison-Bryan provided an update on the Virginia cannabis program and the status of processors for cannabidiol oil. She also provided an update on workgroups convened related to recreational and medical marijuana.

Dr. Allison-Bryan reported on the COVID-19 vaccines, including the effectiveness, logistics, and distribution of the vaccinations to the citizens of the Commonwealth.

Mr. Kendall requested clarification on the recreational or medical marijuana use by those licensed by the Department of Health Professions and how it could impact patients. Dr. Allison-Bryan stated that best practices will be reviewed and more information would be provided.

Mr. Davis requested a timeline on the approval of recreational marijuana. Dr. Allison-Bryan said that to her knowledge, it could be between 2-4 years.

With no further questions, Dr. Allison-Bryan concluded her report.

PRESENTATION

Dr. Allison-Bryan provided a presentation on the Health Practitioner's Monitoring Program.

Dr. Inker requested information on whether the HPMP program supports compliance with mental health assistance, and asked if stigma was associated with the HPMP program. Dr. Allison-Bryan responded and said that the HPMP program does offer support in compliance with mental health treatment, and also clarified that outreach is ongoing.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, JD, Executive Director

Expenditure and Revenue Summary as of September 30, 2020

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of October 31, 2020.

Cash Balance as of June 30, 2020	$143,338
YTD FY20 Revenue	$ 40,075
Less FY20 Direct & In-Direct Expenditures	$182,088
Cash Balance as of October 31, 2020	**$ 1,325**

COVID Response

Ms. Tillman Wolf provided an overview of the COVID statistics provided by the Virginia Department of Health showing the disproportionate impact on long term care facilities in Virginia as of December 4, 2020.

Ms. Tillman Wolf described the interagency collaboration in response to COVID and recent meetings of task forces and workgroups including the Governor's Long-Term Care Task Force, the Virginia Department of Health (VDH) Regulatory Advisory Panel on visitation in nursing facilities and hospice, the VDH workgroup on clinical staffing in nursing facilities, and the Long-Term Care wellness workgroup.

Ms. Tillman Wolf reported on the discipline operations during the pandemic. She thanked Board members for their continued assistance in processing discipline cases during the pandemic.

Ms. Tillman Wolf stated that an email had been sent to all licensees regarding the 2020-2021 renewals and the steps taken by the Board in regard to continuing education.

Ms. Tillman Wolf provided an overview of the impact of the pandemic on licenses and registrations issued with a comparison of data from 2017 to 2020, noting a decrease YTD 2020 in Assisted Living Facility Administrators (ALFA), ALFA Preceptors, Nursing Home Administrators (NHA), and NHA Preceptors. The data indicated an overall increase in the number of NHA AITs registered in 2020, with stable registration numbers for ALFA AITs.

NAB Updates

Ms. Tillman Wolf provided information from the National Association of Long-Term Care Administrator Boards (NAB). She stated that NAB held a virtual annual meeting in October 2020. She reported nation-wide consistency with other Boards experiencing similar issues and concerns as Virginia during the pandemic.

Ms. Tillman Wolf stated that NAB has completed a Practice Analysis for Nursing Home Administrators and Assisted Living Facility Administrators to ensure that job functions for administrators are current and that examinations accurately reflect areas of competency for new licensees. She reported that the Domains of Practice will be updated and restructured, which will impact the exam blueprint for the NAB exams and likely will require some amendments to the Board's regulations where they reference the Domains.

She reported that NAB is planning to send a letter to the National Practitioners Data Bank to request that Assisted Living Administrators and Health Services Executive (HSE) licensees be added to the licensees that report disciplinary action to the databank.

Ms. Tillman Wolf reported on the Health Services Executive (HSE) credential, stating that nineteen states had adopted the credential.

Ms. Tillman Wolf stated that the NAB CE Registry has approximately 1,335 that designate Virginia for reporting (82%) as of December 2020, an increase since December 2019.

Board Meeting Dates

Ms. Tillman Wolf provided a reminder of the upcoming 2021 Board meeting dates.

- March 16, 2021
- June 15, 2021
- September 21, 2021
- December 14, 2021

Notes

Ms. Tillman Wolf provided reminders to the Board regarding quorum requirements. She reminded the Board members of the scheduled formal hearings scheduled for that day.

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

Discipline Report – Kelley Palmatier, JD, Deputy Executive Director

As of December 4, 2020, Ms. Palmatier reported the following disciplinary statistics:

- 71 Patient Care cases
  - 1 at Informal
  - 3 at Formal Hearing
  - 10 at Enforcement

  - 57 at Probable Cause
  - 3 at APD
- 14 Non Patient Care Cases
  - 2 at Informal
  - 0 at Formal
  - 0 at Enforcement
  - 11 at Probable Cause
- 5 cases at Compliance

Ms. Palmatier reported the following Total Cases Received and Closed:

- Q1 2019 – 13/15
- Q2 2019 – 10/11
- Q3 2019 – 9/17
- Q4 2019 – 7/12
- Q1 2020 – 26/13
- Q2 2020 – 4/12
- Q3 2020 – 13/18
- Q4 2020 – 7/6
- Q1 2021 – 16/28

Ms. Palmatier reported the following Virginia Performs statistics for Q4 2020:

- Clearance Rate – 158% Received 12 patient cases and closed 19 cases
- Pending Caseload
  - 50% - 36 cases pending over 250 days
  - 21% - 15 cases pending over 415 days
- Time to Disposition
  - 69% - 11 cases closed within 250 days
  - 81% - 13 cases closed within 415 days

Ms. Palmatier reported on the percentage of all cases closed in one year and on average days to close a case for the last five quarters.

With no questions, Ms. Palmatier concluded her report.

Licensure Report – Sarah Georgen, Licensing and Operations Manager

Ms. Georgen presented licensure statistics that included the following information:

Current License Count – ALFA and NHA

ALFA	December 2020	NHA	December 2020
ALFA	**672**	**NHA**	**961**
ALF AIT	**97**	**NHA AIT**	**75**
Preceptor	**197**	**Preceptor**	**217**
Total ALFA	**966**	**Total NHA**	**1,253**

TOTAL COMBINED	**2,219**	

Ms. Georgen reported on the trends in license count, which continued to show relatively flat growth from December 2013 to December 2020.

Virginia Performs – Customer Service Satisfaction

- 100% Results:
  - FY16 Q1, Q2, Q4
  - FY17 Q1, Q2, Q4
  - FY18 Q1, Q2, Q3, Q4
  - FY19 Q1, Q2, Q4
  - FY20 Q1, Q2, Q3, Q4
  - FY21 Q1

With no questions, Ms. Georgen concluded her report.

BOARD COUNSEL REPORT – Erin Barrett, Assistant Attorney General

Ms. Barrett did not have a report to provide. She reminded Board members of the fully virtual formal hearings occurring later that day. She asked for the Board's patience during the hearings.

COMMITTEE AND BOARD MEMBER REPORTS

Board of Health Professions Report – Derrick Kendall, NHA

Mr. Kendall stated that the Board of Health Professions meeting was postponed until January 2021; therefore, he did not have a report to provide.

LEGISLATION AND REGULATORY ACTIONS

Legislation/Regulatory Updates

Ms. Tillman Wolf provided legislative and regulatory updates for the Board on behalf of Ms. Yeatts.

NEW BUSINESS

Elections

Mr. Davis stated that in accordance with the Bylaws, at the first regularly scheduled meeting of the organizational year, the Board shall elect a Chair and Vice-Chair.

Mr. Davis provided remarks regarding the process for making additional floor nominations.

Election for Chair

Mr. Davis opened the floor for nominations for Chair of the Board of Long-Term Care Administrators. Ms. Pantone nominated Mr. Kendall for position of Chair. Mr. Davis nominated Ms. Hunt for position of Chair.

Mr. Davis closed the nominations for Chair.

Mr. Davis asked for a verbal vote on the two nominations for Chair of the Board of Long-Term Care Administrators.

By majority vote of 6-0, Ms. Hunt was elected as Chair of the Board of Long-Term Care Administrators. Ms. Hunt experienced technical difficulties and was unable to provide a voice vote.

Election for Vice-Chair

Mr. Davis opened the floor for additional nominations for Vice-Chair of the Board of Long-Term Care Administrators. Mr. Kendall nominated Ms. Jackson for position of Vice-President.

Mr. Davis closed the nominations for Vice-Chair.

Upon a **MOTION** by Mr. Kendall, properly seconded by Dr. Inker, the Board voted to elect Ms. Jackson for the position of Vice-Chair of the Board of Long-Term Care Administrators.

By majority vote of 6-0, Ms. Jackson was elected as Vice-Chair of the Board of Long-Term Care Administrators. Ms. Hunt experienced technical difficulties and was unable to provide a voice vote.

NEXT MEETING

The next meeting date is March 16, 2021.

ADJOURNMENT

With all business concluded, the meeting adjourned at 12:20 p.m.

Mitchell P. Davis, NHA, Board Chair	Corie Tillman Wolf, J.D., Executive Director
Date	Date

Unapproved

VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING - VIRTUAL
MINUTES

December 8, 2020	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**
CALL TO ORDER:	The formal hearing of the Board was called to order at 1:39 p.m.
MEMBERS PRESENT:	Mitchell Davis, NHA, Board Chair (Virtual) Marj Pantone, ALFA, Vice Chair (Virtual) Dr. Jenny Inker, ALFA (Virtual) Ashley Jackson, NHA (Virtual) Ali Faruk, Citizen Member (Virtual)
BOARD COUNSEL:	Erin L. Barrett, Assistant Attorney General (Virtual)
DHP STAFF PRESENT:	Corie Tillman Wolf, Executive Director (Virtual) Sarah Georgen, Licensing and Operations Manager (Virtual)
COURT REPORTER:	Able Forces, (Virtual)
PARTIES ON BEHALF OF COMMONWEALTH:	Claire Foley, Adjudication Specialist (Virtual)
COMMONWEALTH'S WITNESSES:	Debra D. Hay-Pierce, DHP (Virtual) Jaclyn Boykin, LPC (Virtual)
RESPONDENT'S WITNESSES:	Ruebein Canty, Preceptor
OTHERS PRESENT:	Bryan Horowitz (Virtual) Parke Slater (Virtual) Dwayne Cromer (Virtual) Jessica Wilkerson (Virtual) Sherry Gibson (Virtual)

Stephen Shirley (Virtual)
Amy Tanner (Virtual)
Jesslyn Watkins (Virtual)
Sean Ennis (Virtual)
Jennifer Baker (Virtual)
Alan Burton (Virtual)
Martha Miller (Virtual)
Jay Paff (Virtual)
Martha Ann Spruill (Virtual)
Argent Palambo (Virtual)
Brittany Kitchen (Virtual)
Meghan Wingate (Virtual)
Tiffany Johnson (Virtual)
Julia Bennett (Virtual)
Kara Withers (Virtual)
Mandy Wilson (Virtual)
Joyce Johnson (Virtual)
Kelley Palmatier (Virtual)
Angela Pearson (Virtual)

MATTER: **Vanessa Y. Johnson, A.L.F., A-I-T**
Registration No. 1708-000693
Case No's: 195290 & 196772

ESTABLISHMENT OF A QUOROM: With five (5) members present, a quorum was established.

DISCUSSION: Ms. Johnson appeared before the Board virtually in accordance with a Notice of Formal Hearing dated September 20, 2020. Ms. Johnson was not represented by counsel.

The Board received evidence and sworn testimony on behalf of the Commonwealth and Ms. Johnson regarding the allegations in the Notice.

CLOSED SESSION FOR MEDICAL RECORDS: Upon a motion by Marj Pantone, and duly seconded by Ashley Jackson, the Board voted to convene a closed meeting, pursuant to §2.2-2711 (A) (16) of the Code of Virginia, for the purpose of consideration and discussion of medical and mental health records

	of Vanessa Y. Johnson, ALF, AIT, that are excluded from the Freedom of Information Act by Virginia Code section 2.2-3705 (A) (5). Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf, Ms. Georgen, Claire Foley, Debra Hay-Pierce, Jaclyn Boykin, Vanessa Johnson and the Court Reporter attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its considerations.
RECONVENE:	Marj Pantone certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.
CLOSED SESSION:	Upon a motion by Marj Pantone, and duly seconded by Ashley Jackson, the Board 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 Vanessa Y. Johnson, ALF, AIT. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf, and Ms. Georgen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.
RECONVENE:	Marj Pantone certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.
DECISION:	Upon a motion by Marj Pantone and duly seconded by Ashley Jackson, the Board moved to take no action on the expired registration. The motion carried.
VOTE:	The vote was unanimous.
ADJOURNMENT:	The Board adjourned at 4:11 p.m.

Mitchell P. Davis, NHA, Chair	Corie Tillman Wolf, J.D., Executive Director
Date	Date

An audio recording of this meeting can be accessed at:
https://www.dhp.virginia.gov/nha/nha_calendar.htm

Unapproved

VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING - VIRTUAL
MINUTES

December 8, 2020	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**
CALL TO ORDER:	The formal hearing of the Board was called to order at 4:20 p.m.
MEMBERS PRESENT:	Mitchell Davis, NHA, Board Chair (Virtual) Marj Pantone, ALFA, Vice Chair (Virtual) Dr. Jenny Inker, ALFA (Virtual) Ashley Jackson, NHA (Virtual) Ali Faruk, Citizen Member (Virtual)
BOARD COUNSEL:	Erin L. Barrett, Assistant Attorney General (Virtual)
DHP STAFF PRESENT:	Corie Tillman Wolf, Executive Director (Virtual) Sarah Georgen, Licensing and Operations Manager (Virtual)
COURT REPORTER:	Able Forces, (Virtual)
PARTIES ON BEHALF OF COMMONWEALTH:	Claire Foley, Adjudication Specialist (Virtual)
COMMONWEALTH'S WITNESSES:	Joyce Johnson, (Virtual)
OTHERS PRESENT:	Bryan Horowitz (Virtual) Parke Slater (Virtual) Dwayne Cromer (Virtual) Jessica Wilkerson (Virtual) Sherry Gibson (Virtual) Stephen Shirley (Virtual) Amy Tanner (Virtual) Jesslyn Watkins (Virtual)

	Sean Ennis (Virtual) Kelley Palmatier (Virtual) Angela Pearson (Virtual) Julia Bennett (Virtual) Maria Joson (Virtual) Caller 1 – Unidentified (Virtual) Caller 2 – Unidentified (Virtual) Caller 3 – Unidentified (Virtual) Caller 4 – Unidentified (Virtual)
MATTER:	**Happie Harris, A.L.F., A-I-T** **Case No.: 203552**
ESTABLISHMENT OF A QUOROM:	With five (5) members present, a quorum was established.
DISCUSSION:	Ms. Harris appeared before the Board virtually in accordance with a Notice of Formal Hearing dated October 13, 2020. Ms. Harris was not represented by counsel. The Board received evidence and sworn testimony on behalf of the Commonwealth and Ms. Harris regarding the allegations in the Notice.
CLOSED SESSION:	Upon a motion by Marj Pantone, and duly seconded by Dr. Jenny Inker, the Board 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 Happie C. Harris, ALF, A-I-T Applicant. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf, and Ms. Georgen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations
RECONVENE:	Marj Pantone certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION:	Upon a motion by Marj Pantone and duly seconded by Ashley Jackson, the Board moved to deny the application. The motion carried.
VOTE:	The vote was unanimous.
ADJOURNMENT:	The Board adjourned at 5:12 p.m.

Mitchell P. Davis, NHA, Chair	Corie Tillman Wolf, J.D., Executive Director
Date	Date

An audio recording of this meeting can be accessed at:
https://www.dhp.virginia.gov/nha/nha_calendar.htm

Unapproved

VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING - VIRTUAL
MINUTES

February 12, 2021	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**

CALL TO ORDER:	The formal hearing of the Board was called to order at 9:36 a.m.
MEMBERS PRESENT:	Martha Hunt, NHA, Board Chair (Virtual) Ashley Jackson, NHA, Vice Chair (Virtual) Marj Pantone, ALFA, (Virtual) Dr. Jenny Inker, ALFA (Virtual) Derrick Kendall, NHA (Virtual) Ali Faruk, Citizen Member (Virtual)
BOARD COUNSEL:	Erin L. Barrett, Assistant Attorney General (Virtual)
DHP STAFF PRESENT:	Corie Tillman Wolf, Executive Director (Virtual) Sarah Georgen, Licensing and Operations Manager (Virtual) Angela Pearson, Senior Discipline Manager (Virtual)
COURT REPORTER:	Cherryl Maddox Reporting, (Virtual)
PARTIES ON BEHALF OF COMMONWEALTH:	Sean Murphy, Assistant Attorney General (Virtual) Claire Foley, Adjudication Specialist (Virtual)
COMMONWEALTH'S WITNESSES:	Debra Hay-Pierce, Senior Investigator, DHP (Virtual) Paul Wade, Department of Health/OLC (Virtual) Linda D. Strayhorn, (By Phone)
RESPONDENT'S COUNSEL:	Eileen M. Talamante (Virtual) Michael Goodman (Virtual)

RESPONDENT'S WITNESSES:	Adrian Whitfield (Virtual) Uton C. Donaldson (Virtual)
OTHERS PRESENT:	Kelley Palmatier (Virtual) Jenny Wood (Virtual) Tamika Hines (Virtual) Jennifer Deschenes (Virtual) Donna Lee (Virtual) Alicia Johnson (Virtual) Rai Minor (Virtual) Alexandra Aloba (Virtual) Gail Miller (By phone) Joyce Johnson (By phone) Caller ending in "37" – Unknown Caller ending in "26" - Unknown
MATTER:	**Regine R. Thomas, N.H.A.** **License Number: 1701-002449** **Suspension Date: November 9, 2020** **Case No.: 199727**
ESTABLISHMENT OF A QUOROM:	With five (6) members present, a quorum was established.
DISCUSSION:	Ms. Thomas appeared before the Board virtually in accordance with a Notice of Formal Hearing dated November 13, 2020. Ms. Thomas was represented by counsel, Eileen M. Talamante and Michael Goodman. The Board received evidence and sworn testimony on behalf of the Commonwealth and Ms. Thomas regarding the allegations in the Notice. Eileen Talamante, Attorney for Respondent, made a Motion to Dismiss after the conclusion of the Commonwealth's presentation of evidence.

CLOSED SESSION FOR LEGAL ADVICE:

Upon a motion by Derrick Kendall and duly seconded by Ashley Jackson, the Board voted to convene a closed meeting pursuant to Section 2.2-3711(A) (8) of the Code of Virginia for the purpose of consultation with Board Counsel in the matter of Regine R. Thomas, N.H.A. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf, Ms. Georgen, and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its considerations.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

Upon a motion by Derrick Kendall, and duly seconded by Ashley Jackson, the Board voted to deny Respondent's Motion to Dismiss. The vote was unanimous.

CLOSED SESSION:

Upon a motion by Ashley Jackson, and duly seconded by Marj Pantone, the Board 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 Regine R. Thomas, N.H.A. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf, Ms. Georgen and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION:

Upon a motion by Ashley Jackson and duly seconded by Derrick Kendall, the Board moved to reinstate the license of Regine R. Thomas. The motion carried.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 4:49 p.m.

_____	_____
Martha Hunt, NHA, Chair	Corie Tillman Wolf, J.D., Executive Director
_____	_____
Date	Date

An audio recording of this meeting can be accessed at:
https://www.dhp.virginia.gov/nha/nha_calendar.htm

Virginia Department of Health Professions
Board of Long-Term Care Administrators

Draft Minutes
***Virtual* Legislative/Regulatory Committee Meeting**

June 15, 2021

The Virginia Board of Long-Term Care Administrators' Legislative/Regulatory Committee convened virtually via WebEx on Tuesday, June 15, 2021.

BOARD MEMBERS PRESENT (ALL VIRTUAL)

Derrick Kendall, NHA, Committee Chair
Jenny Inker, ALFA
Martha H. Hunt, ALFA

BOARD MEMBERS ABSENT

Ali Faruk, Citizen Member

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING (ALL VIRTUAL)

Erin Barrett, Assistant Attorney General, Board Counsel
Trasean Boatwright, Program Manager
Sarah Georgen, Licensing and Operations Manager
Kelley Palmatier, Deputy Executive Director
Corie Tillman Wolf, Executive Director
Elaine Yeatts, DHP Sr. Policy Analyst

OTHER GUESTS PRESENT (ALL VIRTUAL)

Judy Raymond, LeadingAge Virginia
Elmira Pitchford
Judy Hackler, Virginia Assisted Living Association
Ben Traynham
804-2**-**17 (Unknown Caller)

CALL TO ORDER

Mr. Kendall called the meeting to order at 9:01 a.m.

Due to the COVID-19 declared state of emergency and consistent with Item 4-0.01 of HB1800 (Budget Bill for 2020-2022) and the applicable provisions of the Freedom of Information Act including Virginia Code § 2.2-3708.2 and with Executive Order 51 (2020), the Committee convened a virtual meeting to consider such regulatory and business matters as were presented on the agenda necessary for the Board to discharge its lawful purposes, duties, and responsibilities.

Mr. Kendall provided the Committee members, staff, and the public with contact information should the electronic meeting be interrupted.

Mr. Kendall provided reminders to the Board and public regarding WebEx functions. He completed a roll call of the Committee members and staff.

With three Committee members present at the meeting, a quorum was established.

Mr. Kendall read the mission of the Board, which is also the mission of the Department of Health Professions.

ORDERING OF THE AGENDA

Hearing no changes to the agenda, Mr. Kendall accepted the agenda as written.

PUBLIC COMMENT

Written public comment (Attachment A) was provided by Judy Hackler, Virginia Assisted Living Association (VALA), Steven Wilkins, Legacy at Imperial Village, and Dana Parsons, LeadingAge Virginia.

The Committee received verbal public comment from Judy Hackler, VALA, and Judy Raymond, LeadingAge Virginia.

DISCUSSION

Ms. Tillman Wolf provided a brief summary of the past meetings of the Board related to Administrators-in-Training (AITs), including two Regulatory Advisory Panel ("RAP") meetings in 2019. The Full Board adopted a Notice of Intended Regulatory Action (NOIRA) in December 2019 to initiate the regulatory process as a result of the recommendations made by the RAP. She stated that the intent of the Legislative/Regulatory Committee was to review the draft language to provide recommendations to the Full Board for consideration in adopting proposed regulations.

Ms. Tillman Wolf and Ms. Yeatts provided an overview of the staff draft of proposed amendments to the regulations.

Draft Proposed Amendments to the Administrator-in-Training Regulations for Consideration by the Full Board (18 VAC 95-20-10 et seq. and 18 VAC 95-30-10 et seq.)

The Committee discussed the following recommendations for the proposed amendments to the Administrator-in-Training Regulations for consideration by the Full Board (18 VAC 95-20-10 et seq. and 18VAC 95-30-10 et seq.):

Regulations Governing the Practice of Nursing Home Administrators:

- 18VAC95-20-175, Continuing education requirements
    - *A(3): "At least two hours of continuing education for each renewal year shall relate to the care of residents with mental or cognitive impairments, including Alzheimer's disease and dementia."*
    - *A(4): "A licensee who serves as the registered preceptor in an approved AIT or Assisted Living Facility AIT program may receive one hour of continuing education credit for each*

week of training up to a maximum of 10 hours of self-study coursework for each renewal year."

- 18VAC95-20-310, Required hours of training
  - *D: "An AIT shall receive credit for no more than 40 hours per week of training."*
  - E: The Committee recommended striking draft language related to a board-approved course in nursing home administration that meets NAB approved standards until more information could be provided on the NAB-approved course.
  - *F: "An AIT shall complete training on the care of residents with cognitive or mental impairments, including Alzheimer's disease and dementia during the AIT training program."*
- 18VAC95-20-330, Training facilities
  - The Committee recommended that a limitation on training facilities based on resident beds/ facility size not be included in the draft regulations.
- 18VAC95-20-340, Supervision of trainees
  - C(2): "Shall be routinely present with the trainee for *on-site supervision* in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility;"
- 18VAC95-20-390, Training plan
  - "The training plan shall address the Domains of Practice approved by NAB that is in effect at the time the training program is submitted for approval *and outlined in the NAB AIT Manual*."
- 18VAC95-20-400, Reporting requirements
  - A: *"The preceptor shall document in the progress report the dates of on-site supervision of the AIT training."*
  - B: The Committee agreed to clarifying language without reference to completion of a course at this time.

BREAK

The Committee took a break at 10:54 a.m. and returned at 11:05 a.m.

Regulations Governing the Practice of Assisted Living Facility Administrators

- 18VAC95-30-70, Continuing education requirements
  - *A(3): "At least two hours of continuing education for each renewal year shall relate to the care of residents with mental or cognitive impairments, including Alzheimer's disease and dementia."*
  - *A(4): "A licensee who serves as the registered preceptor in an approved AIT or Assisted Living Facility AIT program may receive one hour of continuing education credit for each week of training up to a maximum of 10 hours of self-study coursework for each renewal year."*
- 18VAC95-30-100, Educational and training requirements for initial licensure
  - A(1)(a): "Complete at least 30 semester hours *of postsecondary education* in an accredited college or university *and at least 15 of the 30 semester hours shall be in business or human services or a combination thereof* and 640 hours in an ALF AIT program as specified in 18VAC95-30-150."
  - *A(1)(g) and (h):* The Committee recommended the convening of a Regulatory Advisory Panel to provide recommendations to the Legislative/Regulatory Committee regarding the

definitions and requirements for a new pathway to registration for previous healthcare experience in a health care setting.

- 18VAC95-30-160, Required content of an ALF administrator-in-training program
  - A: "The training plan shall include the tasks and the knowledge and skills required to complete those tasks as approved by NAB as the domains of practice for residential case/assisted living in effect at the time the training is being provided *and outlined in the NAB AIT Manual*."
  - *C: "An ALF AIT shall receive credit for not more than 40 hours per week of training."*
  - D: The Committee recommended striking draft language related to a board-approved course in assisted living facility administration that meets NAB approved standards until more information could be provided on the NAB-approved course.
  - *E: "An ALF AIT shall complete training on the care of residents with cognitive or mental impairments, including Alzheimer's disease and dementia."*
- 18VAC95-30-170, Training facilities
  - *B: "Training in an ALF AIT program or internship shall not be conducted in:"*
  - B(1): "*An assisted living* facility with a provisional license as determined by the Department of Social Services *in which the AIT program is a new ALF AIT program*;"
  - *B(2): "An assisted living facility with a conditional license as determined by the Department of Social Services where the AIT applicant is the owner of the facility;"*
  - *B(3): "A facility that is licensed as residential only and does not require an administrator licensed by the Board of Long-Term Care Administrators; or"*
  - B(4): The Committee recommended the convening of a Regulatory Advisory Panel to provide recommendations to the Legislative/Regulatory Committee regarding whether a limitation on facility size/resident beds should be included in the requirements for AIT training.
- 18VAC95-30-180, Preceptors
  - C(2): "Be routinely present for *on-site supervision* of the trainee in the training facility as appropriate to the experience and training of the ALF AIT and the needs of the residents in the facility;"
  - F(1): "Hold a current, unrestricted Virginia assisted living facility or nursing home license and be employed *full-time as an administrator in a training facility, be a regional administrator with on-site supervisory responsibilities for a training facility*, or have a *written* agreement with a training facility for a preceptorship;"
- 18VAC95-30-190, Reporting requirements
  - A: "The preceptor shall maintain progress reports on forms prescribed by the board for each month of training. *The preceptor shall document in the progress report the dates of on-site supervision of the AIT 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 *four* hours per week."
  - B: The Committee recommended no substantive change to the current language.

Upon a ***MOTION*** by Dr. Inker, and properly seconded by Ms. Hunt, the Committee voted to recommend the proposed changes to the Regulations for the Administrator-in-Training program to the full Board for consideration as amended. The motion passed unanimously (3-0).

NEXT MEETING

Mr. Kendall stated that following a Regulatory Advisory Panel meeting to review the regulations for additional consideration, a final Legislative/Regulatory Committee meeting will convene to finalize the recommendations to the Full Board.

ADJOURNMENT

With all business concluded, the meeting adjourned at 12:30 p.m.

Derrick Kendall, NHA, Committee Chair	Corie Tillman Wolf, J.D., Executive Director
Date	Date

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

Date: May 28, 2021

Re: Public Comments – Draft Proposed Amendments to the Administrator-In-Training Regulations for Consideration to the Full Board (18 VAC 95-30-10 et seq.)

The Virginia Assisted Living Association (VALA) represents licensed assisted living communities from throughout Virginia of varying organizational structures and resident capacities. We thank the Board of Long-Term Care Administrators for considering areas of improvement to the current regulations that will support the recruitment, licensure, and retention of licensed assisted living facility administrators. Below are some of our initial comments regarding the draft proposed amendments to the Administrator-In-Training (AIT) Regulations.

- **18VAC95-30-70 – Continuing Education Requirements** – VALA supports allowing registered preceptors to count one hour of credit for each week of training towards their required continuing education continuing education requirements. This may help to encourage more licensed administrators to become registered preceptors and more registered preceptors to accept new administrators-in-training. VALA continues to receive numerous requests from individuals interested in completing the AIT program that are unable to find a registered preceptor available and willing to precept them.

- **18VAC95-30-100 – Educational and Training requirements for initial licensure** –

    - g. VALA supports the creation of an additional pathway to licensure as an administrator that does not require an individual to have received post-secondary education credits. There is a significant shortage of licensed administrators, and the impending retirement of many administrators that existed prior to 2020 has now been exacerbated by the COVID-19 pandemic causing significant stress and burnout for currently licensed administrators. It is crucial that Virginia provide additional pathways to licensure that allow for individuals that have worked in the direct caregiving industries to be able to be trained as an administrator. By creating this additional pathway, the Board is increasing the workforce pool of desirable candidates passionate about caring for the elderly and no longer discriminating against individuals with a lower income that may not have been able to afford obtaining a college/university education.

    - g. The requirement for some ALF AITs to complete possibly an 80-hour course *in addition to* the hundreds of hours required in the ALF AIT program is another prohibitive condition to licensure. The possibly 80-hour course should be included in the total number of hours required for the generalized ALF AIT program.

    - h. VALA supports a specific definition of a "health care setting" for the specific purpose of the section that includes a "licensed assisted living facility", since licensed assisted living facilities are not technically identified as a "health care institution" or a "health care provider" in other Virginia Code references.

- h. VALA supports the definition of the "managerial or supervisory role" to include "management responsibility and supervision of two or more staff."

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

  - A. References to having training as "outlined in the NAB AIT Manual" may not be needed as there is already a reference to "tasks as approved by NAB as the domains of practice for residential care/assisted living in effect at the time the training is being provided."

  - A. Another option would be to state, "The training plan shall include the tasks and the knowledge and skills required to complete those tasks as are covered in the domains of practice outlined in the NAB National Administrator-In-Training Program Manual."

