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

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

Approval of Minutes (pages 4-44)

- Board Meeting – October 27, 2021
- Public Hearing – March 4, 2022
- Telephonic Conference Call – May 17, 2022
- For informational purposes – Informal Conferences – December 6, 2021, February 8, 2022, and May 17, 2022

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.

Agency Report – David E. Brown, DC, Director

Presentation (pages 46-107)

- 2022 Workforce Reports – Nursing Home Administrator and Assisted Living Facility Administrator – **Yetty Shobo, PhD, Executive Director, Healthcare Workforce Data Center**

Staff Reports

- Executive Director’s Report – **Corie E. Tillman Wolf, JD, Executive Director (page 109)**
- Discipline Report – **Kelley Palmatier, JD, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Manager**

Board Counsel Report

Legislative and Regulatory Report – Erin Barrett, JD, Senior Policy Analyst (page 111)

- Report on Status of Regulations
-
-

Board Discussion and Actions – Erin Barrett and Corie E. Tillman Wolf (pages 113-135)

- Consideration of Public Comment and Adoption of Final Regulations for the Administrator-in-Training Program (18 VAC 95-20-10 et seq., and 18 VAC 95-30-10 et seq.)
 - Review and Readoption of Guidance Documents 95-9 (Continuing Competency Hours for Dually-Licensed Administrators) and 95-11 (Disposition of Cases Involving Practicing on an Expired License)
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New Business

- Overview of Board Process for Response to IJ/SQC Survey Reports – **Corie E. Tillman Wolf and Kelley Palmatier**
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-

Next Meeting – September 9, 2022

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

October 27, 2021

The Virginia Board of Long-Term Care Administrators convened for a full board meeting on Wednesday, October 27, 2021 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #1, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Martha Hunt, ALFA, Chair
Ashley Jackson, NHA, Vice-Chair
Mitchell Davis, NHA
Pamela Dukes, Citizen Member
Ali Faruk, Citizen Member
Jenny Inker, Ph.D., ALFA
Lisa Kirby, NHA
Ann Williams, Ed.D., Citizen Member

BOARD MEMBERS ABSENT:

None

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Barbara Allison-Bryan, M.D., Deputy Director, DHP
Erin Barrett, Assistant Attorney General, Board Counsel
Trasean Boatwright, Program Manager
Sarah Georgen, Licensing and Operations Manager
Kelley Palmatier, Deputy Executive Director
Yetty Shobo, Deputy Director, DHP Healthcare Workforce Data Center
Corie Tillman Wolf, Executive Director
Elaine Yeatts, Sr. Policy Analyst

OTHER GUESTS PRESENT

Judy Hackler, Virginia Assisted Living Association
Derrick Kendall
April Payne, Virginia Health Care Association/Virginia Center for Assisted Living

CALL TO ORDER

Ms. Hunt called the meeting to order at 11:09 a.m. and asked the Board members and staff to introduce themselves.

With six board members present at the meeting, a quorum was established.

Ms. Hunt congratulated Dr. Inker and Ms. Jackson on their reappointments to the Board. Ms. Hunt welcomed Pamela Dukes, Lisa Kirby, and Ann Williams to the Board for their first terms. They were appointed by the Governor of Virginia on September 17, 2021.

Ms. Hunt read the mission of the Board, which is also the mission of the Department of Health Professions.

Ms. Hunt provided reminders to the Board members and audience regarding microphones, computer agenda materials, and breaks.

Ms. Tillman Wolf then read the emergency egress instructions.

Mr. Faruk arrived at 11:12 a.m.

APPROVAL OF MINTUES

Ms. Hunt opened the floor to any edits or corrections regarding the draft minutes for the Board meeting held on December 8, 2020, formal hearings held on December 8, 2020 and February 12, 2021, and Legislative/Regulatory Committee meetings held on June 15, 2021 and September 9, 2021. With no edits or corrections, the minutes were approved as presented.

ORDERING OF THE AGENDA

Ms. Tillman Wolf asked for flexibility for Dr. Shobo to arrive in order to present the 2021 Workforce Report.

Upon a **MOTION** by Ms. Jackson, properly seconded by Dr. Inker, the Board voted to accept the agenda as presented. The motion passed unanimously (7-0: *Dukes, Faruk, Inker, Jackson, Kirby, Williams, Hunt*).

PUBLIC COMMENT

There was written public comment, which was distributed to the Board Members (Attachment A).

BOARD MEMBER RECOGNITION

Ms. Hunt recognized Mr. Derrick Kendall, NHA, for his dedication to the Board of Long-Term Care Administrators. Mr. Kendall provided brief remarks on his experience on the Board.

Ms. Hunt also recognized Marj Pantone, Shervonne Banks, and Basil Acey for their dedication to the Board, but noted that they could not be in attendance.

Mr. Davis arrived at 11:19 a.m.

AGENCY REPORT

Dr. Allison-Bryan welcomed the new Board members and congratulated the Board members who were reappointed. She thanked the Board for their hard work and dedication to the public during the pandemic.

Dr. Allison-Bryan reported on DHP's efforts during the pandemic and commented on operations, customer service, and technology operations. She stated that DHP staff has been able to telework effectively during the pandemic. She said that staff will return to the building on January 3, 2022, but will be offered a more robust telework policy.

Dr. Allison-Bryan reported on the current statistics of the COVID-19 vaccines and reported that adults in the Commonwealth were 85% vaccinated.

Dr. Allison-Bryan spoke to the Governor's Executive Order 77 to eliminate most single-use plastics at state agencies and waste sent to landfills by 2025.

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

PRESENTATION

Dr. Shobo provided the 2021 Workforce Reports for Nursing Home Administrators and Assisted Living Facility Administrators.

The Board discussed the workforce reports and requested the Healthcare Workforce Data Center (HWDC) to provide additional information regarding voluntary unemployment and administrators leaving the workforce. Ms. Tillman Wolf stated that a separate survey could be distributed to licensees at the 2022 renewal with assistance from the HWDC.

Dr. Allison-Bryan commented on the importance of mental health services and a recent communication to licensees from the Board of Medicine. Dr. Allison-Bryan suggested the Board may wish to consider including this information on any disseminated emails.

Upon a **MOTION** by Ms. Jackson, properly seconded by Mr. Davis, the Board voted to accept the 2021 Workforce Reports for Nursing Home Administrators and Assisted Living Facility Administrators as presented. The motion passed unanimously (8-0).

STAFF REPORTS

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

Ms. Tillman Wolf offered congratulations to Dr. Inker and Ms. Jackson on their reappointments to the Board.

Ms. Tillman Wolf welcomed Ms. Dukes, Ms. Kirby, and Dr. Williams to the Board.

COVID Data

Ms. Tillman Wolf provided an overview of the COVID Data statistics as of October 26, 2021 as provided by the Virginia Department of Health (VDH).

Continuity of Response and Operations

Ms. Tillman Wolf provided information to the Board members regarding the continuity of Board operations, staff teleworking, and interagency collaboration, including the Governor’s Long-Term Care Task Force and Long-Term Care Staffing Workgroups. She noted that the Joint Commission on Health Care (JCHC) recently issued a study regarding Long-Term Care Staffing and Nursing Facility Care.

Impact – Licenses/Registrations Issued

Ms. Tillman Wolf reviewed the impact of licenses and registrations issued, particularly during the COVID pandemic. She noted an increase in Assisted Living Facility Administrators-in-Training, and Nursing Home Administrators-in-Training (AITs). She also noted a decrease in the number of Assisted Living Facility Administrator (ALFA) and Nursing Home Administrator (NHA) licenses.

NAB Updates

Ms. Tillman Wolf provided updates to the Board from the National Association of Long Term Care Administrator Boards (NAB) Mid-Year Meeting. She noted concerns identified from state participants related to the COVID pandemic response, including workforce concerns.

Ms. Tillman Wolf reviewed information regarding updates to the NAB Domains of Practice that will become effective with the March 1, 2022 examinations. As a result of the reorganization of the Domains of Practice, there will be some changes to the CORE, NHA, RC/AL Exam Blueprints (March 2022), updates to the related study modules (February 2022), updates to the AIT Manual (January 2022), and updates to the Preceptor Modules (anticipated mid-2022).

In terms of impact on the Board, Ms. Tillman Wolf stated that the domain changes will be incorporated into the Board’s AIT reporting forms to align with the AIT manual modules. The Board will also review the regulations for language consistency.

Ms. Tillman Wolf reported on the NAB Mobility Task Force’s efforts to improve mobility and to decrease restrictive licensure requirements across states. She also noted that the Health Services Executive (HSE) Credential was active in 19 states, with 3 states pending, with a total of 271 total HSE’s as of September 28, 2021. She reported on examination discounts for HSE applicants through the end of 2021, and noted that 24 pending applications from Virginia administrators have been received, with 8 applications approved from Virginia.

Ms. Tillman Wolf reported on the Continuing Education (CE) Registry, items on the horizon, and approval of third-party course providers for Assisted Living and Nursing Home Administration pre-licensure courses.

Ms. Tillman Wolf announced that Virginia Commonwealth University’s Department of Gerontology, Assisted Living Administration Specialty Area, was awarded reaccreditation by NAB for 2021-2026. She noted that VCU was the only NAB-accredited Assisted Living program in Virginia, and only one of twelve NAB-accredited programs in the United States. She reported that VCU was first accredited in 2016; the program has resulted in the licensure of six ALFAs and two NHAs. She also reported that VCU has a 100% pass rate on the RCAL examination.

Expenditure and Revenue Summary as of June 30, 2021

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of June 30, 2021.

Cash Balance as of June 30, 2020	\$143,338
FY21 Revenue	\$594,745
<u>FY20 Direct & In-Direct Expenditures</u>	<u>\$472,161</u>
Cash Balance as of October 31, 2020	\$265,921

Ms. Tillman Wolf discussed a number of factors that have contributed to the growing cash balance of the Board after a number of years of low cash balances and/or deficits.

2022 Board Meeting Dates

Ms. Tillman Wolf announced the upcoming 2022 Board meeting dates.

- March 4, 2022
- June 7, 2022
- September 9, 2022
- December 9, 2022

Ms. Tillman Wolf provided reminders about meeting attendance and changes to contact information. She thanked members for all they do in support of the Board.

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

Discipline Report – Kelley Palmatier, JD, Deputy Executive Director

As of October 22, 2021, Ms. Palmatier reported the following disciplinary statistics:

- 87 Patient Care Cases
 - 1 at Informal
 - 0 at Formal
 - 22 at Enforcement
 - 64 at Probable Cause
 - 0 at APD
- 11 Non Patient Care Cases
 - 0 at Informal
 - 0 at Formal
 - 2 at Enforcement
 - 8 at Probable Cause
 - 0 at APD
- 6 at Compliance

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

- Q4 2019 – 14/100
- Q1 2020 – 20/25

- Q2 2020 – 20/23
- Q3 2020 – 15/25
- Q4 2020 – 25/18
- Q1 2021 – 16/28
- Q2 2021 – 20/23
- Q3 2021 – 21/16
- Q4 2021 – 28/23

Ms. Palmatier stated that the Clearance Rate was 73% (Goal is 100%) – 22 cases received, 16 cases closed. Ms. Palmatier stated that the caseload over 250 days was 42% (Goal under 20%) with 14 cases pending over 250 days. Ms. Palmatier stated that the cases closed within 415 days is 16% with 14 cases pending over 415 days. Ms. Palmatier stated that the Time to Disposition cases closed within 250 days was 71% with 5 cases closed. She reported cases closed within 415 days is 86% with 6 cases closed.

Percentage of all cases closed in 365 days

	Q3-20	Q4-20	Q1-21	Q2-21	Q3-21	Q4-21
LTCA	19.6%	44.7%	50%	35.1%	40.0%	39.5%
Agency	74.3%	75.8%	70.1%	64.0%	71.1%	68.8%

The Board discussed the disciplinary process and requested clarification on several items.

Ms. Palmatier provided information on the Probable Cause form that was recently updated.

With no further questions, Ms. Palmatier concluded her report.

Licensure Report – Sarah Georgen, Licensing and Operations Manager

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

Licensure Statistics – All Licenses

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

Ms. Georgen reported on the trends in license count, which continued to show relatively flat growth from Quarter 4 FY2018 to Quarter 4 FY2021.

With no questions, Ms. Georgen concluded her report.

Customer Satisfaction

Ms. Georgen reported on the customer satisfaction statistics for Quarters 1-4 FY2021. She thanked Mr. Boatwright for his excellent customer service and processing of applications. Ms. Georgen described Mr. Boatwright as helpful and reassuring to applicants based on the Customer Service Satisfaction survey results.

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.

BREAK

The Board took a break at 1:01 p.m. and returned at 1:29 p.m. for a working lunch.

COMMITTEE AND BOARD MEMBER REPORTS

Dr. Inker provided a brief summary on the recent Legislative/Regulatory Committee meetings.

LEGISLATION AND REGULATORY ACTIONS

Report on Status of Regulations

Ms. Yeatts provided an update on the regulatory actions in process.

She reported that the recommendations of the Regulatory Advisory Panel on the qualifications for licensure were still in the NOIRA stage, but would be voted upon later in the meeting.

With no questions, Ms. Yeatts concluded her report.

BOARD DISCUSSIONS AND ACTIONS

Adoption of Electronic Meeting Policy

Ms. Yeatts provided an overview of the proposed Electronic Meeting Policy.

The Board discussed the Electronic Meeting Policy.

Upon a **MOTION** by Dr. Williams, properly seconded by Ms. Jackson, the Board voted to adopt the Electronic Meeting Policy as presented. The motion carried (8-0).

Consideration of Recommendations from Legislative/Regulatory Committee and Adoption of Proposed Regulations for the Administrator-in-Training Program (18VAC95-20-10 et seq., and 18VAC95-30-10 et seq.)

Ms. Yeatts provided an overview of the recommendations from Legislative/Regulatory Committee and the proposed Regulations for the Administrator-in-Training Program (18VAC95-20-10 et seq., and 18VAC95-30-10 et seq.).

The Board discussed the recommendations from the Legislative/Regulatory Committee as presented and amended. The Board further discussed a recommendation from staff for inclusion in the proposed regulations, as well as comments received from interested parties.

Dr. Williams left the meeting at 1:58 p.m.

Mr. Davis made a **MOTION** to keep the proposed language, “*E. An AIT shall not receive credit for hours spent in performance of one's duties as an employee of a training facility,*” in the proposed amendment to 18 VAC95-20-310. The motion died for lack of a second.

The Board further discussed the staff recommendation, including the alternative of issuing guidance related to expectations for AIT training hours.

Upon a **MOTION** by Mr. Davis, properly seconded by Dr. Inker, the Board voted to exclude “*E. An AIT shall not receive credit for hours spent in performance of one's duties as an employee of a training facility,*” in the proposed amendment to 18VAC95-20-310. The motion passed unanimously (7-0: *Davis, Dukes, Faruk, Inker, Jackson, Kirby, Hunt*).

The Board further discussed the recommendations from the Legislative/Regulatory Committee.

Upon a **MOTION** by Mr. Davis, properly seconded by Ms. Jackson, the Board voted to approve proposed Regulations for the Administrator-in-Training Program (18VAC95-20-10 et seq., and 18VAC95-30-10 et seq.) as presented and amended. The motion carried unanimously (7-0: *Davis, Dukes, Faruk, Inker, Jackson, Kirby, Hunt*).

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

Ms. Yeatts provided an overview of Guidance Document 95-2 titled “Procedures for Auditing Continuing Education” and Guidance Document 95-4 titled “Board Policy on the Use of Confidential Consent Agreements”.

Upon a **MOTION** by Dr. Inker, properly seconded by Ms. Jackson, the Board voted to reaffirm Guidance Documents 95-2, Procedures for Auditing Continuing Education and 95-4, Board Policy on the Use of Confidential Consent Agreements, as presented. The motion carried unanimously (7-0: *Davis, Dukes, Faruk, Inker, Jackson, Kirby, Hunt*).

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

Ms. Yeatts and Ms. Tillman Wolf provided an overview of proposed revisions to Guidance Document 95-12 titled “Guidance for Processing Applications for Licensure: Examination, Endorsement and Reinstatement” and Guidance Document 95-13 titled “Guidance on Completion of Continuing Education.” Board members discussed the interpretation of live continuing education programs to include live/remote/interactive programs beyond the confines of the pandemic (Guidance Document 95-13).

Upon a **MOTION** by Mr. Davis, properly seconded by Dr. Inker, the Board voted to adopt the revisions to Guidance Document 95-12 titled “Guidance for Processing Applications for Licensure: Examination, Endorsement and Reinstatement,” as presented and Guidance Document 95-13 titled “Guidance on Completion of Continuing Education,” as presented and amended. The motion carried unanimously (7-0: *Davis, Dukes, Faruk, Inker, Jackson, Kirby, Hunt*).

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

Ms. Yeatts provided an overview of the repeal of Guidance Documents 95-1 titled “Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification,” and 95-10 titled “Memorandum of Understanding with the Virginia Department of Social Services, Division of Licensing Programs on Assisted Living Facilities”. Ms. Yeatts noted that the request of the Board was to remove these documents as Board Guidance Documents, but that the agreements themselves would remain as active Board agreements.

Upon a **MOTION** by Ms. Jackson, properly seconded by Ms. Kirby, the Board voted to repeal as a Board Guidance Document the “Memorandum of Understanding with the Virginia Department of Health, Division of Licensure and Certification” (95-1), and the “Memorandum of Understanding with the Virginia Department of Social Services, Division of Licensing Programs on Assisted Living Facilities” (95-10) as presented. The motion carried unanimously (7-0: *Davis, Dukes, Faruk, Inker, Jackson, Kirby, Hunt*).

ELECTIONS

Ms. Hunt stated that in accordance with the Bylaws, during the first meeting of the organizational year, the Board shall elect from its members a Chair and Vice-Chair.

Ms. Hunt provided remarks regarding the process for making additional floor nominations.

Ms. Hunt opened the floor for nominations for Chair of the Board of Long-Term Care Administrators. Mr. Davis nominated Ms. Hunt for the position of Chair, which was seconded by Ms. Jackson. The nominations were closed.