  - C. Having a minimum work schedule of "not less than 20 hours" per week *would be prohibitive and discriminatory* to those AITs that must continue to work another job while in training in order to cover the costs of living. There is already a requirement in 18VAC95-30-150 that the required hours of training are "to be completed within 24 months", and that requirement should be sufficient without placing another burden of a minimum number of hours per week for completing the AIT program. Adding the restriction of the "not less than 20 hours" per week would also be prohibitive for the AIT to take time off for vacations, family emergencies, etc.

  - D. As currently worded in the proposed language, VALA supports having the possibly 80-hour course be included "as part of the total required AIT program hours." The requirement for all ALF AITs to complete possibly an additional 80-hour course *in addition to* the hundreds of hours required in the ALF AIT program would result in another prohibitive condition to licensure.

- **18VAC95-30-170 Training Facilities** –

  - B. 1. VALA has received several comments regarding the proposed inability of an ALF AIT program being commenced in a facility with a provisional license. In some instances of the issuances of a provisional license, a different administrator is assigned to the ALF to resolve issues that led to the provisional licensure. It has been noted that an ALF AIT being precepted by the administrator brought in to resolve the issues may be provided the best training on how to properly and efficiently manage the ALF to ensure compliance with regulations.

  - B. 4. VALA is cautious of the Board in excluding smaller, licensed ALFs from being able to train ALF AITs. This exclusion may be considered discriminatory and unethical.

- **18VAC95-30-180 Preceptors** –

  - With the severe shortage of registered preceptors, VALA encourages the Board to consider more options to increase the available supply of registered preceptors and the availability of those preceptors. We thank the Board for currently publishing the listing of licensed preceptors who volunteered their contact information to be shared in a public directory; however, many of those listed are already precepting two AITs or are restricted to only serve as a preceptor for AITs within their employment organization. As recommended by the Regulatory Advisory Panel (RAP), maybe adding a column to the public directory of any restrictions on the preceptor would be beneficial and prevent AITs from having to contact all of the listed preceptors.

We request the Board of Long-Term Care Administrators to follow the recommendations of the RAP in working with the Virginia Department of Health Professions Workforce Data Center and industry stakeholders to increase exposure and education opportunities for individuals and to develop additional academic pipelines for students to become licensed assisted living administrators.

Again, we thank you for your considerations to improving the current AIT regulatory process by expanding the eligibility criteria to allow for more individuals to become administrators-in-training. Please let me know if you have any questions regarding these comments.

Commonwealth of Virginia

Georgen, Sarah <sarah.georgen@dhp.virginia.gov>

Re: LTC AIT Comments

Tillman Wolf, Corie <corie.wolf@dhp.virginia.gov> Fri, May 28, 2021 at 11:37 AM
To: Steven Wilkins <steven@legacyimperialvillage.com>
Cc: "jhackler@valainfo.org" <jhackler@valainfo.org>, Sarah Georgen <sarah.georgen@dhp.virginia.gov>

Mr. Wilkins,

The Board of Long Term Care Administrators is in receipt of your comments, which will be included in the public comments for the Legislative/Regulatory Committee meeting on June 2, 2021.

Sincerely,

Corie Tillman Wolf

Corie E. Tillman Wolf, J.D.
Executive Director
Boards of Funeral Directors and Embalmers,
Physical Therapy, and Long-Term Care Administrators
(804) 367-4424 office
(804) 418-2020
corie.wolf@dhp.virginia.gov

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice and providing information to health care practitioners and the public.

~~~

On Wed, May 26, 2021 at 2:02 PM Steven Wilkins <steven@legacyimperialvillage.com> wrote:

> Good afternoon. I am a Board Member of VALA and have a unique perspective on the AIT program based on my personal experiences. Below is a summation of what I shared with Judy Hackler (minus the final paragraph that I added to this e-mail), but I'm happy to discuss this further with you if you have time. Thank you for providing us with an opportunity to share our thoughts.
>
> Steve
>
> There is a lot to unpack in that section, but I can tell you that I don't care for the AIT program as it exists. As you know, I went through the entire 480 hour program and the NAB documents, study guides, books, etc. did nothing to assist me. If it wasn't for the book provided by Irvin Land, I doubt I would have passed the test based on the study guides. I remember very specifically studying the financial stuff and I couldn't figure out the practice question. I contacted the CFO and Controller of the company and they wanted to know if I was studying for my CPA license. I suppose the best way to sum it up is that they can keep altering the number of hours and criteria to get into the field, but the reality is that many people are leaving the profession and they should be finding ways to make the test more
~~~

applicable to really running a building. There should be a focus on state regulations and not the overall NAB guidelines.

The other thing that jumped out at me was the section that talked about not being able to precept if the community is on a provisional, etc. Oftentimes, the community goes on a provisional license or scrutinized license and the administrator that was over the community leaves/is fired. If a Rockstar ED in good standing comes in to fix the community, we should want them to be precepting people because they will be showing the AIT how to properly run a community, lead, budget, etc.

Lastly, I was fortunate to be with a company that allowed me to purchase the materials, but despite spending hours studying the expensive books and practice tests, ultimately they did very little to help prepare me for the test or for a career in the industry. Without the support of the company, I wouldn't have been able to afford the study materials. This says nothing of the frustration that would have come from purchasing the materials that ultimately didn't help. I remember very specifically thinking that I was in the midst of a self-taught Master's level academic program. I recognize that the preceptor is tasked with ensuring the material is pertinent and assisting in the training, but the reality is that there is so many other pressing issues in the life of an Executive Director, they cannot always dedicate the time to the AIT that is perhaps needed or warranted.

Steven H. Wilkins
Regional Director of Operations
Legacy at Imperial Village

June 13, 2021

Virginia Board of Long-Term Care Administrators
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233

Contacts:
Dana Parsons
Vice President and Legislative Counsel
LeadingAge Virginia
dana@leadingagevirginia.org

Judy Raymond
Executive Director
Lake Prince Woods
jraymond@uchas.org

LeadingAge Virginia represents the full continuum of older adult services and supports in Virginia, including not-for-profit nursing home and assisted living providers throughout the Commonwealth.

Thank you for the opportunity to provide feedback on the proposed amendments to the Administrator-In-Training Regulations, 18 VAC 95-20-10 et seq. and 18 VAC 95-30-10 et seq. We appreciate the Board of Long-Term Care Administrators taking steps to clarify and enhance the Administrator in Training program. Our comments are below.

18VAC95-20-175. Continuing Education Requirements.

Proposed Language:

3. At least [two hours] of continuing education [for each renewal year/for each even numbered renewal year] shall relate to the care of residents with mental or cognitive impairments, including Alzheimer's disease and dementia.

Comment: Support

18VAC95-20-310. Required Hours of Training.

Proposed Language:

D. An AIT. shall be required to serve weekday, evening, night and weekend shifts to receive training in all areas of nursing home operation. An AIT shall be assigned a work schedule of [not less than 20 hours nor more than [x] hours per week] in order to receive credit for such training. For good cause shown, the board may waive the limitation on an AIT's work schedule.

Comment: We do not see the need to require a minimum number of work hours for AITs. Some AIT's may work over and above their position hours and a requirement of a minimum number may constrain this work ethic.

E. An AIT shall be required to complete [an 80-hour course/a board-approved course] in nursing home administration based upon a curriculum that meets NAB-approved standards as part of the total required AIT program hours as set forth by this section.

Comment: More information is needed about the proposed course. Such an additional course requirement may be a prohibitive condition to licensure.

F. An AIT shall complete at least [number] hours of training on the care of residents with cognitive or mental impairments, including Alzheimer's disease and dementia.

Comment: Support.

18VAC95-20-330. Training Facilities.

Proposed Language:

18VAC95-20-330. Training facilities. Training in an A.I.T. program shall be conducted only in [a facility with ___ or more resident beds and that is]:

Comment: We do not support excluding smaller nursing homes from being able to train AITs. We need to promote the training opportunity in all nursing homes regardless of licensing capacity.

18VAC95-20-340. Supervision of Trainees.

Proposed Language:

C. A preceptor shall:

2. Shall be routinely present with the trainee for on-site supervision in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility;

Comment: Add "or approved designee" to the following proposed language:

2. Shall be routinely present with the trainee or approved designee for on-site supervision in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility;

18VAC95-20-400. Reporting Requirements.

Proposed Language:

A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training. The preceptor shall include in the progress report evidence of on-site supervision of the AIT training.

Comment: Sufficient data needs to be provided to support the need for reporting. It appears to be an ethical standard that does not justify the need to regulate such a requirement.

18VAC95-30-70. Continuing Education Requirements.

Proposed Language:

3. At least [two hours] of continuing education [for each renewal year/for each even numbered renewal year] shall relate to the care of residents with mental or cognitive impairments, including Alzheimer's disease and dementia.

Comment: Support.

18VAC95-30-160. Required Content of an ALF Administrator-In-Training Program.

Proposed Language:

D. An ALF AIT shall be required to complete [an 80-hour course/a board-approved] in assisted living administration based upon a curriculum that meets NAB-approved standards as part of the total required AIT program hours as set forth by 18VAC95-30-100.

Comment: More information is needed about the proposed course. Such an additional course requirement may be a prohibitive condition to licensure.

E. An ALF AIT shall complete at least [number] hours of training on the care of residents with cognitive or mental impairments, including Alzheimer's disease and dementia.

Comment: Support

18VAC95-30-170. Training facilities.

Proposed Language: 4. An assisted living facility with less than [number] resident beds.

Comment: We do not support excluding smaller assisted livings from being able to train AITs. We need to promote the training opportunity in all assisted livings regardless of licensing capacity.

Commonwealth of Virginia

Fwd: ALF Sizes

1 message

---------- Forwarded message ---------
From: **Judy Hackler** <jhackler@valainfo.org>
Date: Tue, Jun 15, 2021 at 12:07 PM
Subject: ALF Sizes
To: Tillman Wolf, Corie <corie.wolf@dhp.virginia.gov>

Resident capacities per a report from Dec 2020…

- 20 or less – 149
- 21-50 – 105
- 51-75 – 102
- 76-100 – 93
- 101-150 – 84
- 151-200 – 19

200+ - 14

Mrs. Judy M. Hackler

Executive Director

Virginia Assisted Living Association (VALA)

PO Box 71266, Henrico, VA 23255

(804) 332-2111

Visit www.valainfo.org more information on upcoming dates of interest for Assisted Living Providers and Industry Partners.

Coronavirus (COVID-19) Resources and Updates: https://www.valainfo.org/healthalert

Virginia Assisted Living Spring/Summer Conference, June 28-30, 2021, The Hotel Roanoke, Roanoke, VA

Virginia Assisted Living Fall Conference, October 18-20, 2021, Hilton Norfolk The Main, Norfolk, VA

Commonwealth of Virginia

Fwd: smallest licensed nursing home

1 message

---------- Forwarded message ---------
From: **Judy Hackler** <jhackler@valainfo.org>
Date: Tue, Jun 15, 2021 at 10:21 AM
Subject: smallest licensed nursing home
To: Tillman Wolf, Corie <corie.wolf@dhp.virginia.gov>

FYI - According to VDH – the smallest on the list they provided me was 18. The largest was 312.

Mrs. Judy M. Hackler

Executive Director

Virginia Assisted Living Association (VALA)

PO Box 71266, Henrico, VA 23255

(804) 332-2111

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Virginia Assisted Living Spring/Summer Conference, June 28-30, 2021, The Hotel Roanoke, Roanoke, VA

Virginia Assisted Living Fall Conference, October 18-20, 2021, Hilton Norfolk The Main, Norfolk, VA

Unapproved

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

May 18, 2021	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**
CALL TO ORDER:	A Special Conference Committee of the Board was called to order at 9:34 a.m.
MEMBERS PRESENT:	Derrick Kendall, NHA, Chair (Virtual) Jenny Inker, PhD, MBA, ALFA (Virtual)
DHP STAFF PRESENT:	Kelley Palmatier, Deputy Executive Director (Virtual) Angela Pearson, Senior Discipline Manager (In-Person) Claire Foley, Adjudication Specialist (Virtual)
RESPONDENT'S WITNESSES:	Theresa Taplin (Virtual)
OTHERS PRESENT:	Gayle Miller, DHP Senior Investigator (Virtual)
MATTER:	**Blake Victoria Peterson,** **ALF Administrator-In-Training Applicant** **Case #206337**
DISCUSSION:	Ms. Peterson appeared virtually before the Committee in accordance with the Board's Notice of Informal Conference dated October 28, 2020. A letter was sent February 24, 2021 by certified and first class mail continuing the Informal Conference and changing the meeting to Virtual. The certified receipt was received March 10, 2021. Ms. Peterson was not represented by counsel. The Committee fully discussed the allegations as referenced in the October 28, 2020 Notice of Informal Conference with Ms. Peterson.

CLOSED SESSION:	Upon a motion by Dr. Jenny Inker, and duly seconded by Derrick Kendall, 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 Blake Victoria Peterson, ALF Administrator-In-Training Applicant. Additionally, she moved that Ms. Palmatier and Ms. Pearson 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.
DECISION:	Upon a motion by Dr. Jenny Inker and duly seconded by Derrick Kendall, the Committee voted and ordered to deny the ALF - Administrator-In-Training application. The motion carried.
ADJOURNMENT:	The Committee adjourned at 10:22 a.m.

_____	_____
Derrick Kendall, NHA, Chair	Corie Tillman Wolf, JD, Executive Director
_____	_____
Date	Date

An audio recording of this meeting can be accessed at:
https://www.dhp.virginia.gov/nha/nha_calendar.htm

Presentation

DRAFT

Virginia's Nursing Home Administrator Workforce: 2021

Healthcare Workforce Data Center

May 2021

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 800 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 their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD	Yetty Shobo, PhD	Laura Jackson, MSHSA	Rajana Siva, MBA	Christopher Coyle
Director	*Deputy Director*	*Operations Manager*	*Data Analyst*	*Research Assistant*

Virginia Board of Long-Term Care Administrators

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Martha H. Hunt, ALFA
Richmond

Vice-Chair

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Chesapeake

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Ali Faruk, MPA
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Jenny Inker, PhD, MBA, ALFA
Williamsburg

Derrick Kendall, NHA
Blackstone

Marj Pantone, ALFA
Virginia Beach

Executive Director

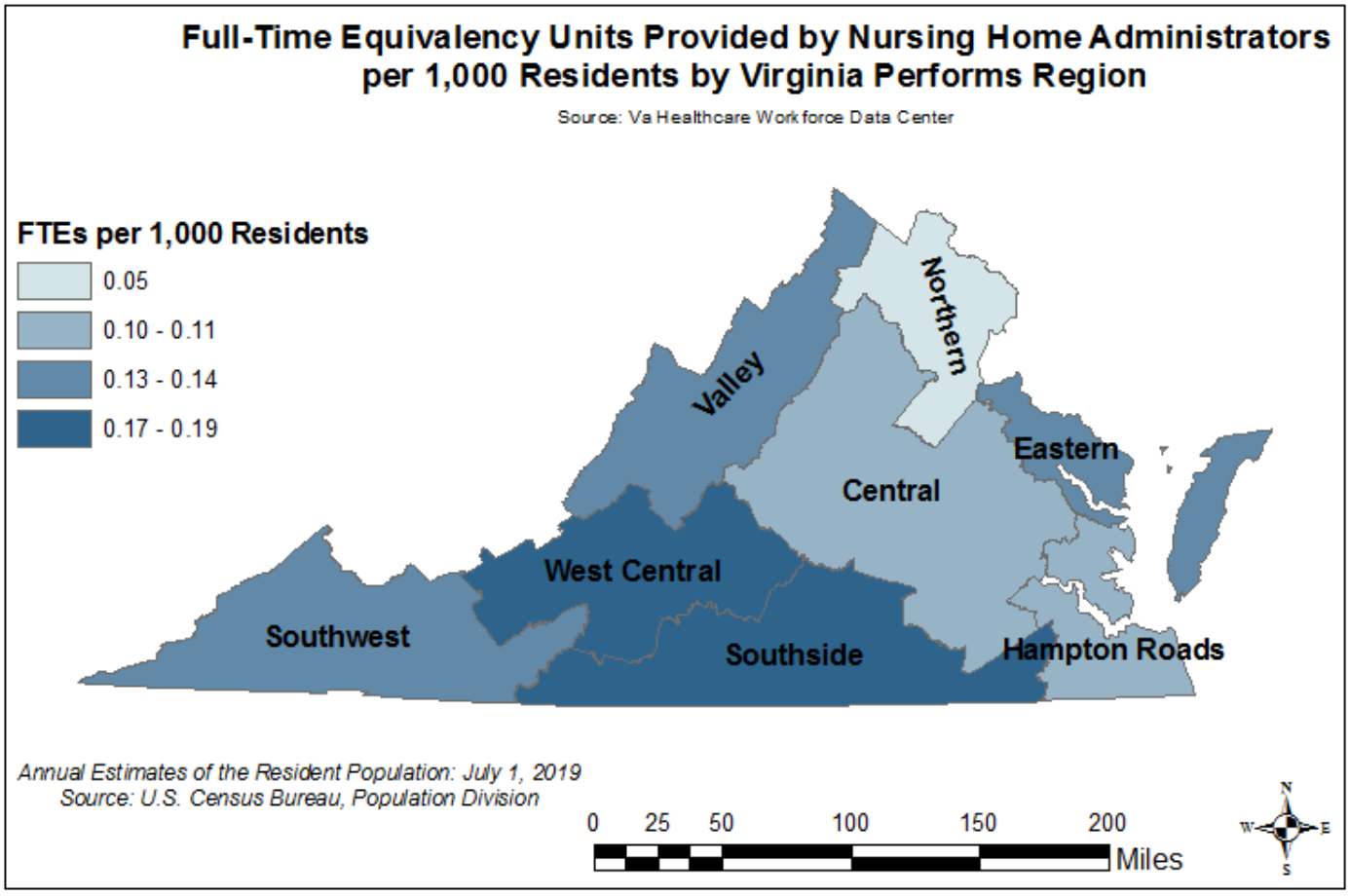
Corie E. Tillman Wolf, JD

Contents

The Nursing Home Administrator Workforce At a Glance:

The Workforce		Background		Current Employment	
Licensees:	970	Rural Childhood:	45%	Employed in Prof.:	86%
Virginia's Workforce:	761	HS Degree in VA:	54%	Hold 1 Full-Time Job:	87%
FTEs:	838	Prof. Degree in VA:	77%	Satisfied?:	93%
Survey Response Rate		**Health Admin. Edu.**		**Job Turnover**	
All Licensees:	85%	Admin-in-Training:	39%	Switched Jobs:	11%
Renewing Practitioners:	99%	Masters:	27%	Employed Over 2 Yrs.:	50%
Demographics		**Finances**		**Time Allocation**	
Female:	59%	Median Inc.:	$110k-$120k	Administration:	40%-49%
Diversity Index:	32%	Retirement Benefits:	69%	Supervisory:	20%-29%
Median Age:	50	Under 40 w/ Ed. Debt:	51%	Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2021 Nursing Home Administrator (NHA) Workforce Survey. More than 800 NHAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for NHAs. These survey respondents represent 85% of the 970 NHAs licensed in the state and 99% of renewing practitioners.

The HWDC estimates that 761 NHAs participated in Virginia's workforce during the survey time period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's NHA workforce provided 838 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly 60% of all NHAs are female, and the median age of the NHA workforce is 50. In a random encounter between two NHAs, there is a 32% chance that they would be of different races or ethnicities, a measure known as the diversity index. For NHAs who are under the age of 40, this diversity index increases to 38%. However, both of these values are well below the comparable diversity index of 57% for Virginia's population as a whole. Nearly half of all NHAs grew up in a rural area, and 26% of this group of professionals currently work in non-metro areas of Virginia. In total, 17% of all NHAs work in non-metro areas of the state.

More than 80% of all NHAs are currently employed in the profession, 87% hold one full-time job, and 44% work between 40 and 49 hours per week. Meanwhile, 3% of NHAs have experienced involuntary unemployment at some point in the past year, and 2% have experienced underemployment during the same time period. Nearly two-thirds of all NHAs work in the for-profit sector, while another 32% work in the non-profit sector. As their primary work location, one-half of all NHAs are employed at a skilled nursing facility, while another 17% work at an assisted living facility. The typical NHA earns between $110,000 and $120,000 per year. In addition, 94% of all NHAs receive at least one employer-sponsored benefit, including 69% who have access to a retirement plan. More than 90% of all NHAs are satisfied with their current work situation, including 66% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for this year are compared to the 2016 NHA workforce. The number of licensed NHAs in Virginia has increased by 10% (970 vs. 884). In addition, the size of the NHA workforce has also increased by 10% (761 vs. 692), and the number of FTEs provided by this workforce has grown by 6% (838 vs. 791). Virginia's renewing NHAs are more likely to respond to this survey (99% vs. 94%).

Virginia's NHAs are slightly more likely to be female (59% vs. 58%), although this increase is more pronounced among NHAs who are under the age of 40 (62% vs. 52%). The diversity index of Virginia's NHA workforce has grown considerably (32% vs. 21%), a trend that has also occurred among NHAs who are under the age of 40 (38% vs. 25%). The percentage of NHAs who grew up in a rural area has increased (45% vs. 42%), but these professionals are less likely to work in a non-metro area of Virginia (26% vs. 29%). In total, the percentage of all NHAs who work in a non-metro area of the state has fallen slightly (17% vs. 18%).

NHAs are less likely to be currently employed in the profession (86% vs. 88%), but they are more likely to work between 40 and 49 hours per week (44% vs. 42%). NHAs are more likely to work in the for-profit sector (64% vs. 61%). At the same time, the one-year rate of underemployment has increased (2% vs. 1%), and the percentage of NHAs who have worked at their primary work location for more than two years has fallen (50% vs. 56%).

The median annual income of Virginia's NHAs has increased ($110k-$120k vs. $100k-$110k). However, there has been no change in the percentage of NHAs who receive at least one employer-sponsored benefit (94%). In fact, NHAs are less likely to receive particular benefits such as paid sick leave (77% vs. 83%) or a retirement plan (69% vs. 71%). The percentage of NHAs who indicated that they are satisfied with their current work situation has declined slightly (93% vs. 94%), and this decline was larger among NHAs who indicated that they are "very satisfied" (66% vs. 69%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	796	82%
New Licensees	87	9%
Non-Renewals	87	9%
All Licensees	**970**	**100%**

Source: Va. Healthcare Workforce Data Center

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

Definitions

1. **The Survey Period:** The survey was conducted in March 2021.
2. **Target Population:** All NHAs who held a Virginia license at some point between April 2020 and March 2021.
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			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	13	38	75%
30 to 34	13	52	80%
35 to 39	20	73	79%
40 to 44	8	94	92%
45 to 49	14	111	89%
50 to 54	15	124	89%
55 to 59	15	116	89%
60 and Over	48	216	82%
Total	**146**	**824**	**85%**
New Licenses			
Issued in Past Year	50	37	43%
Metro Status			
Non-Metro	19	114	86%
Metro	66	530	89%
Not in Virginia	61	180	75%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**824**
Response Rate, All Licensees	**85%**
Response Rate, Renewals	**99%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 970
New: 9%
Not Renewed: 9%

Response Rates

All Licensees: 85%
Renewing Practitioners: 99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

NHA Workforce:	761
FTEs:	838

Utilization Ratios

Licensees in VA Workforce:	78%
Licensees per FTE:	1.16
Workers per FTE:	0.91

Source: Va. Healthcare Workforce Data Center

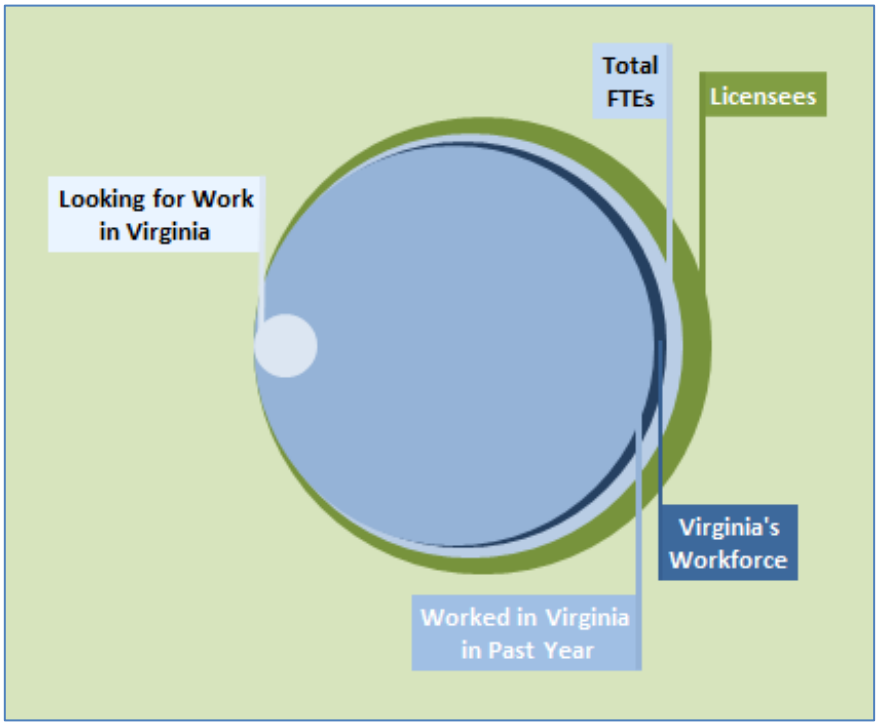
Definitions

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

Virginia's NHA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	742	98%
Looking for Work in Virginia	19	2%
Virginia's Workforce	**761**	**100%**
Total FTEs	**838**	
Licensees	**970**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	12	29%	29	71%	41	6%
30 to 34	16	33%	32	67%	48	7%
35 to 39	36	45%	44	55%	80	12%
40 to 44	39	53%	35	47%	74	11%
45 to 49	26	29%	62	71%	88	13%
50 to 54	39	44%	51	57%	90	13%
55 to 59	36	41%	51	59%	86	13%
60 and Over	74	44%	95	56%	169	25%
Total	**277**	**41%**	**399**	**59%**	**676**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	59%
% Under 40 Female:	62%

Age

Median Age:	50
% Under 40:	25%
% 55 and Over:	38%

Diversity

Diversity Index:	32%
Under 40 Div. Index:	38%

Source: Va. Healthcare Workforce Data Center

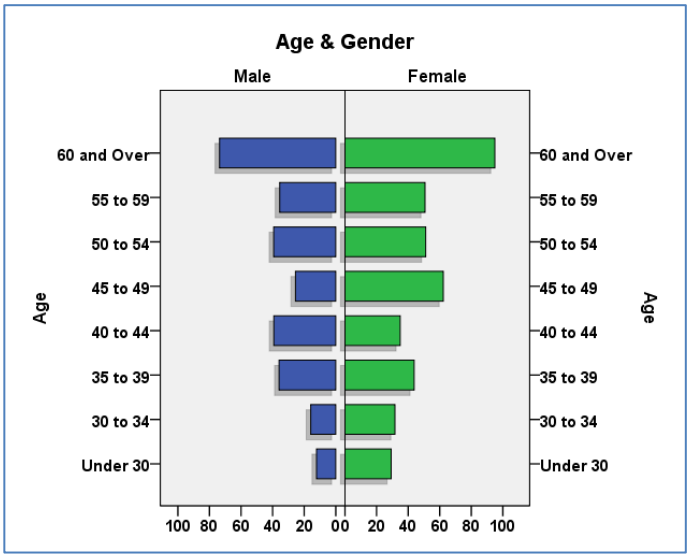
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	61%	551	82%	132	78%
Black	19%	83	12%	22	13%
Hispanic	10%	19	3%	8	5%
Asian	7%	9	1%	3	2%
Two or More Races	3%	8	1%	5	3%
Other Race	0%	4	1%	0	0%
Total	**100%**	**674**	**100%**	**170**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

In a random encounter between two NHAs, there is a 32% 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 comparable number is 57%.

One-fourth of all NHAs are under the age of 40, and 62% of these professionals are female. In addition, there is a 38% chance that two randomly chosen NHAs from this age group would be of different races or ethnicities.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	14%
Rural Childhood:	45%

Virginia Background

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

Location Choice

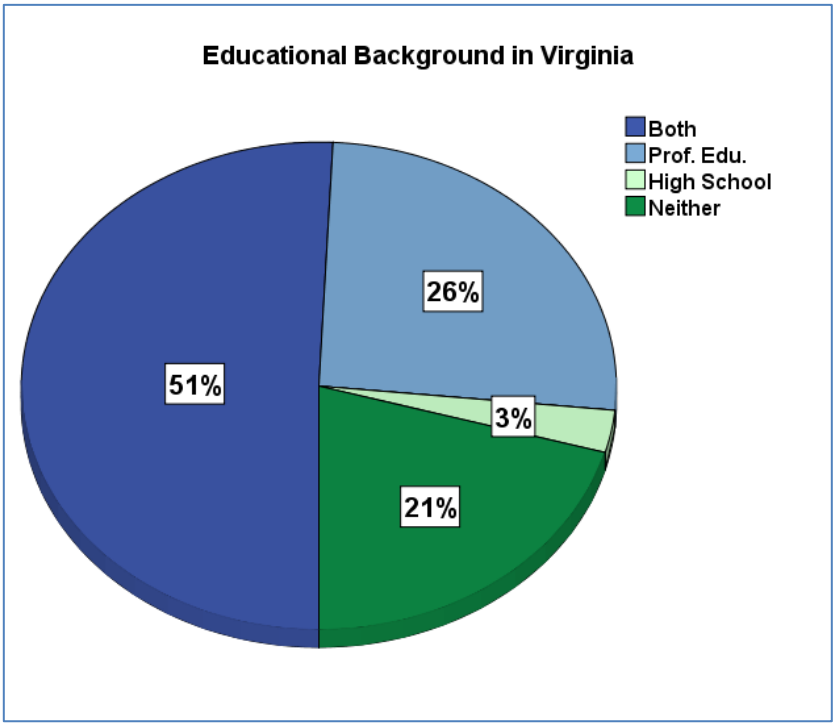
% Rural to Non-Metro:	26%
% Urban/Suburban to Non-Metro:	9%

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
	Metro Counties			
1	Metro, 1 Million+	32%	50%	18%
2	Metro, 250,000 to 1 Million	53%	39%	9%
3	Metro, 250,000 or Less	62%	27%	12%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	67%	33%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	71%	18%	11%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	76%	19%	5%
8	Rural, Metro Adjacent	92%	8%	0%
9	Rural, Non-Adjacent	46%	46%	8%
	Overall	**45%**	**41%**	**14%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly half of all NHAs grew up in a rural area, and 26% of these professionals currently work in a non-metro area of Virginia. In total, 17% of all NHAs currently work in a non-metro area of the state.