Ms. Hunt called for a voice vote for the election of the one nominee, Ms. Hunt, for the position of Chair of the Board of Long-Term Care Administrators. By unanimous vote of 7-0 (*Davis, Dukes, Faruk, Inker, Jackson, Kirby, Hunt*), Ms. Hunt was elected as Chair of the Board of Long-Term Care Administrators.

Ms. Hunt opened the floor for nominations for Vice-Chair of the Board of Long-Term Care Administrators. Dr. Davis nominated Ms. Jackson for the position of Vice-Chair, which was seconded by Dr. Inker. The nominations were closed.

Ms. Hunt called for a voice vote for the election of the one nominee, Ms. Jackson, for the position of Vice-Chair of the Board of Long-Term Care Administrators. By unanimous vote of 7-0 (*Davis, Dukes, Faruk, Inker, Jackson, Kirby, Hunt*), Ms. Jackson was elected as Vice-Chair of the Board of Long-Term Care Administrators.

NEXT MEETING

Ms. Tillman Wolf stated, upon consultation with the Board Chair, that the December 6, 2021 Board meeting would be cancelled due to a lack of business meeting items. The next scheduled meeting date is March 4, 2022.

ADJOURNMENT

With all business concluded, the meeting adjourned at 2:48 p.m.

Corie Tillman Wolf, J.D., Executive Director

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: October 26, 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 (Board) for considering areas of improvement to the current regulations that will support the recruitment, licensure, and retention of licensed assisted living facility administrators.

After reviewing the recently proposed changes to be considered by the Board, we have some concerns about a proposed change that was not presented for consideration to the Regulatory Advisory Panel or available for public comments previously. Below is the proposed language of concern.

- **18VAC95-30-160 – Required content of an ALF administrator-in-training program**
 - E. With the exception of an AIT who is serving as the acting administrator, an AIT shall not receive credit hours spent in performance of one’s duties as an employee of a training facility.**
 - VALA opposes this proposed language for several reasons listed below.
 - This requirement would prohibit a licensed preceptor from serving as the administrator of record for the facility where the AIT training is to occur.
 - This requirement would be very burdensome on the employment payroll and responsibilities by requiring both the AIT and the preceptor to work additional hours beyond their normal workday to achieve the required AIT hours.
 - This requirement would be very burdensome on the mental and physical well-being with the risk of burnout of the AIT and the preceptor by forcing them to work additional hours beyond their normal workday to achieve the required AIT hours, which could result in improper training.
 - This requirement eliminates the “on-the-job training” that is a blessing for those AITs that work for assisted living communities that have this option, instead of having to spend potentially \$10,000, as has been quoted to AITs previously, for an external AIT training program.
 - This requirement goes against the initiatives and programs the Governor of Virginia and other agencies have championed regarding the development of additional job training programs to help Virginia to maintain its record of being one of the best states in the nation to do business. Without adequate training programs, this will severely hurt Virginia’s assisted living businesses.
 - If the Board is trying to verify the AIT hours are being properly conducted with official administrator duties, then the Board should consider reviewing and possibly revising the reporting requirements instead of further restricting the AIT program.

We request the Board of Long-Term Care Administrators to consider the ramifications this proposed language may have on Virginia’s assisted living industry and to not place additional restrictions and burdens on properly training 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.

Request for Consideration - Proposed AIT Language

1 message

Michelle Hamilton <michelle.hamilton@commonwealthsl.com>

To: "corie.wolf@dhp.virginia.gov" <corie.wolf@dhp.virginia.gov>

Cc: Earl Parker <eparker@commonwealthsl.com>, Judy Hackler <jhackler@valainfo.org>

Wed, Oct 27, 2021 at 9:53 AM

Corie E. Tillman Wolf, J.D.

Executive Director

Board of Long-Term Care Administrators.

9960 Mayland Drive
Suite 300
Richmond, 23233-1463
corie.wolf@dhp.virginia.gov

Dear Mr. Tillman,

I understand that the AIT program in Virginia is under review and that the education component is a risk of losing the ability to utilize hours of work in a non-assistant administrator role. I work for Commonwealth Senior Living as the COO and my colleague Earl Parker wrote to you earlier this morning on behalf of our 27 assisted living communities in the Commonwealth. I would like to echo his call to request further consideration of the proposed language changes in the educational component.

Having worked in multiple states throughout the country during my 32 years in senior living, the education requirement in Virginia is already burdensome and prevents qualified professionals from entering the healthcare sector as a manager of assisted living communities. Virginia's requirement already surpasses many other states with the education credentials, training hours, and the need for a credentialed preceptor. As providers we need to develop a new work force of assisted living leaders as many qualified administrators are retiring. If the non-assistant administrator hours are removed, we will likely see the interest in our sector severely affected much worse than we are experiencing today.

As a board member of the Virginia Assisted Living Association, please review the official feedback on behalf of our industry's below.

18VAC95-30-160 – Required content of an ALF administrator-in-training program E. With the exception of an AIT who is serving as the acting administrator, an AIT shall not receive credit hours spent in performance of one's duties as an employee of a training facility. – VALA opposes this proposed language for several reasons listed below.

- o This requirement would prohibit a licensed preceptor from serving as the administrator of record for the facility where the AIT training is to occur.

- o This requirement would be very burdensome on the employment payroll and responsibilities by requiring both the AIT and the preceptor to work additional hours beyond their normal workday to achieve the required AIT hours.

- o This requirement would be very burdensome on the mental and physical well-being with the risk of burnout of the AIT and the preceptor by forcing them to work additional hours beyond their normal workday to achieve the required AIT hours, which could result in improper training.

- o This requirement eliminates the "on-the-job training" that is a blessing for those AITs that work for assisted living communities that have this option, instead of having to spend potentially \$10,000, as has been quoted to AITs previously, for an external AIT training program.

- o This requirement goes against the initiatives and programs the Governor of Virginia and other agencies have championed regarding the development of additional job training programs to help Virginia to maintain its record of being one of the best states in the nation to do business. Without adequate training programs, this will severely hurt Virginia's assisted living businesses.

- o If the Board is trying to verify the AIT hours are being properly conducted with official administrator duties, then the Board should consider reviewing and possibly revising the reporting requirements instead of further restricting the AIT program.

Thank you in advance for your support. If you have any questions, please don't hesitate to contact me.

Michelle

Michelle Hamilton
Chief Operating Officer
Commonwealth Senior Living

Request for Consideration- Proposed AIT Language

1 message

Earl Parker <eparker@commonwealthsl.com>

Wed, Oct 27, 2021 at 7:17 AM

To: "corie.wolf@dhp.virginia.gov" <corie.wolf@dhp.virginia.gov>

Cc: "Judy Hackler (jhackler@valainfo.org)" <jhackler@valainfo.org>, Michelle Hamilton <michelle.hamilton@commonwealthsl.com>

Corie E. Tillman Wolf, J.D.

Executive Director

Board of Long-Term Care Administrators.

9960 Mayland Drive
Suite 300
Richmond, 23233-1463
corie.wolf@dhp.virginia.gov

Ms. Tillman,

I am writing to you today to request further consideration of the proposed language changes in the educational component of Virginia's Administrator in Training Program for Assisted Living. I have worked in the senior living industry since 1995 and am currently the CEO of Commonwealth Senior Living, operating 27 licensed assisted living communities in Virginia.

My understanding is that there is proposed language such that only hours worked when someone is designated as the "Acting Administrator" would be counted towards their educational requirement for the AIT program. Based on my 25+ years of experience managing and supporting assisted living communities, this does not seem to make sense.

When someone is working directly with and alongside a licensed administrator, they are likely to gain as much, if not more, real world education of what it takes to manage and support an assisted living community. The Acting Administrator provision is vitally important, given that there are often not enough licensed administrators, but I do not believe that only Acting Administrators should have their AIT hours counted towards the educational requirement.

I understand that the Virginia Assisted Living Association has also submitted their feedback on our industry's behalf, and I further provide that feedback below.

18VAC95-30-160 – Required content of an ALF administrator-in-training program E. With the exception of an AIT who is serving as the acting administrator, an AIT shall not receive credit hours spent in performance of one's duties as an employee of a training facility. – VALA opposes this proposed language for several reasons listed below.

- o This requirement would prohibit a licensed preceptor from serving as the administrator of record for the facility where the AIT training is to occur.

- o This requirement would be very burdensome on the employment payroll and responsibilities by requiring both the AIT and the preceptor to work additional hours beyond their normal workday to achieve the required AIT hours.

- o This requirement would be very burdensome on the mental and physical well-being with the risk of burnout of the AIT and the preceptor by forcing them to work additional hours beyond their normal workday to achieve the required AIT hours, which could result in improper training.

- o This requirement eliminates the "on-the-job training" that is a blessing for those AITs that work for assisted living communities that have this option, instead of having to spend potentially \$10,000, as has been quoted to AITs previously, for an external AIT training program.

- o This requirement goes against the initiatives and programs the Governor of Virginia and other agencies have championed regarding the development of additional job training programs to help Virginia to maintain its record of being one of the best states in the nation to do business. Without adequate training programs, this will severely hurt Virginia's assisted living businesses.

- o If the Board is trying to verify the AIT hours are being properly conducted with official administrator duties, then the Board should consider reviewing and possibly revising the reporting requirements instead of further restricting the AIT program.

I hope that you will take this into consideration, and I would be happy to discuss the matter further if you were interested.

Thank you for your consideration,

Earl Parker

Earl Parker

October 26, 2021

Corie E. Tillman Wolf, J.D.
 Executive Director
 Board of Long-Term Care Administrators.
 9960 Mayland Drive
 Suite 300
 Richmond, 23233-1463
corie.wolf@dhp.virginia.gov

Dear Corie Tillman Wolf,

My name is Alice Reynolds. I am currently the regional director of Harmony Senior Services. I started my career as an administrator in the year 2000. In 2008, when Virginia began licensure, I was first in line. I am a strong proponent of senior living and quality care. Spending the last 21 years in service, I have seen many of my peers that have promoted from within. This is an industry that requires passion as much as skill.

I have recently seen four people, work within senior living while completing the AIT program. Each are now successful administrators. Not one of the candidates came from an assistant administrator position. One was an activity professional, one was a manager of a physician office, one was a nurse, and the other was a business office manager. Thou from different fields they all had a passion for serving seniors. In addition, they are strong leaders.

I have a concern that the change in the AIT requirements will debilitate an already struggling program by eliminating the ability to count working hours as part of the program. Most always hands on learning is more effective than knowledge alone. Giving both knowledge and experience in all aspects of a senior community develops a good leader.

I implore you not to adopt the following guidance to the AIT program, 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.

In the post pandemic world, we are struggle to retain good talent. We need to be seeking to increase our ability for human capital. Help this wonderful industry remain strong. Trust the preceptors and companies to promote willing and skilled leaders. The results are measured by the NAB testing. We need to remain an industry known for developing talent and building a career path.

Warm regards,
 Alice Reynolds
 Regional Director of Operations

540-529-4081

areynolds@harmonyseniorservices.com



October 20, 2021

Corie Tillman Wolf
Executive Director
Virginia Board of Long-Term Care Administrators
9960 Mayland Drive
Richmond, VA 23233

TRANSMITTED VIA EMAIL: corie.wolf@dhp.virginia.gov

Dear Director Wolf,

Thank you for accepting this letter in which I share my thoughts with you in regards to the amending of 18 VAC 95-30 Regulations Governing the Practice of Assisted Living Facility Administrators.

I recognize that the NOIRA stage is complete and the comment period ended in March, 2021. Given the dynamics relating to the pandemic, my attention was focused on ensuring the welfare of the residents under my day-to-day care. I apologize for not submitting my comments prior to the end of the comment period.

I support the Board's intent to establish additional pathways for individuals to qualify for AIT training in the assisted living setting. The assisted living profession is blessed to have so many talented and compassionate caregivers—who do not meet the Board's current educational requirements—that would welcome the opportunity to become a licensed administrator.

I support the Board's intent to establish a training course for assisted living AITs, with those training hours to count toward the total AIT program hours. I respectfully request that the Board give consideration to the fact that assisted living regulations and practices vary from state to state. As such, I believe that the training course for assisted living AITs should be based upon guidance and curriculum standards established by the Virginia Department of Social Services (VDSS). Additionally, the training course(s) developed by associations, education centers, health care professionals, etc for assisted living AITs should be approved by the VDSS to ensure consistency in educational practice and compliance with curriculum standards.

I support the Board's intent to offer continuing education credit for preceptors who supervise AITs.

Thank you for permitting me the opportunity to share my remarks with you and the Board.

Sincerely,



Irvin Land, Jr.
408 Carolanne Point Circle
Virginia Beach, VA 23462
land120462@aol.com

DHP – MAILROOM

SEP 10 2021

September 4, 2021

Martha H. Hunt, ALFA, Chair
Board of Long-Term Care Administrators
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Ms. Hunt:

I am writing this letter in regards to the Educational and Training requirements for initial licensure of assistant living facility administrators.

I worked in various roles of long-term care for 42 years. I am retired, though will continue to be an advocate for assisted living facilities and its population. As you are aware, there is a shortage of licensed ALFA in the state due to a multitude of reasons. Licensed administrators are retiring and others are leaving due to exhaustion and fatigue secondary to the position itself. Registered nurses and licensed practical nurses are in short supply and the compounding forces of Covid with its many stressors make it difficult to find qualified candidates. I understand and concur that one would prefer to have both educated and experienced employees. However, in today's market, it is extremely difficult to find.

With that said, I am advocating to the Board to include a pool of individuals with *substantial ALF experience*, that do not meet the current educational requirements of college credits. I feel this pool of seasoned individuals with their many qualities would be a valuable source in seeking new administrators. These candidates normally are administrative assistants, general managers, etc. Some of these employees are critical thinkers, have detailed organizational skills, are effective communicators, who build relationships with residents, families, and staff alike. Most work alongside the licensed administrator in the running of the day-to-day operation of an assisted living facility.

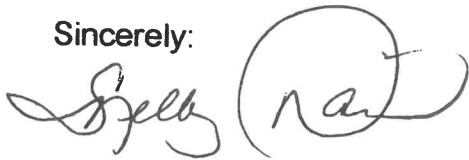
Relevant skills and experience are invaluable. The education vs. experience debate is as old as higher education itself. Being an assisted living administrator is not for the faint of heart. It requires a well-rounded person who is dedicated to the health, safety and welfare of its population.

LTCA

SEP 10 2021

In closing, I am asking the Board to sincerely consider adding *experienced based individuals* as a pathway to become administrators. If you have any questions, please feel free to contact me.

Sincerely:

A handwritten signature in cursive script, appearing to read "Shelby Davis". The signature is written in black ink on a white background.

Shelby Davis, Retired – ALFA
1030 Westwood Village Way Unit 404
Midlothian, VA 24113
540-387-2598
shelbydavis1322@gmail.com

LTCA

SEP 10 2021

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 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 of postsecondary education in an accredited college or university ~~in any subject~~ with at least 15 of the 30 semester hours in business or human services or a combination thereof 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.

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.

March 4, 2022

The Virginia Board of Long-Term Care Administrators convened for a Public Hearing on Friday, March 4, 2022, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room #1, Henrico, Virginia.

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Erin Barrett, Senior Policy Analyst, DHP
Corie Tillman Wolf, Executive Director

OTHER GUESTS PRESENT

Judy Hackler, Virginia Assisted Living Association

CALL TO ORDER

Ms. Tillman Wolf, Executive Director, called the public hearing to order at 1:03 p.m.

CALL FOR PUBLIC COMMENT

Ms. Tillman Wolf called for comment on the proposed regulations to amend the Regulations Governing the Practice of Nursing Home Administrators (18VAC95-20-10 et seq.) and Regulations Governing the Practice of Assisted Living Facility Administrators (18VAC95-30-10 et seq.) related to the Administrator-in-Training Program.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

With all business concluded, the public hearing adjourned at 1:18 p.m.

Corie Tillman Wolf, J.D., Executive Director

Date

Unapproved
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
TELEPHONE CONFERENCE CALL - MINUTES

May 17, 2022

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

CALL TO ORDER:

The Board of Long Term Care Administrators convened by telephone conference call on May 17, 2022 at 8:45 a.m. to consider whether a practitioner's ability to practice as a Nursing Home Administrator constituted a substantial danger to the public health and safety pursuant to Va. Code §54.1-2408.1. A quorum of the Board was present, with Martha Hunt, Chair, presiding.

MEMBERS PRESENT:

Martha Hunt, Chair
Ashley Jackson, Vice Chair
Pamela Dukes, MBA, Citizen Member
Jenny Inker, PhD, MBA, ALFA
Lisa Kirby, NHA

MEMBERS ABSENT:

Mitchell P. Davis, NHA
Ali Faruk, MPA, Citizen Member
Kimberly Brathwaite, ALFA
Ann L. Williams, Ed.D, Citizen Member

DHP STAFF PRESENT:

Corie Tillman Wolf, Executive Director
Kelley Palmatier, Deputy Executive Director
Angela Pearson, Senior Discipline Manager

**PARTIES ON BEHALF OF
THE COMMONWEALTH:**

Sean Murphy, Assistant Attorney General
Anne Joseph, Adjudication Consultant

BOARD COUNSEL:

James Rutkowski, Assistant Attorney General

MATTER:

Samuel Justus, NHA
License #1701-001819
Case #218676

DISCUSSION:

The Board received information from Assistant Attorney General, Sean Murphy, in order to determine whether Samuel Justus' ability to practice as a Nursing Home Administrator constituted a substantial danger to public

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

December 6, 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 10:00 a.m.

MEMBERS PRESENT: Ashley Jackson, MBA, NHA, Chair
Jenny Inker, PhD, MBA, ALFA

DHP STAFF PRESENT: Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager
Anne Joseph, Adjudication Specialist

MATTER: **Artie Lee Dillard, Jr.**
ALF - Administrator-In-Training Applicant
Case No.: 213403

DISCUSSION: Mr. Dillard appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated November 9, 2021 and he was not represented by counsel.

The Committee fully discussed the allegations as referenced in the November 9, 2021, Notice of Informal Conference.

CLOSED SESSION: Upon a motion by Dr. Jenny Inker, and duly seconded by Ashley Jackson, 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 Artie Lee Dillard, Jr., 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 Ashley Jackson, the Committee voted and ordered to deny the ALF Administrator-In-Training application. The motion carried.

ADJOURNMENT:

The Committee adjourned at 11:51 a.m.

Ashley Jackson, MBA, NHA, Chair

Corie Tillman Wolf, JD, Executive Director

Date

Date



health and safety. Mr. Murphy provided details of the case to the Board for its consideration.

CLOSED SESSION:

Upon a motion by Ashley Jackson, and duly seconded by Pamela Dukes, 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 Samuel Justus, N.H.A. Additionally, she moved that Mr. James Rutkowski, Ms. Corie Tillman Wolf, Ms. Kelley Palmatier and Ms. Angela 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 Ashley Jackson and duly seconded by Pamela Dukes, the Board determined that Samuel Justus' ability to practice constituted a substantial danger to the public health and safety. The board voted to summarily suspend the right to renew the license of Samuel Justus to practice as a Nursing Home Administrator, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1-2408.1 of the Code of Virginia.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Committee adjourned at 9:09 a.m.

Corie Tillman Wolf, JD, Executive Director

Date

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

February 8, 2022

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 10:01 a.m.

MEMBERS PRESENT: Ashley Jackson, MBA, NHA, Chair
Jenny Inker, PhD, MBA, ALFA

DHP STAFF PRESENT: Kelley Palmatier, Deputy Executive Director
Angela Pearson, Discipline Manager
Claire Foley, Adjudication Specialist

OTHERS PRESENT: Scott Pearl

MATTER: **Samuel Kermit Justus, A.L.F.A.**
License No: 1701-001819
Case No.: 210580

DISCUSSION: Mr. Justus appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated September 24, 2021 and was represented by counsel, Louis A. Kleiman, Esquire.

The Committee fully discussed the allegations as referenced in the September 24, 2021, Notice of Informal Conference.

CLOSED SESSION: Upon a motion by Dr. Jenny Inker, and duly seconded by Ashley Jackson, 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 Samuel Kermit Justus, A.L.F.A.. 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 Ashley Jackson, the Committee voted and ordered that Mr. Justus enter the Health Practitioners' Monitoring Program within 30 days of the order. The motion carried.

ADJOURNMENT:

The Committee adjourned at 12:57 p.m.

Kelley W. Palmatier, JD, Deputy Executive Director

Date

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

May 17, 2022

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 9:30 a.m.

MEMBERS PRESENT: Jenny Inker, PhD, MBA, ALFA, Chair
Lisa Kirby, N.H.A.

DHP STAFF PRESENT: Kelley Palmatier, Deputy Executive Director
Angela Pearson, Senior Discipline Manager
David Kazzie, Adjudication Consultant

MATTER: **Matthew W. Hartwick, A.L.F.A.**
License No: 1706-000151
Case No.: 194280

DISCUSSION: Mr. Hartwick appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated December 16, 2021 and he was not represented by counsel.

The Committee fully discussed the allegations as referenced in the December 16, 2021 Notice of Informal Conference.

CLOSED SESSION: Upon a motion by Lisa Kirby and duly seconded by Dr. Jenny Inker, 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 Matthew W. Hartwick, A.L.F.A.. 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 Lisa Kirby and duly seconded by Dr. Jenny Inker, the Committee voted and ordered continuing education. The motion carried.

ADJOURNMENT:

The Committee adjourned at 11:24 a.m.

Kelley W. Palmatier, JD, Deputy Executive Director

Date

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

May 17, 2022

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 11:36 a.m.

MEMBERS PRESENT: Jenny Inker, PhD, MBA, ALFA, Chair
Lisa Kirby, NHA

DHP STAFF PRESENT: Kelley Palmatier, Deputy Executive Director
Angela Pearson, Senior Discipline Manager
Anne Joseph, Adjudication Consultant

MATTER: **Jeremiah Tillman Davis, N.H.A., N.H.A. Preceptor**
License No.'s: 1701-002713 & 1703-001349
Case No.: 195593

DISCUSSION: Mr. Davis appeared in person before the Committee in accordance with the Board's Notice of Informal Conference, dated November 19, 2021 and was represented by counsel, Ashley Calkins and Kyle Rene'.

The Committee fully discussed the allegations as referenced in the November 19, 2021 Notice of Informal Conference.

CLOSED SESSION: Upon a motion by Lisa Kirby duly seconded by Dr. Jenny Inker, 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 Jeremiah Tillman Davis, N.H.A., N.H.P. 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 Lisa Kirby and duly seconded by Dr. Jenny Inker, the Committee voted and ordered a reprimand. The motion carried.

ADJOURNMENT:

The Committee adjourned at 3:12 p.m.

Kelley W. Palmatier, JD, Deputy Executive Director

Date

Presentation

DRAFT

Virginia's Nursing Home Administrator Workforce: 2022

Healthcare Workforce Data Center

April 2022

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

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

Virginia Board of Long-Term Care Administrators

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Vice-Chair

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Fincastle

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Richmond

Jenny Inker, PhD, MBA, ALFA
Williamsburg

Lisa Kirby, NHA
Suffolk

Ann L. Williams, EdD
Richmond

Executive Director

Corie E. Tillman Wolf, JD

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The Nursing Home Administrator Workforce At a Glance:

The Workforce

Licensees:	987
Virginia's Workforce:	774
FTEs:	829

Background

Rural Childhood:	46%
HS Degree in VA:	56%
Prof. Degree in VA:	78%

Current Employment

Employed in Prof.:	84%
Hold 1 Full-Time Job:	86%
Satisfied?:	91%

Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	98%

Health Admin. Edu.

Admin-in-Training:	40%
Masters:	26%

Job Turnover

Switched Jobs:	14%
Employed Over 2 Yrs.:	47%

Demographics

Female:	60%
Diversity Index:	34%
Median Age:	50

Finances

Median Inc.: \$120k-\$130k	
Retirement Benefits:	74%
Under 40 w/ Ed. Debt:	55%

Time Allocation

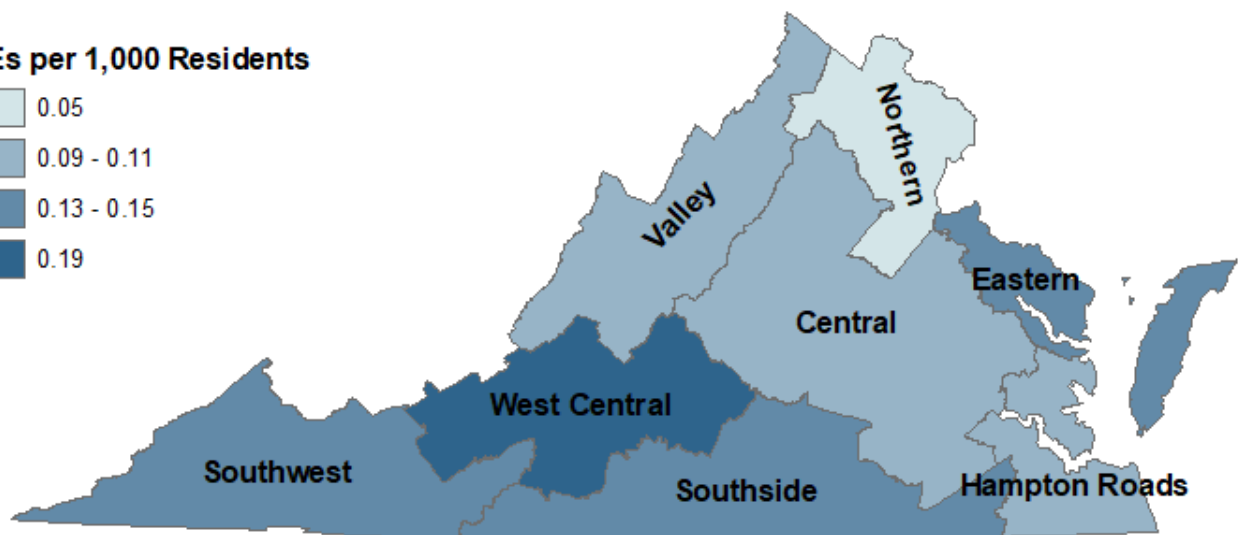
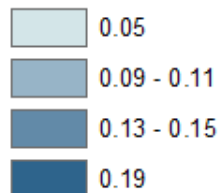
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

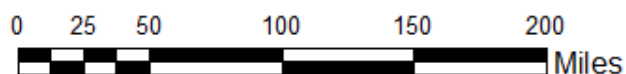
Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2020
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 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 83% of the 987 NHAs licensed in the state and 98% of renewing practitioners.

The HWDC estimates that 774 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 829 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Three out of every five NHAs are female, including 63% of those NHAs who are under the age of 40. In a random encounter between two NHAs, there is a 34% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 42% among NHAs who are under the age of 40. However, both of these values are well below the comparable diversity index of 60% for Virginia's population as a whole. Nearly half of all NHAs grew up in a rural area, and 27% of this group of professionals currently work in a non-metro area of Virginia. In total, 17% of all NHAs work in a non-metro area of the state.

Among all NHAs, 84% are currently employed in the profession, 86% hold one full-time job, and 41% work between 40 and 49 hours per week. Over the past year, 3% of NHAs have experienced involuntary unemployment and 1% have experienced underemployment. Nearly two-thirds of all NHAs work in the for-profit sector, while approximately one-third of all NHAs work in the non-profit sector. As their primary work location, 51% of all NHAs are employed at a skilled nursing facility, while another 18% work at an assisted living facility. The typical NHA earns between \$120,000 and \$130,000 per year. In addition, 96% of all NHAs receive at least one employer-sponsored benefit, including 74% who have access to a retirement plan. More than 90% of all NHAs are satisfied with their current work situation, including 55% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2017 NHA workforce. The number of licensed NHAs in Virginia has increased by 9% (987 vs. 906). In addition, the size of the NHA workforce has increased by 10% (774 vs. 703), and the number of FTEs provided by this workforce has grown by 8% (829 vs. 765). Virginia's renewing NHAs are slightly more likely to respond to this survey (98% vs. 97%).

Virginia's NHAs are more likely to be female (60% vs. 56%), and this is also the case among NHAs who are under the age of 40 (63% vs. 48%). The diversity index of Virginia's NHA workforce has increased as well (34% vs. 23%), a trend that is even more pronounced among NHAs who are under the age of 40 (42% vs. 22%). NHAs are more likely to have grown up in a rural area (46% vs. 43%), but this group of professionals is less likely to work in a non-metro area of Virginia (27% vs. 30%). 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 (84% vs. 88%) or hold one full-time job (86% vs. 88%). At the same time, NHAs are relatively more likely to work more than 60 hours per week (19% vs. 15%) instead of between 40 and 49 hours per week (41% vs. 45%). The percentage of NHAs who have switched jobs has increased (14% vs. 10%), while the percentage of NHAs who have worked at their primary work location for more than two years has fallen (47% vs. 54%). NHAs are more likely to work in the for-profit sector (64% vs. 62%) instead of the non-profit sector (32% vs. 34%).

The median annual income of Virginia's NHAs has increased (\$120k-\$130k vs. \$100k-\$110k). In addition, NHAs are slightly more likely to receive at least one employer-sponsored benefit (96% vs. 95%). The percentage of NHAs who indicated that they are satisfied with their current work situation has fallen (91% vs. 96%), and this decline was considerably larger among those NHAs who indicated that they are "very satisfied" (55% vs. 71%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	798	81%
New Licensees	65	7%
Non-Renewals	124	13%
All Licensees	987	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing NHAs, 98% submitted a survey. These respondents represent 83% 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 2022.
- 2. Target Population:** All NHAs who held a Virginia license at some point between April 2021 and March 2022.
- 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	10	35	78%
30 to 34	13	54	81%
35 to 39	16	78	83%
40 to 44	14	98	88%
45 to 49	15	104	87%
50 to 54	25	134	84%
55 to 59	14	106	88%
60 and Over	57	214	79%
Total	164	823	83%
New Licenses			
Issued in Past Year	31	34	52%
Metro Status			
Non-Metro	17	114	87%
Metro	83	520	86%
Not in Virginia	64	189	75%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	823
Response Rate, All Licensees	83%
Response Rate, Renewals	98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 987
 New: 7%
 Not Renewed: 13%

Response Rates

All Licensees: 83%
 Renewing Practitioners: 98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

NHA Workforce: 774
 FTEs: 829

Utilization Ratios

Licensees in VA Workforce: 78%
 Licensees per FTE: 1.19
 Workers per FTE: 0.93

Source: Va. Healthcare Workforce Data Center

Definitions

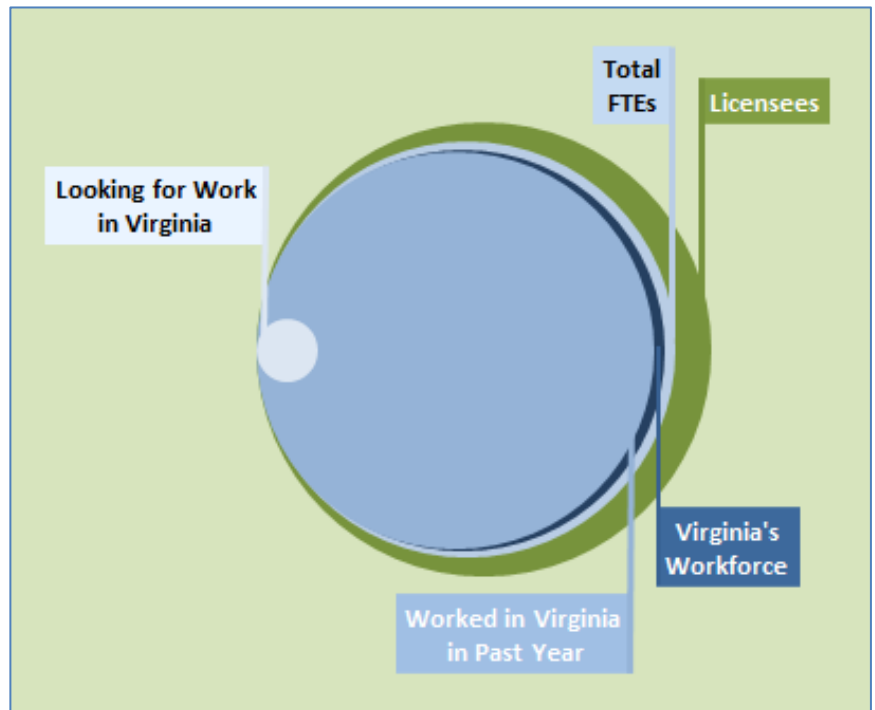
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline 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	755	98%
Looking for Work in Virginia	19	2%
Virginia's Workforce	774	100%
Total FTEs	829	
Licensees	987	

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	16	42%	22	58%	37	5%
30 to 34	15	28%	37	72%	52	8%
35 to 39	30	41%	44	59%	74	11%
40 to 44	42	50%	42	50%	84	12%
45 to 49	21	25%	64	76%	84	12%
50 to 54	45	41%	64	59%	109	16%
55 to 59	34	41%	49	59%	83	12%
60 and Over	71	44%	92	57%	163	24%
Total	273	40%	413	60%	686	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	59%	552	80%	123	75%
Black	18%	103	15%	26	16%
Asian	7%	9	1%	2	1%
Other Race	1%	2	0%	1	1%
Two or More Races	5%	8	1%	4	2%
Hispanic	11%	16	2%	9	5%
Total	100%	690	100%	165	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, 2020.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 60%
% Under 40 Female: 63%

Age

Median Age: 50
% Under 40: 24%
% 55 and Over: 36%

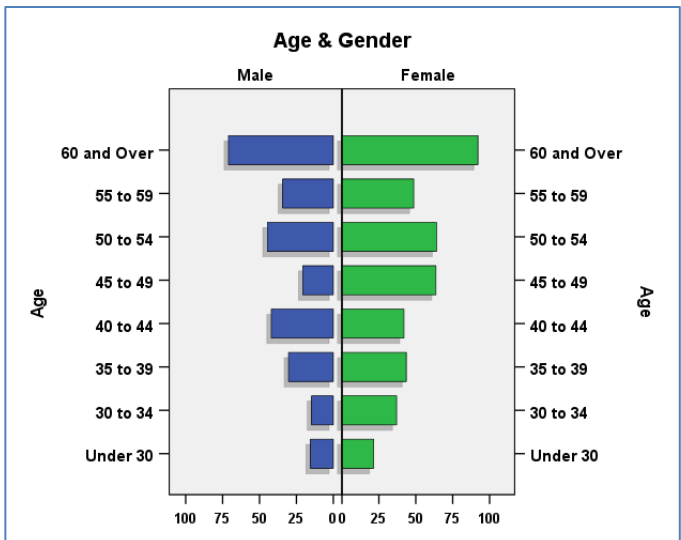
Diversity

Diversity Index: 34%
Under 40 Div. Index: 42%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two NHAs, there is a 34% 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 60%.