Top Ten States for Nursing Home Administrator Recruitment

Rank	All Nursing Home Administrators			
	High School	#	Professional School	#
1	Virginia	362	Virginia	486
2	New York	43	Maryland	20
3	Ohio	27	North Carolina	14
4	Outside U.S./Canada	27	West Virginia	12
5	West Virginia	25	New York	10
6	Pennsylvania	24	Tennessee	10
7	North Carolina	23	Ohio	10
8	Maryland	16	Washington, D.C.	7
9	New Jersey	15	New Jersey	6
10	Tennessee	14	Florida	5

Source: Va. Healthcare Workforce Data Center

More than half of all licensed NHAs received their high school degree in Virginia, and 77% received their initial professional degree in the state.

Among NHAs who have been licensed in the past five years, nearly half received their high school degree in Virginia, and 76% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	116	Virginia	171
2	Outside U.S./Canada	16	North Carolina	8
3	Ohio	14	Maryland	7
4	North Carolina	11	Florida	5
5	New York	9	West Virginia	5
6	West Virginia	8	Tennessee	4
7	New Jersey	8	Ohio	4
8	Florida	6	New Jersey	3
9	Tennessee	6	California	2
10	Michigan	5	Oklahoma	2

Source: Va. Healthcare Workforce Data Center

More than one-fifth of all licensees were not part of Virginia's NHA workforce. Nearly 90% of these licensees worked at some point in the past year, including 78% who currently work as an NHA.

At a Glance:

Not in VA Workforce

Total:	209
% of Licensees:	22%
Federal/Military:	2%
VA Border State/DC:	11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	19	3%	-	-
Admin-in-Training	259	39%	-	-
High School/GED	-	-	8	1%
Associate	11	2%	53	8%
Baccalaureate	162	25%	298	44%
Graduate Cert.	6	1%	14	2%
Masters	178	27%	292	43%
Doctorate	5	1%	8	1%
Other	20	3%	-	-
Total	**660**	**100%**	**673**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Admin. Education

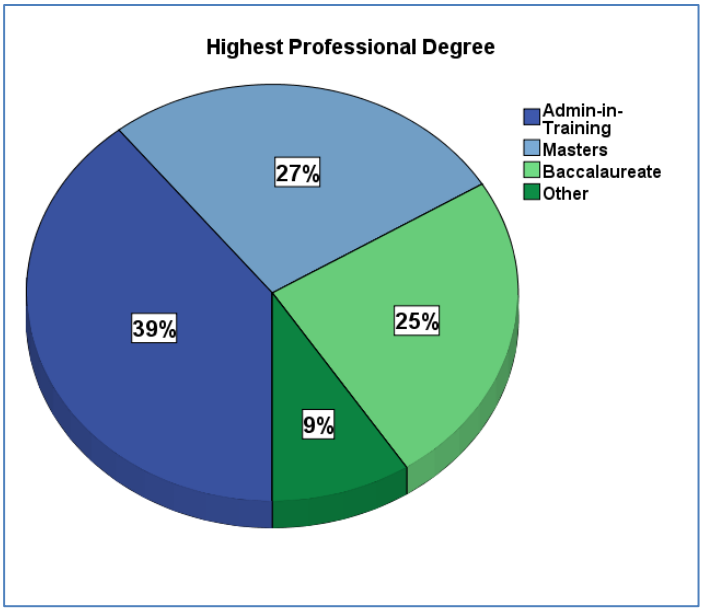
Admin-in-Training: 39%
Master's Degree: 27%
Baccalaureate Degree: 25%

Education Debt

Carry Debt: 34%
Under Age 40 w/ Debt: 51%
Median Debt: $40k-$50k

Source: Va. Healthcare Workforce Data Center

More than one-third of NHAs carry education debt, including 51% of NHAs under the age of 40. For those with education debt, the median debt burden is between $40,000 and $50,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All NHAs		NHAs Under 40	
	#	%	#	%
None	379	66%	71	49%
Less than $10,000	31	5%	12	8%
$10,000-$19,999	19	3%	11	8%
$20,000-$29,999	26	4%	12	8%
$30,000-$39,999	20	3%	6	4%
$40,000-$49,999	16	3%	4	3%
$50,000-$59,999	18	3%	6	4%
$60,000-$69,999	13	2%	7	5%
$70,000-$79,999	10	2%	6	4%
$80,000-$89,999	8	1%	4	3%
$90,000-$99,999	7	1%	1	1%
$100,000 or More	31	5%	5	3%
Total	**578**	**100%**	**144**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

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

Job Titles

Administrator:	41%
Executive Director:	15%
President/Exec. Officer:	11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	**#**	**%**
Nursing Home Administrator	664	87%
Nurse (RN or LPN)	101	13%
ALF Administrator	31	4%
Certified Nursing Assistant	13	2%
Registered Medication Aide	6	1%
Occupational Therapist	5	1%
Physical Therapist	2	0%
Speech-Language Pathologist	2	0%
Other	47	6%
At Least One License	**672**	**88%**

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Administrator	314	41%	40	5%
Executive Director	117	15%	15	2%
President or Executive Officer	83	11%	8	1%
Assistant Administrator	27	4%	6	1%
Owner	11	1%	2	0%
Other	125	16%	27	4%
At Least One Title	**622**	**82%**	**93**	**12%**

Source: Va. Healthcare Workforce Data Center

More than 40% of NHAs hold the title of administrator at their primary work location. Another 15% hold the title of executive director.

At a Glance:

Employment
Employed in Profession: 86%
Involuntarily Unemployed: 1%

Positions Held
1 Full-Time: 87%
2 or More Positions: 4%

Weekly Hours:
40 to 49: 44%
60 or More: 15%
Less than 30: 2%

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	577	86%
Employed, NOT in a Capacity Related to Long-Term Care	60	9%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	8	1%
Voluntarily Unemployed	14	2%
Retired	16	2%
Total	**674**	**100%**

Source: Va. Healthcare Workforce Data Center

In total, 86% of all NHAs are currently employed in the profession, 87% hold one full-time job, and 44% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	38	6%
One Part-Time Position	20	3%
Two Part-Time Positions	1	0%
One Full-Time Position	577	87%
One Full-Time Position & One Part-Time Position	23	3%
Two Full-Time Positions	3	0%
More than Two Positions	2	0%
Total	**664**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	38	6%
1 to 9 Hours	5	1%
10 to 19 Hours	2	0%
20 to 29 Hours	4	1%
30 to 39 Hours	7	1%
40 to 49 Hours	291	44%
50 to 59 Hours	215	32%
60 to 69 Hours	75	11%
70 to 79 Hours	14	2%
80 or More Hours	14	2%
Total	**665**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	6	1%
Less than $60,000	44	8%
$60,000-$69,999	13	2%
$70,000-$79,999	26	5%
$80,000-$89,999	33	6%
$90,000-$99,999	47	9%
$100,000-$109,999	47	9%
$110,000-$119,999	54	10%
$120,000-$129,999	69	13%
$130,000-$139,999	55	11%
$140,000-$149,999	31	6%
$150,000-$159,999	25	5%
$160,000 or More	76	14%
Total	**525**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $110k-$120k

Benefits
Paid Vacation: 92%
Employer Retirement: 69%

Satisfaction
Satisfied: 93%
Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	**#**	**%**
Paid Vacation	532	92%
Dental Insurance	449	78%
Paid Sick Leave	442	77%
Group Life Insurance	421	73%
Retirement	399	69%
Signing/Retention Bonus	81	14%
At Least One Benefit	**543**	**94%**
*From any employer at time of survey.		

Source: Va. Healthcare Workforce Data Center

The median annual income for NHAs is between $110,000 and $120,000. In addition, 94% of NHAs receive at least one employer-sponsored benefit, including 69% who have access to a retirement plan.

More than nine out of every ten NHAs are satisfied with their current work situation, including 66% who indicated that they are "very satisfied."

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	435	66%
Somewhat Satisfied	173	26%
Somewhat Dissatisfied	40	6%
Very Dissatisfied	8	1%
Total	**656**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Switch Employers or Practices?	87	11%
Work Two or More Positions at the Same Time?	62	8%
Experience Voluntary Unemployment?	39	5%
Experience Involuntary Unemployment?	23	3%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	12	2%
Experience At Least One?	**197**	**26%**

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 3% experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 6.9% during the same time period.[1]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 3%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 11%
New Location: 31%
Over 2 Years: 50%
Over 2 Yrs., 2nd Location: 28%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	12	2%	15	16%
Less than 6 Months	83	13%	20	21%
6 Months to 1 Year	81	13%	15	16%
1 to 2 Years	142	22%	18	19%
3 to 5 Years	140	22%	12	13%
6 to 10 Years	68	11%	9	9%
More than 10 Years	116	18%	6	6%
Subtotal	**643**	**100%**	**95**	**100%**
Did Not Have Location	20		651	
Item Missing	98		15	
Total	**761**		**761**	

Source: Va. Healthcare Workforce Data Center

One-half of all NHAs have worked at their primary location for more than two years.

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 5.1% and a high of 11.0%. At the time of publication, the unemployment rate from March 2021 was still preliminary.

At a Glance:

Concentration

Top Region:	23%
Top 3 Regions:	60%
Lowest Region:	2%

Locations

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

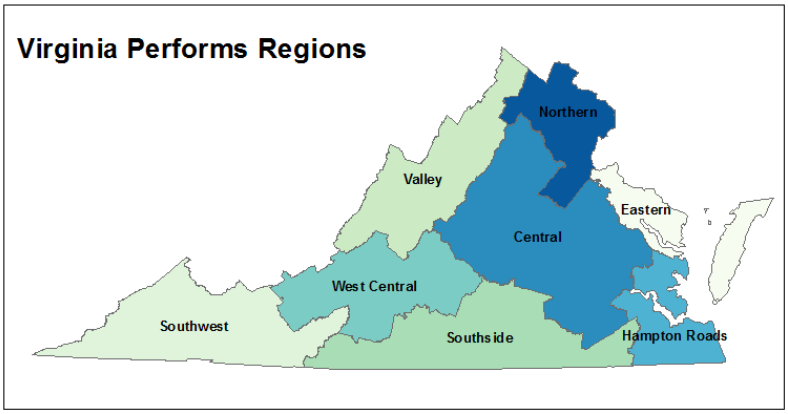
Source: Va. Healthcare Workforce Data Center

Three out of every five NHAs 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	145	23%	34	34%
Hampton Roads	133	21%	19	19%
Northern	108	17%	11	11%
West Central	99	15%	16	16%
Valley	54	8%	5	5%
Southside	47	7%	5	5%
Southwest	37	6%	6	6%
Eastern	14	2%	2	2%
Virginia Border State/D.C.	0	0%	1	1%
Other U.S. State	4	1%	1	1%
Outside of the U.S.	0	0%	0	0%
Total	**641**	**100%**	**100**	**100%**
Item Missing	100		9	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	19	3%	28	4%
1	534	81%	553	84%
2	72	11%	58	9%
3	27	4%	17	3%
4	4	1%	3	1%
5	1	0%	1	0%
6 or More	5	1%	2	0%
Total	**662**	**100%**	**662**	**100%**

*At the time of survey completion, March 2021.

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	401	64%	72	79%
Non-Profit	198	32%	17	19%
State/Local Government	17	3%	2	2%
Veterans Administration	4	1%	0	0%
U.S. Military	0	0%	0	0%
Other Federal Government	2	0%	0	0%
Total	**622**	**100%**	**91**	**100%**
Did Not Have Location	20		651	
Item Missing	119		19	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

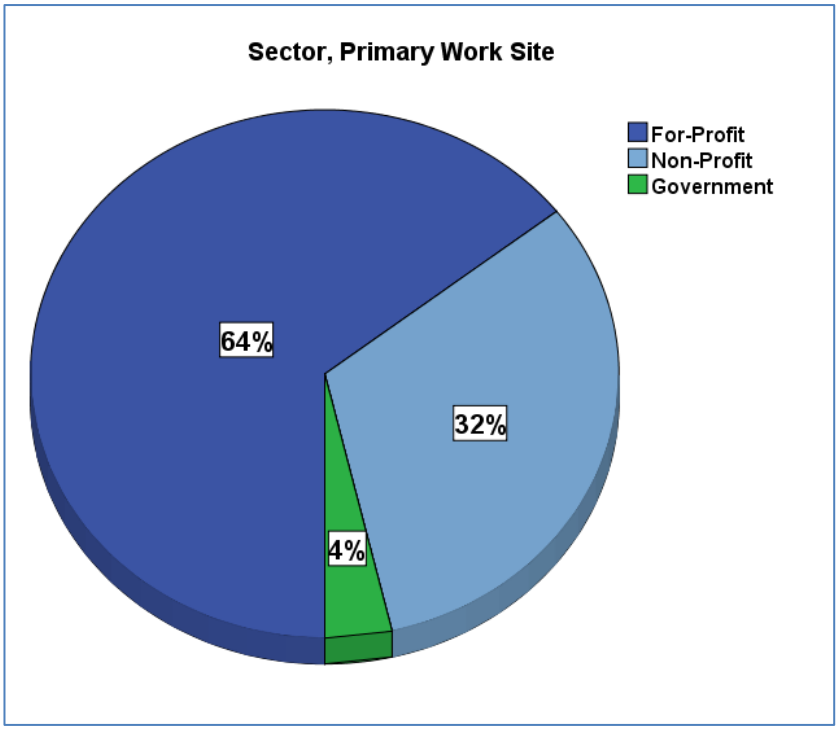
For-Profit: 64%
Federal: 1%

Top Establishments

Skilled Nursing Facility: 50%
Assisted Living Facility: 17%
Continuing Care Retirement Community: 15%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all NHAs work in the for-profit sector, while another 32% work in the non-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	381	50%	57	7%
Assisted Living Facility	130	17%	17	2%
Continuing Care Retirement Community	115	15%	7	1%
Acute Care/Rehabilitative Facility	27	4%	6	1%
Home/Community Health Care	20	3%	5	1%
Hospice	6	1%	1	0%
Academic Institution	3	0%	3	0%
Adult Day Care	3	0%	0	0%
PACE	1	0%	0	0%
Other Practice Type	78	10%	12	2%
At Least One Establishment	**632**	**83%**	**97**	**13%**

Source: Va. Healthcare Workforce Data Center

One-half of all NHAs are employed at a skilled nursing facility as their primary work location.

More than half of all NHAs work at a facility chain organization as their primary work location. Another 27% of NHAs are employed at an independent/stand-alone organization.

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
Facility Chain	325	56%	55	61%
Independent/Stand-Alone	156	27%	17	19%
Hospital-Based	29	5%	5	6%
Integrated Health System (Veterans Administration, Large Health System)	19	3%	2	3%
College or University	0	0%	3	3%
Other	51	9%	8	9%
Total	**580**	**100%**	**90**	**100%**
Did Not Have Location	20		651	
Item Missing	161		20	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

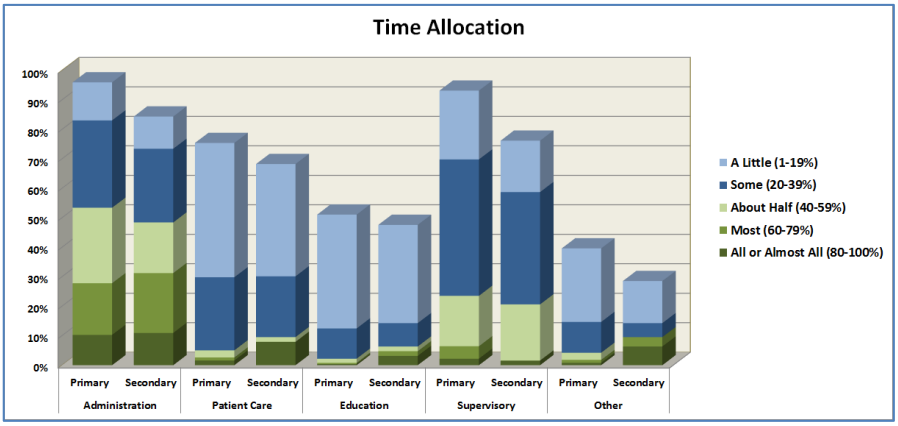
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%
Education:	1%-9%

Roles

Administration:	28%
Supervisory:	6%
Patient Care:	3%
Education:	1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

NHAs typically spend approximately half of their time performing administrative tasks. In fact, 28% 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	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	10%	11%	2%	8%	0%	3%	2%	2%	1%	6%
Most (60-79%)	18%	20%	1%	0%	0%	2%	4%	0%	1%	3%
About Half (40-59%)	26%	17%	2%	2%	1%	2%	17%	19%	2%	0%
Some (20-39%)	30%	25%	25%	20%	10%	8%	46%	38%	10%	5%
A Little (1-19%)	13%	11%	46%	38%	39%	33%	23%	17%	25%	14%
None (0%)	4%	16%	25%	31%	49%	52%	7%	23%	60%	70%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	56	10%	27	30%
1-24	15	3%	7	8%
25-49	25	5%	4	4%
50-74	64	12%	6	7%
75-99	66	12%	12	13%
100-124	105	19%	13	15%
125-149	36	7%	6	7%
150-174	34	6%	3	3%
175-199	26	5%	1	1%
200-224	15	3%	2	2%
225-249	5	1%	1	1%
250-274	4	1%	0	0%
275-299	8	1%	2	2%
300 or More	81	15%	5	6%
Total	**539**	**100%**	**89**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Primary Location: 100-124
Secondary Location: 75-99

Resident Capacity (Median)

Primary Location: 100-150
Secondary Location: 100-150

Source: Va. Healthcare Workforce Data Center

The median patient workload for NHAs at their primary work location is between 100 and 124 patients. In addition, the typical NHA works at a facility that contains between 100 and 150 beds for residents.

Resident Capacity				
# of Beds	Primary Location		Secondary Location	
	#	%	#	%
Not Applicable	85	14%	18	19%
10 or Less	4	1%	4	4%
10-25	7	1%	2	2%
25-50	25	4%	2	2%
50-100	136	22%	15	15%
100-150	192	31%	36	37%
150-250	95	15%	12	12%
More than 250	78	13%	8	8%
Total	**622**	**100%**	**97**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs 50 and Over	
	#	%	#	%
Under Age 50	18	3%	-	-
50 to 54	25	4%	1	0%
55 to 59	50	8%	15	5%
60 to 64	121	20%	49	16%
65 to 69	245	40%	140	45%
70 to 74	96	16%	69	22%
75 to 79	20	3%	16	5%
80 or Over	9	1%	3	1%
I Do Not Intend to Retire	28	5%	15	5%
Total	612	100%	308	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NHAs

Under 65: 35%

Under 60: 15%

NHAs 50 and Over

Under 65: 21%

Under 60: 5%

Time Until Retirement

Within 2 Years: 9%

Within 10 Years: 30%

Half the Workforce: By 2041

Source: Va. Healthcare Workforce Data Center

More than one-third of all NHAs expect to retire before the age of 65. Among NHAs who are age 50 and over, 21% expect to retire by the age of 65.

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

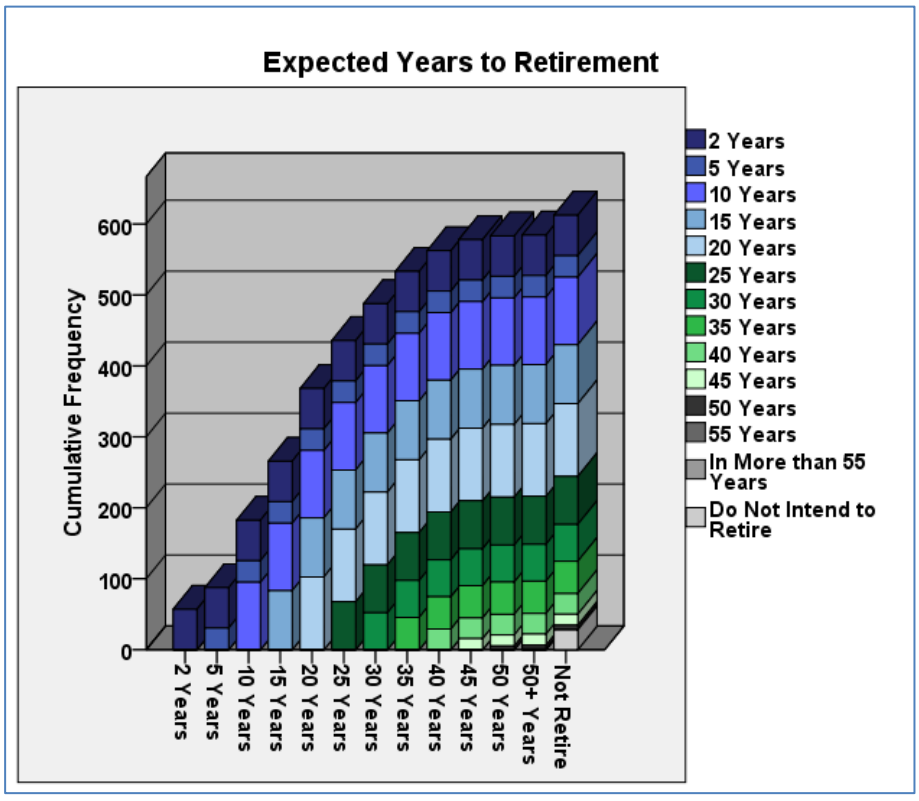
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	56	7%
Leave Profession	40	5%
Leave Virginia	29	4%
Cease Accepting Trainees	9	1%
Decrease Teaching Hours	0	0%
Increase Participation		
Begin Accepting Trainees	95	12%
Pursue Additional Education	88	12%
Increase Patient Care Hours	43	6%
Increase Teaching Hours	28	4%
Return to the Workforce	10	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While 9% of NHAs expect to retire in the next two years, 30% expect to retire within the next decade. More than half of the current NHA workforce expect to retire by 2041.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	57	9%	9%
5 Years	30	5%	14%
10 Years	95	16%	30%
15 Years	83	14%	43%
20 Years	103	17%	60%
25 Years	68	11%	71%
30 Years	52	8%	80%
35 Years	46	8%	87%
40 Years	29	5%	92%
45 Years	16	3%	95%
50 Years	5	1%	95%
55 Years	0	0%	95%
In More than 55 Years	1	0%	96%
Do Not Intend to Retire	28	5%	100%
Total	**612**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2031. Retirement will peak at 17% of the current workforce around 2041 before declining to under 10% again by 2051.

At a Glance:

FTEs

Total:	838
FTEs/1,000 Residents[2]:	.098
Average:	1.13

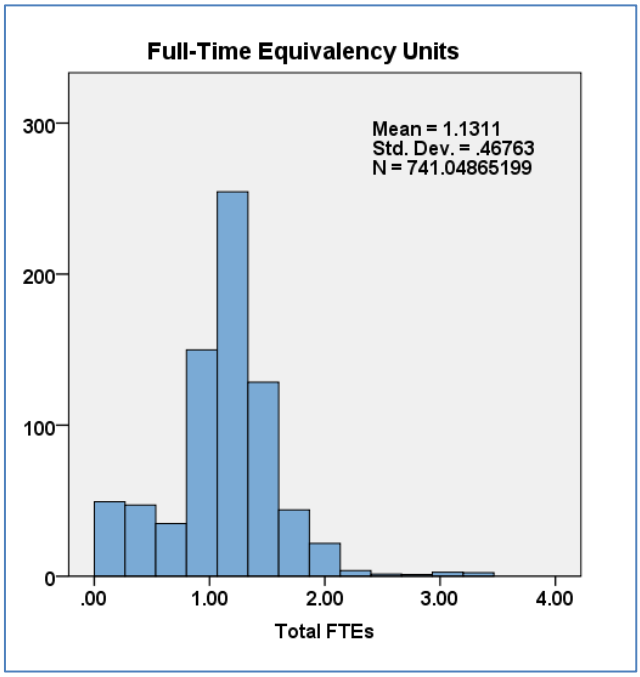
Age & Gender Effect

Age, *Partial Eta*^{2}:	Small
Gender, *Partial Eta*^{2}:	None

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

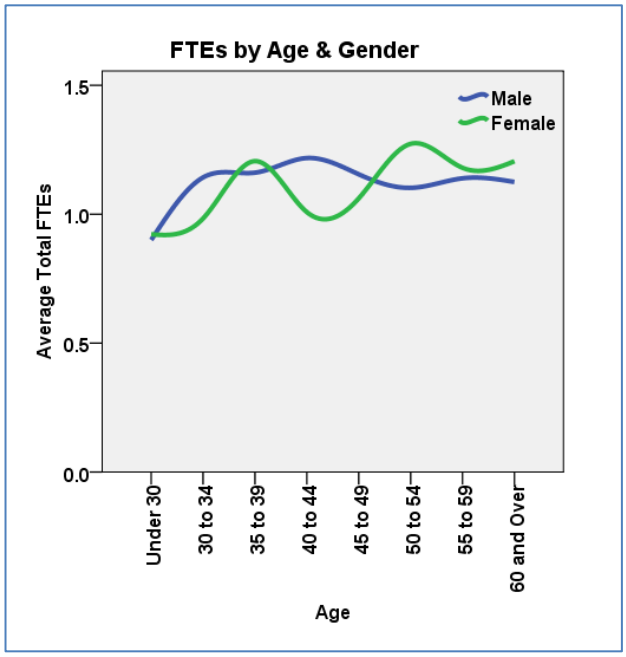


Source: Va. Healthcare Workforce Data Center

The typical 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 either age or gender.

Full-Time Equivalency Units		
Age	**Average Age**	**Median Age**
Under 30	0.92	0.99
30 to 34	1.04	1.07
35 to 39	1.18	1.18
40 to 44	1.11	1.13
45 to 49	1.08	1.10
50 to 54	1.18	1.18
55 to 59	1.16	1.22
60 and Over	1.18	1.22
Gender		
Male	1.14	1.20
Female	1.13	1.18

Source: Va. Healthcare Workforce Data Center

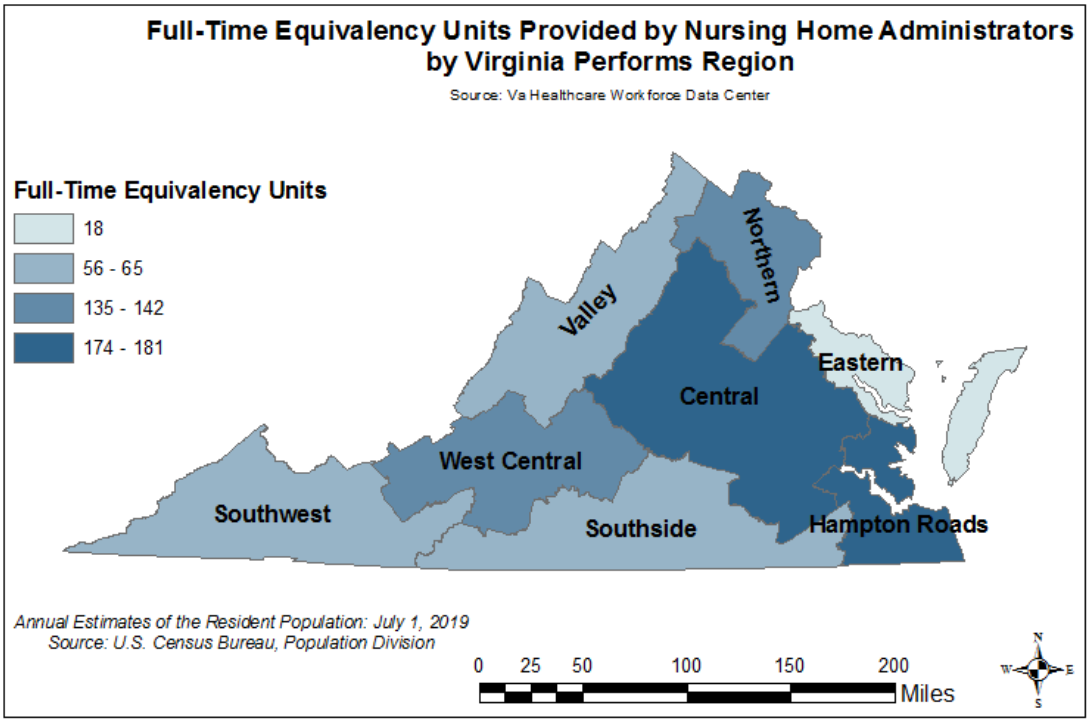


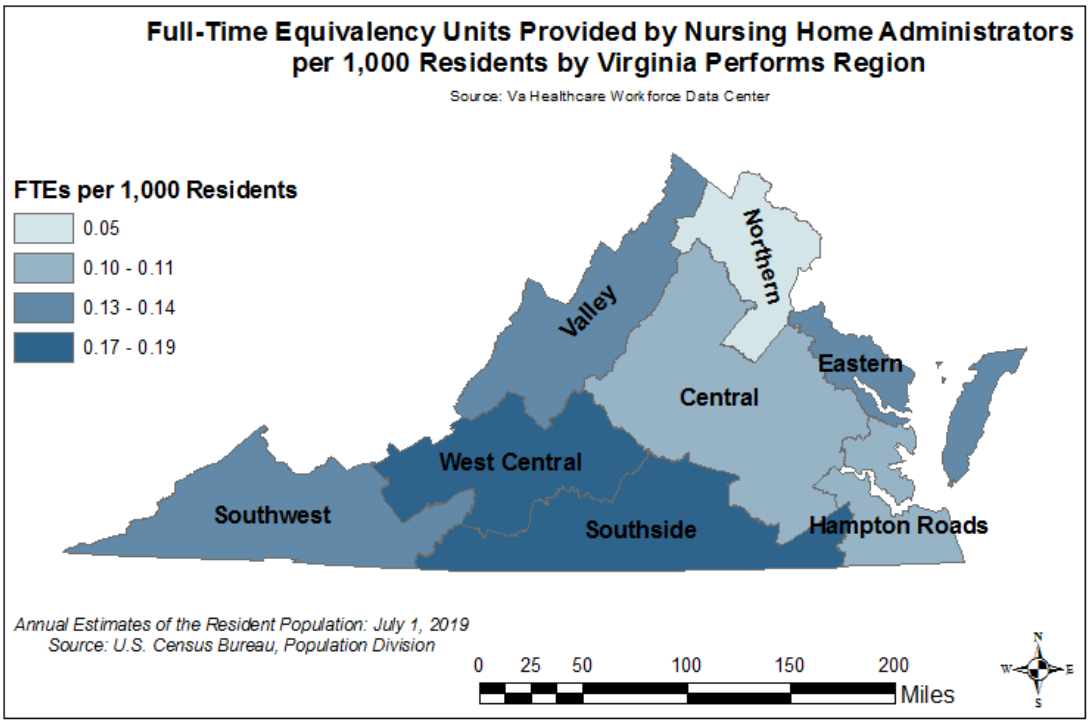
Source: Va. Healthcare Workforce Data Center

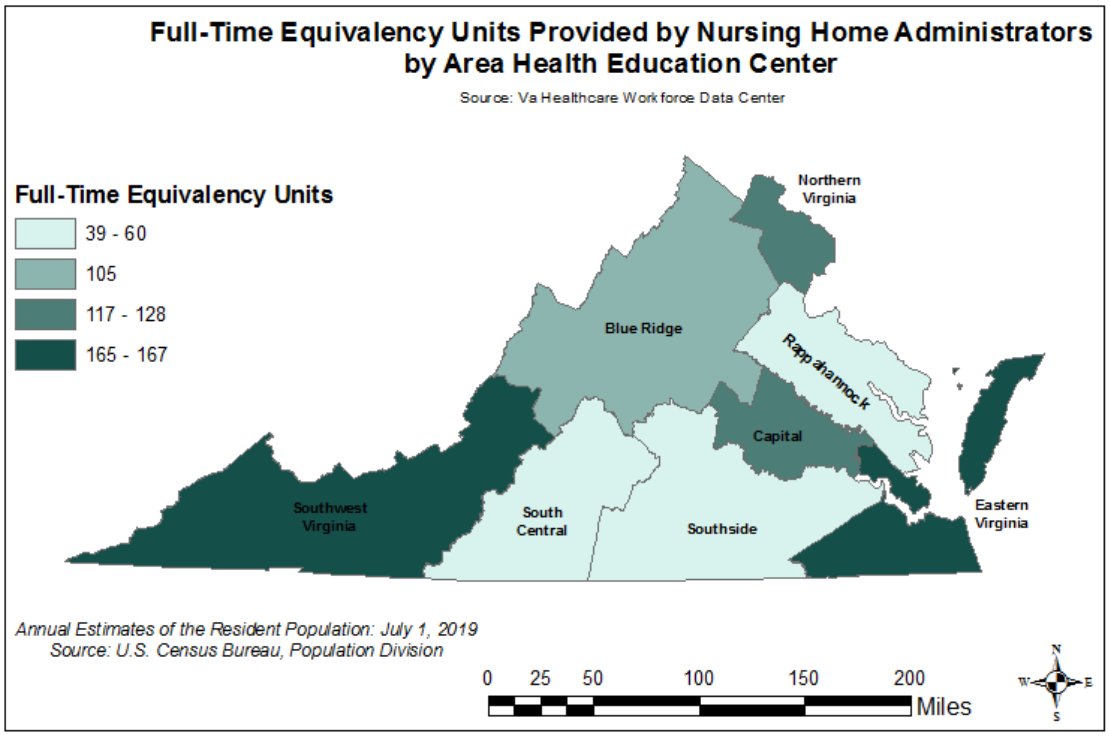
[2] Number of residents in 2019 was used as the denominator.