Nearly one-quarter of all NHAs are under the age of 40, and 63% of this group of professionals are female. In addition, there is a 42% 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: 12%
 Rural Childhood: 46%

Virginia Background

HS in Virginia: 56%
 Prof. Edu. in VA: 78%
 HS or Prof. Edu. in VA: 81%

Location Choice

% Rural to Non-Metro: 27%
 % Urban/Suburban to Non-Metro: 8%

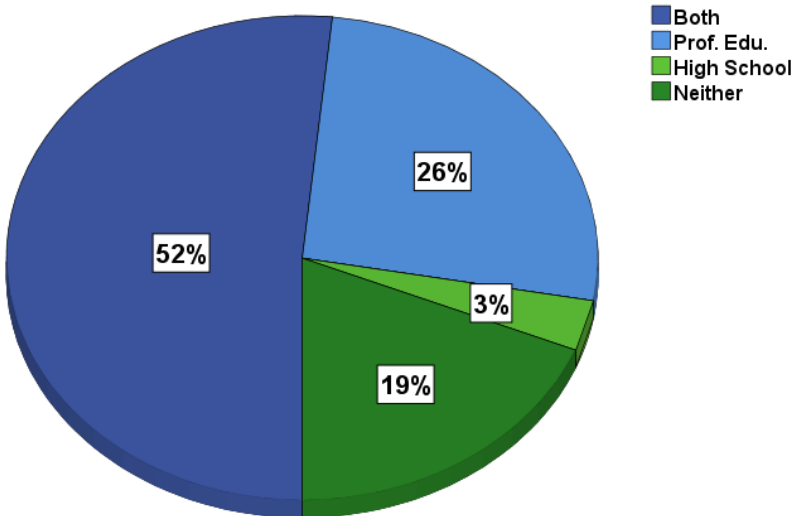
Source: Va. Healthcare Workforce Data Center

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%	50%	17%
2	Metro, 250,000 to 1 Million	51%	44%	5%
3	Metro, 250,000 or Less	65%	26%	10%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	71%	29%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	67%	30%	3%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	80%	20%	0%
8	Rural, Metro Adjacent	88%	12%	0%
9	Rural, Non-Adjacent	75%	17%	8%
Overall		46%	42%	12%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all NHAs grew up in a rural area, and 27% of this group of 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	382	Virginia	494
2	New York	35	North Carolina	17
3	West Virginia	28	Maryland	16
4	Outside U.S./Canada	27	West Virginia	14
5	Ohio	24	Ohio	10
6	North Carolina	23	New York	10
7	Pennsylvania	23	Texas	8
8	Maryland	16	Pennsylvania	7
9	New Jersey	15	Tennessee	7
10	Tennessee	13	New Jersey	5

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 56% received their high school degree in Virginia, and 78% received their initial professional degree in the state.

Among NHAs who have been licensed in the past five years, 52% 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	122	Virginia	167
2	Outside U.S./Canada	14	Maryland	8
3	Ohio	12	North Carolina	8
4	West Virginia	12	West Virginia	5
5	North Carolina	10	Texas	5
6	New Jersey	6	Florida	5
7	Pennsylvania	5	Pennsylvania	4
8	Maryland	5	New Jersey	3
9	Florida	5	Ohio	3
10	Texas	4	Connecticut	3

Source: Va. Healthcare Workforce Data Center

More than one-fifth of all licensees were not a part of Virginia's NHA workforce. Nine out of every ten of these licensees worked at some point in the past year, including 83% who currently work as an NHA.

At a Glance:

Not in VA Workforce

Total:	213
% of Licensees:	22%
Federal/Military:	0%
VA Border State/DC:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	22	3%	-	-
Admin-in-Training	268	40%	-	-
High School/GED	-	-	6	1%
Associate	12	2%	57	8%
Baccalaureate	162	24%	310	46%
Graduate Cert.	13	2%	14	2%
Masters	178	26%	280	41%
Doctorate	8	1%	14	2%
Other	13	2%	-	-
Total	675	100%	680	100%

Source: Va. Healthcare Workforce Data Center

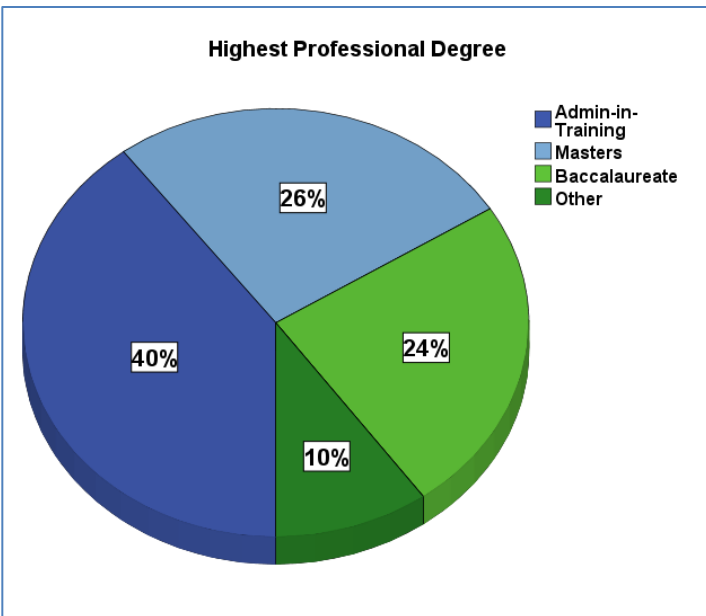
At a Glance:

Health Admin. Education
 Admin-in-Training: 40%
 Master's Degree: 26%
 Baccalaureate Degree: 24%

Education Debt
 Carry Debt: 36%
 Under Age 40 w/ Debt: 55%
 Median Debt: \$40k-\$50k

Source: Va. Healthcare Workforce Data Center

More than one-third of NHAs carry education debt, including 55% of NHAs who are under the age of 40. For those with education debt, the median debt amount is between \$40,000 and \$50,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All NHAs		NHAs Under 40	
	#	%	#	%
None	374	64%	62	45%
Less than \$10,000	30	5%	13	9%
\$10,000-\$19,999	25	4%	10	7%
\$20,000-\$29,999	24	4%	11	8%
\$30,000-\$39,999	23	4%	8	6%
\$40,000-\$49,999	14	2%	5	4%
\$50,000-\$59,999	17	3%	4	3%
\$60,000-\$69,999	21	4%	7	5%
\$70,000-\$79,999	7	1%	5	4%
\$80,000-\$89,999	7	1%	1	1%
\$90,000-\$99,999	5	1%	1	1%
\$100,000 or More	37	6%	11	8%
Total	583	100%	138	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

Nurse (RN or LPN):	12%
ALFA:	5%
CNA:	1%

Job Titles

Administrator:	42%
Executive Director:	16%
President/Exec. Officer:	11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	#	%
Nursing Home Administrator	680	88%
Nurse (RN or LPN)	96	12%
ALF Administrator	41	5%
Certified Nursing Assistant	10	1%
Registered Medication Aide	7	1%
Occupational Therapist	3	0%
Physical Therapist	3	0%
Speech-Language Pathologist	3	0%
Other	35	5%
At Least One License	685	89%

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
Administrator	322	42%	43	6%
Executive Director	123	16%	12	2%
President or Executive Officer	86	11%	8	1%
Assistant Administrator	18	2%	2	0%
Owner	11	1%	2	0%
Other	114	15%	21	3%
At Least One Title	630	81%	86	11%

Source: Va. Healthcare Workforce Data Center

More than 40% of NHAs hold the title of administrator at their primary work location. Another 16% hold the title of executive director.

At a Glance:

Employment

Employed in Profession: 84%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 86%
2 or More Positions: 3%

Weekly Hours:

40 to 49: 41%
60 or More: 19%
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	576	84%
Employed, NOT in a Capacity Related to Long-Term Care	65	10%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	3	1%
Voluntarily Unemployed	19	3%
Retired	19	3%
Total	683	100%

Source: Va. Healthcare Workforce Data Center

In total, 84% of all NHAs are currently employed in the profession, 86% hold one full-time job, and 41% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	41	6%
One Part-Time Position	32	5%
Two Part-Time Positions	2	0%
One Full-Time Position	577	86%
One Full-Time Position & One Part-Time Position	15	2%
Two Full-Time Positions	0	0%
More than Two Positions	2	0%
Total	669	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	41	6%
1 to 9 Hours	6	1%
10 to 19 Hours	2	0%
20 to 29 Hours	4	1%
30 to 39 Hours	13	2%
40 to 49 Hours	271	41%
50 to 59 Hours	204	31%
60 to 69 Hours	98	15%
70 to 79 Hours	14	2%
80 or More Hours	12	2%
Total	665	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	7	1%
Less than \$60,000	26	5%
\$60,000-\$69,999	19	4%
\$70,000-\$79,999	21	4%
\$80,000-\$89,999	22	4%
\$90,000-\$99,999	20	4%
\$100,000-\$109,999	60	11%
\$110,000-\$119,999	51	10%
\$120,000-\$129,999	53	10%
\$130,000-\$139,999	70	13%
\$140,000-\$149,999	44	8%
\$150,000-\$159,999	34	7%
\$160,000 or More	98	19%
Total	525	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$120k-\$130k

Benefits
Paid Vacation: 94%
Employer Retirement: 74%

Satisfaction
Satisfied: 91%
Very Satisfied: 55%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	540	94%
Dental Insurance	460	80%
Paid Sick Leave	446	77%
Retirement	428	74%
Group Life Insurance	419	73%
Signing/Retention Bonus	88	15%
At Least One Benefit	554	96%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

The median annual income for NHAs is between \$120,000 and \$130,000. In addition, 96% of NHAs receive at least one employer-sponsored benefit, including 74% who have access to a retirement plan.

More than 90% of all NHAs are satisfied with their current work situation, including 55% who indicated that they are “very satisfied.”

Job Satisfaction		
Level	#	%
Very Satisfied	365	55%
Somewhat Satisfied	237	36%
Somewhat Dissatisfied	39	6%
Very Dissatisfied	23	3%
Total	663	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	24	3%
Experience Voluntary Unemployment?	47	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	8	1%
Work Two or More Positions at the Same Time?	44	6%
Switch Employers or Practices?	105	14%
Experience At Least One?	198	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 3.5% during the same time period.¹

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 3%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 14%
New Location: 36%
Over 2 Years: 47%
Over 2 Yrs., 2nd Location: 27%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	15	2%	21	23%
Less than 6 Months	106	16%	15	16%
6 Months to 1 Year	97	15%	14	15%
1 to 2 Years	126	19%	16	17%
3 to 5 Years	119	18%	13	14%
6 to 10 Years	67	10%	7	8%
More than 10 Years	119	18%	5	5%
Subtotal	649	100%	92	100%
Did Not Have Location	24		672	
Item Missing	101		10	
Total	774		774	

Source: Va. Healthcare Workforce Data Center

Nearly 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 2.7% and a high of 4.5%. At the time of publication, the unemployment rate from March 2022 was still preliminary.

At a Glance:

Concentration

Top Region:	21%
Top 3 Regions:	60%
Lowest Region:	2%

Locations

2 or More (Past Year):	15%
2 or More (Now*):	11%

Source: Va. Healthcare Workforce Data Center

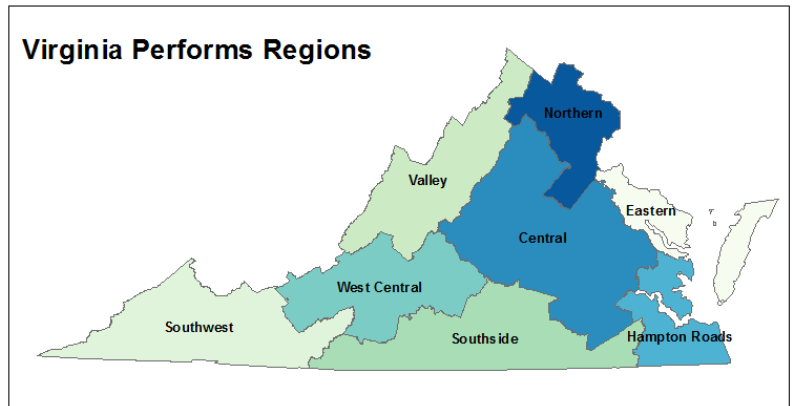
Three out of every five NHAs work in Hampton Roads, Central Virginia, and Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	129	20%	20	22%
Eastern	15	2%	3	3%
Hampton Roads	132	21%	17	19%
Northern	123	19%	18	20%
Southside	39	6%	4	4%
Southwest	42	7%	0	0%
Valley	47	7%	6	7%
West Central	102	16%	16	18%
Virginia Border State/D.C.	4	1%	2	2%
Other U.S. State	5	1%	5	5%
Outside of the U.S.	0	0%	0	0%
Total	638	100%	91	100%
Item Missing	111		11	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

While 11% of NHAs currently have multiple work locations, 15% have had multiple work locations over the past 12 months.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	19	3%	26	4%
1	545	82%	561	85%
2	60	9%	56	9%
3	27	4%	10	2%
4	8	1%	4	1%
5	0	0%	1	0%
6 or More	4	1%	3	0%
Total	662	100%	662	100%

*At the time of survey completion, March 2022.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	408	64%	64	75%
Non-Profit	203	32%	18	21%
State/Local Government	24	4%	3	4%
Veterans Administration	1	0%	0	0%
U.S. Military	1	0%	0	0%
Other Federal Government	0	0%	0	0%
Total	637	100%	85	100%
Did Not Have Location	24		672	
Item Missing	113		16	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

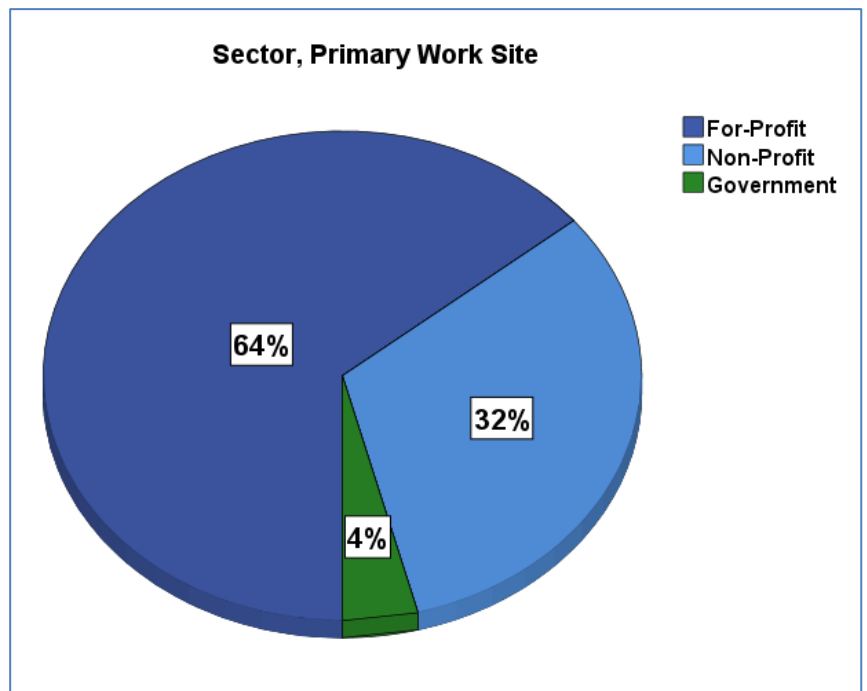
For-Profit:	64%
Federal:	0%

Top Establishments

Skilled Nursing Facility:	51%
Assisted Living Facility:	18%
Continuing Care	
Retirement Community:	15%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all NHAs work in the for-profit sector, while nearly one-third work in the non-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	391	51%	63	8%
Assisted Living Facility	140	18%	15	2%
Continuing Care Retirement Community	114	15%	6	1%
Acute Care/Rehabilitative Facility	17	2%	4	1%
Home/Community Health Care	12	2%	4	1%
Hospice	12	2%	2	0%
Adult Day Care	7	1%	1	0%
PACE	5	1%	0	0%
Academic Institution	2	0%	3	0%
Other Practice Type	65	8%	7	1%
At Least One Establishment	639	83%	88	11%

Source: Va. Healthcare Workforce Data Center

More than half of all NHAs are employed at a skilled nursing facility as their primary work location. Another 18% of NHAs are employed at an assisted living facility.

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
Facility Chain	377	61%	57	70%
Independent/Stand Alone	168	27%	14	17%
Hospital-Based	31	5%	1	1%
Integrated Health System (Veterans Administration, Large Health System)	7	1%	2	2%
College or University	0	0%	2	2%
Other	32	5%	5	6%
Total	615	100%	81	100%
Did Not Have Location	24		672	
Item Missing	135		20	

Source: Va. Healthcare Workforce Data Center

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

At a Glance: (Primary Locations)

Languages Offered

Spanish:	26%
French:	10%
Korean:	10%

Means of Communication

Virtual Translation:	69%
Other Staff Members:	44%
Onsite Translation:	18%

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all NHA are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	199	26%
French	74	10%
Korean	74	10%
Chinese	67	9%
Tagalog/Filipino	64	8%
Vietnamese	64	8%
Arabic	63	8%
Hindi	51	7%
Persian	50	6%
Amharic, Somali, or Other Afro-Asiatic Languages	49	6%
Urdu	47	6%
Pashto	44	6%
Others	38	5%
At Least One Language	229	30%

Source: Va. Healthcare Workforce Data Center

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	158	69%
Other Staff Member is Proficient	101	44%
Onsite Translation Service	42	18%
Respondent is Proficient	24	10%
Other	8	3%

Source: Va. Healthcare Workforce Data Center

More than two-thirds of all NHA who are employed at a primary work location that offers language services for patients provide it through virtual translation services.

At a Glance: (Primary Locations)

Typical Time Allocation

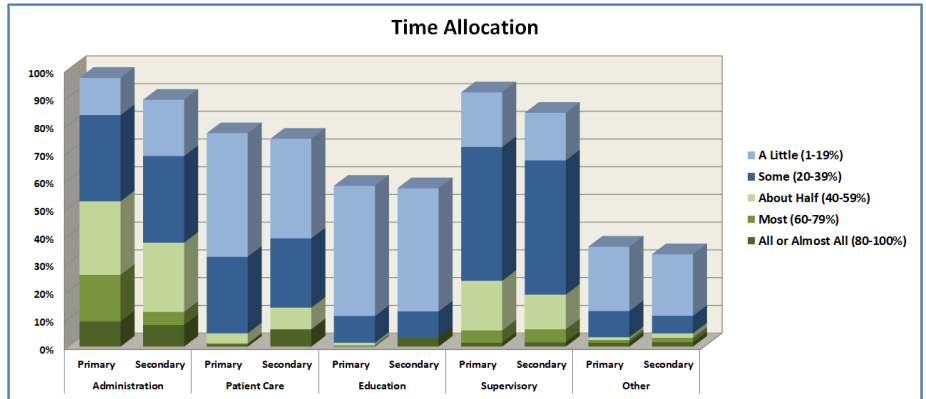
Administration: 40%-49%
 Supervisory: 20%-29%
 Patient Care: 10%-19%
 Education: 1%-9%

Roles

Administration: 26%
 Supervisory: 6%
 Patient Care: 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, more than one-quarter 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%)	9%	8%	1%	6%	0%	3%	1%	2%	1%	2%	
Most (60-79%)	17%	5%	0%	0%	0%	0%	4%	5%	1%	2%	
About Half (40-59%)	26%	25%	4%	8%	1%	0%	18%	13%	1%	2%	
Some (20-39%)	31%	31%	28%	25%	10%	9%	48%	48%	9%	6%	
A Little (1-19%)	13%	20%	45%	36%	47%	44%	20%	17%	23%	22%	
None (0%)	3%	11%	23%	25%	42%	42%	8%	16%	64%	66%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	63	12%	16	20%
1-24	14	3%	5	6%
25-49	21	4%	3	4%
50-74	60	11%	5	6%
75-99	75	14%	18	23%
100-124	109	20%	13	16%
125-149	36	7%	8	10%
150-174	31	6%	3	4%
175-199	23	4%	5	6%
200-224	13	2%	0	0%
225-249	6	1%	1	1%
250-274	5	1%	0	0%
275-299	3	1%	0	0%
300 or More	83	15%	1	1%
Total	541	100%	80	100%

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.

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

Resident Capacity				
# of Beds	Primary Location		Secondary Location	
	#	%	#	%
Not Applicable	72	11%	12	14%
10 or Less	3	0%	2	2%
10-25	6	1%	0	0%
25-50	25	4%	2	2%
50-100	144	22%	26	30%
100-150	200	31%	33	38%
150-250	113	18%	11	13%
More than 250	79	12%	2	2%
Total	642	100%	88	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs 50 and Over	
	#	%	#	%
Under Age 50	30	5%	-	-
50 to 54	28	5%	6	2%
55 to 59	52	9%	13	4%
60 to 64	136	23%	64	21%
65 to 69	231	38%	150	49%
70 to 74	83	14%	50	16%
75 to 79	19	3%	11	4%
80 or Over	3	0%	3	1%
I Do Not Intend to Retire	21	3%	12	4%
Total	603	100%	309	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NHAs

Under 65:	41%
Under 60:	18%

NHAs 50 and Over

Under 65:	27%
Under 60:	6%

Time Until Retirement

Within 2 Years:	9%
Within 10 Years:	31%
Half the Workforce:	By 2042

Source: Va. Healthcare Workforce Data Center

More than 40% of all NHAs expect to retire before the age of 65. Among NHAs who are age 50 and over, 27% expect to retire by the age of 65.

Within the next two years, 12% of NHAs expect to begin accepting Administrators-in-Training, and 11% of NHAs expect to pursue additional educational opportunities.

Future Plans

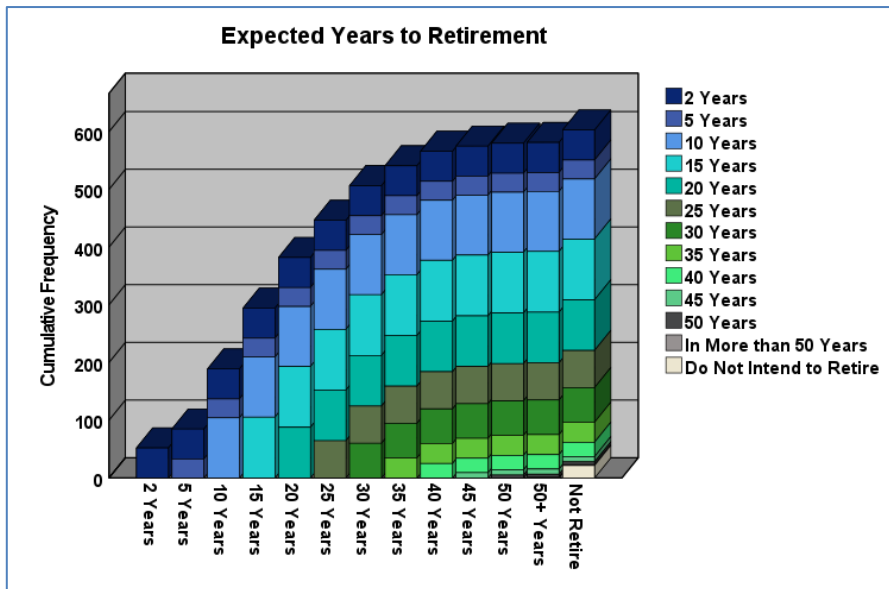
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	55	7%
Leave Virginia	47	6%
Decrease Patient Care Hours	62	8%
Decrease Teaching Hours	0	0%
Cease Accepting Trainees	5	1%
Increase Participation		
Increase Patient Care Hours	35	5%
Increase Teaching Hours	28	4%
Pursue Additional Education	83	11%
Return to the Workforce	9	1%
Begin Accepting Trainees	92	12%

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, 31% expect to retire within the next decade. More than half of the current NHA workforce expect to retire by 2042.

Time to Retirement			
Expect to Retire Within...	#	%	Cumulative %
2 Years	52	9%	9%
5 Years	33	5%	14%
10 Years	104	17%	31%
15 Years	105	17%	49%
20 Years	88	15%	63%
25 Years	64	11%	74%
30 Years	60	10%	84%
35 Years	35	6%	90%
40 Years	25	4%	94%
45 Years	9	1%	95%
50 Years	5	1%	96%
55 Years	1	0%	96%
In More than 55 Years	0	0%	96%
Do Not Intend to Retire	21	3%	100%
Total	603	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 2032. Retirement will peak at 17% of the current workforce around 2037 before declining to under 10% again by 2057.

At a Glance:

FTEs

Total: 829
 FTEs/1,000 Residents²: .096
 Average: 1.11

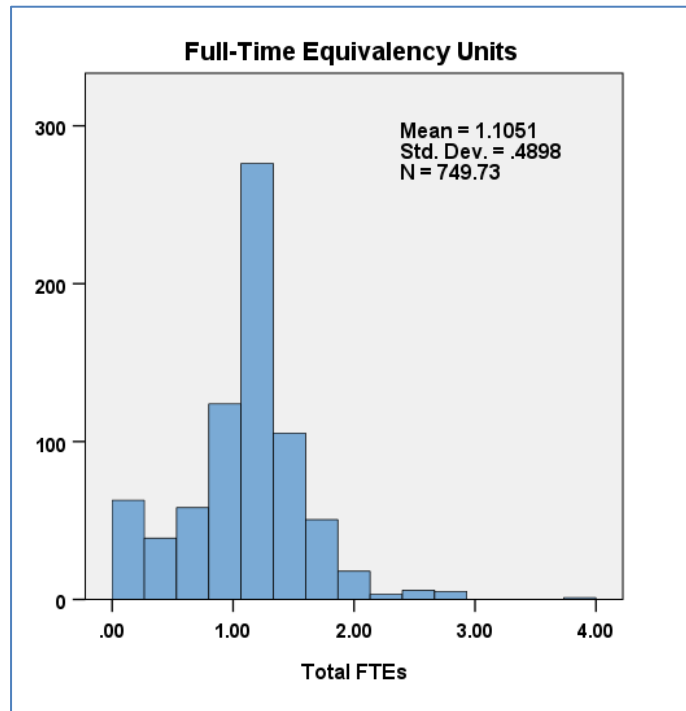
Age & Gender Effect

Age, *Partial Eta*²: Negligible
 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:

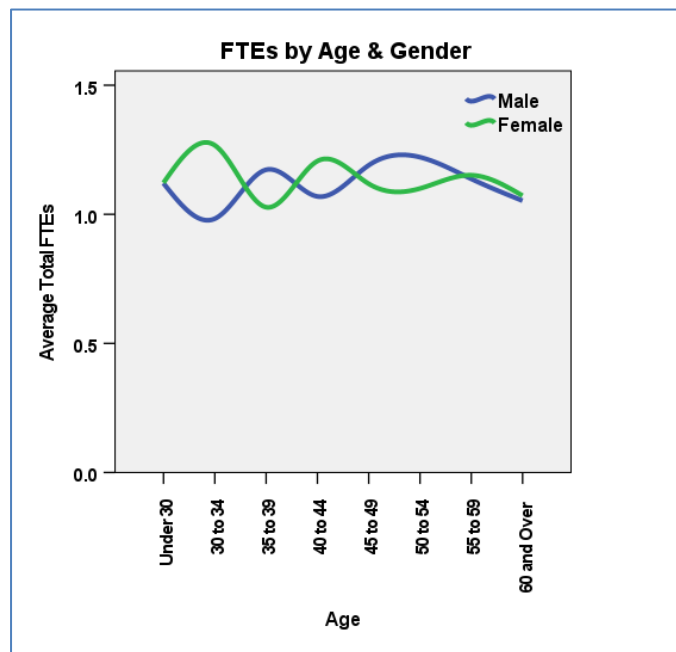


Source: Va. Healthcare Workforce Data Center

The typical NHA provided 1.17 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.

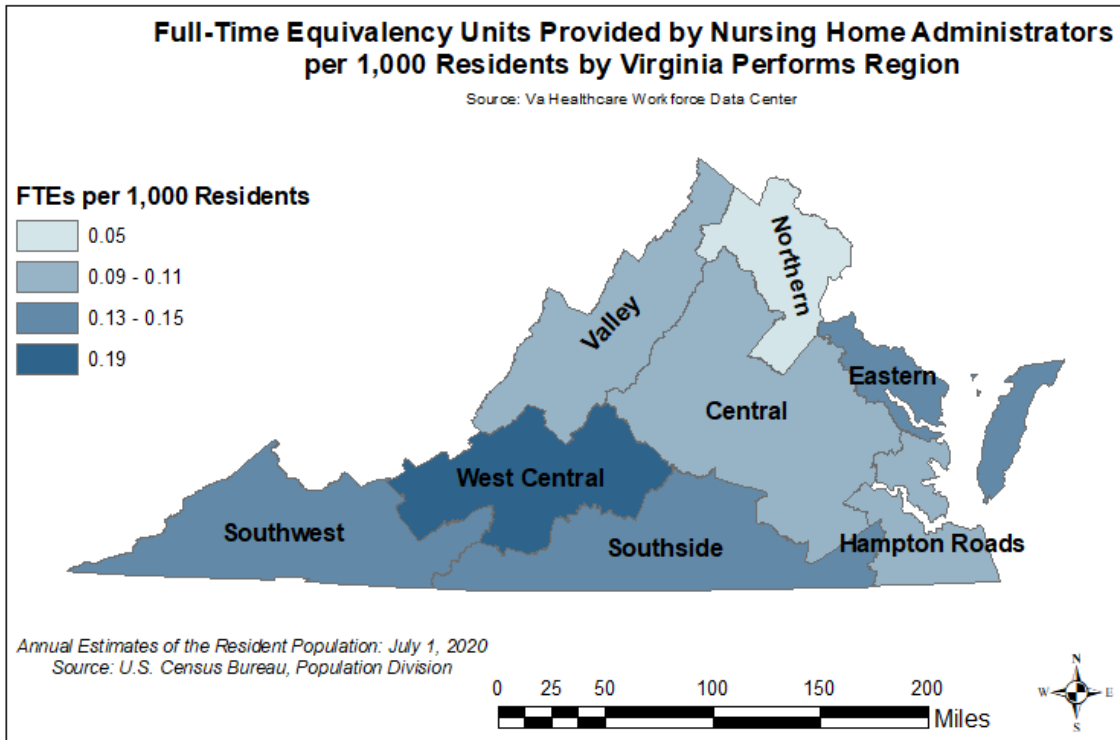
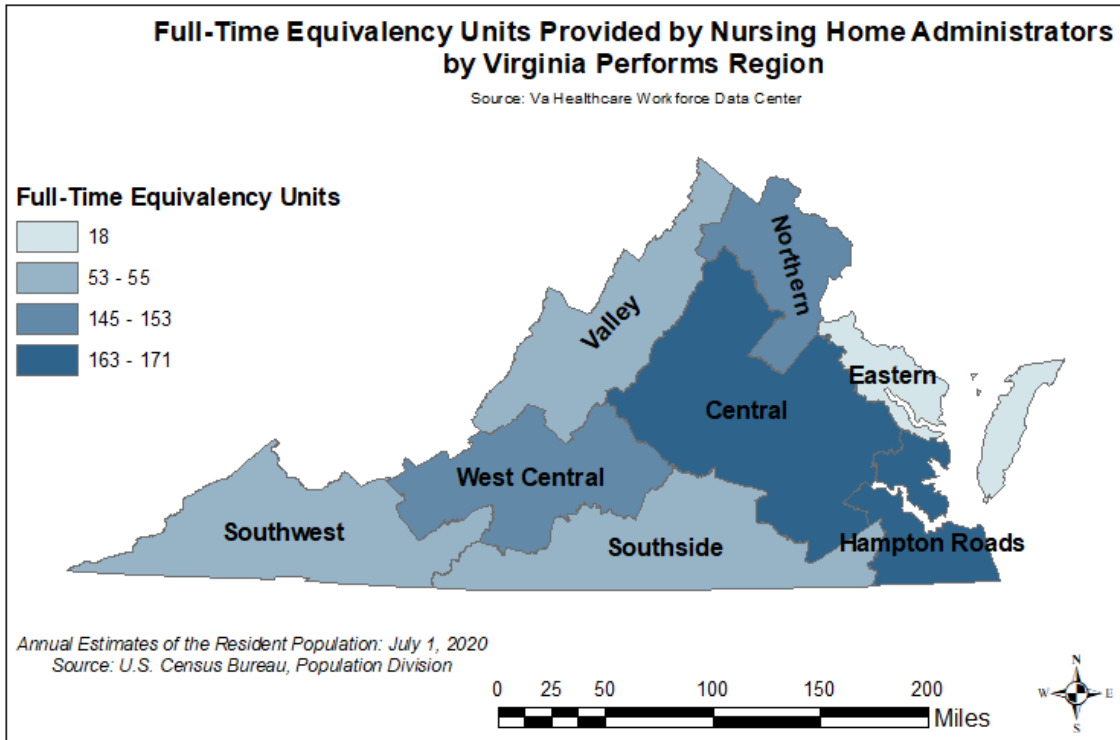
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	1.11	1.07
30 to 34	1.17	1.18
35 to 39	1.07	1.09
40 to 44	1.14	1.18
45 to 49	1.02	1.11
50 to 54	1.16	1.22
55 to 59	1.13	1.18
60 and Over	1.08	1.17
Gender		
Male	1.12	1.20
Female	1.12	1.17

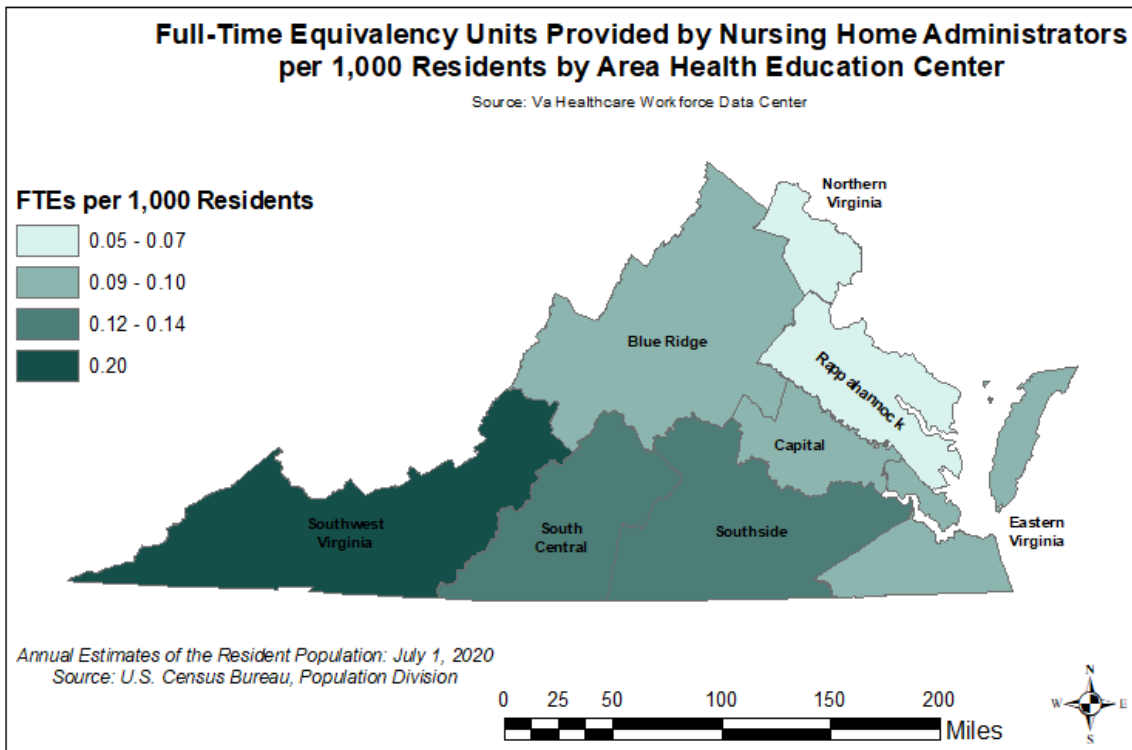
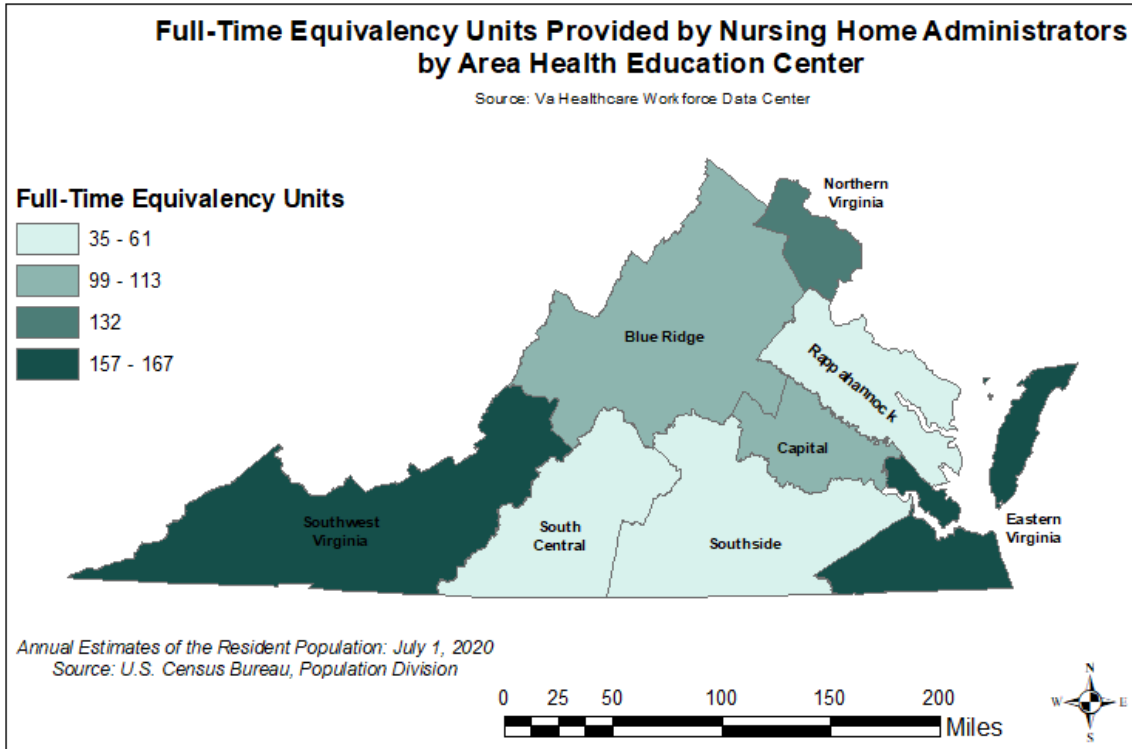
Source: Va. Healthcare Workforce Data Center