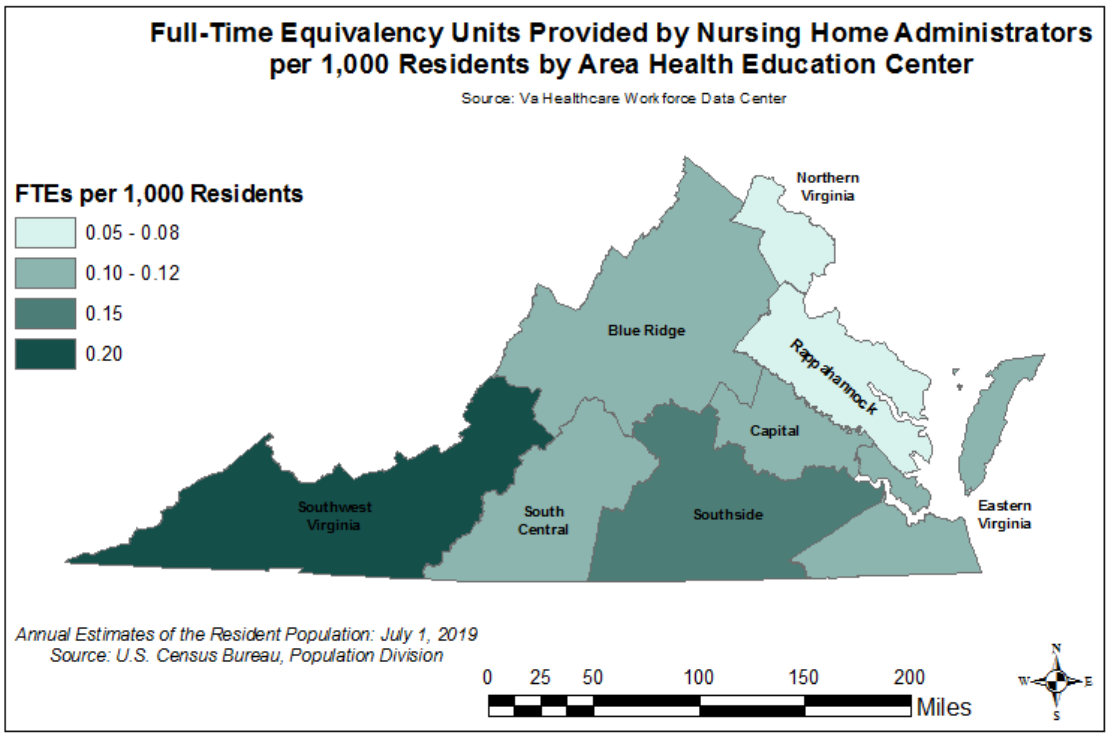
Maps

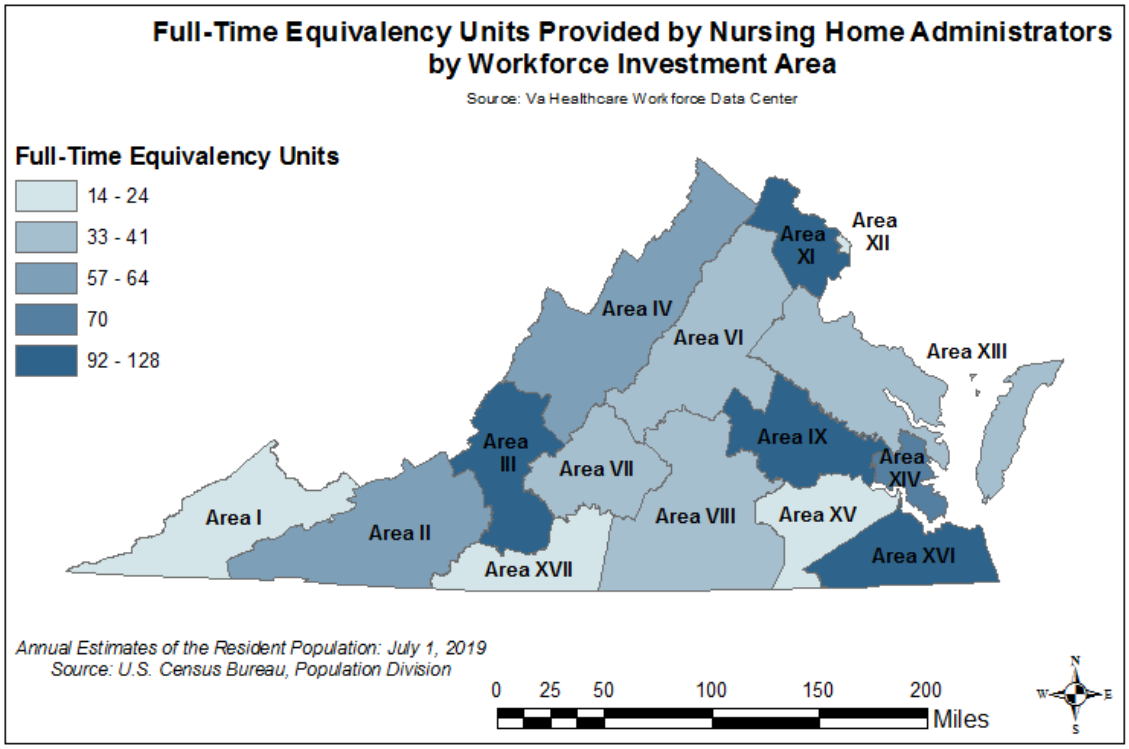
Virginia Performs Regions

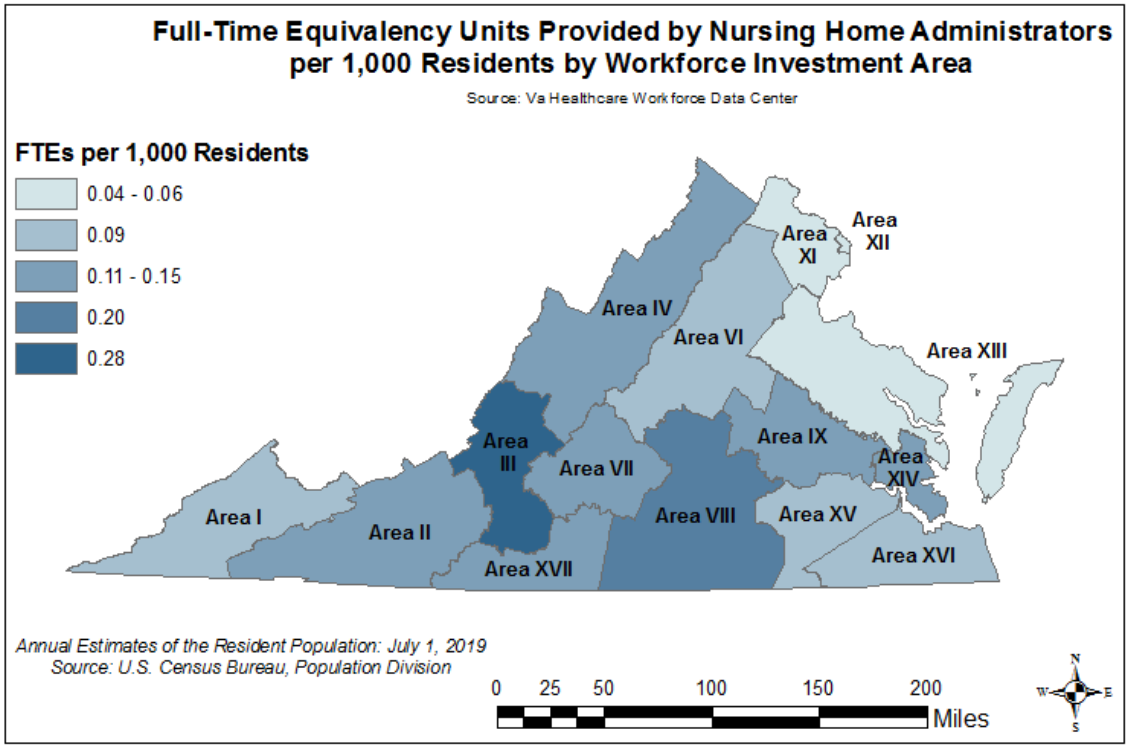


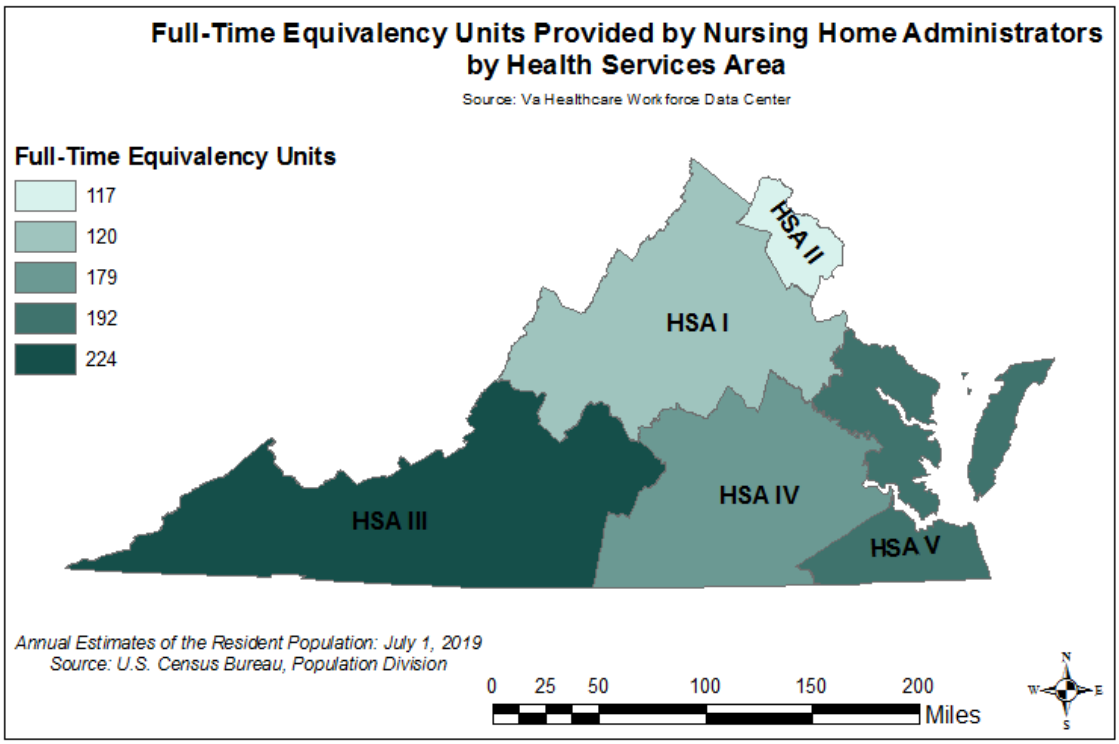


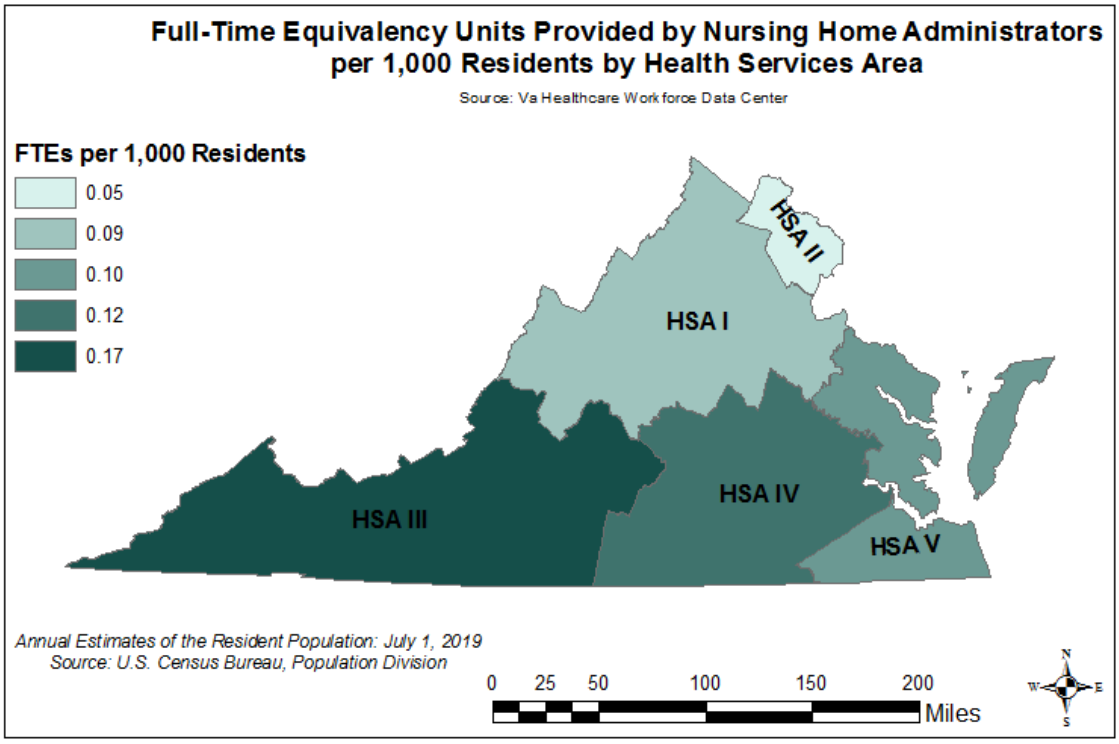

Full-Time Equivalency Units Provided by Nursing Home Administrators by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
39 - 60
105
117 - 128
165 - 167
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

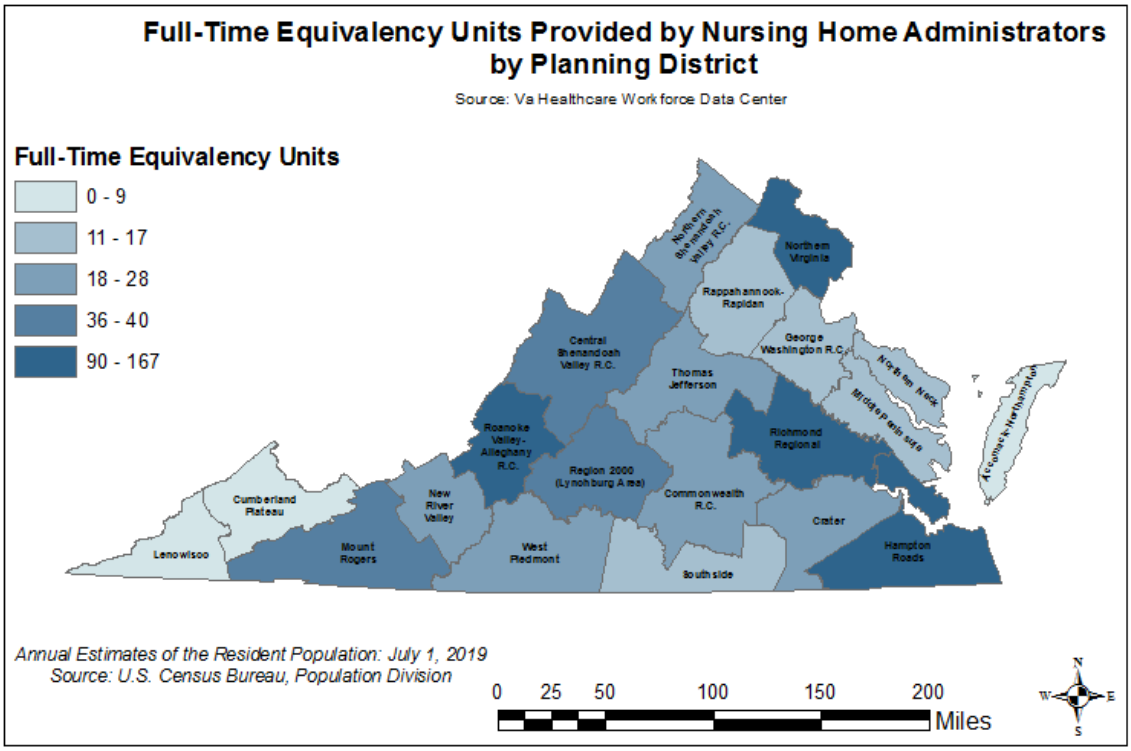

Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05 - 0.08
0.10 - 0.12
0.15
0.20
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

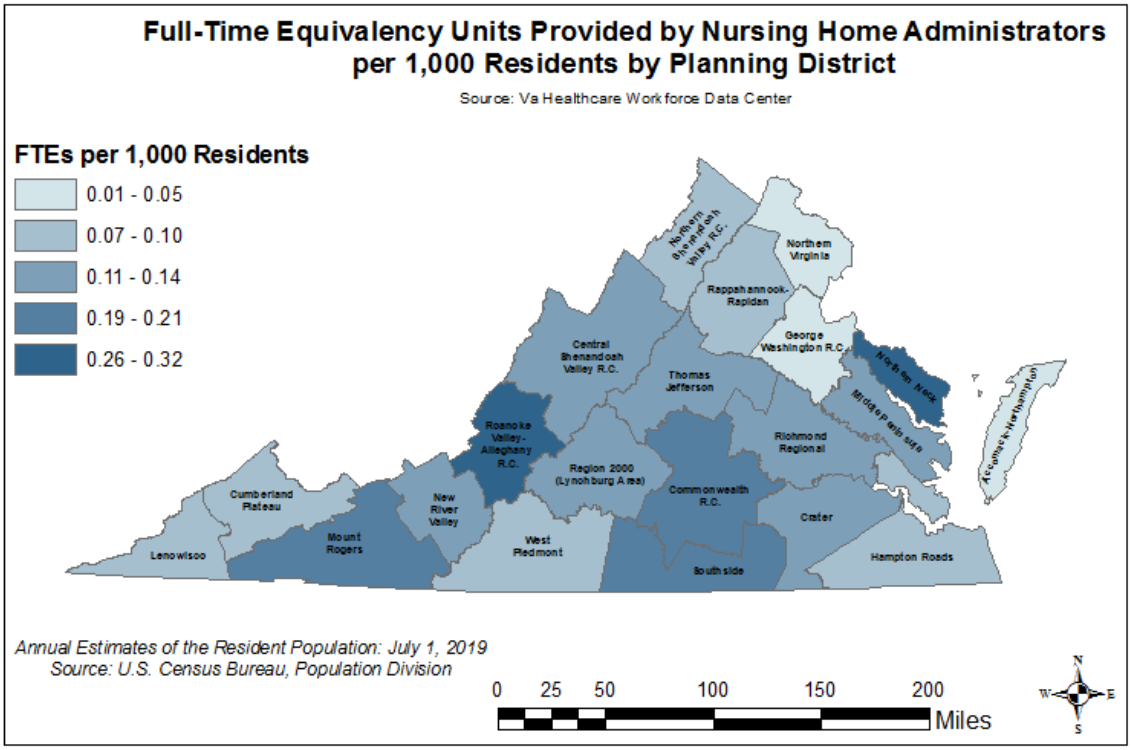

Full-Time Equivalency Units Provided by Nursing Home Administrators by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
14 - 24
33 - 41
57 - 64
70
92 - 128
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.04 - 0.06
0.09
0.11 - 0.15
0.20
0.28
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
117
120
179
192
224
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05
0.09
0.10
0.12
0.17
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
0 - 9
11 - 17
18 - 28
36 - 40
90 - 167
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.01 - 0.05
0.07 - 0.10
0.11 - 0.14
0.19 - 0.21
0.26 - 0.32
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
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Crater
Cumberland Plateau
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Mount Rogers
West Piedmont
Southside
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	402	88.81%	1.126	1.038	1.284
Metro, 250,000 to 1 Million	118	89.83%	1.113	1.026	1.269
Metro, 250,000 or Less	76	88.16%	1.134	1.046	1.293
Urban, Pop. 20,000+, Metro Adj.	12	75.00%	1.333	1.270	1.520
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	49	89.80%	1.114	1.027	1.270
Urban, Pop. 2,500-19,999, Non-Adj.	27	81.48%	1.227	1.131	1.399
Rural, Metro Adj.	28	92.86%	1.077	0.993	1.228
Rural, Non-Adj.	17	76.47%	1.308	1.205	1.491
Virginia Border State/D.C.	143	74.83%	1.336	1.232	1.524
Other U.S. State	98	74.49%	1.342	1.237	1.531

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	51	74.51%	1.342	1.228	1.531
30 to 34	65	80.00%	1.250	1.144	1.426
35 to 39	93	78.49%	1.274	1.165	1.453
40 to 44	102	92.16%	1.085	0.993	1.237
45 to 49	125	88.80%	1.126	1.030	1.284
50 to 54	139	89.21%	1.121	1.025	1.278
55 to 59	131	88.55%	1.129	1.033	1.288
60 and Over	264	81.82%	1.222	1.118	1.394

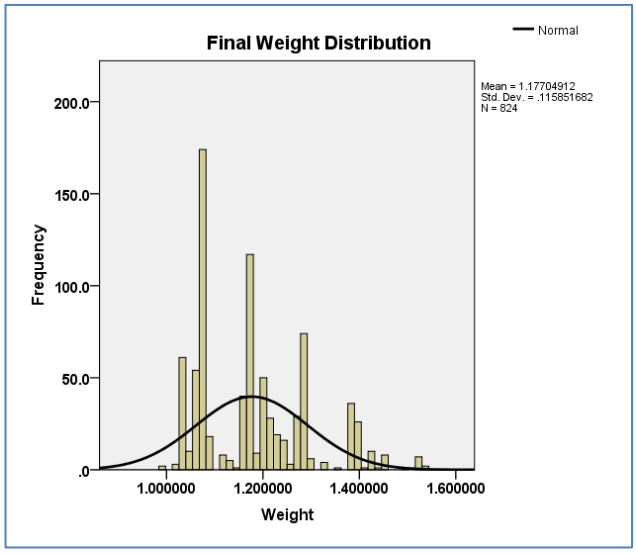
Source: Va. Healthcare Workforce Data Center

See the Methodology section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

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

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

Overall Response Rate: **0.849485**



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Assisted Living Facility Administrator Workforce: 2021

Healthcare Workforce Data Center

May 2021

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 500 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 their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD	Yetty Shobo, PhD	Laura Jackson, MSHSA	Rajana Siva, MBA	Christopher Coyle
Director	*Deputy Director*	*Operations Manager*	*Data Analyst*	*Research Assistant*

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Blackstone

Marj Pantone, ALFA
Virginia Beach

Executive Director

Corie E. Tillman Wolf, JD

Contents

The Assisted Living Facility Administrator Workforce At a Glance:

The Workforce

Licensees:	692
Virginia's Workforce:	645
FTEs:	732

Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	96%

Demographics

Female:	81%
Diversity Index:	48%
Median Age:	52

Background

Rural Childhood:	46%
HS Degree in VA:	61%
Prof. Degree in VA:	93%

Health Admin. Edu.

Admin-in-Training:	38%
Baccalaureate:	15%

Finances

Median Income:	$80k-$90k
Retirement Benefits:	54%
Under 40 w/ Ed. Debt:	44%

Current Employment

Employed in Prof.:	88%
Hold 1 Full-Time Job:	81%
Satisfied?:	94%

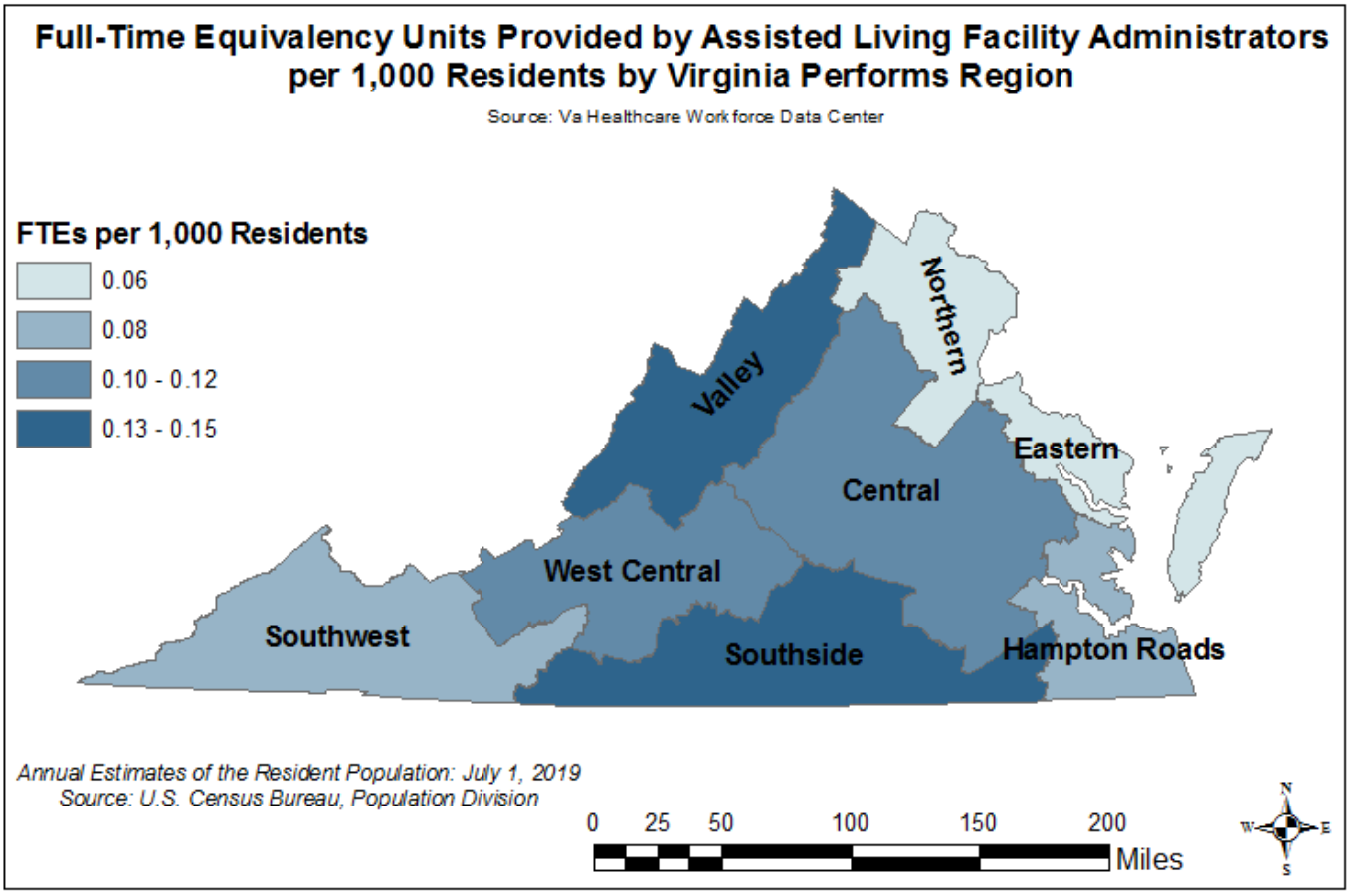
Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	63%

Time Allocation

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

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2021 Assisted Living Facility Administrator (ALFA) Workforce Survey. In total, 572 ALFAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for ALFAs. These survey respondents represents 83% of the 692 ALFAs who are licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 645 ALFAs participated in Virginia's workforce during the survey time period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's ALFA workforce provided 732 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than 80% of ALFAs are female, and the median age of the ALFA workforce is 52. In a random encounter between two ALFAs, there is a 48% chance that they would be of different races or ethnicities, a measure known as the diversity index. For ALFAs who are under the age of 40, this diversity index increases to 58%. The comparable diversity index for Virginia's population as a whole is 57%. Nearly half of all ALFAs grew up in a rural area, and 27% of this group of professionals currently work in non-metro areas of Virginia. In total, 15% of all ALFAs work in non-metro areas of the state.

Nearly 90% of ALFAs are currently employed in the profession, 81% hold one full-time job, and 47% work between 40 and 49 hours per week. Meanwhile, 2% of ALFAs have experienced involuntary unemployment at some point in the past year, and 1% have experienced underemployment over the same time period. Nearly all ALFAs work in the private sector, including 81% who work in the for-profit sector. The typical ALFA earns between $80,000 and $90,000 per year. In addition, 84% of all ALFAs receive at least one employer-sponsored benefit. More than nine out of every ten ALFAs are satisfied with their current work situation, including 68% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2016 ALFA workforce. The number of licensed ALFAs in Virginia has increased by 8% (692 vs. 643). In addition, the size of the ALFA workforce has increased by 5% (645 vs. 614), and the number of FTEs provided by this workforce has grown by 3% (732 vs. 712). Virginia's renewing ALFAs are more likely to respond to the survey (96% vs. 89%).