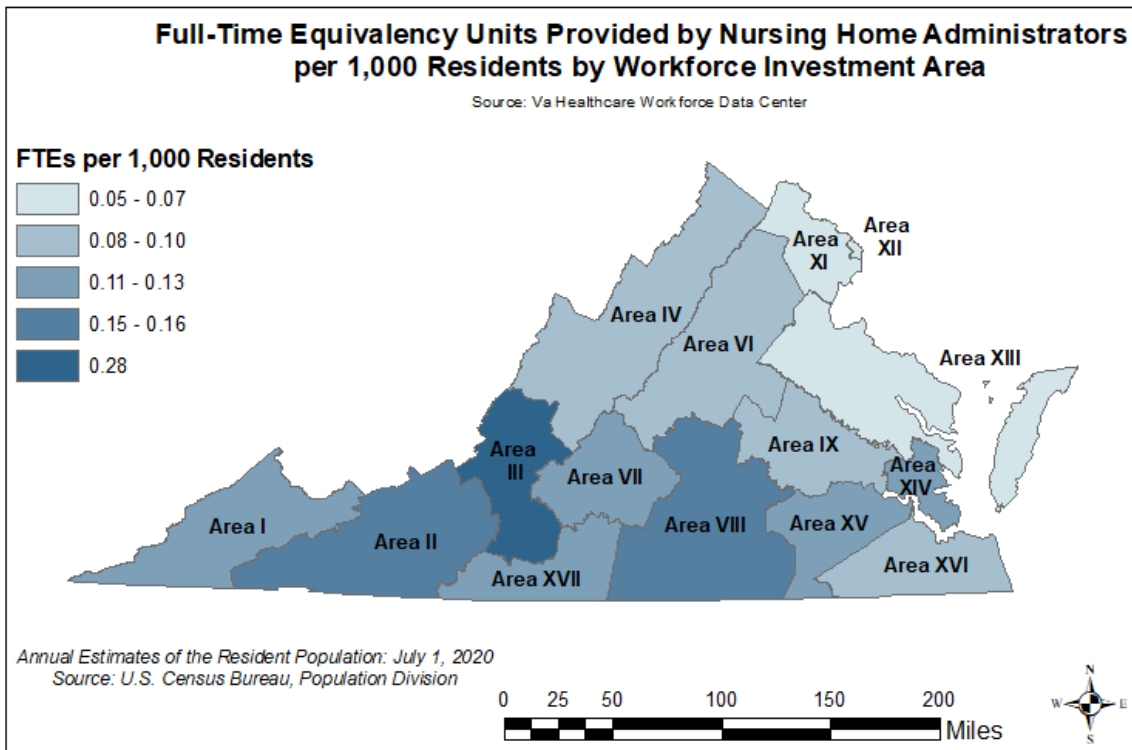
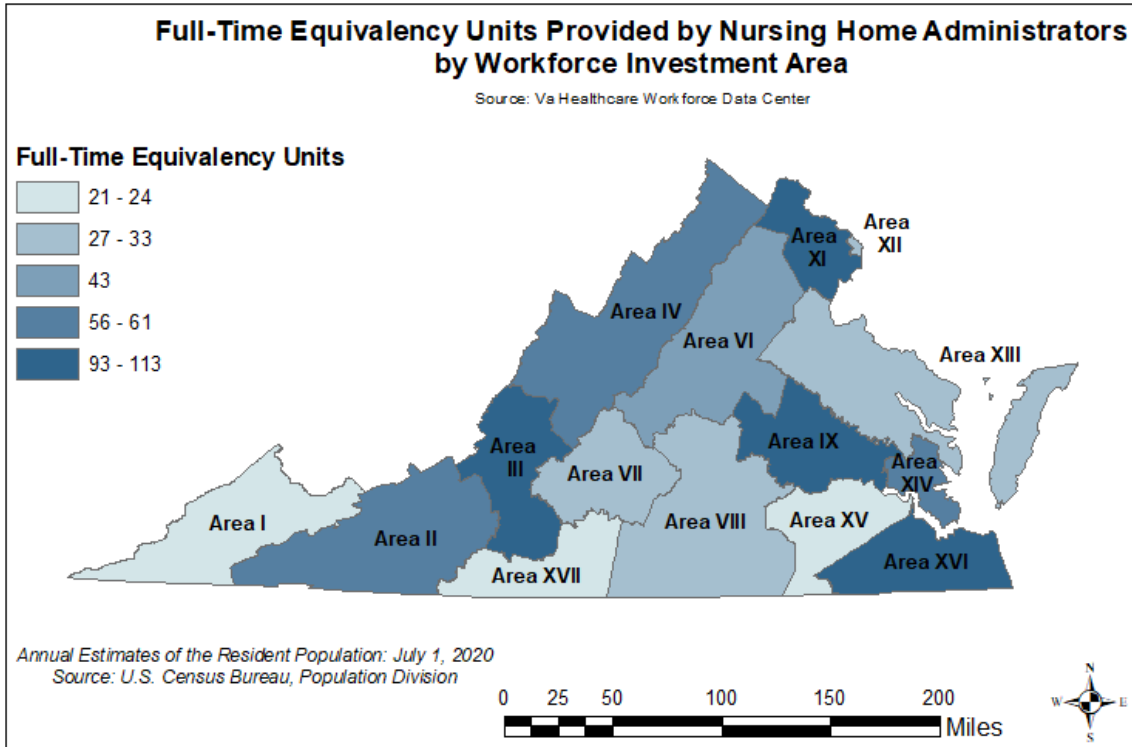


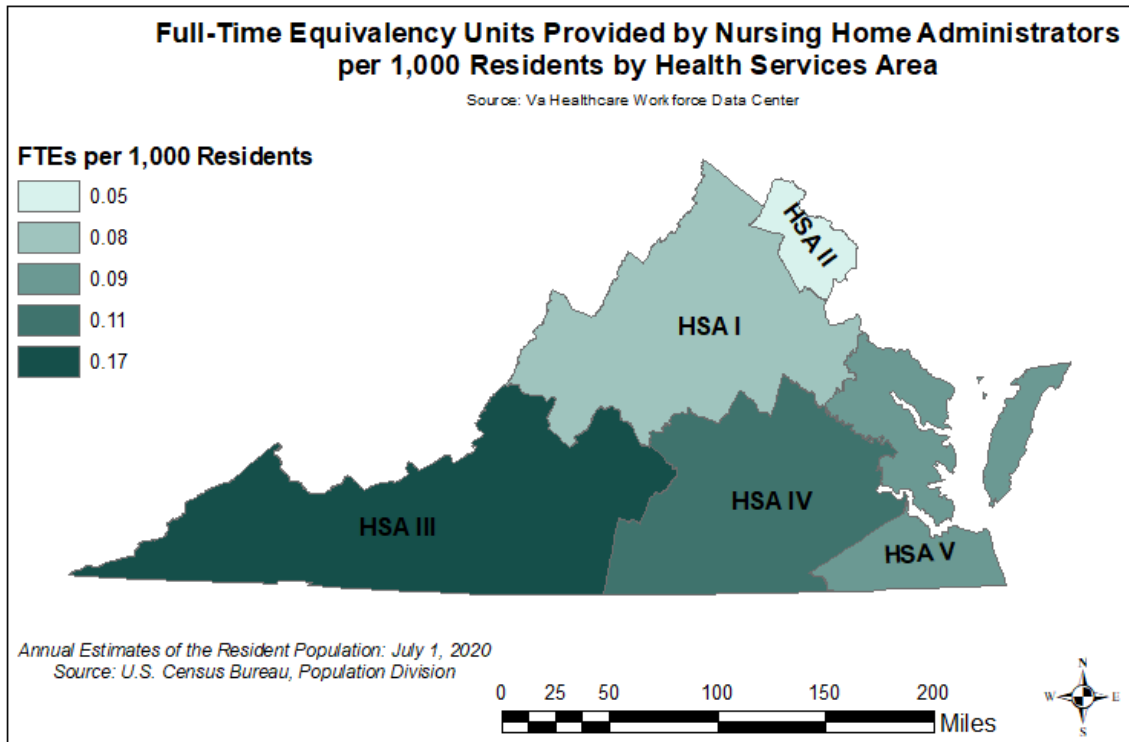
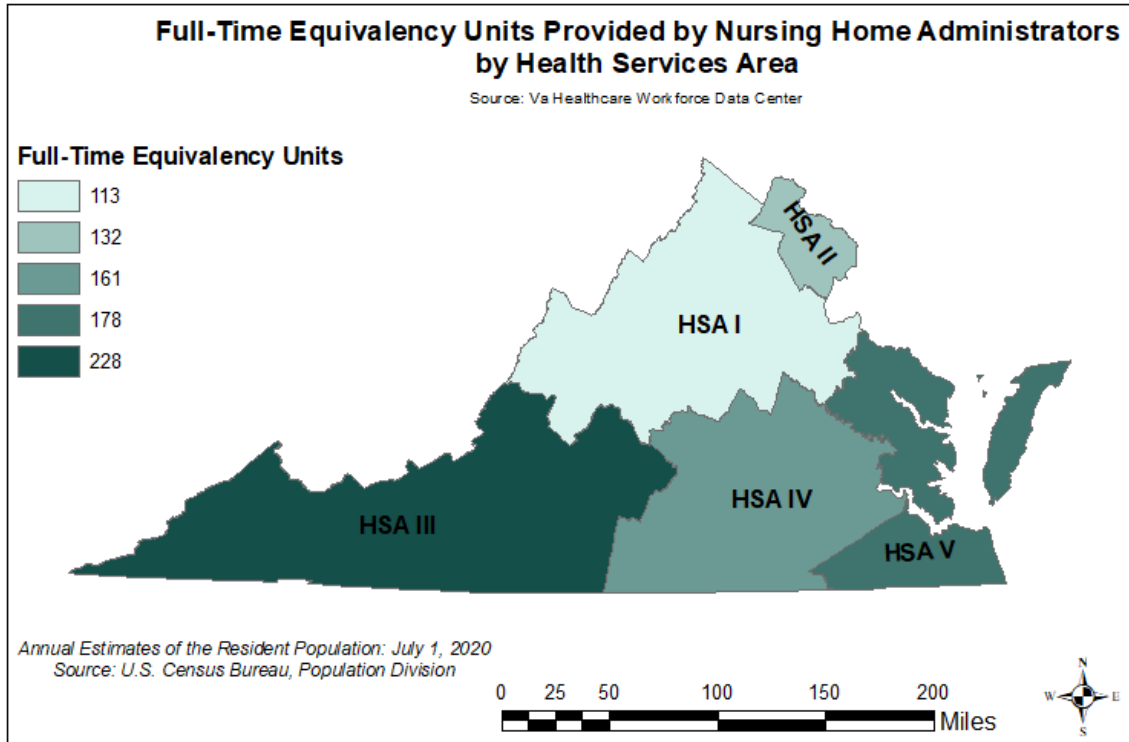
Source: Va. Healthcare Workforce Data Center

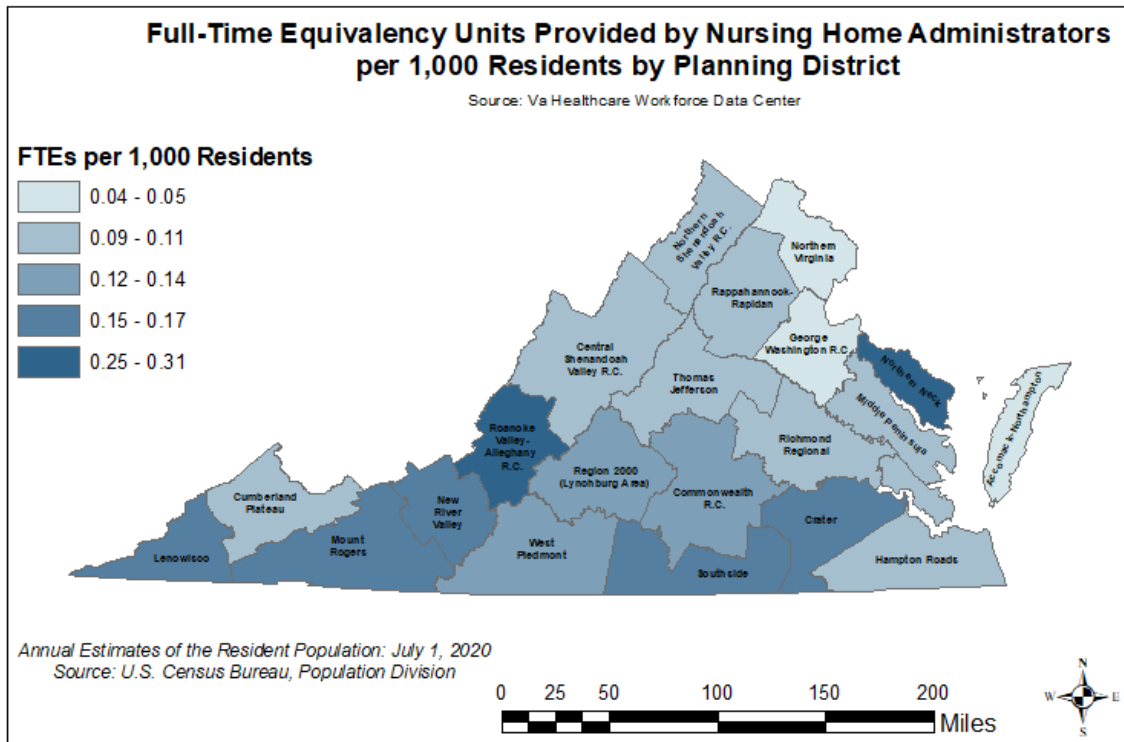
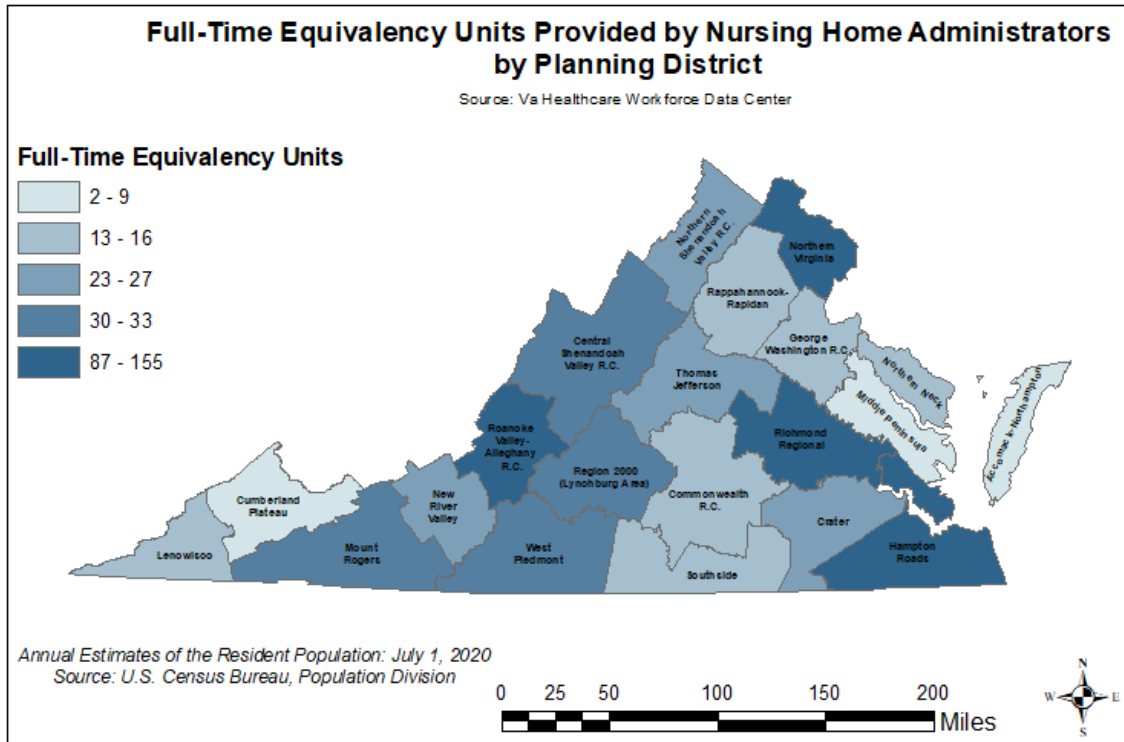
² Number of residents in 2020 was used as the denominator.