The percentage of Virginia's ALFAs who are female has fallen (81% vs. 83%), and this decline is considerably larger among those ALFAs who are under the age of 40 (73% vs. 86%). The ALFA workforce has become more racially/ethnically diverse (48% vs. 40%), and this increase in the diversity index is even greater among those ALFAs who are under the age of 40 (58% vs. 39%). Although there has been no change in the percentage of ALFAs who grew up in a rural area (46%), this group of professionals is less likely to work in a non-metro area of Virginia (27% vs. 29%). In total, the percentage of all ALFAs who work in a non-metro area of the state has fallen (15% vs. 20%).

ALFAs are less likely to currently work in the profession (88% vs. 91%), hold one full-time job (81% vs 87%), or work between 40 and 49 hours per week (47% vs. 49%). The coronavirus pandemic seems to have had little impact on the employment instability of Virginia's ALFAs as their one-year rates of involuntary unemployment (2% vs. 1%) and underemployment (1% vs. < 1%) have both risen only slightly. The percentage of ALFAs who work in the for-profit sector has fallen (81% vs. 83%).

The median annual income of Virginia's ALFAs has increased ($80k-$90k vs. $60k-$70k). In addition, ALFAs are more likely to receive at least one employer-sponsored benefit (84% vs. 82%), including those who have access to dental insurance (64% vs. 58%) and a retirement plan (54% vs. 47%). Regardless, the percentage of ALFAs who indicated that they are satisfied with their current work situation has fallen slightly (94% vs. 95%), and this decline was even larger among those ALFAs who indicated that they are "very satisfied" (68% vs. 71%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	574	83%
New Licensees	49	7%
Non-Renewals	69	10%
All Licensees	**692**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing ALFAs submitted a survey. These respondents represent 83% 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 2021.
2. **Target Population:** All ALFAs who held a Virginia license at some point between April 2020 and March 2021.
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.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	4	11	73%
30 to 34	5	42	89%
35 to 39	15	53	78%
40 to 44	12	61	84%
45 to 49	13	86	87%
50 to 54	14	90	87%
55 to 59	17	87	84%
60 and Over	40	142	78%
Total	**120**	**572**	**83%**
New Licenses			
Issued in Past Year	30	19	39%
Metro Status			
Non-Metro	20	111	85%
Metro	90	415	82%
Not in Virginia	10	46	82%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**572**
Response Rate, All Licensees	**83%**
Response Rate, Renewals	**96%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 692
New: 7%
Not Renewed: 10%

Response Rates

All Licensees: 83%
Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

ALFA Workforce:	645
FTEs:	732

Utilization Ratios

Licensees in VA Workforce:	93%
Licensees per FTE:	0.95
Workers per FTE:	0.88

Source: Va. Healthcare Workforce Data Center

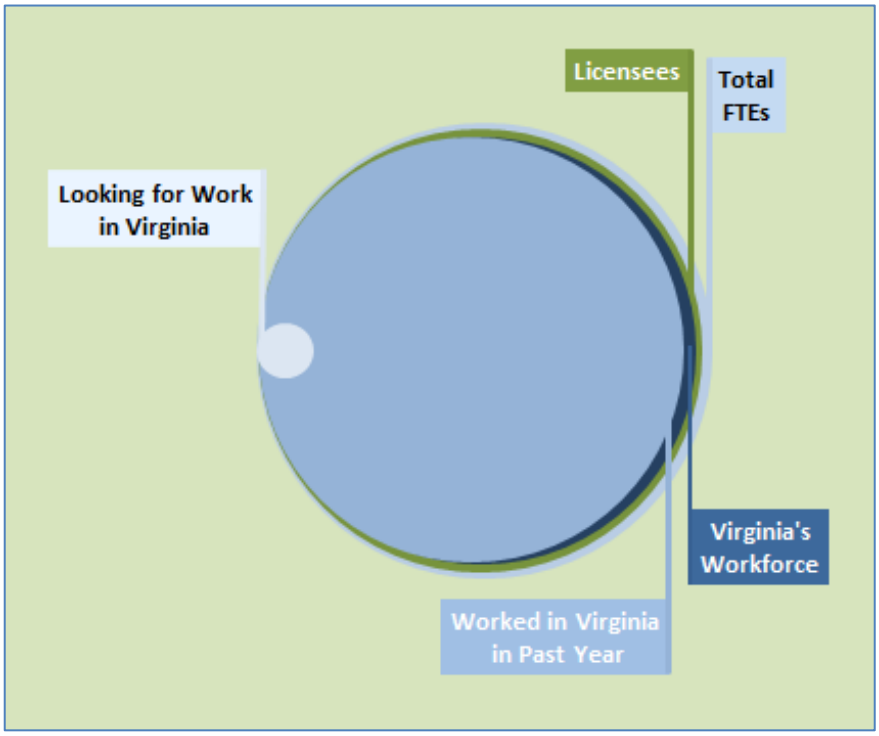
Definitions

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

Virginia's ALFA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	635	98%
Looking for Work in Virginia	11	2%
Virginia's Workforce	**645**	**100%**
Total FTEs	**732**	
Licensees	**692**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	4	30%	10	70%	14	3%
30 to 34	13	32%	27	68%	40	7%
35 to 39	13	22%	45	78%	58	11%
40 to 44	11	19%	46	81%	57	10%
45 to 49	14	20%	56	80%	69	13%
50 to 54	16	21%	62	79%	79	14%
55 to 59	10	12%	78	88%	88	16%
60 and Over	27	19%	120	81%	147	27%
Total	**108**	**20%**	**444**	**81%**	**552**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	61%	381	68%	65	59%
Black	19%	129	23%	29	26%
Hispanic	10%	11	2%	4	4%
Asian	7%	20	4%	7	6%
Two or More Races	3%	11	2%	5	5%
Other Race	0%	6	1%	1	1%
Total	**100%**	**558**	**100%**	**111**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	81%
% Under 40 Female:	73%

Age

Median Age:	52
% Under 40:	20%
% 55 and Over:	43%

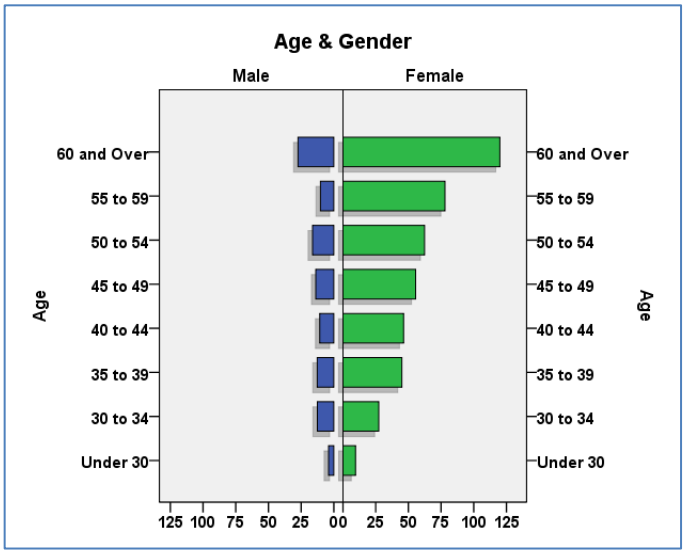
Diversity

Diversity Index:	48%
Under 40 Div. Index:	58%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two ALFAs, there is a 48% 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 comparable number is 57%.

One out of every five ALFAs are under the age of 40, and 73% of this group of professionals are female. In addition, the diversity index among ALFAs who are under the age of 40 is 58%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	17%
Rural Childhood:	46%

Virginia Background

HS in Virginia:	61%
Prof. Edu. in VA:	93%
HS or Prof. Edu. in VA:	94%

Location Choice

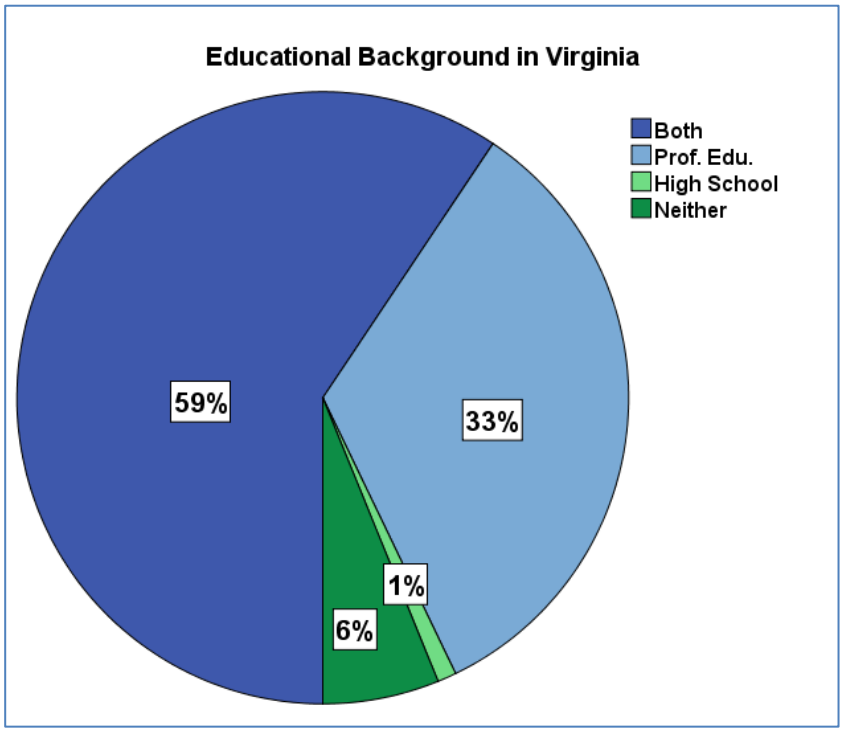
% Rural to Non-Metro:	27%
% Urban/Suburban to Non-Metro:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	33%	47%	20%
2	Metro, 250,000 to 1 Million	55%	32%	14%
3	Metro, 250,000 or Less	54%	30%	17%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	72%	17%	11%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	88%	12%	0%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	81%	0%	19%
8	Rural, Metro Adjacent	71%	29%	0%
9	Rural, Non-Adjacent	100%	0%	0%
	Overall	**46%**	**38%**	**17%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly half of all ALFAs grew up in a rural area, and 27% of this group of professionals currently work in a non-metro area of Virginia. In total, 15% of all ALFAs currently work in a non-metro area 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	333	Virginia	455
2	Outside U.S./Canada	43	North Carolina	6
3	New York	28	New Jersey	4
4	Pennsylvania	21	Maryland	4
5	North Carolina	16	Tennessee	3
6	Maryland	13	Georgia	2
7	Florida	8	Florida	2
8	New Jersey	8	New York	2
9	California	7	Pennsylvania	1
10	Ohio	7	Illinois	1

Source: Va. Healthcare Workforce Data Center

More than 60% of all licensed ALFAs received their high school degree in Virginia, and 93% received their initial professional degree in the state.

Among ALFAs who have been licensed in the past five years, 58% received their high school degree in Virginia, and 92% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	118	Virginia	169
2	Outside U.S./Canada	14	Tennessee	3
3	New York	9	New Jersey	3
4	North Carolina	7	Georgia	2
5	Maryland	6	Maryland	1
6	California	6	Iowa	1
7	Connecticut	5	North Carolina	1
8	Ohio	5	Texas	1
9	Pennsylvania	4	West Virginia	1
10	Florida	4	Florida	1

Source: Va. Healthcare Workforce Data Center

In total, 15% of all licensees were not part of Virginia's ALFA workforce. More than 90% of these licensees worked at some point in the past year, including 76% who currently work as an ALFA.

At a Glance:

Not in VA Workforce

Total:	47
% of Licensees:	7%
Federal/Military:	0%
VA Border State/DC:	15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	77	15%	-	-
Admin-in-Training	203	38%	-	-
High School/GED	-	-	120	22%
Associate	48	9%	109	20%
Baccalaureate	81	15%	193	36%
Graduate Cert.	8	2%	13	2%
Masters	54	10%	102	19%
Doctorate	2	0%	5	1%
Other	57	11%	-	-
Total	**530**	**100%**	**542**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Admin. Education

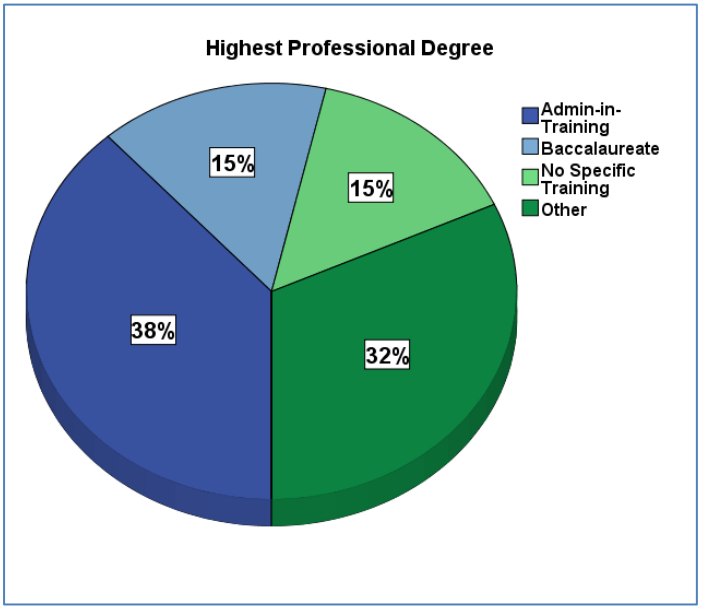
Admin-in-Training:	38%
Baccalaureate Degree:	15%
Master's Degree:	10%

Education Debt

Carry Debt:	28%
Under Age 40 w/ Debt:	44%
Median Debt:	$30k-$40k

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all ALFAs carry education debt, including 44% of those under the age of 40. For those with education debt, the median debt burden is between $30,000 and $40,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All ALFAs		ALFAs Under 40	
	#	%	#	%
None	320	71%	53	55%
Less than $10,000	21	5%	5	5%
$10,000-$19,999	9	2%	3	3%
$20,000-$29,999	15	3%	5	5%
$30,000-$39,999	20	4%	8	8%
$40,000-$49,999	11	2%	6	6%
$50,000-$59,999	9	2%	3	3%
$60,000-$69,999	12	3%	1	1%
$70,000-$79,999	6	1%	3	3%
$80,000-$89,999	8	2%	2	2%
$90,000-$99,999	1	0%	0	0%
$100,000 or More	16	4%	6	6%
Total	**450**	**100%**	**96**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

Nurse (RN or LPN):	17%
RMA:	14%
CNA:	3%

Job Titles

Administrator:	40%
Executive Director:	22%
Owner:	7%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	**#**	**%**
ALF Administrator	549	85%
Nurse (RN or LPN)	108	17%
Registered Medication Aide	90	14%
Certified Nursing Assistant	21	3%
Nursing Home Administrator	6	1%
Speech-Language Pathologist	2	0%
Occupational Therapist	1	0%
Physical Therapist	1	0%
Other	45	7%
At Least One License	**552**	**86%**

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Administrator	255	40%	22	3%
Executive Director	145	22%	11	2%
Owner	48	7%	7	1%
President or Executive Officer	29	4%	0	0%
Assistant Administrator	28	4%	2	0%
Other	117	18%	21	3%
At Least One Title	**514**	**80%**	**56**	**9%**

Source: Va. Healthcare Workforce Data Center

Two out of every five ALFAs hold the title of administrator at their primary work location. Another 22% hold the title of executive director.

At a Glance:

Employment

Employed in Profession: 88%
Involuntarily Unemployed: 2%

Positions Held

1 Full-Time: 81%
2 or More Positions: 12%

Weekly Hours:

40 to 49: 47%
60 or More: 18%
Less than 30: 3%

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	484	88%
Employed, NOT in a Capacity Related to Long-Term Care	46	8%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	10	2%
Voluntarily Unemployed	7	1%
Retired	2	< 1%
Total	**549**	**100%**

Source: Va. Healthcare Workforce Data Center

Nearly 90% of all licensed ALFAs are currently employed in the profession, 81% hold one full-time job, and 47% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	19	3%
One Part-Time Position	20	4%
Two Part-Time Positions	4	1%
One Full-Time Position	442	81%
One Full-Time Position & One Part-Time Position	38	7%
Two Full-Time Positions	12	2%
More than Two Positions	9	2%
Total	**544**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	19	4%
1 to 9 Hours	4	1%
10 to 19 Hours	6	1%
20 to 29 Hours	7	1%
30 to 39 Hours	17	3%
40 to 49 Hours	251	47%
50 to 59 Hours	136	25%
60 to 69 Hours	62	12%
70 to 79 Hours	18	3%
80 or More Hours	17	3%
Total	**537**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	4	1%
Less than $30,000	30	7%
$30,000-$39,999	13	3%
$40,000-$49,999	30	7%
$50,000-$59,999	26	6%
$60,000-$69,999	49	12%
$70,000-$79,999	54	13%
$80,000-$89,999	52	12%
$90,000-$99,999	47	11%
$100,000-$109,999	35	8%
$110,000-$119,999	30	7%
$120,000-$129,999	20	5%
$130,000 or More	34	8%
Total	**424**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $80k-$90k

Benefits
Paid Vacation: 82%
Retirement: 54%

Satisfaction
Satisfied: 94%
Very Satisfied: 68%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	**#**	**%**
Paid Vacation	397	82%
Paid Sick Leave	325	67%
Dental Insurance	311	64%
Retirement	263	54%
Group Life Insurance	253	52%
Signing/Retention Bonus	54	11%
At Least One Benefit	**407**	**84%**
*From any employer at time of survey.		

Source: Va. Healthcare Workforce Data Center

The median annual income for ALFAs is between $80,000 and $90,000. In addition, 84% of ALFAs receive at least one employer-sponsored benefit, including 54% who have access to a retirement plan.

More than nine out of every ten ALFAs are satisfied with their current employment situation, including 68% who indicated that they are "very satisfied."

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	365	68%
Somewhat Satisfied	138	26%
Somewhat Dissatisfied	15	3%
Very Dissatisfied	15	3%
Total	**534**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Work Two or More Positions at the Same Time?	108	17%
Switch Employers or Practices?	45	7%
Experience Voluntary Unemployment?	15	2%
Experience Involuntary Unemployment?	14	2%
Work Part-Time or Temporary Positions, But Would Have Preferred a Full-Time/Permanent Position?	8	1%
Experience At Least One?	**175**	**27%**

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 6.9% during the same time period.[1]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 7%
New Location: 20%
Over 2 Years: 63%
Over 2 Yrs., 2nd Location: 55%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	4	1%	4	7%
Less than 6 Months	52	10%	9	15%
6 Months to 1 Year	37	7%	7	12%
1 to 2 Years	101	19%	8	13%
3 to 5 Years	91	17%	12	20%
6 to 10 Years	86	16%	6	10%
More than 10 Years	151	29%	15	25%
Subtotal	**522**	**100%**	**60**	**100%**
Did Not Have Location	16		576	
Item Missing	107		9	
Total	**645**		**645**	

Source: Va. Healthcare Workforce Data Center

More than 60% of ALFAs have worked at their primary location for more than two years.

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 5.1% and a high of 11.0%. At the time of publication, the unemployment rate from March 2021 was still preliminary.

At a Glance:

Concentration

Top Region:	23%
Top 3 Regions:	65%
Lowest Region:	1%

Locations

2 or More (Past Year):	13%
2 or More (Now*):	11%

Source: Va. Healthcare Workforce Data Center

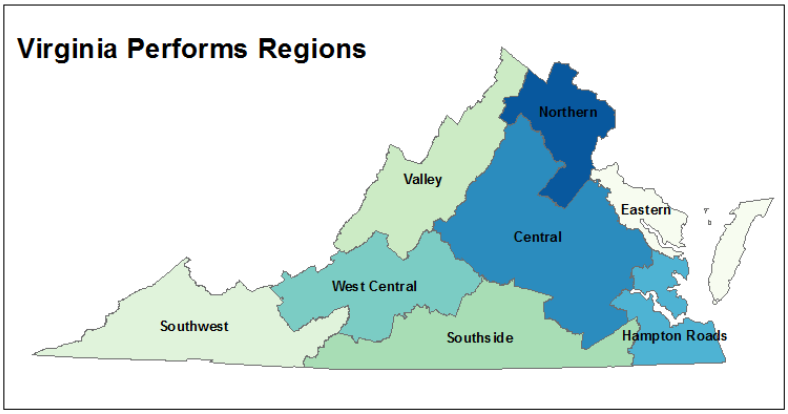
Nearly two-thirds of all ALFAs in the state work in Central Virginia, Northern Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations

VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	121	23%	12	22%
Northern	119	23%	12	22%
Hampton Roads	96	19%	7	13%
West Central	70	14%	2	4%
Valley	52	10%	3	6%
Southside	34	7%	11	20%
Southwest	20	4%	1	2%
Eastern	5	1%	3	6%
Virginia Border State/D.C.	1	0%	1	2%
Other U.S. State	0	0%	2	4%
Outside of the U.S.	0	0%	0	0%
Total	**518**	**100%**	**54**	**100%**
Item Missing	111		13	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	11	2%	13	3%
1	453	85%	459	86%
2	36	7%	35	7%
3	28	5%	21	4%
4	1	0%	1	0%
5	1	0%	0	0%
6 or More	2	0%	2	0%
Total	**532**	**100%**	**532**	**100%**

*At the time of survey completion, March 2021.

Source: Va. Healthcare Workforce Data Center

While 11% of ALFAs currently have multiple work locations, 13% have had multiple work locations over the past 12 months.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	406	81%	43	86%
Non-Profit	85	17%	6	12%
State/Local Government	12	2%	1	2%
Veterans Administration	1	0%	0	0%
U.S. Military	0	0%	0	0%
Other Federal Government	0	0%	0	0%
Total	**504**	**100%**	**50**	**100%**
Did Not Have Location	16		576	
Item Missing	125		19	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

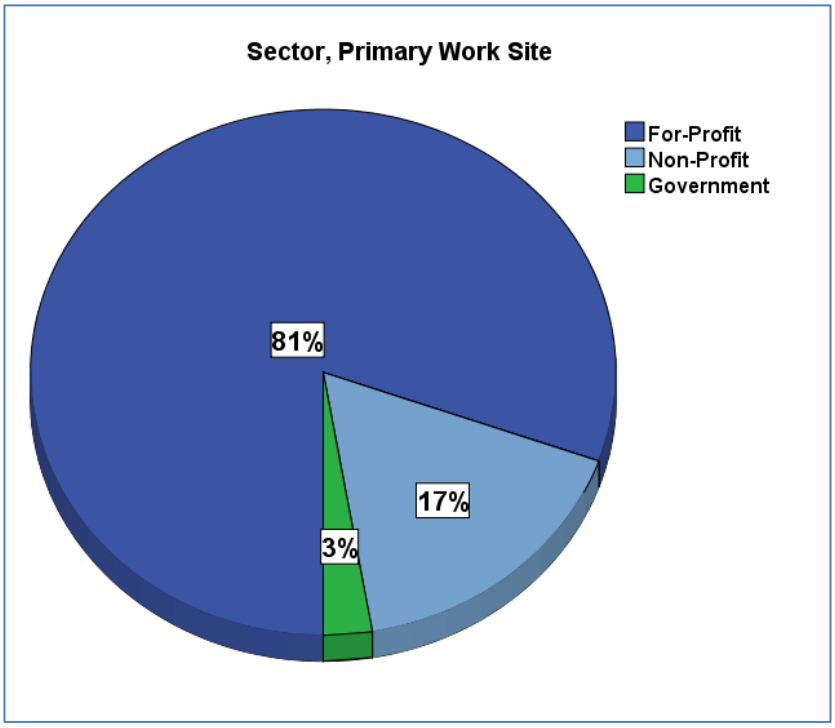
For-Profit: 81%
Federal: 0%

Top Establishments

Assisted Living Facility: 70%
Continuing Care Retirement Community: 4%
Skilled Nursing Facility: 4%

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Assisted Living Facility	453	70%	42	7%
Continuing Care Retirement Community	27	4%	0	0%
Skilled Nursing Facility	24	4%	3	0%
Home/Community Health Care	17	3%	3	0%
Academic Institution	9	1%	3	0%
Adult Day Care	6	1%	2	0%
Hospice	5	1%	0	0%
Acute Care/Rehabilitative Facility	3	0%	0	0%
Other Practice Type	32	5%	7	1%
At Least One Establishment	**517**	**80%**	**56**	**9%**

Source: Va. Healthcare Workforce Data Center

Seven out of every ten ALFAs are employed at an assisted living facility as their primary work location.

More than half of ALFAs are employed at an independent/stand-alone organization as their primary work location. Another 38% of ALFAs are employed at a facility chain organization.

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
Independent/Stand Alone	253	53%	20	42%
Facility Chain	181	38%	22	46%
Hospital-Based	9	2%	0	0%
College or University	5	1%	0	0%
Integrated Health System (Veterans Administration, Large Health System)	4	1%	0	0%
Other	28	6%	6	13%
Total	**480**	**100%**	**48**	**100%**
Did Not Have Location	16		576	
Item Missing	150		21	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

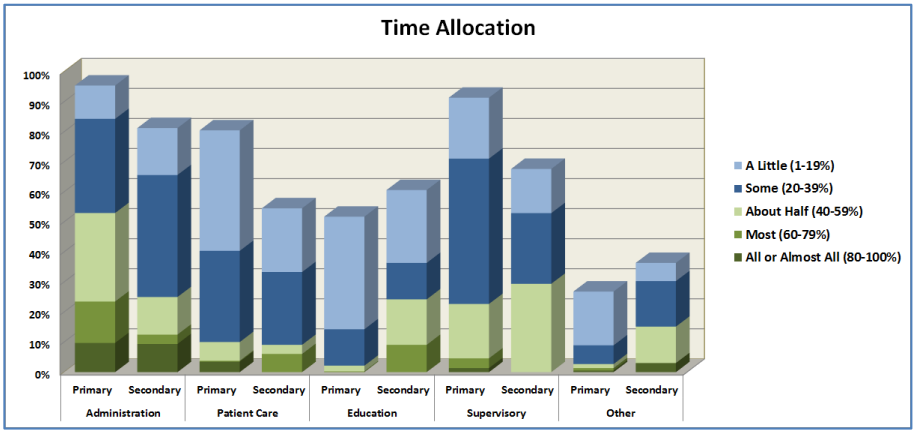
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%
Education:	1%-9%

Roles

Administration:	24%
Supervisory:	5%
Patient Care:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

ALFAs typically spend nearly half of their time performing administrative tasks. In addition, 24% 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	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	10%	9%	4%	0%	0%	0%	1%	0%	1%	3%
Most (60-79%)	14%	3%	0%	6%	0%	9%	3%	0%	1%	0%
About Half (40-59%)	29%	12%	6%	3%	2%	15%	18%	30%	1%	12%
Some (20-39%)	31%	39%	30%	24%	12%	12%	48%	24%	6%	15%
A Little (1-19%)	11%	15%	40%	21%	38%	24%	20%	15%	18%	6%
None (0%)	5%	18%	19%	45%	48%	39%	9%	33%	73%	64%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	37	8%	14	26%
1-24	89	20%	16	30%
25-49	86	19%	5	9%
50-74	76	17%	6	11%
75-99	66	15%	5	9%
100-124	35	8%	4	7%
125-149	19	4%	4	7%
150-174	12	3%	1	2%
175-199	6	1%	0	0%
200 or More	15	3%	0	0%
Total	**442**	**100%**	**54**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Primary Location: 50-74
Secondary Location: 1-24

Resident Capacity (Median)

Primary Location: 50-100
Secondary Location: 25-50

Source: Va. Healthcare Workforce Data Center

The median patient workload for ALFAs at their primary work location is between 50 and 74 patients. In addition, the typical ALFA works at a facility that contains between 50 and 100 beds for residents.

Resident Capacity				
# of Beds	Primary Location		Secondary Location	
	#	%	#	%
Not Applicable	36	7%	11	21%
10 or Less	25	5%	9	17%
10-25	53	10%	4	8%
25-50	84	16%	6	12%
50-100	171	33%	11	21%
100-150	88	17%	7	13%
150-250	45	9%	4	8%
More than 250	10	2%	0	0%
Total	**512**	**100%**	**52**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs 50 and Over	
	#	%	#	%
Under Age 50	4	1%	-	-
50 to 54	11	2%	0	0%
55 to 59	19	4%	2	1%
60 to 64	102	21%	52	19%
65 to 69	185	39%	104	37%
70 to 74	90	19%	72	26%
75 to 79	14	3%	12	4%
80 or Over	11	2%	11	4%
I Do Not Intend to Retire	41	9%	28	10%
Total	**476**	**100%**	**281**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All ALFAs

Under 65: 29%

Under 60: 7%

ALFAs 50 and Over

Under 65: 19%

Under 60: 1%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 31%

Half the Workforce: By 2041

Source: Va. Healthcare Workforce Data Center

Nearly 30% of all ALFAs expect to retire before the age of 65. Among ALFAs who are age 50 and over, 19% expect to retire before the age of 65.

Within the next two years, 14% of ALFAs expect to pursue additional educational opportunities, and 12% of ALFAs expect to begin accepting Administrators-in-Training.

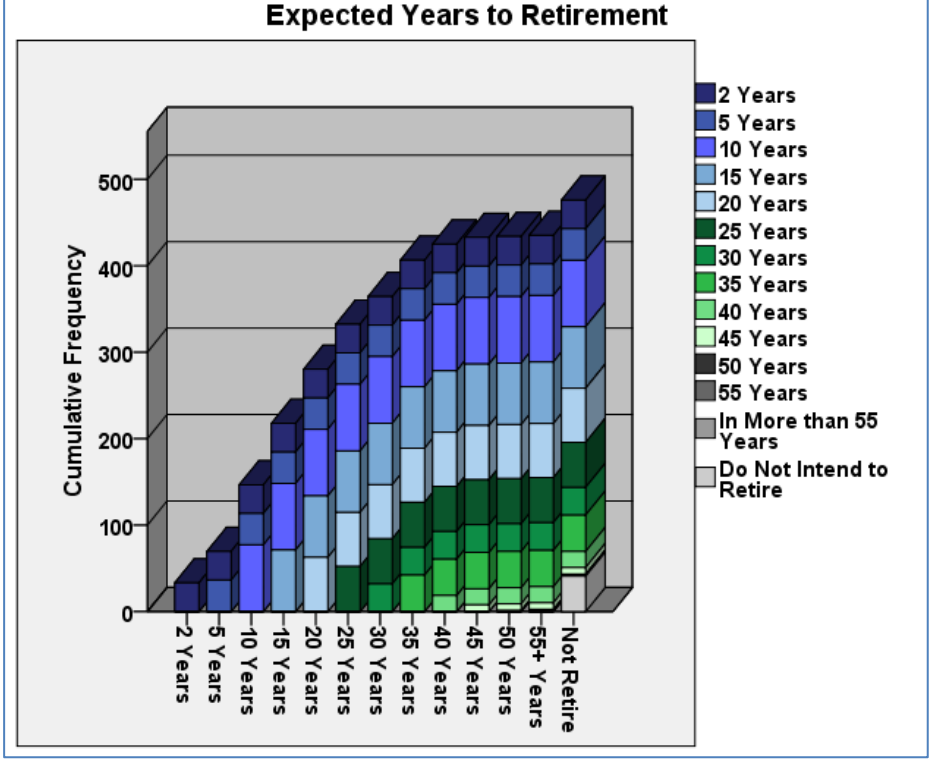
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	48	7%
Leave Virginia	43	4%
Leave Profession	23	4%
Cease Accepting Trainees	6	1%
Decrease Teaching Hours	0	0%
Increase Participation		
Pursue Additional Education	91	14%
Begin Accepting Trainees	78	12%
Increase Patient Care Hours	34	5%
Increase Teaching Hours	18	3%
Return to the Workforce	7	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While 7% of ALFAs expect to retire in the next two years, 31% expect to retire within the next decade. More than half of the current ALFA workforce expect to retire by 2041.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	33	7%	7%
5 Years	36	8%	14%
10 Years	77	16%	31%
15 Years	71	15%	46%
20 Years	63	13%	59%
25 Years	52	11%	70%
30 Years	32	7%	76%
35 Years	42	9%	85%
40 Years	19	4%	89%
45 Years	8	2%	91%
50 Years	1	0%	91%
55 Years	0	0%	91%
In More than 55 Years	1	0%	91%
Do Not Intend to Retire	41	9%	100%
Total	**476**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2031. Retirement will peak at 16% of the current workforce around the same time before declining to under 10% again by 2051.

At a Glance:

FTEs

Total:	732
FTEs/1,000 Residents[2]:	.086
Average:	1.16

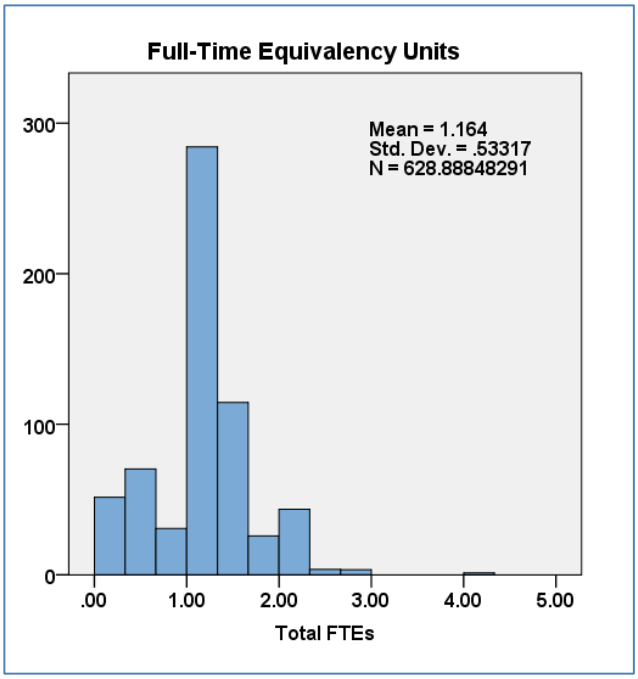
Age & Gender Effect

Age, *Partial Eta*^{2}:	Small
Gender, *Partial Eta*^{2}:	Negligible

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

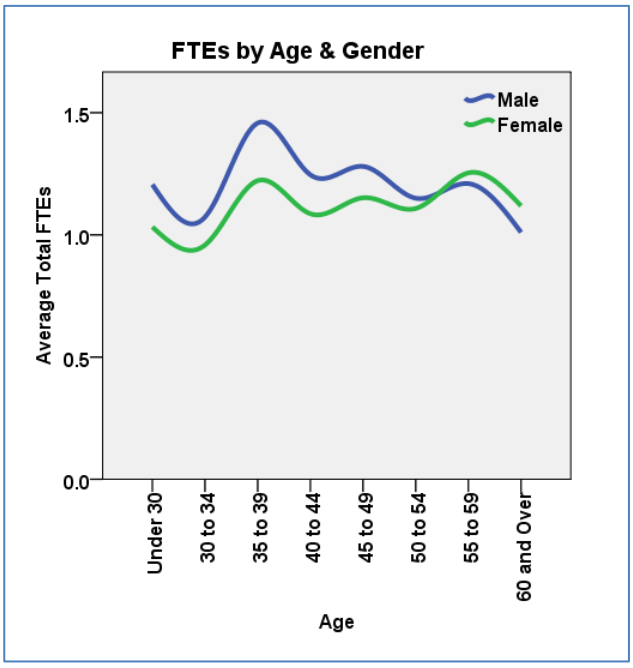


Source: Va. Healthcare Workforce Data Center

The typical ALFA provided 1.17 FTEs in the past year, or approximately 47 hours per week for 50 weeks. Statistical tests do not indicate that FTEs vary by age or gender.

Full-Time Equivalency Units		
Age	**Average Age**	**Median Age**
Under 30	1.09	1.18
30 to 34	1.00	1.09
35 to 39	1.26	1.22
40 to 44	1.12	1.09
45 to 49	1.42	1.35
50 to 54	1.12	1.09
55 to 59	1.23	1.22
60 and Over	1.05	1.08
Gender		
Male	1.18	1.22
Female	1.14	1.20

Source: Va. Healthcare Workforce Data Center

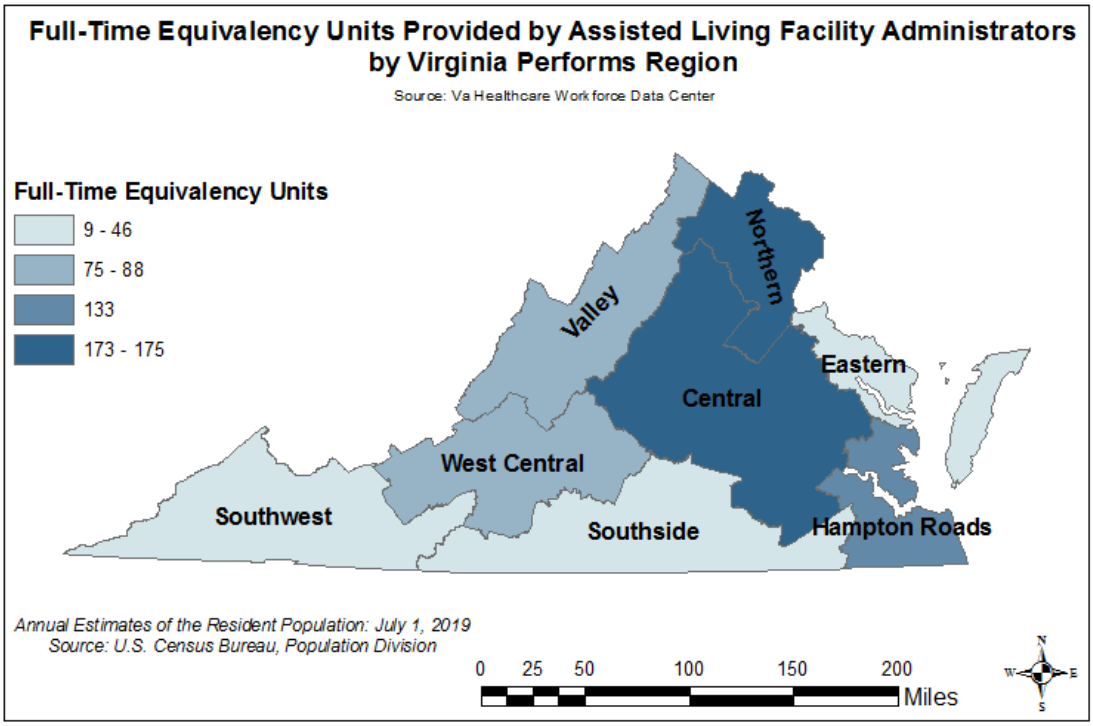


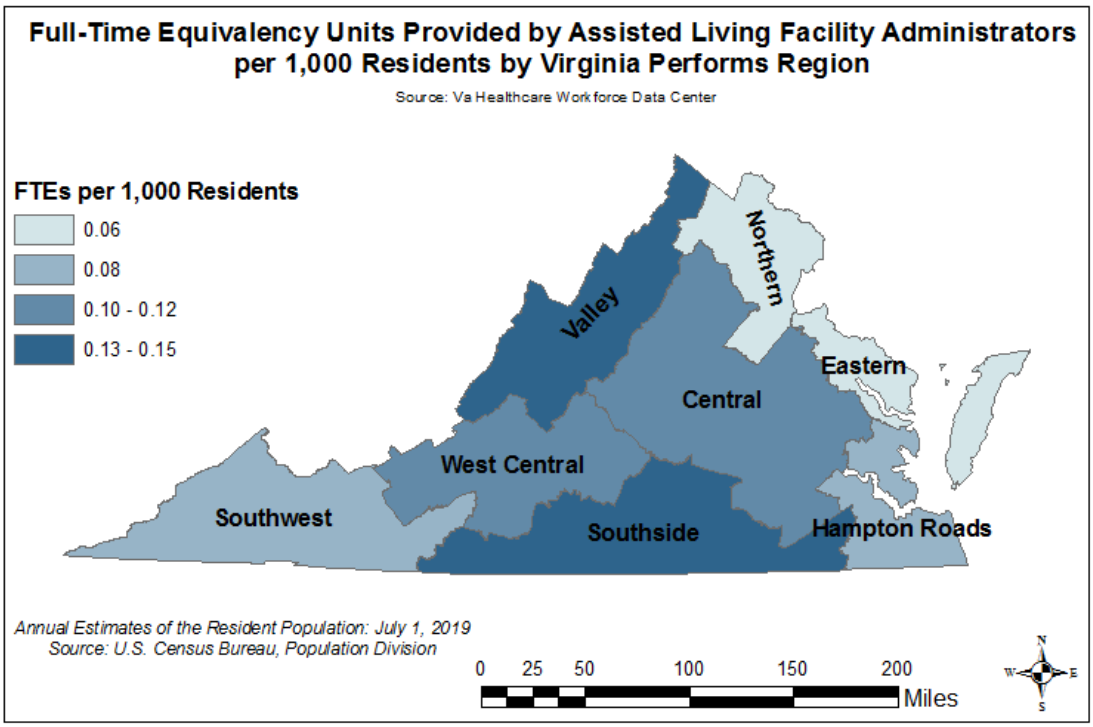
Source: Va. Healthcare Workforce Data Center

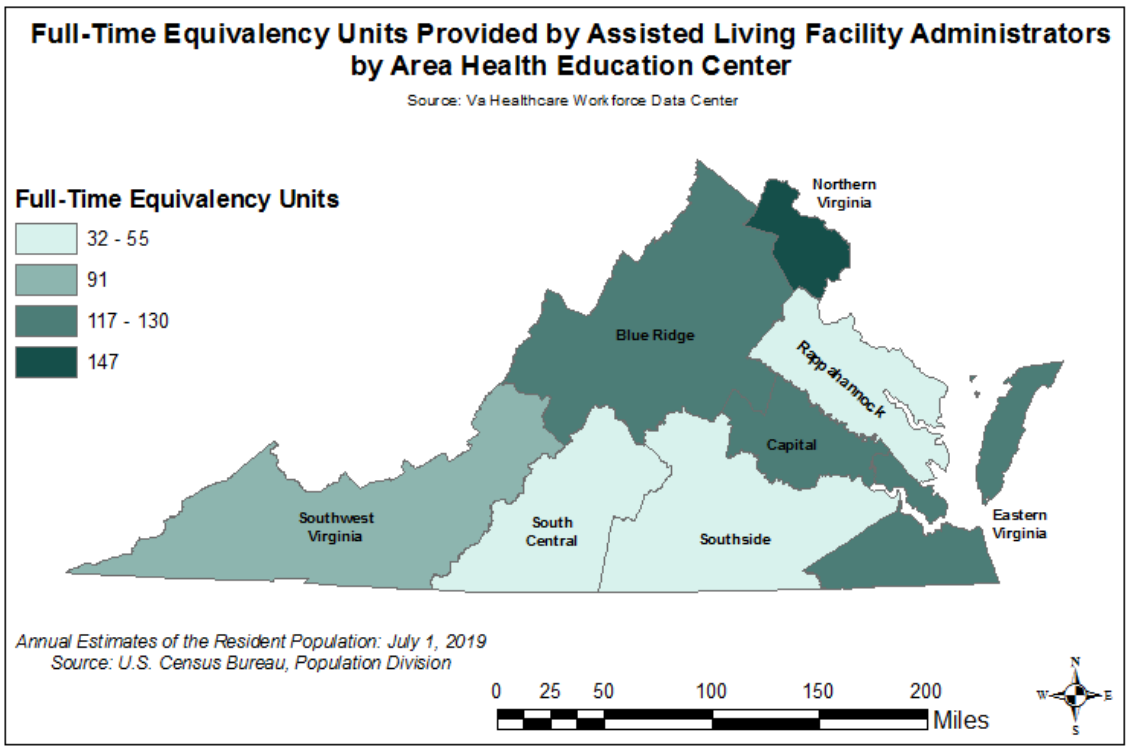
[2] Number of residents in 2019 was used as the denominator.

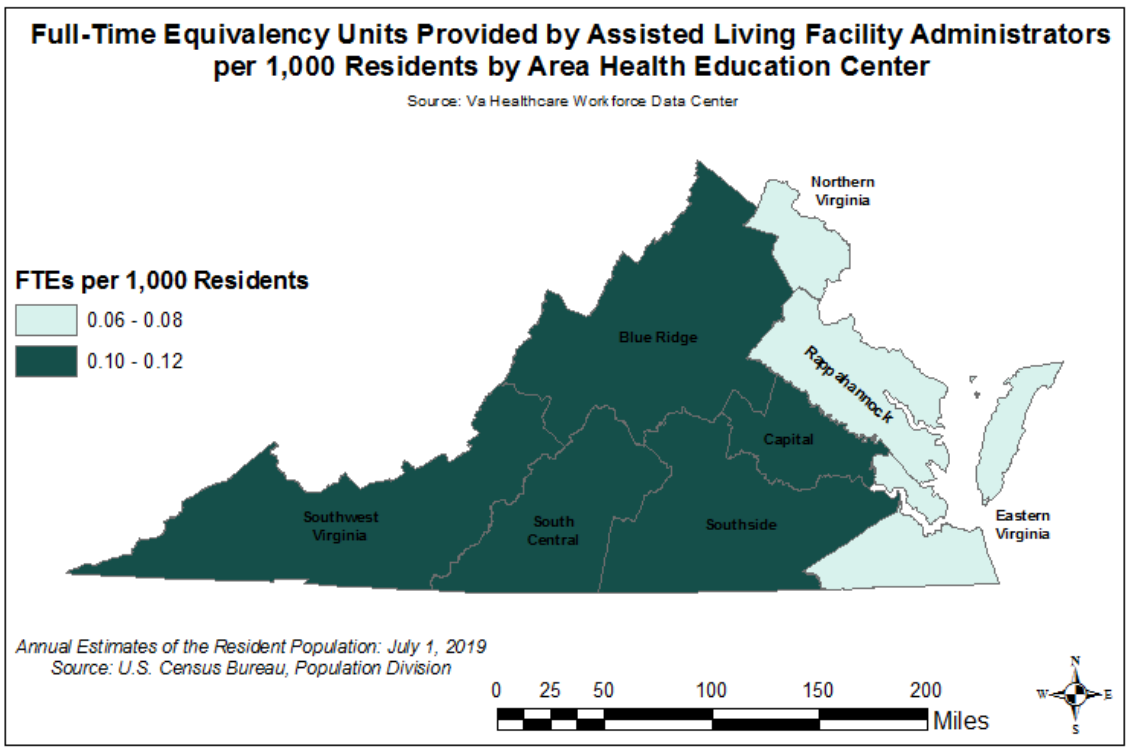
Maps

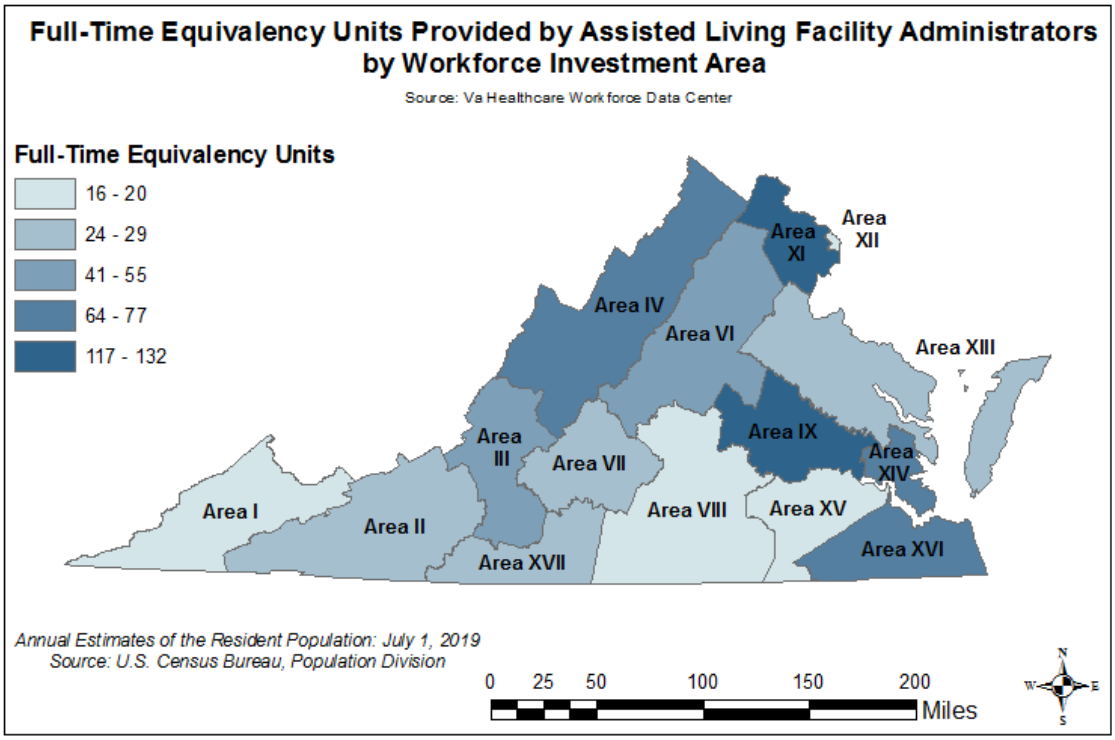
Virginia Performs Regions

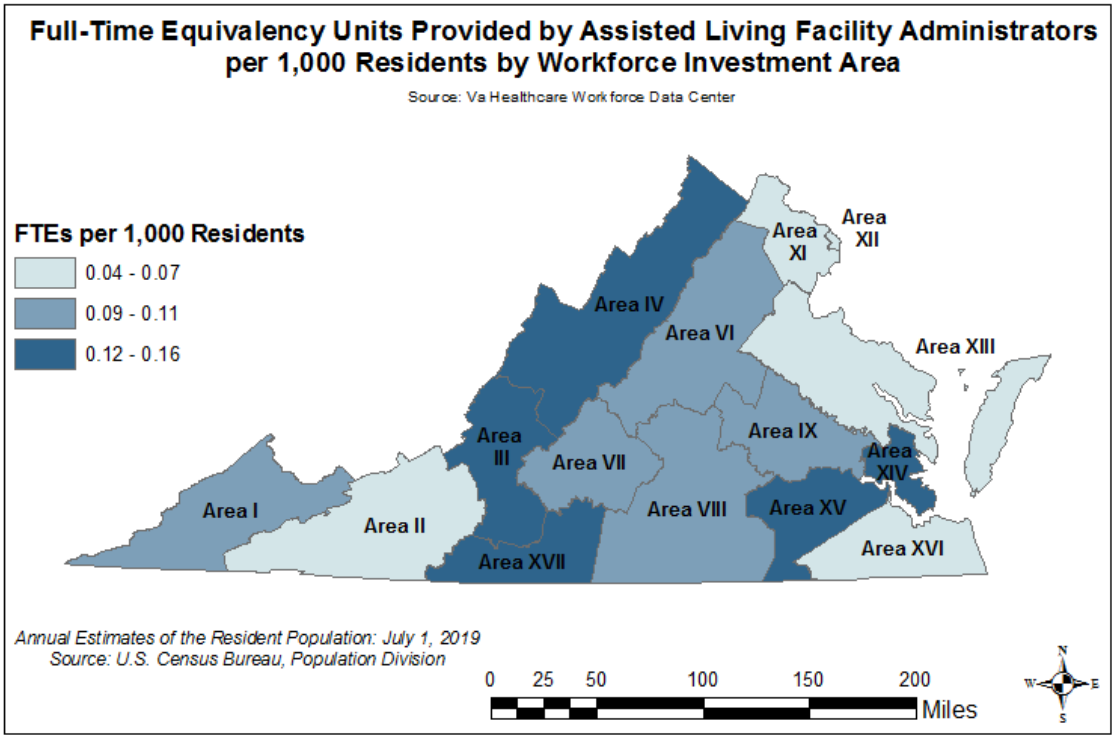


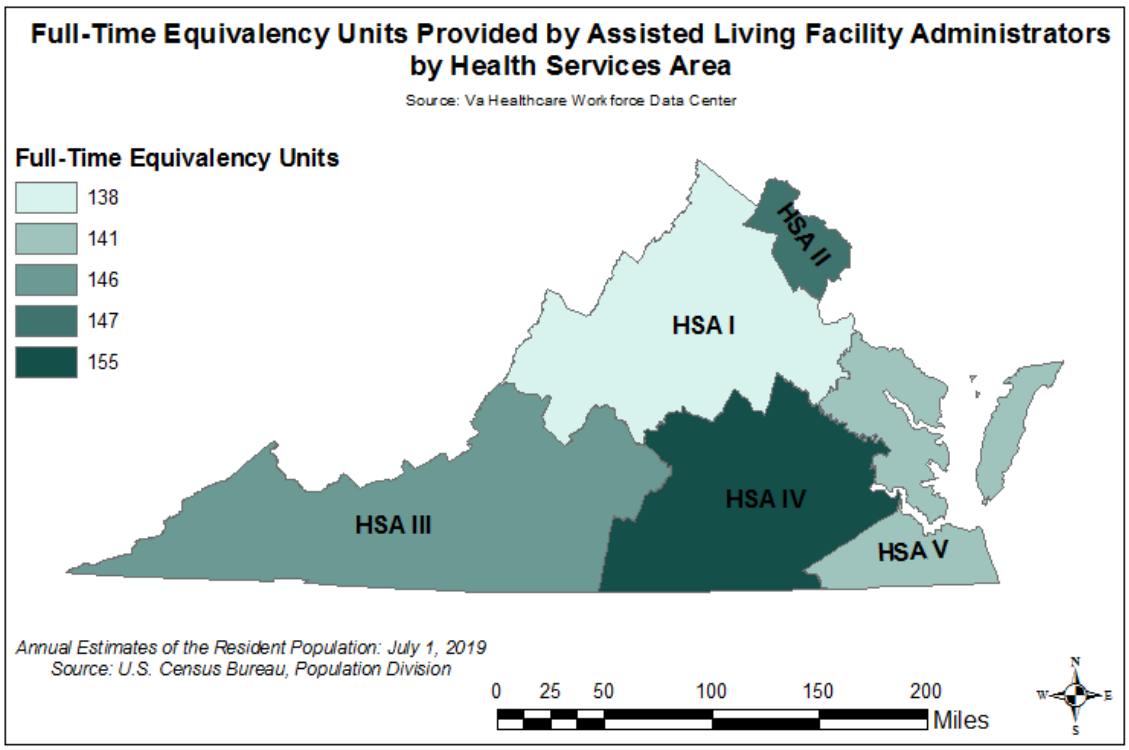


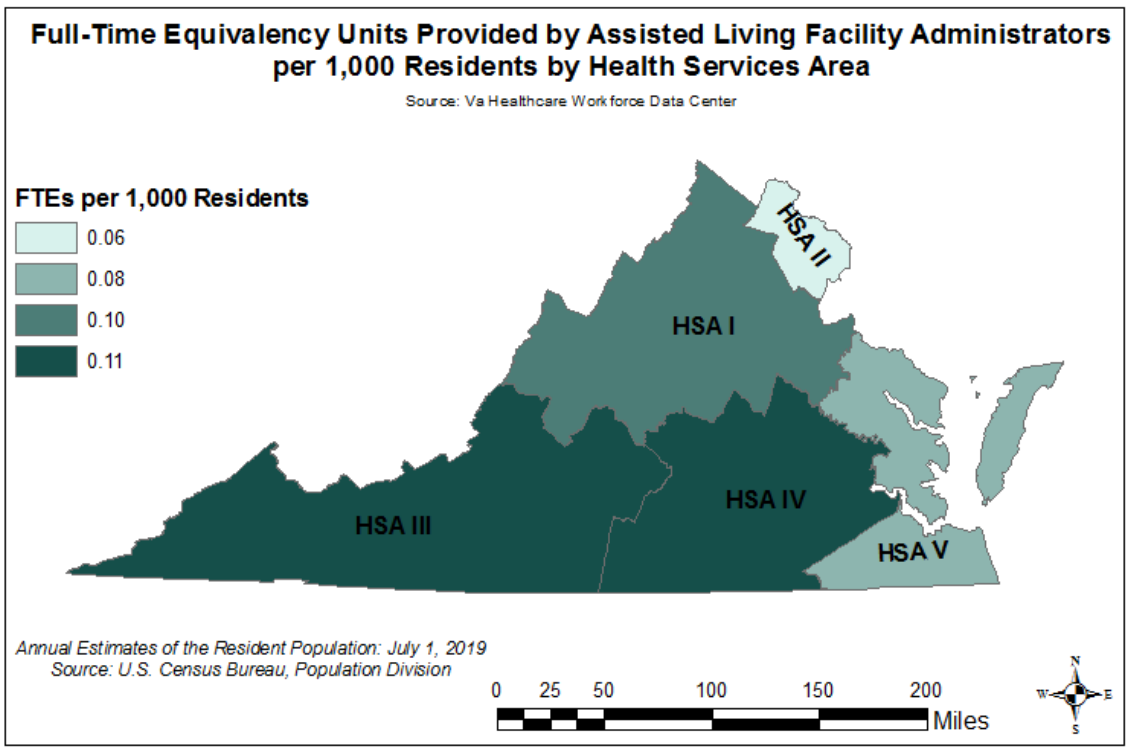

Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
32 - 55
91
117 - 130
147
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

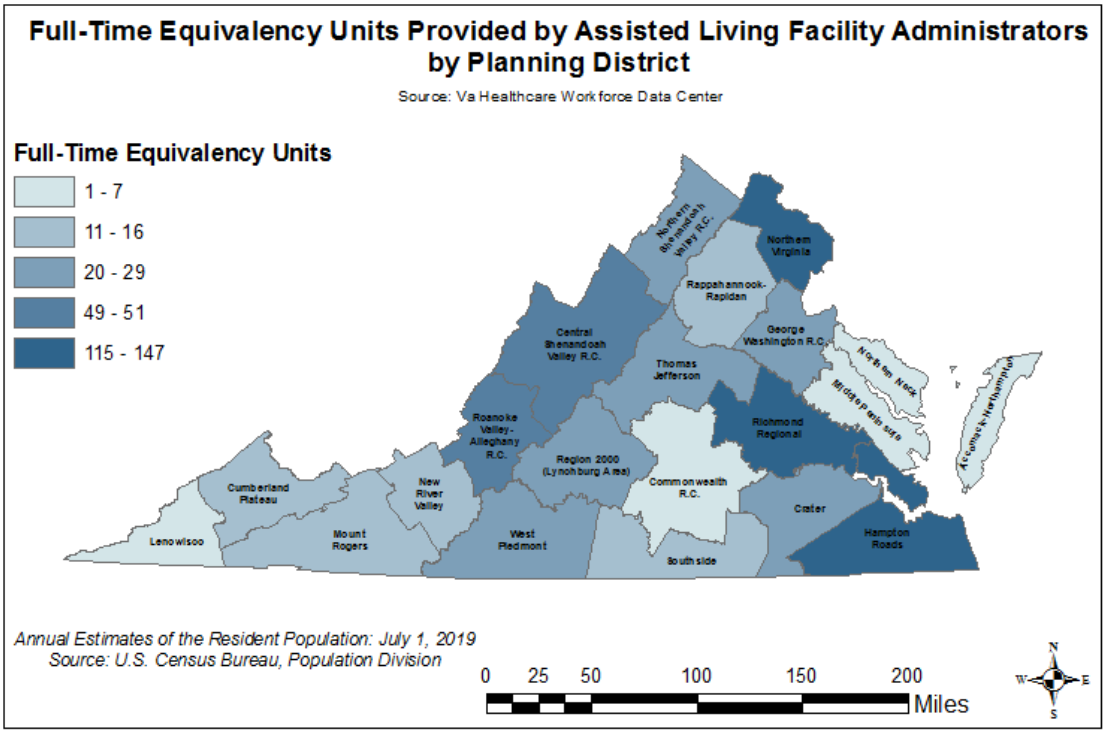

Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.06 - 0.08
0.10 - 0.12
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

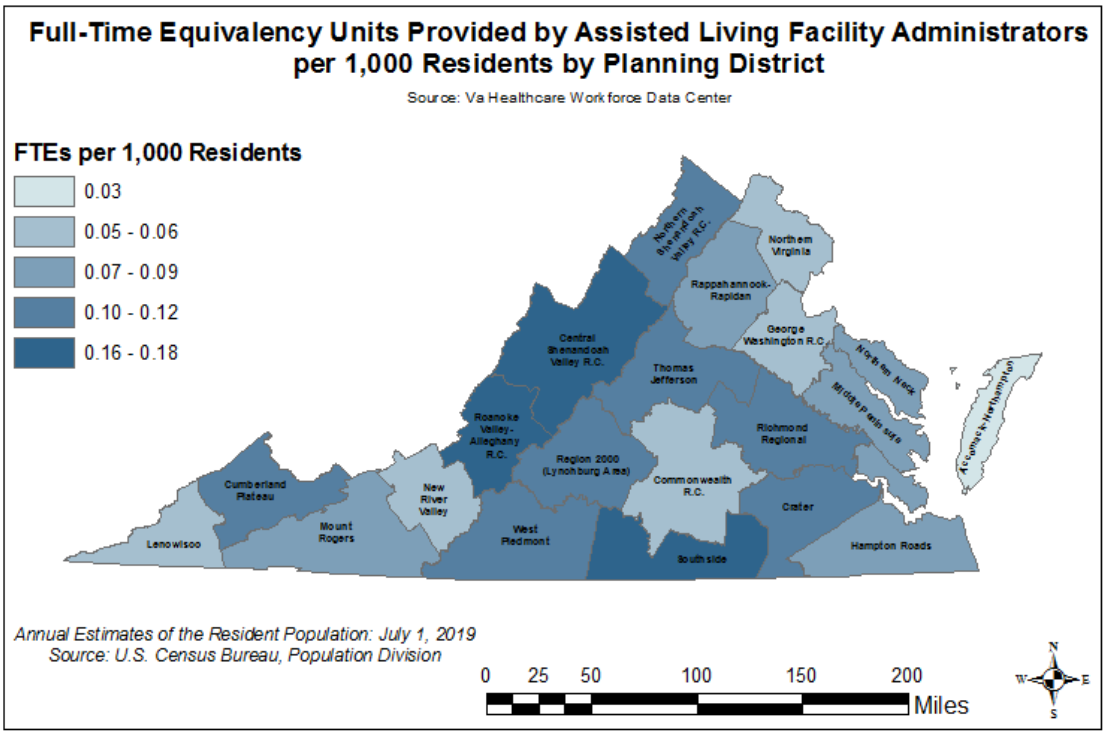

Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
16 - 20
24 - 29
41 - 55
64 - 77
117 - 132
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.04 - 0.07
0.09 - 0.11
0.12 - 0.16
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
138
141
146
147
155
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.06
0.08
0.10
0.11
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1 - 7
11 - 16
20 - 29
49 - 51
115 - 147
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