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	401	85.29%	1.173	1.107	1.257
Metro, 250,000 to 1 Million	123	85.37%	1.171	1.106	1.256
Metro, 250,000 or Less	79	92.41%	1.082	1.022	1.160
Urban, Pop. 20,000+, Metro Adj.	12	75.00%	1.333	1.259	1.429
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	47	95.74%	1.044	0.986	1.120
Urban, Pop. 2,500-19,999, Non-Adj.	28	89.29%	1.120	1.057	1.201
Rural, Metro Adj.	27	85.19%	1.174	1.108	1.259
Rural, Non-Adj.	17	70.59%	1.417	1.337	1.519
Virginia Border State/D.C.	149	72.48%	1.380	1.302	1.479
Other U.S. State	104	77.88%	1.284	1.212	1.376

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	45	77.78%	1.286	1.120	1.519
30 to 34	67	80.60%	1.241	1.081	1.427
35 to 39	94	82.98%	1.205	1.050	1.424
40 to 44	112	87.50%	1.143	0.995	1.350
45 to 49	119	87.39%	1.144	0.997	1.352
50 to 54	159	84.28%	1.187	1.033	1.402
55 to 59	120	88.33%	1.132	0.986	1.337
60 and Over	271	78.97%	1.266	1.103	1.496

Source: Va. Healthcare Workforce Data Center

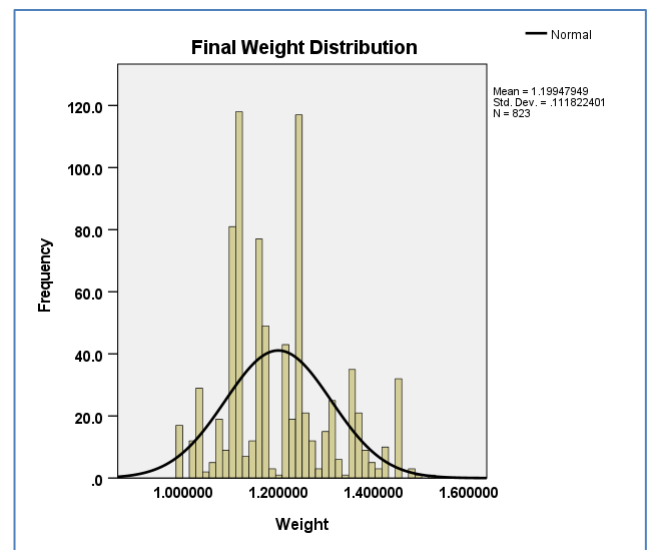
See the Methodology section on the HWDC website for details on HWDC methods:

<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: 0.833840



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Assisted Living Facility Administrator Workforce: 2022

Healthcare Workforce Data Center

April 2022

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
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Henrico, VA 23233
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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!

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The Assisted Living Facility Administrator Workforce At a Glance:

The Workforce

Licensees:	696
Virginia's Workforce:	643
FTEs:	686

Background

Rural Childhood:	45%
HS Degree in VA:	63%
Prof. Degree in VA:	95%

Current Employment

Employed in Prof.:	89%
Hold 1 Full-Time Job:	83%
Satisfied?:	94%

Survey Response Rate

All Licensees:	79%
Renewing Practitioners:	96%

Health Admin. Edu.

Admin-in-Training:	40%
Baccalaureate:	16%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	60%

Demographics

Female:	78%
Diversity Index:	48%
Median Age:	51

Finances

Median Income: \$80k-\$90k	
Retirement Benefits:	51%
Under 40 w/ Ed. Debt:	53%

Time Allocation

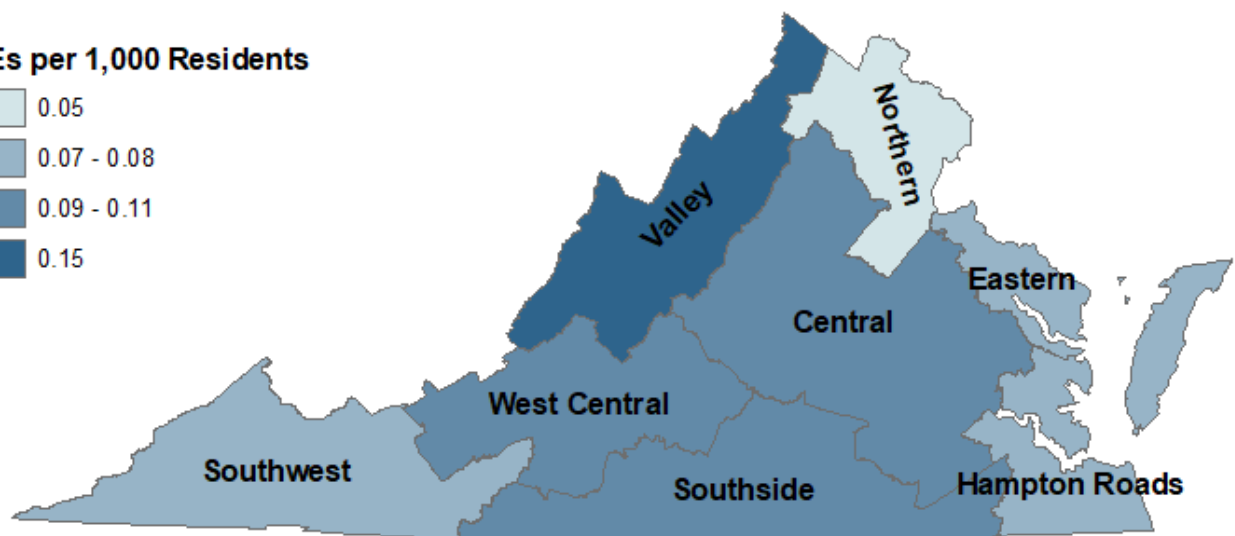
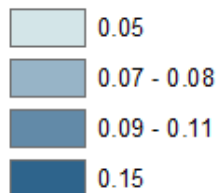
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center

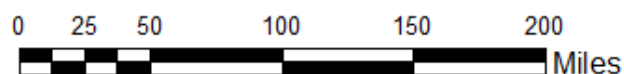
Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2020
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 Assisted Living Facility Administrator (ALFA) Workforce Survey. In total, 547 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 79% of the 696 ALFAs who are licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 643 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 686 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly four out of every five ALFAs are female, and the median age of the ALFA workforce is 51. 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. This diversity index increases to 59% for those ALFAs who are under the age of 40. The comparable diversity index for Virginia's population as a whole is 60%. Approximately 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 work in a non-metro area of the state.

Among all ALFAs, 89% are currently employed in the profession, 83% hold one full-time job, and 44% work between 40 and 49 hours per week. Over the past year, 1% of ALFAs have experienced involuntary unemployment and 1% have also experienced underemployment. More than four out of every five ALFAs work in the for-profit sector, while another 17% work in the non-profit sector. The median annual income for ALFAs is between \$80,000 and \$90,000. In addition, 80% of all ALFAs receive at least one employer-sponsored benefit. The vast majority of ALFAs are satisfied with their current work situation, including 63% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2017 ALFA workforce. The number of licensed ALFAs in Virginia has increased by 8% (696 vs. 643). In addition, the size of the ALFA workforce has increased by 4% (643 vs. 616), but the number of FTEs provided by this workforce has fallen by 5% (686 vs. 725). Virginia's renewing ALFAs are more likely to respond to the survey (96% vs. 94%).

The percentage of Virginia's ALFAs who are female has declined (78% vs. 84%), and this is also the case among ALFAs who are under the age of 40 (70% vs. 78%). At the same time, the diversity index of Virginia's ALFA workforce has increased (48% vs. 41%), and this trend is even more pronounced among those ALFAs who are under the age of 40 (59% vs. 45%). ALFAs are slightly more likely to have grown up in a rural area (45% vs. 44%), and this group of professionals is also slightly more likely to work in a non-metro area of Virginia (27% vs. 26%). On the other hand, the percentage of all ALFAs who work in a non-metro area of the state has fallen (15% vs. 16%).

ALFAs are more likely to currently work in the profession (89% vs. 87%) and hold one full-time job (83% vs. 82%). Meanwhile, ALFAs are relatively more likely to work more than 60 hours per week (22% vs. 17%) instead of between 40 and 49 hours per week (44% vs. 47%). The one-year rates of involuntary unemployment (1% vs. 2%) and underemployment (1% vs. 2%) have both fallen slightly. At the same time, ALFAs are less likely to have worked at their primary work location for more than two years (60% vs. 64%). They are also relatively less likely to work at an assisted living facility (68% vs. 74%).

The median annual income for Virginia's ALFAs has increased (\$80k-\$90k vs. \$70k-\$80k). However, ALFAs are less likely to receive at least one employer-sponsored benefit (80% vs. 84%). The percentage of ALFAs who indicated that they are satisfied with their current work situation has fallen slightly (94% vs. 95%). This decline was considerably larger among those ALFAs who indicated that they are "very satisfied" (63% vs. 72%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	550	79%
New Licensees	46	7%
Non-Renewals	100	14%
All Licensees	696	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing ALFAs, 96% submitted a survey. These respondents represent 79% of the 696 ALFAs who held a license at some point in the past year.

Definitions

- 1. The Survey Period:** The survey was conducted in March 2022.
- 2. Target Population:** All ALFAs who held a Virginia license at some point between April 2021 and March 2022.
- 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	6	11	65%
30 to 34	9	36	80%
35 to 39	15	57	79%
40 to 44	14	59	81%
45 to 49	29	74	72%
50 to 54	15	87	85%
55 to 59	21	80	79%
60 and Over	40	143	78%
Total	149	547	79%
New Licenses			
Issued in Past Year	29	17	37%
Metro Status			
Non-Metro	26	106	80%
Metro	113	395	78%
Not in Virginia	10	46	82%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	547
Response Rate, All Licensees	79%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 696
 New: 7%
 Not Renewed: 14%

Response Rates

All Licensees: 79%
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

ALFA Workforce: 643
 FTEs: 686

Utilization Ratios

Licensees in VA Workforce: 92%
 Licensees per FTE: 1.01
 Workers per FTE: 0.94

Source: Va. Healthcare Workforce Data Center

Definitions

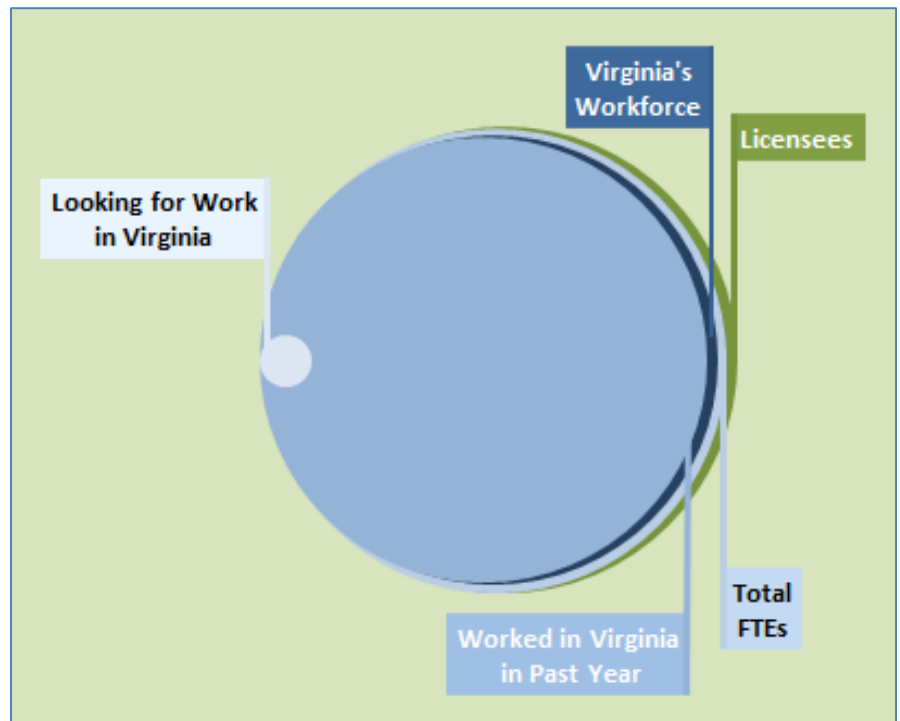
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline 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	634	99%
Looking for Work in Virginia	9	1%
Virginia's Workforce	643	100%
Total FTEs	686	
Licensees	696	

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	6	36%	11	64%	17	3%
30 to 34	12	33%	24	67%	35	6%
35 to 39	19	29%	47	71%	65	12%
40 to 44	9	16%	45	84%	54	10%
45 to 49	19	22%	66	78%	84	15%
50 to 54	14	19%	61	81%	75	14%
55 to 59	11	16%	61	84%	72	13%
60 and Over	30	21%	113	79%	143	26%
Total	119	22%	427	78%	546	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	59%	373	68%	68	59%
Black	18%	123	22%	27	23%
Asian	7%	23	4%	7	6%
Other Race	1%	8	1%	3	3%
Two or More Races	5%	10	2%	5	4%
Hispanic	11%	11	2%	5	4%
Total	100%	548	100%	115	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, 2020.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 78%
% Under 40 Female: 70%

Age

Median Age: 51
% Under 40: 21%
% 55 and Over: 39%

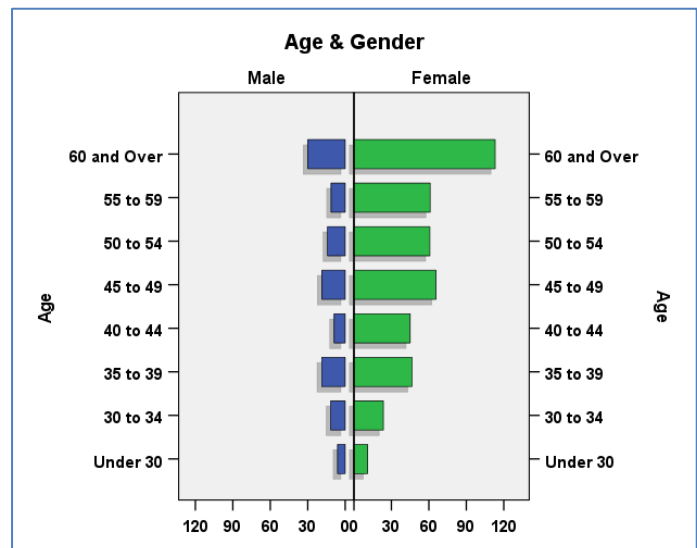
Diversity

Diversity Index: 48%
Under 40 Div. Index: 59%

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 60%.

More than one out of every five ALFAs are under the age of 40, and 70% of this group of professionals are female. In addition, the diversity index among ALFAs who are under the age of 40 is 59%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 18%
 Rural Childhood: 45%

Virginia Background

HS in Virginia: 63%
 Prof. Edu. in VA: 95%
 HS or Prof. Edu. in VA: 96%

Location Choice

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

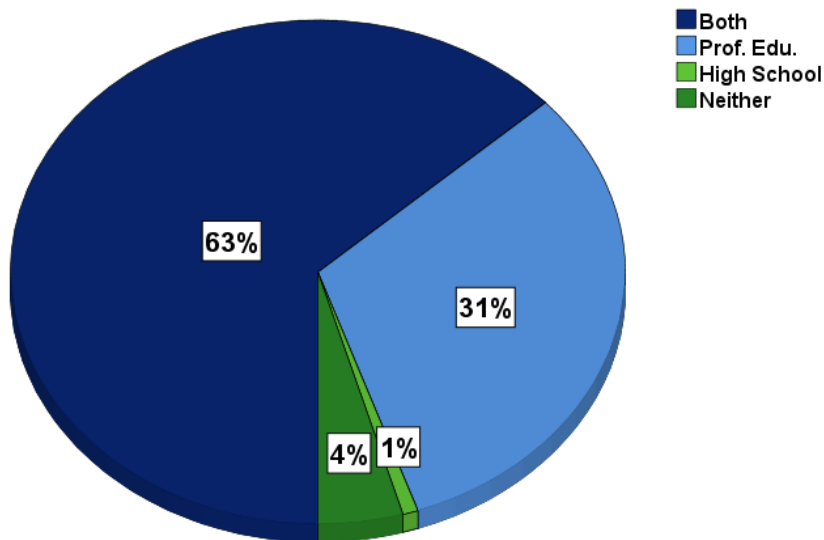
Source: Va. Healthcare Workforce Data Center

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+	32%	45%	23%
2	Metro, 250,000 to 1 Million	54%	30%	16%
3	Metro, 250,000 or Less	56%	38%	7%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	92%	0%	8%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	83%	14%	3%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	75%	0%	25%
8	Rural, Metro Adjacent	80%	20%	0%
9	Rural, Non-Adjacent	80%	20%	0%
Overall		45%	37%	18%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Approximately 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	340	Virginia	448
2	Outside U.S./Canada	40	North Carolina	5
3	New York	30	Florida	4
4	Maryland	18	West Virginia	3
5	Pennsylvania	13	New Jersey	2
6	North Carolina	13	Georgia	2
7	West Virginia	8	New York	1
8	Florida	8	Washington, D.C.	1
9	New Jersey	7	California	1
10	Ohio	6	Illinois	1

Source: Va. Healthcare Workforce Data Center

Among all licensed ALFAs, 63% received their high school degree in Virginia, and 95% received their initial professional degree in the state.

Among ALFAs who have been licensed in the past five years, 59% received their high school degree in Virginia, and 93% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	113	Virginia	165
2	Outside U.S./Canada	15	Florida	3
3	New York	9	Georgia	2
4	North Carolina	6	North Carolina	2
5	Maryland	5	West Virginia	1
6	Florida	4	California	1
7	West Virginia	4	Tennessee	1
8	Ohio	4	Texas	1
9	California	4		
10	Pennsylvania	3		

Source: Va. Healthcare Workforce Data Center

In total, 8% of all licensees were not a part of Virginia's ALFA workforce. Nearly all of these licensees worked at some point in the past year, including 89% who currently work as an ALFA.