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
0.03
0.05 - 0.06
0.07 - 0.09
0.10 - 0.12
0.16 - 0.18
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	381	83.46%	1.198	1.108	1.350
Metro, 250,000 to 1 Million	62	74.19%	1.348	1.247	1.519
Metro, 250,000 or Less	62	82.26%	1.216	1.125	1.289
Urban, Pop. 20,000+, Metro Adj.	19	63.16%	1.583	1.465	1.679
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	56	92.86%	1.077	0.996	1.214
Urban, Pop. 2,500-19,999, Non-Adj.	25	92.00%	1.087	1.005	1.153
Rural, Metro Adj.	19	78.95%	1.267	1.172	1.428
Rural, Non-Adj.	12	75.00%	1.333	1.233	1.414
Virginia Border State/D.C.	41	85.37%	1.171	1.084	1.242
Other U.S. State	15	73.33%	1.364	1.298	1.446

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	15	73.33%	1.364	1.214	1.519
30 to 34	47	89.36%	1.119	0.996	1.465
35 to 39	68	77.94%	1.283	1.142	1.679
40 to 44	73	83.56%	1.197	1.065	1.566
45 to 49	99	86.87%	1.151	1.025	1.298
50 to 54	104	86.54%	1.156	1.029	1.512
55 to 59	104	83.65%	1.195	1.064	1.565
60 and Over	182	78.02%	1.282	1.141	1.677

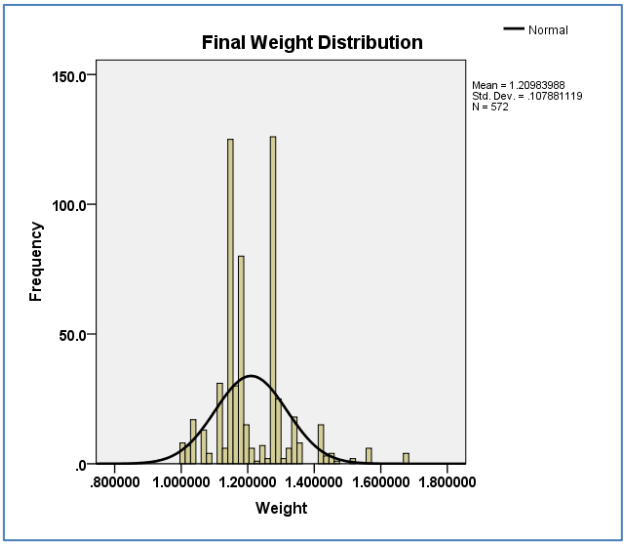
Source: Va. Healthcare Workforce Data Center

See the Methodology section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

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

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

Overall Response Rate: **0.826590**



Source: Va. Healthcare Workforce Data Center

Staff Reports

Virginia Department of Health Professions
Cash Balance
As of june 30, 2021

	114- Long Term Care Administrators
Board Cash Balance as June 30, 2020	$ 143,338
YTD FY21 Revenue	594,745
Less: YTD FY21 Direct and Allocated Expenditures	472,161
Board Cash Balance as June 30, 2021	$ 265,921

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11400 - Long-Term Care Administrators

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	94,645.00	86,355.00	(8,290.00)	109.60%
4002406	License & Renewal Fee	496,480.00	501,085.00	4,605.00	99.08%
4002407	Dup. License Certificate Fee	960.00	175.00	(785.00)	548.57%
4002409	Board Endorsement - Out	2,545.00	1,925.00	(620.00)	132.21%
4002421	Monetary Penalty & Late Fees	-	11,030.00	11,030.00	0.00%
	Total Fee Revenue	594,630.00	600,570.00	5,940.00	99.01%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	115.00	-	(115.00)	0.00%
	Total Sales of Prop. & Commodities	115.00	-	(115.00)	0.00%
	Total Revenue	594,745.00	600,570.00	5,825.00	99.03%
5011110	Employer Retirement Contrib.	8,876.05	9,527.00	650.95	93.17%
5011120	Fed Old-Age Ins- Sal St Emp	4,709.02	5,552.00	842.98	84.82%
5011140	Group Insurance	873.27	883.00	9.73	98.90%
5011150	Medical/Hospitalization Ins.	18,174.20	9,128.00	(9,046.20)	199.10%
5011160	Retiree Medical/Hospitalizatn	732.15	738.00	5.85	99.21%
5011170	Long term Disability Ins	398.20	402.00	3.80	99.05%
	Total Employee Benefits	33,762.89	26,230.00	(7,532.89)	128.72%
5011200	Salaries				
5011230	Salaries, Classified	65,240.16	65,883.00	642.84	99.02%
5011250	Salaries, Overtime	24.99	-	(24.99)	0.00%
	Total Salaries	65,265.15	65,883.00	617.85	99.06%
5011300	Special Payments				
5011310	Bonuses and Incentives	325.00	-	(325.00)	0.00%
5011340	Specified Per Diem Payment	750.00	-	(750.00)	0.00%
5011380	Deferred Compnstn Match Pmts	144.00	595.00	451.00	24.20%
	Total Special Payments	1,219.00	595.00	(624.00)	204.87%
5011400	Wages				
5011410	Wages, General	-	6,699.00	6,699.00	0.00%
	Total Wages	-	6,699.00	6,699.00	0.00%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	531.84	-	(531.84)	0.00%
	Total Terminatn Personal Svce Costs	531.84	-	(531.84)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	100,778.88	99,407.00	(1,371.88)	101.38%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	142.00	142.00	0.00%
5012120	Outbound Freight Services	10.97	-	(10.97)	0.00%
5012140	Postal Services	1,348.17	1,300.00	(48.17)	103.71%
5012150	Printing Services	1.82	500.00	498.18	0.36%
5012160	Telecommunications Svcs (VITA)	215.13	1,320.00	1,104.87	16.30%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11400 - Long-Term Care Administrators

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012190	Inbound Freight Services	0.82	-	(0.82)	0.00%
	Total Communication Services	1,576.91	3,262.00	1,685.09	48.34%
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,500.00	-	100.00%
	Total Employee Development Services	1,500.00	1,500.00	-	100.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	Total Health Services	-	110.00	110.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	10,356.87	7,990.00	(2,366.87)	129.62%
5012440	Management Services	101.28	6.00	(95.28)	1688.00%
5012470	Legal Services	908.93	500.00	(408.93)	181.79%
	Total Mgmnt and Informational Svcs	11,367.08	8,496.00	(2,871.08)	133.79%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	230.28	-	(230.28)	0.00%
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
5012530	Equipment Repair & Maint Srvc	665.16	500.00	(165.16)	133.03%
	Total Repair and Maintenance Svcs	895.44	517.00	(378.44)	173.20%
5012600	Support Services				
5012630	Clerical Services	-	27.00	27.00	0.00%
5012640	Food & Dietary Services	140.74	783.00	642.26	17.97%
5012660	Manual Labor Services	267.36	1,182.00	914.64	22.62%
5012670	Production Services	1,384.34	2,960.00	1,575.66	46.77%
5012680	Skilled Services	3,872.73	1,408.00	(2,464.73)	275.05%
	Total Support Services	5,665.17	6,360.00	694.83	89.08%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	351.33	2,680.00	2,328.67	13.11%
5012850	Travel, Subsistence & Lodging	108.77	500.00	391.23	21.75%
5012880	Trvl, Meal Reimb- Not Rprtble	62.25	400.00	337.75	15.56%
	Total Transportation Services	522.35	3,580.00	3,057.65	14.59%
	Total Contractual Svs	21,526.95	23,825.00	2,298.05	90.35%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	8.25	-	(8.25)	0.00%
5013120	Office Supplies	785.01	1,200.00	414.99	65.42%
5013130	Stationery and Forms	-	100.00	100.00	0.00%
	Total Administrative Supplies	793.26	1,300.00	506.74	61.02%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	1.14	-	(1.14)	0.00%
	Total Medical and Laboratory Supp.	1.14	-	(1.14)	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	3.01	-	(3.01)	0.00%
5013520	Custodial Repair & Maint Matrl	0.41	-	(0.41)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11400 - Long-Term Care Administrators

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013530	Electrcal Repair & Maint Matrl	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	3.42	2.00	(1.42)	171.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	81.00	81.00	0.00%
	Total Residential Supplies	-	81.00	81.00	0.00%
	Total Supplies And Materials	797.82	1,383.00	585.18	57.69%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
	Total Awards, Contrib., and Claims	-	300.00	300.00	0.00%
	Total Transfer Payments	-	300.00	300.00	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	25.00	25.00	0.00%
	Total Insurance-Fixed Assets	-	25.00	25.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	6.94	-	(6.94)	0.00%
5015350	Building Rentals	9.60	-	(9.60)	0.00%
5015390	Building Rentals - Non State	4,875.44	4,613.00	(262.44)	105.69%
	Total Operating Lease Payments	4,891.98	4,613.00	(278.98)	106.05%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	91.00	91.00	0.00%
5015540	Surety Bonds	-	6.00	6.00	0.00%
	Total Insurance-Operations	-	97.00	97.00	0.00%
	Total Continuous Charges	4,891.98	4,735.00	(156.98)	103.32%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	38.41	-	(38.41)	0.00%
	Total Computer Hrdware & Sftware	38.41	-	(38.41)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	36.00	36.00	0.00%
	Total Educational & Cultural Equip	-	36.00	36.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	Total Office Equipment	-	117.00	117.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	9.16	-	(9.16)	0.00%
5022740	Non Power Rep & Maint- Equip	0.68	-	(0.68)	0.00%
	Total Specific Use Equipment	9.84	-	(9.84)	0.00%
	Total Equipment	48.25	153.00	104.75	31.54%
	Total Expenditures	128,043.88	129,803.00	1,759.12	98.64%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11400 - Long-Term Care Administrators

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Allocated Expenditures				
20600	Funeral\LTCA\PT	92,838.79	97,196.43	4,357.64	95.52%
30100	Data Center	51,195.85	63,733.92	12,538.07	80.33%
30200	Human Resources	7,315.79	7,703.29	387.50	94.97%
30300	Finance	23,426.90	23,847.76	420.86	98.24%
30400	Director's Office	7,921.94	8,568.70	646.76	92.45%
30500	Enforcement	119,527.54	128,496.95	8,969.41	93.02%
30600	Administrative Proceedings	22,095.81	48,153.86	26,058.05	45.89%
30700	Impaired Practitioners	296.06	17.59	(278.46)	1682.84%
30800	Attorney General	9,189.98	6,495.62	(2,694.36)	141.48%
30900	Board of Health Professions	6,348.29	6,449.83	101.54	98.43%
31100	Maintenance and Repairs	149.96	936.80	786.83	16.01%
31300	Emp. Recognition Program	108.20	517.69	409.49	20.90%
31400	Conference Center	657.37	135.73	(521.64)	484.32%
31500	Pgm Devlpmnt & Implmentn	3,044.97	3,841.72	796.75	79.26%
	Total Allocated Expenditures	344,117.46	396,095.89	51,978.43	86.88%
	Net Revenue in Excess (Shortfall) of Expenditures	$ 122,583.66	$ 74,671.11	$ (47,912.55)	164.16%

Long-Term Care Administrators Monthly Snapshot for January 2021

Long-Term Care Administrators has closed more cases in January than received. Long-Term Care Administrators has closed 3 patient care cases and 0 non-patient care cases for a total of 3 cases.

Cases Closed	
Patient Care	3
Non-Patient Care	0
Total	**3**

Long-Term Care Administrators has received 2 patient care cases and 0 non-patient care cases for a total of 2 cases.

Cases Received	
Patient Care	2
Non-Patient Care	0
Total	**2**

As of January 31, 2021 there were 71 patient care cases open and 12 non-patient care cases open for a total of 83 cases.

Cases Open	
Patient Care	71
Non-Patient Care	12
Total	**83**

There are 2,244 Long-Term Care Administrators licensees as of February 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	4
ALF-Administrator-In-Training	92
Assisted Living Facility Administrator	680
Assisted Living Facility Preceptor	199
NH-Administrator-in-Training	74
Nursing Home Administrator	977
Nursing Home Preceptor	218
Total for Long-Term Care Administrators	**2,244**

There were 18 licenses issued for Long-Term Care Administrators for the month of January. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Acting ALF-Administrator-In-Training	1
ALF-Administrator-In-Training	3
Assisted Living Facility Administrator	2
Assisted Living Facility Preceptor	1
NH-Administrator-in-Training	2
Nursing Home Administrator	9
Total for Long-Term Care Administrators	**18**

Long-Term Care Administrators Monthly Snapshot for February 2021

Long-Term Care Administrators has received more cases in February than closed. Long-Term Care Administrators has closed 4 patient care cases and 2 non-patient care cases for a total of 6 cases.

Cases Closed	
Patient Care	4
Non-Patient Care	2
Total	**6**

Long-Term Care Administrators has received 4 patient care cases and 7 non-patient care cases for a total of 11 cases.

Cases Received	
Patient Care	4
Non-Patient Care	7
Total	**11**

As of February 28, 2021 there were 75 patient care cases open and 16 non-patient care cases open for a total of 91 cases.

Cases Open	
Patient Care	75
Non-Patient Care	16
Total	**91**

There are 2,255 Long-Term Care Administrators licensees as of March 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	5
ALF-Administrator-In-Training	90
Assisted Living Facility Administrator	684
Assisted Living Facility Preceptor	200
NH-Administrator-in-Training	71
Nursing Home Administrator	983
Nursing Home Preceptor	222
Total for Long-Term Care Administrators	**2,255**

There were 22 licenses issued for Long-Term Care Administrators for the month of February. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Acting ALF-Administrator-In-Training	1
ALF-Administrator-In-Training	3
Assisted Living Facility Administrator	3
Assisted Living Facility Preceptor	1
NH-Administrator-in-Training	2

Nursing Home Administrator	8
Nursing Home Preceptor	4
Total for Long-Term Care Administrators	**22**

Long-Term Care Administrators Monthly Snapshot for March 2021

Long-Term Care Administrators closed as many cases in March as received. Long-Term Care Administrators closed 2 patient care cases and 6 non-patient care cases for a total of 8 cases.

Cases Closed	
Patient Care	2
Non-Patient Care	6
Total	**8**

Long-Term Care Administrators received 6 patient care cases and 2 non-patient care cases for a total of 8 cases.

Cases Received	
Patient Care	6
Non-Patient Care	2
Total	**8**

As of March 31, 2021 there were 79 patient care cases open and 12 non-patient care cases open for a total of 91 cases.

Cases Open	
Patient Care	79
Non-Patient Care	12
Total	**91**

There are 2,274 Long-Term Care Administrator licensees as of April 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	4
ALF-Administrator-In-Training	86
Assisted Living Facility Administrator	690
Assisted Living Facility Preceptor	202
NH Administrator-In-Training	72
Nursing Home Administrator	995
Nursing Home Preceptor	225
Total	**2,274**

There were 26 licenses issued for Long-Term Care Administrators for the month of March. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
ALF-Administrator-In-Training	5
Assisted Living Facility Administrator	6
Assisted Living Facility Preceptor	1
NH-Administrator-in-Training	4
Nursing Home Administrator	9
Nursing Home Preceptor	1
Total	**26**

Long-Term Care Administrators Monthly Snapshot for April 2021

Long-Term Care Administrators closed more cases in April than received. Long-Term Care Administrators closed 5 patient care cases and 3 non-patient care cases for a total of 8 cases.

Cases Closed	
Patient Care	5
Non-Patient Care	3
Total	**8**

The board received 4 patient care cases and 1 non-patient care case for a total of 5 cases.

Cases Received	
Patient Care	4
Non-Patient Care	1
Total	**5**

As of April 30 2021, there were 78 patient care cases open and 10 non-patient care cases open for a total of 88 cases.

Cases Open	
Patient Care	78
Non-Patient Care	10
Total	**88**

There were 2,114 Long-Term Care Administrators licensees as of May 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	6
ALF-Administrator-In-Training	84
Assisted Living Facility Administrator	637
Assisted Living Facility Preceptor	184
NH-Administrator-in-Training	72
Nursing Home Administrator	927
Nursing Home Preceptor	204
Total for Long-Term Care Administrators	**2,114**

There were 37 licenses issued for Long-Term Care Administrators for the month of April. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Acting ALF-Administrator-In-Training	3
ALF-Administrator-In-Training	5
Assisted Living Facility Administrator	5
Assisted Living Facility Preceptor	3
NH-Administrator-in-Training	5
Nursing Home Administrator	14
Nursing Home Preceptor	2
Total for Long-Term Care Administrators	**37**

Long-Term Care Administrators Monthly Snapshot for May 2021

Long-Term Care Administrators has received more cases in May than closed. Long-Term Care Administrators has closed 5 patient care cases and 4 non-patient care cases for a total of 9 cases.

Cases Closed	
Patient Care	5
Non-Patient Care	4
Total	**9**

The board has received 9 patient care cases and 3 non-patient care cases for a total of 12 cases.

Cases Received	
Patient Care	9
Non-Patient Care	3
Total	**12**

As of May 31 2021, there are 83 patient care cases open and 9 non-patient care cases open for a total of 92 cases.

Cases Open	
Patient Care	83
Non-Patient Care	9
Total	**92**

There are 2,133 Long-Term Care Administrators licensees as of June 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	5
ALF-Administrator-In-Training	83
Assisted Living Facility Administrator	643
Assisted Living Facility Preceptor	187
NH-Administrator-in-Training	77
Nursing Home Administrator	931
Nursing Home Preceptor	207
Total for Long-Term Care Administrators	**2,133**

There were 20 licenses issued for Long-Term Care Administrators for the month of May. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
ALF-Administrator-In-Training	6
Assisted Living Facility Administrator	4
NH-Administrator-in-Training	5
Nursing Home Administrator	4
Nursing Home Preceptor	1
Total for Long-Term Care Administrators	**20**

Long-Term Care Administrators Monthly Snapshot for June 2021

Long-Term Care Administrators received more cases in June than closed. Long-Term Care Administrators closed 6 patient care cases and 1 non-patient care case for a total of 7 cases.

Cases Closed	
Patient Care	6
Non-Patient Care	1
Total	**7**

The board received 7 patient care cases and 2 non-patient care cases for a total of 9 cases.

Cases Received	
Patient Care	7
Non-Patient Care	2
Total	**9**

As of June 30 2021, there were 84 patient care cases open and 10 non-patient care cases open for a total of 94 cases.

Cases Open	
Patient Care	84
Non-Patient Care	10
Total	**94**

There were 2,152 Long-Term Care Administrators licensees as of July 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	6
ALF-Administrator-In-Training	86
Assisted Living Facility Administrator	648
Assisted Living Facility Preceptor	188
NH Administrator-In-Training	72
Nursing Home Administrator	943
Nursing Home Preceptor	209
Total for Long-Term Care Administrators	**2,152**

There were 21 licenses issued for Long-Term Care Administrators for the month of June. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
Acting ALF-Administrator-In-Training	2
ALF-Administrator-In-Training	7
Assisted Living Facility Administrator	1
Assisted Living Facility Preceptor	2
NH-Administrator-in-Training	3
Nursing Home Administrator	6
Total for Long-Term Care Administrators	**21**

Long Term Care Administrators Monthly Snapshot for July 2021

Long Term Care Administrators closed more cases in July than received. Long Term Care Administrators closed 6 patient care cases and 1 non-patient care case for a total of 7 cases.

Cases Closed	
Patient Care	6
Non-Patient Care	1
Total	**7**

The board received 1 patient care case and 1 non-patient care case for a total of 2 cases.

Cases Received	
Patient Care	1
Non-Patient Care	1
Total	**2**

As of July 30 2021, there were 80 patient care cases open and 10 non-patient care cases open for a total of 90 cases.

Cases Open	
Patient Care	80
Non-Patient Care	10
Total	90

There were 2,177 Long Term Care Administrators licensees as of August 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	5
ALF-Administrator-In-Training	88
Assisted Living Facility Administrator	655
Assisted Living Facility Preceptor	190
NH-Administrator-in-Training	78
Nursing Home Administrator	949
Nursing Home Preceptor	212
Total for Long-Term Care Administrators	**2,177**

There were 27 licenses issued for Long Term Care Administrators for the month of July. The number of licenses issued are broken down by profession in the following chart.

Licenses Issued	
ALF-Administrator-In-Training	3
Assisted Living Facility Administrator	6
Assisted Living Facility Preceptor	2
NH-Administrator-in-Training	9
Nursing Home Administrator	4
Nursing Home Preceptor	3
Total for Long-Term Care Administrators	**27**

Long-Term Care Administrators Monthly Snapshot for August 2021

Long-Term Care Administrators closed more cases in August than received. Long-Term Care Administrators closed 1 patient care case and 3 non-patient care cases for a total of 4 cases.

Cases Closed	
Patient Care	1
Non-Patient Care	3
Total	**4**

The board received 1 patient care case and 1 non-patient care case for a total of 2 cases.

Cases Received	
Patient Care	1
Non-Patient Care	1
Total	**2**

As of August 31 2021, there were 82 patient care cases open and 10 non-patient care cases open for a total of 92 cases.

Cases Open	
Patient Care	82
Non-Patient Care	10
Total	**92**

There were 2,200 Long-Term Care Administrators licensees as of September 1, 2021. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Acting ALF-Administrator-In-Training	7
ALF-Administrator-In-Training	88
Assisted Living Facility Administrator	659
Assisted Living Facility Preceptor	196
NH-Administrator-in-Training	72
Nursing Home Administrator	962
Nursing Home Preceptor	216
Total for Long-Term Care Administrators	**2,200**

There were 38 licenses issued for Long-Term Care Administrators for the month of August. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Acting ALF-Administrator-In-Training	2
ALF-Administrator-In-Training	11
Assisted Living Facility Administrator	3
Assisted Living Facility Preceptor	5
NH-Administrator-in-Training	6
Nursing Home Administrator	10
Nursing Home Preceptor	1
Total for Long-Term Care Administrators	**38**

Legislative and Regulatory Report

Report on Regulatory Actions
Board of Long-Term Care Administrators
(as of September 7, 2021)

Board	Board of Long-Term Care Administrators

Chapter		Action / Stage Information
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	Recommendations of RAP on qualifications for licensure [Action 5471] NOIRA - *Register Date: 3/1/21* *Comment period ended: 3/31/21*

Board Discussion and Actions

Virginia Board of Long-Term Care Administrators

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for holding meetings of the Board of Long-Term Care Administrators with electronic participation by some of its members and the public.

Policy:

This policy for conducting a meeting with electronic participation shall be in accordance with *§ 2.2-3708.2 of the Code of Virginia.*

Authority:

§ 2.2-3708.2. Meetings held through electronic communication means.

A. The following provisions apply to all public bodies:
1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on or before the day of a meeting, a member of the public body holding the meeting notifies the chair of the public body that:
a. Such member is unable to attend the meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or
b. Such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision b is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.
2. If participation by a member through electronic communication means is approved pursuant to subdivision 1, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public. If participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to (i) a temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) a family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.
If a member's participation from a remote location pursuant to subdivision 1 b is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

3. Any public body, or any joint meetings thereof, may meet by electronic communication means without a quorum of the public body physically assembled at one location when the Governor has declared a state of emergency in accordance with § 44-146.17 or the locality in which the public body is located has declared a local state of emergency pursuant to § 44-146.21, provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to provide for the continuity of operations of the public body or the discharge of its lawful purposes, duties, and responsibilities. The public body convening a meeting in accordance with this subdivision shall:
a. Give public notice using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body conducting the meeting;
b. Make arrangements for public access to such meeting through electronic communication means, including videoconferencing if already used by the public body;
c. Provide the public with the opportunity to comment at those meetings of the public body when public comment is customarily received; and
d. Otherwise comply with the provisions of this chapter.
The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.
The provisions of this subdivision 3 shall be applicable only for the duration of the emergency declared pursuant to § 44-146.17 or 44-146.21.
B. The following provisions apply to regional public bodies:
1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.
2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.
If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.
C. Participation by a member of a public body in a meeting through electronic communication means pursuant to subdivisions A 1 and 2 and subsection B shall be authorized only if the following conditions are met:
1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;
2. A quorum of the public body is physically assembled at one primary or central meeting location; and

3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

D. The following provisions apply to state public bodies:

1. Except as provided in subsection D of § 2.2-3707.01, state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.

4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179.

7. Minutes of all meetings held by electronic communication means shall be recorded as required by § 2.2-3707. Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.
8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:
a. The total number of meetings held that year in which there was participation through electronic communication means;
b. The dates and purposes of each such meeting;
c. A copy of the agenda for each such meeting;
d. The primary or central meeting location of each such meeting;
e. The types of electronic communication means by which each meeting was held;
f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;
g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;
h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;
i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;
j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and
k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.
E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.

Procedures:

1. In order to conduct a meeting with electronic participation, a quorum of the board or a committee of the board must be physically present at a central location.

2. If a quorum is attained, one or more members of the board or committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to: 1) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; 2) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or 3) a personal matter, identifying with specificity the nature of the personal matter. Attendance by a member electronically for personal reasons is limited to two meetings per calendar year or no more than 25% of meetings held.

3. Participation by a member through electronic communication means must be approved by the board chair or president.

4. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location does not need to be open to the public.

5. The board or committee shall also include in its minutes the fact that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition that prevented the member's physical attendance or if the member participated electronically due to a personal matter, the minutes shall state the specific nature of the personal matter cited by the member. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

6. If a board or committee holds a meeting through electronic communication, it must also hold at least one meeting annually where members are in attendance at the central location and no members participate electronically.

7. Notice of a meeting to be conducted electronically, along with the agenda, should be provided to the public contemporaneously with such information being sent to board members at least three working days in advance of such meeting. Notice of special, emergency, or continued meetings must be given contemporaneously with the notice provided to members.

8. Meeting notices and agendas shall be posted on the Virginia Regulatory Townhall (which sends notice to Commonwealth Calendar and the Board's website). They should also be provided electronically to interested parties on the Board's public participation guidelines list.

9. The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary meeting location; shall include notice as to the electronic communication means by which members of the public may participate in the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

10. The board or committee must make arrangement for the voice of the remote participant(s) to be heard by all persons at the primary or central meeting location.

11. The agenda shall include a link to a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179 to allow members of the public to assess their experience with participation in the electronic meeting.

Form:
Link to Public comment form from the Freedom of Information Council
http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm

Adopted on (date): October __, 2021

Consideration of Recommendations from Legislative/Regulatory Committee and Adoption of Proposed Regulations

Project 6286 - NOIRA

Board Of Long-Term Care Administrators

Recommendations of RAP on qualifications for licensure

Chapter 20

Regulations Governing the Practice of Nursing Home Administrators

18VAC95-20-175. Continuing education requirements.

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

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

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

3. At least two hours of continuing education for each renewal year shall relate to the care of residents with mental or cognitive impairments, including Alzheimer's disease and dementia.

4. A licensee who serves as the registered preceptor in an approved AIT or Assisted Living Facility AIT program may receive one hour of continuing education credit for each week of training up to a maximum of 10 hours of self-study course credit for each renewal year.

~~3.~~ 5. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following initial licensure.

B. In order for continuing education to be approved by the board, it shall (i) be related to health care administration and shall be approved or offered by NAB, an accredited institution, or a government agency or (ii) as provided in subdivision A 2 of this section.

C. Documentation of continuing education.

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

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

a. Date the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

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

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

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator,

such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters. The request for an extension shall be received in writing and granted by the board prior to the renewal date.

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

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

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

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

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

a. Regulatory;

b. Fiscal;

c. Supervisory;

d. Personnel; and

e. Management; or

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

C. An AIT applicant with the following educational qualifications shall meet these requirements:

1. An applicant with a master's or a baccalaureate degree in a health care-related field that meets the requirements of 18VAC95-20-221 with no internship shall complete 320 hours in an AIT program;

2. An applicant with a master's degree in a field other than health care shall complete 1,000 hours in an AIT program;

3. An applicant with a baccalaureate degree in a field other than health care shall complete 1,500 hours in an AIT program; or

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

D. An AIT shall be required to serve weekday, evening, night and weekend shifts and to receive training in all areas of nursing home operation. An AIT shall receive credit for no more than 40 hours of training per week.

E. An AIT shall not receive credit for hours spent in performance of one's duties as an employee of a training facility.

F. An AIT shall complete training on the care of residents with cognitive or mental impairments, including Alzheimer’s disease and dementia.

18VAC95-20-340. Supervision of trainees.

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

B. A preceptor may supervise no more than two AIT's at any one time.

C. A preceptor shall:

1. Provide direct instruction, planning, and evaluation in the training facility;

2. Shall be routinely present with the trainee for on-site supervision in the training facility as appropriate to the experience and training of the AIT and the needs of the residents in the facility; and

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

18VAC95-20-390. Training plan.

Prior to the beginning of the AIT program, the preceptor shall develop and submit for board approval a training plan that shall include and be designed around the specific training needs of the administrator-in-training. The training plan shall address the Domains of Practice approved by NAB that is in effect at the time the training program is submitted for approval. An AIT program shall include training in each of the learning areas ~~in the Domains of Practice~~ as outlined in the NAB AIT Manual.

18VAC95-20-400. Reporting requirements.

A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training. The preceptor shall document in the progress report evidence of on-site supervision of the AIT training.

B. The AIT's ~~certificate~~ final report of completion ~~plus~~ with the accumulated original monthly reports shall be submitted by the preceptor to the board within 30 days following the completion of the AIT program.

Chapter 30

Regulations Governing the Practice of Assisted Living Facility Administrators

18VAC95-30-70. Continuing education requirements.

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

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

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

3. At least two hours of continuing education for each renewal year shall relate to the care of residents with mental or cognitive impairments, including Alzheimer's disease and dementia.

4. A licensee who serves as the registered preceptor in an approved ALF AIT program may receive one hour of continuing education credit for each week of training up to a maximum of 10 hours of self-study course credit for each renewal year.

~~3.~~ 5. A licensee is exempt from completing continuing education requirements for the first renewal following initial licensure in Virginia.

B. In order for continuing education to be approved by the board, it shall (i) be related to the Domains of Practice for residential care/assisted living and approved or offered by NAB, an accredited educational institution, or a governmental agency or (ii) be as provided in subdivision A 2 of this section.

C. Documentation of continuing education.

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

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

a. Date the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

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

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

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

disasters. The request for an extension shall be submitted in writing and granted by the board prior to the renewal date.

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

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

1. Administrator-in-training program.

a. Complete at least 30 semester hours <u>of postsecondary education</u> in an accredited college or university ~~in any subject~~ <u>with at least 15 of the 30 semester hours in business or human services or a combination thereof</u> and 640 hours in an ALF AIT program as specified in 18VAC95-30-150;

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

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

d. Complete at least 30 semester hours in an accredited college or university with courses in the content areas of (i) client/resident care, (ii) human resources management, (iii) financial management, (iv) physical environment, and (v) leadership and governance, and 480 hours in an ALF AIT program;

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

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

g. Have at least three years of health care experience, to include at least one consecutive year in a managerial or supervisory role, in a health care setting within the five years prior to application and 640 hours in an ALF AIT program. For purposes of this qualification, these definitions shall apply: (i) "health care experience" means full-time equivalency experience in providing care to residents or patients in a health care setting; (ii) “health care setting” means a licensed home health organization, licensed hospice program, licensed hospital or nursing home, licensed assisted living facility, licensed adult day program, or licensed mental health or developmental services facility; and (iii) “managerial or supervisory role” means an employment role that includes management responsibility and supervision of two or more staff.

2. Certificate program.

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

3. Degree and practical experience.

Hold a baccalaureate or higher degree in a health care-related field that meets the course content requirements of subsection B of this section from an accredited college

or university and have completed not less than a 320-hour internship or practicum that addresses the Domains of Practice as specified in 18VAC95-30-160 in a licensed assisted living facility as part of the degree program under the supervision of a preceptor.

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

1. Customer care, supports, and services;

2. Human resources;

3. Finance;

4. Environment;

5. Leadership and management.

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

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

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

C. An AIT shall receive credit for no more than 40 hours of training per week.

E. With the exception of an AIT who is serving as the acting administrator, an AIT shall not receive credit for hours spent in performance of one's duties as an employee of a training facility.

D. An ALF AIT shall complete training on the care of residents with cognitive or mental impairments, including Alzheimer's disease and dementia.

18VAC95-30-170. Training facilities.

A. Training in an ALF AIT program or for an internship shall be conducted only in:

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

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

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

B. Training in an ALF AIT program or for an internship shall not be conducted in:

1. ~~A new ALF AIT program or internship shall not be conducted in a~~ An assisted living facility with a provisional license as determined by the Department of Social Services in which the AIT program is a new ALF AIT program~~.~~;

2. An assisted living facility with a conditional license as determined by the Department of Social Services in which the AIT applicant is the owner of the facility;

3. A facility that is licensed as residential only and does not require an administrator licensed by the Board of Long-Term Care Administrators; or

4. An assisted living facility with a licensed resident capacity of less than 20 residents.

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 for a minimum of two of the past four years immediately prior to registration or be a regional administrator with on-site supervisory responsibilities for a training facility;

3. Provide evidence that he has completed the online preceptor training course offered by NAB; and

4. 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~~ for on-site supervision of the trainee in the training facility as appropriate to the experience and training of the ALF AIT and the needs of the residents in the 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 four hours per week.

F. To renew registration as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia assisted living facility or nursing home license and be employed by or have ~~an~~ a written agreement with a training facility for a preceptorship; and

2. Meet the renewal requirements of 18VAC95-30-60.

18VAC95-30-190. Reporting requirements.

A. The preceptor shall maintain progress reports on forms prescribed by the board for each month of training. The preceptor shall document in the progress report evidence of on-site supervision of the AIT 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~~ four hours per week.

B. The trainee's ~~certification~~ final report of completion ~~plus~~ with the accumulated original monthly reports shall be submitted by the preceptor to the board within 30 days following the completion of the program.

Readoption of Guidance Documents

- 95-2, Procedures for Auditing Continuing Education
- 95-4, Board Policy on the Use of Confidential Consent Agreements

Virginia Board of Long-Term Care Administrators

Procedures for Auditing Continuing Education

A. The Board of Long Term-Care Administrators at the Department of Health Professions may audit a random sample of licensees to investigate compliance with the Board's continuing education ("CE") requirements. The Board may also audit active licensees, who by terms of a Confidential Consent Agreement ("CCA") or Board Order, are required to take CE courses in addition to the continuing education requirements for renewal of a license.

B. Board staff will review each audit report and either:

1. Send an acknowledgement letter of fulfillment of the continuing education requirements, or
2. Open a case for probable cause.

C. Once a case is opened for probable cause, Board staff may:

1. Issue a CCA if the licensee: a) was truthful in responding to the CE attestation on renewal; b) has not previously been found in violation of CE requirements; and c) is missing 10 hours or less of the 20 hours required for renewal. The CCA may require the licensee to submit proof of completion of the missing contact hours(s) within 90 days of the effective date of the CCA. Such contact hours cannot be used toward fulfillment of the next annual CE requirement for renewal.

2. Issue a pre-hearing consent order ("PHCO") if the licensee: a) was not truthful in responding to the CE attestation on renewal; b) has previously been found in violation of CE requirements; or c) is missing more than 10 hours of the 20 hours required for renewal. The following sanctions may apply:
   (a) Monetary penalty of $100 per missing contact hour, up to a maximum of $1,000.
   (b) Monetary penalty of $300 for a fraudulent renewal attestation.

   The PHCO may require submission of proof of completion of the missing contact hours within 90 days of entry of the order. Such contact hours cannot be used toward fulfillment of the next annual CE requirement for renewal.

D. The case will be referred to an informal fact-finding conference if the licensee:

1. Fails to respond to the audit or does not sign the CCA or PHCO that is offered; or
2. Has previously been disciplined pursuant to a Board Order for not meeting the CE requirements.

Board of Long-Term Care Administrators

CONFIDENTIAL CONSENT AGREEMENTS

Virginia Code § 54.1-2400(14) authorizes the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a Confidential Consent Agreement ("CCA"). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his/her practice in such a manner as to be a danger to the health and welfare of patients or the public.

A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted at any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. A CCA may be considered by the board in future disciplinary proceedings. A practitioner may only enter into two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period following the entry of two CCAs unless the board finds that there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

Violations of regulation or statute that may qualify for resolution by a Confidential Consent Agreement include, but are not limited to:

- First violation regarding continuing education requirements (see Guidance Document 95-2).
- First violation of minor record keeping requirements.
- Inadvertent failure to report incidents as required by facility licensure regulations and the failure to report did not place residents at risk.

Revisions to Guidance Documents

- 95-12, Guidelines for Processing Applications for Licensure: Examination, Endorsement and Reinstatement
- 95-13, Guidance on Completion of Continuing Education

Virginia Board of Long Term Care Administrators

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

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

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

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

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

The Board of Long Term Care Administrators recognizes that certain criminal convictions may affect an individual's employment options after licensure or registration by the Board, including employment in certain health care settings, including nursing home and assisted living facilities, where "barrier crime" convictions may prohibit employment. (See e.g. Va. Code §§ 19.2-392.02, 32.1-126.01, 63.2-1720)

Until an individual applies for licensure, certification or registration, the Board of Long Term Care Administrators is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. The Board has no jurisdiction until an application has been filed.

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

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

Replying "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It simply means more information must be gathered and considered before

a decision can be made. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Long Term Care Administrators has the ultimate authority to approve or deny an applicant for licensure, registration, or certification. (Regulations Governing the Practice of Nursing Home Administrators 18VAC95-20-470 and Regulations Governing the Practice of Assisted Living Facility Administrators 18VAC95-30-210)

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

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

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

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

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

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

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

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

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

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

3. Reported juvenile convictions.

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

BARRIER CRIMES
for Licensed Assisted Living Facilities and Adult Day Care Programs

VA Code Ann. §§ 19.2-392.02; 63.2-1720; 63.2-1721

An assisted living facility or adult day care cannot hire anyone who has:

- A conviction for an offense in clause (i) of the barrier crime definition in § 19.2-392.02 of the Code.
- A licensed assisted living facility or adult day care center may hire an applicant convicted of one misdemeanor barrier crime not involving abuse or neglect, or any substantially similar offense under the laws of another jurisdiction, if five years have elapsed following the conviction.

"Barrier crime" under Code § 19.2-392.02, Clause (i) includes:
Any FELONY violation of:

OFFENSE Or Substantially Similar Offense Under the Laws of Another Jurisdiction	VA CODE SECTION
Aiding prostitution or illicit sexual intercourse, etc.	18.2-348
Brandishing a machete or other bladed weapon with intent to intimidate	18.2-282.1
Criminal Street Gang - Recruitment of persons for criminal street gang	18.2-46.3
Criminal Street Gang – Enhanced punishment for gang activity taking place in a gang-free zone	18.2-46.3:3
Criminal Street Gang - Third or subsequent conviction of criminal street gang crimes	18.2-46.3:1
Criminal Street Gang Participation	18.2-46.2
Discharging firearms or missiles within or at building or dwelling house	18.2-279
Pointing, holding, or brandishing firearm, air or gas operated weapon or object similar in appearance	18.2-282
Prostitution; commercial sexual conduct; commercial exploitation of a minor	18.2-346.01
Rioting	18.2-405
Setting spring gun or other deadly weapon	18.2-281
Shooting from vehicles so as to endanger persons	18.2-286.1
Stalking	18.2-60.3
Unlawful assembly	18.2-406
Using vehicles to promote prostitution or unlawful sexual intercourse	18.2-349
Violation of a Protective Order	16.1-253.2
Violation of a Protective Order	18.2-60.4
Wearing of body armor while committing a crime	18.2-287.2
Willfully discharging firearms in public places	18.2-280

Any violation of:

OFFENSE Or Substantially Similar Offense Under the Laws of Another Jurisdiction	VA CODE SECTION
Abduction - Threatening, attempting or assisting in such abduction	18.2-49
Abduction (Kidnapping)	18.2-47.A or 18.2-47.B
Abduction for Immoral Purposes	18.2-48
Abuse and Neglect of Children	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Advocacy of change in government by force, violence or other unlawful means ["coup" or "coup d'etat"]	18.2-484
Aggressive Use of a Machine Gun	18.2-290
Arson	
Arson – Burning Building or Structure While in Such Building or Structure with Intent to Commit Felony	18.2-82
Arson – Burning or Destroying Any Other Building or Structure	18.2-80
Arson – Burning or Destroying Dwelling House, Etc.	18.2-77
Arson – Burning or Destroying Meeting House, Etc.	18.2-79
Arson – Burning or Destroying Personal Property, Standing Grain, Etc.	18.2-81
Arson – Causing, Inciting, Etc. Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, Etc.	18.2-84
Arson – Manufacture, Possession, Use, Etc. of Fire Bombs or Explosive Materialsor Devices	18.2-85
Arson – Setting Fire to Woods, Fences, Grass, Etc.	18.2-86
Arson – Setting Off Chemical Bombs Capable of Producing Smoke in Certain Public Buildings	18.2-87.1
Arson – Setting Woods, Etc., on Fire Intentionally Whereby Another is Damaged or Jeopardized	18.2-87
Arson – Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, Etc.	18.2-83
Arson- Carelessly Damaging Property by Fire	18.2-88
Assault or Battery by Mob	18.2-42
Assaults and Bodily Wounding	
Assaults and Bodily Wounding – Adulteration of Food, Drink, Drugs, Cosmetics, Etc.	18.2-54.2
Assaults and Bodily Wounding – Aggravated Malicious Wounding	18.2-51.2
Assaults and Bodily Wounding – Allowing Access to Firearms by Children	18.2-56.2
Assaults and Bodily Wounding – Assault and Battery	18.2-57
Assaults and Bodily Wounding – Assault and Battery Against a Family or Household Member	18.2-57.2
Assaults and Bodily Wounding – Attempts to Poison	18.2-54.1
Assaults and Bodily Wounding – Bodily Injuries Caused by Prisoners, State Juvenile Probationers, and State and Local Adult Probationers or Adult Parolees	18.2-55
Assaults and Bodily Wounding – Disarming a Law-Enforcement or Correctional Officer	18.2-57.02
Assaults and Bodily Wounding – Hazing a Youth Gang Members	18.2-55.1
Assaults and Bodily Wounding – Hazing of a Student at Any School, College, or	18.2-56

OFFENSE Or Substantially Similar Offense Under the Laws of Another Jurisdiction	VA CODE SECTION
University	
Assaults and Bodily Wounding – Maiming, Etc., of Another Resulting From Driving While Intoxicated	18.2-51.4
Assaults and Bodily Wounding – Maiming, Etc., of Another Resulting From Operating a Watercraft While Intoxicated	18.2-51.5
Assaults and Bodily Wounding – Shooting, stabbing, etc., with Intent to Maim, Kill, Etc. by Mob	18.2-41
Assaults and Bodily Wounding – Malicious Bodily Injury by Means of Any Caustic Substance or Agent or Use of Any Explosive or Fire	18.2-52
Assaults and Bodily Wounding – Malicious Bodily Injury to Law-EnforcementOfficers, Firefighters, Search and Rescue Personnel, or Emergency Medical Service Providers	18.2-51.1
Assaults and Bodily Wounding – Pointing Laser at Law-Enforcement Officer	18.2-57.01
Assaults and Bodily Wounding – Possession of Infectious Biological Substances or Radiological Agents	18.2-52.1
Assaults and Bodily Wounding – Reckless Endangerment of Others by Throwing Objects from Places Higher than One Story	18.2-51.3
Assaults and Bodily Wounding – Reckless Handling of Firearms; Reckless Handling While Hunting	18.2-56.1
Assaults and Bodily Wounding – Shooting, Etc. in Committing or Attempting a Felony	18.2-53
Assaults and Bodily Wounding – Shooting, Stabbing, Etc. With Intent to Maim, Kill, Etc.	18.2-51
Assaults and Bodily Wounding – Strangulation of Another	18.2-51.6
Assaults and Bodily Wounding – Use or Display of Firearm in Committing a Felony	18.2-53.1
Burning cross on property of another or public place with intent to intimidate	18.2-423
Burning object on property of another or a highway or other public place with intent to intimidate	18.2-423.01
Carjacking	18.2-58.1
Commercial sex trafficking	18.2-357.1
Commission of certain offenses in county, city or town declared by Governor to be in state of riot or insurrection	18.2-413
Commission of felony by prisoners	53.1-203
Commission of felony while in juvenile facility or detention home	18.2-477.2
Conspiracy or incitement to riot	18.2-408
Conspiring to incite one race to insurrection against another race	18.2-485
Crimes Against Nature Involving Children (involving family member)	18.2-361.B
Delivery of Drugs, Firearms, Explosives, etc. to Prisoners or Committed Persons	18.2-474.1
Displaying noose on property of another or a highway or other public place with intent to intimidate	18.2-423.2
Employing or Permitting a Minor to Assist in – Advertising, Etc., Obscene Items, Exhibitions, or Performances (included because of 18.2-379)	18.2-376
Employing or Permitting a Minor to Assist in – Coercing Acceptance of Obscene Articles or Publications (included because of 18.2-379)	18.2-378
Employing or Permitting a Minor to Assist in – Unlawful Creation of an Image of Another	18.2-386.1

OFFENSE Or Substantially Similar Offense Under the Laws of Another Jurisdiction	VA CODE SECTION
Employing or Permitting a Minor to Assist in – Display of Child Pornography or Grooming Video or Materials to a Child	18.2-374.4
Employing or Permitting a Minor to Assist in – Indecent Exposure (included because of 18.2-379)	18.2-387
Employing or Permitting a Minor to Assist in – Obscene Exhibitions and Performances (included because of 18.2-379)	18.2-375
Employing or Permitting a Minor to Assist in – Obscene Sexual Display (included because of 18.2-379)	18.2-387.1
Employing or Permitting a Minor to Assist in – Possession, Reproduction, Distribution, Solicitation, and Facilitation of Child Pornography	18.2-374.1:1
Employing or Permitting a Minor to Assist in – Production, Publication, Sale, Financing Etc., of Child Pornography	18.2-374.1
Employing or Permitting a Minor to Assist in – Production, Publication, Sale, Possession, Etc., of Obscene Items (included because of 18.2-379)	18.2-374
Employing or Permitting a Minor to Assist in – Unlawful Dissemination or Sale of Images of Another	18.2-386.2
Employing or Permitting a Minor to Assist in – Use of Communications Systems to Facilitate Certain Offenses Involving Children	18.2-374.3
Employing or Permitting a Minor to Assist in an Act Constituting an Offense Under Article 5 (18.2-372 et seq.) of Chapter 8 of Title 18.2	18.2-379
Enticing another into a dwelling house with intent to commit certain felonies	18.2-50.3
Escape by persons committed to facility for sexually violent predators	37.2-917
Escape by setting fire to jail	18.2-480
Escape from jail by force or violence without setting fire to jail (post-conviction)	18.2-477
Escape from jail or custody by force or violence without setting fire to jail (pre-conviction)	18.2-478
Escape from juvenile facility	18.2-477.1
Escape without force or violence or setting fire to jail	18.2-479
Extortion of money, property or pecuniary benefit	18.2-59
Failure to Secure Medical Attention for an Injured Child	18.2-314
Sexual intercourse by persons forbidden to marry; Incest	18.2-366
Injury to property or persons by persons unlawfully or riotously assembled	18.2-414
Murder or Manslaughter	
Murder or Manslaughter – Felony Homicide	18.2-33
Murder or Manslaughter – Involuntary Manslaughter	18.2-36
Murder or Manslaughter – Involuntary Manslaughter; Driving a Vehicle While Under the Influence	18.2-36.1
Murder or Manslaughter – Involuntary Manslaughter; Operating a Watercraft While Under the Influence	18.2-36.2
Murder or Manslaughter – Killing a Fetus	18.2-32.2
Murder or Manslaughter – Murder of a Pregnant Woman	18.2-32.1
Murder or Manslaughter – Murder, Capital	18.2-31
Murder or Manslaughter – Murder, First and Second Degree	18.2-32
Murder or Manslaughter – Voluntary Manslaughter	18.2-35

OFFENSE Or Substantially Similar Offense Under the Laws of Another Jurisdiction	VA CODE SECTION
Taking, detaining, etc. person for prostitution, etc. or consenting thereto; human trafficking	18.2-355
Penetration of mouth of child with lascivious intent	18.2-370.6
Placing swastika on certain property with intent to intimidate	18.2-423.1
Possession of firearm while in possession of certain controlled substances	18.2-308.4
Possession or Use of a Sawed-Off Shotgun or Rifle	18.2-300
Providing false information or failing to provide sex offender registration information	18.2-472.1
Receiving money for procuring person	18.2-356
Receiving money from earnings of male or female prostitute	18.2-357
Robbery	18.2-58
Sex offenses prohibiting entry onto school or other property	18.2-370.5
Sex offenses prohibiting proximity to children	18.2-370.2
Sex offenses prohibiting residing in proximity to children	18.2-370.3
Sex offenses prohibiting working on school property	18.2-370.4
Sexual Assault	
Sexual Assault – Aggravated Sexual Battery	18.2-67.3
Sexual Assault – Attempted Aggravated Sexual Battery	18.2-67.5
Sexual Assault – Attempted Forcible Sodomy	18.2-67.5
Sexual Assault – Attempted Object Sexual Penetration	18.2-67.5
Sexual Assault – Attempted Rape	18.2-67.5
Sexual Assault – Attempted Sexual Battery	18.2-67.5
Sexual Assault – Carnal Knowledge of a Child Between 13 and 15 Years of Age	18.2-63
Sexual Assault – Carnal Knowledge of an Inmate, Parolee, Probationer, Detainee, or Pretrial or Post Trial Offender	18.2-64.2
Sexual Assault – Carnal Knowledge of Certain Minors	18.2-64.1
Sexual Assault – Forcible Sodomy	18.2-67.1
Sexual Assault – Infected Sexual Battery	18.2-67.4:1
Sexual Assault – Object Sexual Penetration	18.2-67.2
Sexual Assault – Rape	18.2-61
Sexual Assault – Repeat offender (felony conviction after prior misdemeanor convictions of sexual battery in violation of § 18.2-67.4, attempted sexual batteryin violation of § 18.2-67.5.C, a violation of § 18.2-371 involving consensual intercourse, anal intercourse, cunnilingus, fellatio, or anilingus with a child, indecent exposure of himself or procuring another to expose himself in violation of § 18.2-387, or a violation of § 18.2-130)	18.2-67.5:1
Sexual Assault – Repeat offender (life imprisonment for offense based on prior sexual assault convictions)	18.2-67.5:3
Sexual Assault – Repeat offender (maximum sentence for offense based on prior sexual assault convictions)	18.2-67.5:2
Sexual Assault – Sexual Abuse of a Child under 15 Years of Age	18.2-67.4:2
Sexual Assault – Sexual Battery	18.2-67.4
Taking Indecent Liberties with Children	18.2-370
Taking Indecent Liberties with Children (by person in custodial or supervisory position to child)	18.2-370.1

OFFENSE Or Substantially Similar Offense Under the Laws of Another Jurisdiction	VA CODE SECTION
Terrorism - Committing, conspiring and aiding and abetting acts of terrorism	18.2-46.5
Terrorism - Act of bioterrorism against agricultural crops or animals	18.2-46.7
Terrorism - Possession, manufacture, distribution, etc. of weapon of terrorism or hoax device	18.2-46.6
Threats against the Governor or his immediate family	18.2-60.1
Threats of Death or Bodily Injury	18.2-60
Treason	18.2-481
Paramilitary activity prohibited	18.2-433.2
Use of a Machine Gun in a Crime of Violence	18.2-289

Adopted: _____
Effective: _____

Virginia Board of Long-Term Care Administrators

Guidance on Completion of Continuing Education

1. Mode of Completing Courses

The Regulations of the Board of Long-Term Care Administrators for Nursing Home Administrators (Ch. 20) and Assisted Living Facility Administrators (Ch. 30) provide the following with regard to the mode of completing continuing education requirements:

18VAC95-20-175. Continuing Education Requirements.

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

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

18VAC95-30-70. Continuing Education Requirements.

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

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

[During the pendency of the COVID-19 public health emergency,] the Board interprets these provisions to mean that the 10 hours of continuing education required in addition to the hours that may be obtained "through Internet or self-study courses" are required to be live coursework hours. These live coursework hours may be satisfied by attendance of (1) in-person programs or courses or (2) real-time, interactive programs delivered via teleconference or webcast where there is an opportunity to interact with the speaker.

2. Signature from an authorized representative of the approved sponsor

The Regulations of the Board of Long-Term Care Administrators for Nursing Home Administrators (Ch. 20) and Assisted Living Facility Administrators (Ch. 30) provide the following:

18VAC95-20-175. Continuing Education Requirements.

B. In order for continuing education to be approved by the board, it shall (i) be related to health care administration and shall be approved or offered by NAB, an accredited institution, or a government agency or (ii) as provided in subdivision A 2 of this section.

C. Documentation of continuing education.

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

a. Date the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

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

18VAC95-30-70. Continuing Education Requirements.

B. In order for continuing education to be approved by the board, it shall (i) be related to the Domains of Practice for residential care/assisted living and approved or offered by NAB, an accredited educational institution, or a governmental agency or (ii) be as provided in subdivision A 2 of this section.

C. Documentation of continuing education.

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

a. Date the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

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

For continuing education (CE) programs that are approved or offered by NAB for which an electronic certificate of attendance is issued through the NAB CE Registry, the Board will accept such certification as evidence of a “signature from an authorized representative of the approved sponsor” pursuant to 18VAC95-20-175(C)(2)(d) or 18VAC95-30-70(C)(2)(d).

Repeal of Documents as Board Guidance Documents

- 95-1, Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification
- 95-10, Memorandum of Understanding with the Virginia Department of Social Services, Division of Licensing Programs on Assisted Living Facilities

Guidance Doc 95-1
Revised July 7, 2011

Memorandum of Understanding
between
The Virginia Department of Health
Office of Licensure and Certification
and
The Virginia Department of Health Professions
The Board of Long-Term Care Administrators

This is a general memorandum of understanding between the Virginia Department of Health, Office of Licensure and Certification and the Virginia Department of Health Professions, Board of Long-Term Care Administrators.

PURPOSE

The purpose of the memorandum is to establish methods for exchange of information that will maximize cooperation between two regulatory authorities in promoting the delivery of quality care and effectively ensuring protection of the health, safety and welfare of residents of nursing homes and other long term care facilities.

AUTHORITY

The statutory authority for the Virginia Department of Health, Office of Licensure and Certification is found in Articles 1 and 2, Chapter 5, Title 32.1 of the Code of Virginia.

The statutory authority for the Virginia Department of Health Professions is found in Chapters 1, 24 and 25 of Title 54.1 of the Code of Virginia.

The statutory authority for the Virginia Board of Long-Term Care Administrators is found in Chapter 31 of Title 54.1 of the Code of Virginia.

UNDERSTANDING

The Director, Office of Licensure and Certification agrees to provide the Executive Director, Board of Long-Term Care Administrators with the following information:

1. A copy of any written notification from the State Health Commissioner to any licensed nursing home of the Department's intent to take adverse action that will limit, restrict or prohibit nursing home operations, including but not limited to, actions to restrict new admissions or to suspend or revoke a license. The information transmitted will include documentation that caused action by the Commissioner.

2. A copy of any written notification from the Director of the Office of Licensure and Certification to any licensed nursing home of the intent of the Centers for Medicare & Medicaid Services (CMS) or the Department of Medical Assistance Services (DMAS) to take adverse action that will limit or prohibit certification under the Medicare and/or Medicaid program, including but not limited to substandard quality of care, restriction on new admissions, or involuntary termination. The information transmitted will include a copy of the survey findings that caused such action.

3. All pertinent information pertaining to the long term care facility during the administrator's tenure at the facility, upon receipt of a complaint or upon initiation of an investigation by the Department of Health Professions.

4. Any information and documentation the Director deems necessary to refer to the Board of Long-Term Care Administrators for review on any specific licensed nursing home or Medicare/Medicaid certified long-term care facility that has a history of recurring violations or confirmed complaints.

5. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

The Executive Director of the Board of Long-Term Care Administrators (Department of Health Professions) will provide the Office of Licensure and Certification (Department of Health) with the following:

1. Written notification of suspension, revocation or voluntary surrender of an individual's Nursing Home Administrator license.

2. Documentation of findings of any complaint or other investigation of a Long Term Care Administrator conducted by the Department of Health Professions that affects the delivery of patient care in a specific nursing home.

3. Technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

Both agencies further agree to periodically review the contents of this memorandum at least every four years and reserve the right to request revisions. The memorandum shall take effect on the latest date it is signed by designated representatives of both agencies. Both agencies reserve the right to cancel the memorandum after giving 60 days written notice to the other agency.

Dr. Karen Remley
State Health Commissioner

7/29/11
Date

Dr. Dianne Reynolds-Cane, Director
Department of Health Professions

7-6-11
Date

Chris Durrer, Director
Office of Licensure & Certification
Virginia Department of Health

July 8, 2011
Date

Lisa R. Hahn, Executive Director
Board of Long-Term Care Administrators

7.6.11
Date

Memorandum of Understanding
Between
The Virginia Department of Health Professions
Board of Long Term Care Administrators
And
The Virginia Department of Social Services
Division of Licensing Programs

This is a general memorandum of understanding between the Virginia Department of Health Professions, Board of Long Term Care Administrators and The Virginia Department of Social Services, Division of Licensing Programs.

PURPOSE

The purpose of this memorandum is to establish methods for exchange of information that will maximize cooperation between two regulatory authorities in promoting the delivery of quality care and effectively ensuring protection of the health, safety and welfare of residents of assisted living facilities.

PERIOD

This agreement shall become effective upon final execution and will expire in five years from the effective date. We will review the agreement at that time and make any changes necessary. Both agencies reserve the right to cancel the memorandum after giving 60 days written notice to the other agency.

AUTHORITY

The Statutory authority for the Virginia Department of Social Services Division of Licensing Programs is found in Chapters 17 & 18, Title 63.2 of the Code of Virginia.

The Statutory authority for the Virginia Department of Health Professions is found in Chapters 1, 24 & 25 of Title 54.1 of the Code of Virginia.

The Statutory authority for the Virginia Board of Long Term Care Administrators is found in Chapter 31 of title 54.1 of the Code of Virginia.

UNDERSTANDING

The Director of the Department of Social Services, Division of Licensing Programs, agrees to provide the Executive Director of the Board of Long Term Care Administrators with the following information:

1) A copy of any Department of Social Services notification to any Assisted Living Facility of their intent to take adverse action that will limit, restrict or prohibit facilities operations, including but not limited to, actions to restrict new admissions or

to suspend or revoke a license. The information transmitted will include documentation that caused action by the Department.

2) A copy of any written notifications that an Assisted Living Facility is being operated by an unlicensed administrator.

3) A copy of any written notification that a sanction is being imposed for egregious conduct on part of an administrator.

4) Upon receipt of a complaint or upon initiation of an investigation by the Department of Social Services, Division of Licensing Programs shall provide, promptly upon request, all available information as to the history of the assisted living facility where the administrator is employed.

5) The Director agrees to provide technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

The Board of Long Term Care Administrators (Department of Health Professions) will provide the Division of Licensing Programs (Department of Social Services) with the following:

1) Written notification of revocation of an individual's Assisted Living Facility Administrators license.

2) Report all actions taken by the Board of Long Term Care Administrators involving disciplinary action to the Division of Licensing Programs.

3) Documentation of findings of any complaint or other investigations conducted by the Board of Long Term Care Administrators that affects the delivery of resident care in a specific assisted living facility.

4) The Director agrees to provide technical assistance and consultation when requested, on matters of mutual interest and concern to both agencies.

Both agencies further agree to periodically review the content of this memorandum and reserve the right to request revisions. The memorandum shall take effect on the latest date it is signed by designated representatives of both agencies. Both agencies reserve the right to cancel the memorandum after giving 60 days written notice to the other agency.

Robert Earley

Robert Earley, Contracts Officer
Department of Social Services

September 14, 2011
Date

D. Reynolds-Cane MD

Dr. Dianne Reynolds-Cane, Director
Department of Health Professions

9-27-11
Date

Lisa R. Hahn

Lisa R. Hahn, Executive Director
Board of Long Term Care Administrators

September 21, 2011
Date