At a Glance:

Not in VA Workforce

Total:	53
% of Licensees:	8%
Federal/Military:	0%
VA Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	58	11%	-	-
Admin-in-Training	208	40%	-	-
High School/GED	-	-	122	23%
Associate	47	9%	107	20%
Baccalaureate	82	16%	187	35%
Graduate Cert.	5	1%	8	2%
Masters	49	9%	98	19%
Doctorate	2	0%	6	1%
Other	65	13%	-	-
Total	517	100%	528	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Admin. Education

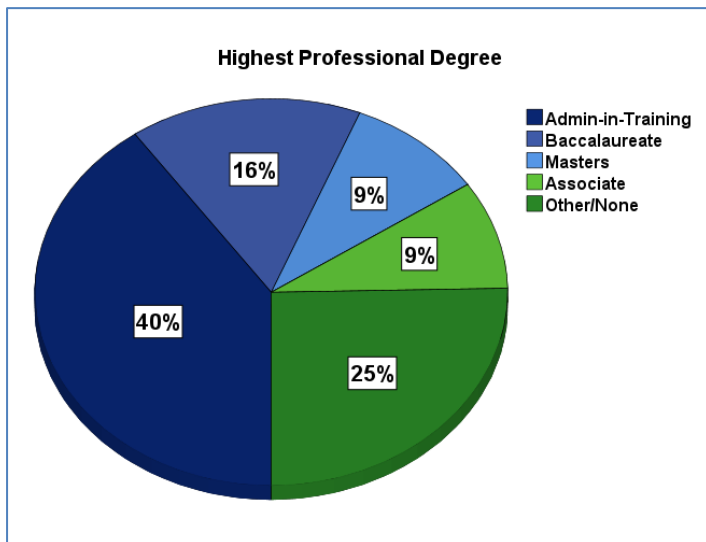
- Admin-in-Training: 40%
- Baccalaureate Degree: 16%
- Master's Degree: 9%

Education Debt

- Carry Debt: 29%
- Under Age 40 w/ Debt: 53%
- Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

Nearly 30% of all ALFAs carry education debt, including 53% of those ALFAs who are under the age of 40. For those with education debt, the median debt amount is between \$30,000 and \$40,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All ALFAs		ALFAs Under 40	
	#	%	#	%
None	318	71%	48	48%
Less than \$10,000	19	4%	9	9%
\$10,000-\$19,999	14	3%	6	6%
\$20,000-\$29,999	17	4%	9	9%
\$30,000-\$39,999	20	4%	7	7%
\$40,000-\$49,999	7	2%	4	4%
\$50,000-\$59,999	10	2%	5	5%
\$60,000-\$69,999	5	1%	0	0%
\$70,000-\$79,999	9	2%	3	3%
\$80,000-\$89,999	7	2%	0	0%
\$90,000-\$99,999	5	1%	4	4%
\$100,000 or More	17	4%	5	5%
Total	449	100%	99	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

Nurse (RN or LPN):	17%
RMA:	16%
CNA:	9%

Job Titles

Administrator:	35%
Executive Director:	24%
Owner:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	#	%
ALF Administrator	540	84%
Nurse (RN or LPN)	107	17%
Registered Medication Aide	100	16%
Certified Nursing Assistant	22	3%
Nursing Home Administrator	12	2%
Physical Therapist	1	0%
Speech-Language Pathologist	1	0%
Other	43	7%
At Least One License	543	84%

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	Primary		Secondary	
	#	%	#	%
Administrator	227	35%	23	4%
Executive Director	153	24%	15	2%
Owner	35	5%	5	1%
President or Executive Officer	30	5%	4	1%
Assistant Administrator	30	5%	1	0%
Other	113	18%	20	3%
At Least One Title	495	77%	59	9%

Source: Va. Healthcare Workforce Data Center

More than one-third of all ALFAs hold the title of administrator at their primary work location. Another 24% hold the title of executive director.

At a Glance:

Employment

Employed in Profession: 89%
 Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 83%
 2 or More Positions: 9%

Weekly Hours:

40 to 49: 44%
 60 or More: 22%
 Less than 30: 3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in a Capacity Related to Long-Term Care	484	89%
Employed, NOT in a Capacity Related to Long-Term Care	43	8%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	4	1%
Voluntarily Unemployed	10	2%
Retired	0	0%
Total	542	100%

Source: Va. Healthcare Workforce Data Center

Nearly 90% of all licensed ALFAs are currently employed in the profession, 83% hold one full-time job, and 44% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	14	3%
One Part-Time Position	27	5%
Two Part-Time Positions	6	1%
One Full-Time Position	438	83%
One Full-Time Position & One Part-Time Position	25	5%
Two Full-Time Positions	11	2%
More than Two Positions	8	2%
Total	529	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	14	3%
1 to 9 Hours	1	0%
10 to 19 Hours	2	0%
20 to 29 Hours	14	3%
30 to 39 Hours	19	4%
40 to 49 Hours	234	44%
50 to 59 Hours	127	24%
60 to 69 Hours	80	15%
70 to 79 Hours	20	4%
80 or More Hours	15	3%
Total	526	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	4	1%
Less than \$30,000	28	7%
\$30,000-\$39,999	15	4%
\$40,000-\$49,999	19	5%
\$50,000-\$59,999	22	5%
\$60,000-\$69,999	23	6%
\$70,000-\$79,999	47	12%
\$80,000-\$89,999	58	14%
\$90,000-\$99,999	58	14%
\$100,000-\$109,999	43	11%
\$110,000-\$119,999	25	6%
\$120,000-\$129,999	18	4%
\$130,000 or More	50	12%
Total	410	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$80k-\$90k

Benefits
Paid Vacation: 77%
Retirement: 51%

Satisfaction
Satisfied: 94%
Very Satisfied: 63%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits		
Benefit	#	%
Paid Vacation	373	77%
Paid Sick Leave	310	64%
Dental Insurance	288	60%
Retirement	249	51%
Group Life Insurance	244	50%
Signing/Retention Bonus	50	10%
At Least One Benefit	385	80%

*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, 80% of ALFAs receive at least one employer-sponsored benefit, including 51% who have access to a retirement plan.

More than nine out of every ten ALFAs are satisfied with their current employment situation, including 63% who indicated that they are "very satisfied."

Job Satisfaction		
Level	#	%
Very Satisfied	334	63%
Somewhat Satisfied	166	31%
Somewhat Dissatisfied	26	5%
Very Dissatisfied	5	1%
Total	531	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	9	1%
Experience Voluntary Unemployment?	25	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	5	1%
Work Two or More Positions at the Same Time?	95	15%
Switch Employers or Practices?	52	8%
Experience at Least One?	170	26%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 8%
New Location: 25%
Over 2 Years: 60%
Over 2 Yrs., 2nd Location: 47%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's ALFAs experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 3.5% during the same time period.¹

Location Tenure

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	6	1%	8	14%
Less than 6 Months	50	10%	4	7%
6 Months to 1 Year	69	13%	7	12%
1 to 2 Years	83	16%	13	22%
3 to 5 Years	97	19%	9	16%
6 to 10 Years	74	14%	5	9%
More than 10 Years	137	27%	13	22%
Subtotal	516	100%	58	100%
Did Not Have Location	10		564	
Item Missing	117		21	
Total	643		643	

Source: Va. Healthcare Workforce Data Center

Three out of every five 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 2.7% and a high of 4.5%. At the time of publication, the unemployment rate from March 2022 was still preliminary.

At a Glance:

Concentration

Top Region:	25%
Top 3 Regions:	65%
Lowest Region:	1%

Locations

2 or More (Past Year):	15%
2 or More (Now*):	11%

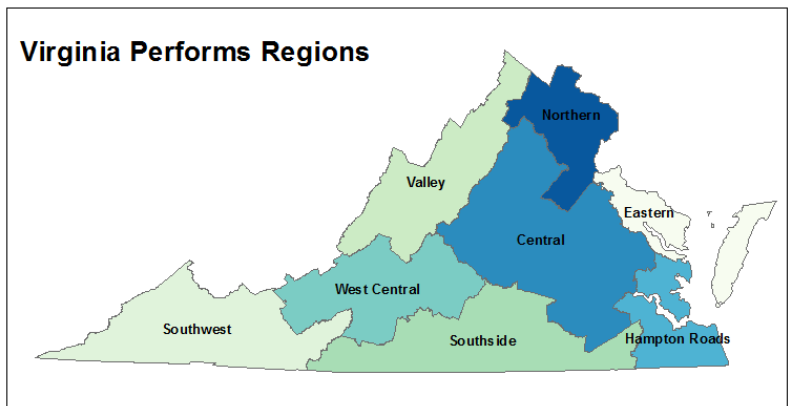
Source: Va. Healthcare Workforce Data Center

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	126	25%	16	25%
Eastern	5	1%	0	0%
Hampton Roads	90	18%	19	30%
Northern	119	23%	12	19%
Southside	28	5%	4	6%
Southwest	20	4%	0	0%
Valley	57	11%	4	6%
West Central	68	13%	5	8%
Virginia Border State/D.C.	0	0%	0	0%
Other U.S. State	0	0%	3	5%
Outside of the U.S.	0	0%	0	0%
Total	513	100%	63	100%
Item Missing	120		16	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

While 11% of ALFAs currently have multiple work locations, 15% have had multiple work locations over the past 12 months.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	9	2%	12	2%
1	435	83%	454	87%
2	47	9%	32	6%
3	24	5%	17	3%
4	2	1%	4	1%
5	1	0%	0	0%
6 or More	3	1%	3	1%
Total	522	100%	522	100%

*At the time of survey completion, March 2022.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	404	81%	44	81%
Non-Profit	83	17%	8	15%
State/Local Government	9	2%	1	2%
Veterans Administration	0	0%	0	0%
U.S. Military	1	0%	1	2%
Other Federal Government	1	0%	0	0%
Total	498	100%	54	100%
Did Not Have Location	10		564	
Item Missing	135		24	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

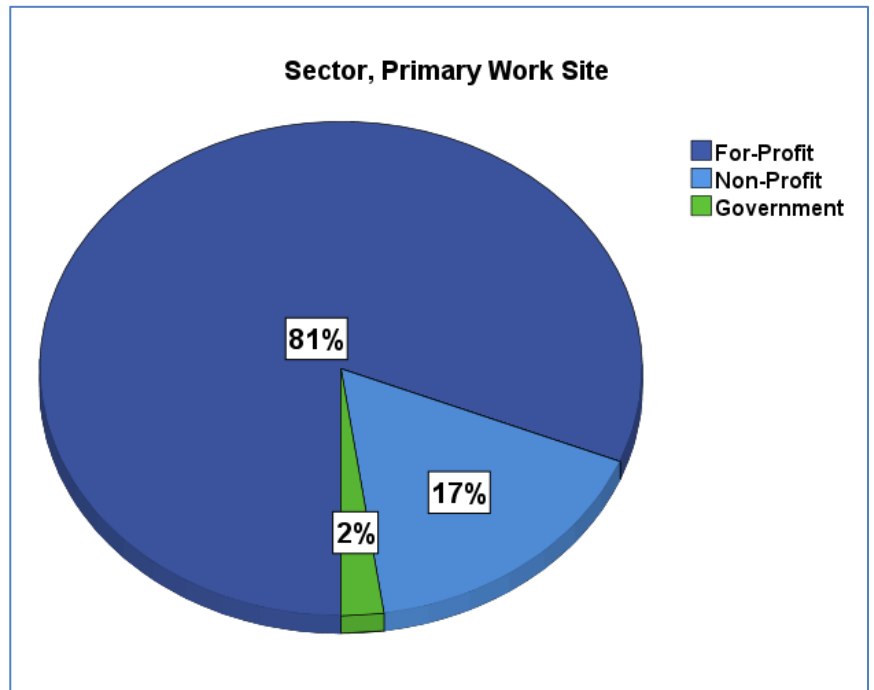
For-Profit:	81%
Federal:	0%

Top Establishments

Assisted Living Facility:	68%
Continuing Care	
Retirement Community:	5%
Skilled Nursing Facility:	3%

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	440	68%	44	7%
Continuing Care Retirement Community	31	5%	0	0%
Skilled Nursing Facility	22	3%	3	0%
Home/Community Health Care	19	3%	1	0%
Adult Day Care	7	1%	3	0%
Academic Institution	6	1%	1	0%
Acute Care/Rehabilitative Facility	6	1%	0	0%
Hospice	5	1%	0	0%
PACE	3	0%	0	0%
Other Practice Type	32	5%	7	1%
At Least One Establishment	512	80%	58	9%

Source: Va. Healthcare Workforce Data Center

More than two-thirds of all ALFAs are employed at an assisted living facility as their primary work location.

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
Independent/Stand Alone	236	50%	20	42%
Facility Chain	202	43%	23	48%
Hospital-Based	4	1%	3	6%
College or University	2	0%	0	0%
Integrated Health System (Veterans Administration, Large Health System)	1	0%	0	0%
Other	28	6%	2	4%
Total	473	100%	48	100%
Did Not Have Location	10		564	
Item Missing	160		31	

Source: Va. Healthcare Workforce Data Center

One-half of ALFAs are employed at an independent/stand-alone organization as their primary work location. Another 43% of ALFAs are employed at a facility chain organization.

At a Glance: (Primary Locations)

Languages Offered

Spanish:	16%
Tagalog/Filipino:	4%
French:	3%

Means of Communication

Other Staff Members:	76%
Respondent:	25%
Virtual Translation:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	104	16%
Tagalog/Filipino	26	4%
French	17	3%
Arabic	11	2%
Amharic, Somali, or Other Afro-Asiatic Languages	9	1%
Chinese	8	1%
Hindi	8	1%
Korean	8	1%
Urdu	5	1%
Persian	4	1%
Vietnamese	4	1%
Pashto	3	0%
Other Language	9	1%
At Least One Language	130	20%

Source: Va. Healthcare Workforce Data Center

Nearly one-fifth of all ALFAs are employed at a primary work location that offers Spanish language services for patients.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	99	76%
Respondent is Proficient	33	25%
Virtual Translation Services	24	18%
Onsite Translation Service	7	5%
Other	1	1%

Source: Va. Healthcare Workforce Data Center

More than three-fourth of all ALFAs who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

At a Glance: (Primary Locations)

Typical Time Allocation

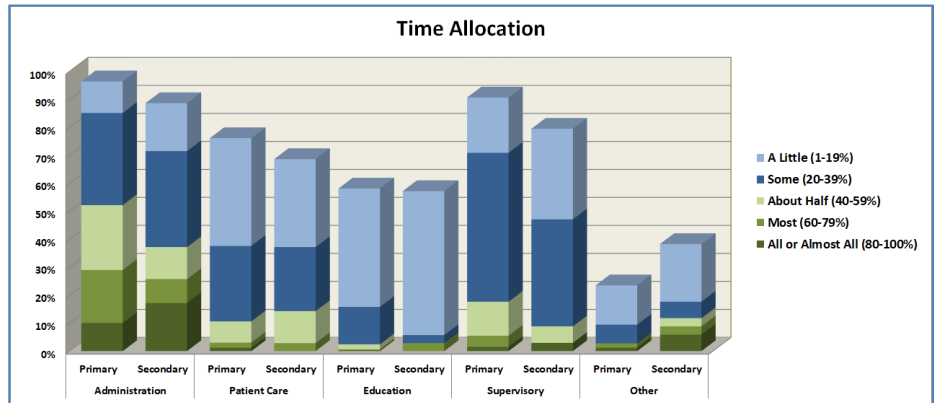
Administration: 40%-49%
 Supervisory: 20%-29%
 Patient Care: 10%-19%
 Education: 1%-9%

Roles

Administration: 29%
 Supervisory: 5%
 Patient Care: 3%

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, 29% 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%	17%	1%	0%	0%	0%	2%	3%	1%	6%
Most (60-79%)	19%	9%	2%	3%	0%	3%	4%	0%	2%	3%
About Half (40-59%)	23%	11%	8%	11%	2%	0%	12%	6%	0%	3%
Some (20-39%)	33%	34%	27%	23%	13%	3%	53%	37%	7%	6%
A Little (1-19%)	11%	17%	39%	31%	42%	51%	20%	31%	14%	20%
None (0%)	4%	11%	24%	31%	42%	43%	9%	20%	76%	60%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	34	8%	13	22%
1-24	65	15%	13	22%
25-49	88	21%	6	10%
50-74	77	18%	6	10%
75-99	72	17%	13	22%
100-124	29	7%	1	2%
125-149	16	4%	0	0%
150-174	7	2%	1	2%
175-199	12	3%	2	3%
200 or More	22	5%	1	2%
Total	423	100%	58	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)
 Primary Location: 50-74
 Secondary Location: 25-49

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	48	10%	10	19%
10 or Less	29	6%	7	13%
10-25	36	7%	6	11%
25-50	81	16%	5	9%
50-100	171	34%	16	30%
100-150	84	17%	8	15%
150-250	40	8%	0	0%
More than 250	13	3%	1	2%
Total	502	100%	53	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs 50 and Over	
	#	%	#	%
Under Age 50	9	2%	-	-
50 to 54	12	3%	2	1%
55 to 59	20	4%	4	2%
60 to 64	105	23%	56	22%
65 to 69	165	36%	91	36%
70 to 74	83	18%	49	20%
75 to 79	24	5%	20	8%
80 or Over	10	2%	7	3%
I Do Not Intend to Retire	35	8%	21	8%
Total	463	100%	250	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All ALFAs

Under 65: 32%
Under 60: 9%

ALFAs 50 and Over

Under 65: 25%
Under 60: 2%

Time Until Retirement

Within 2 Years: 9%
Within 10 Years: 31%
Half the Workforce: By 2042

Source: Va. Healthcare Workforce Data Center

Nearly one-third of all ALFAs expect to retire before the age of 65. Among ALFAs who are age 50 and over, 25% expect to retire before the age of 65.

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

Future Plans

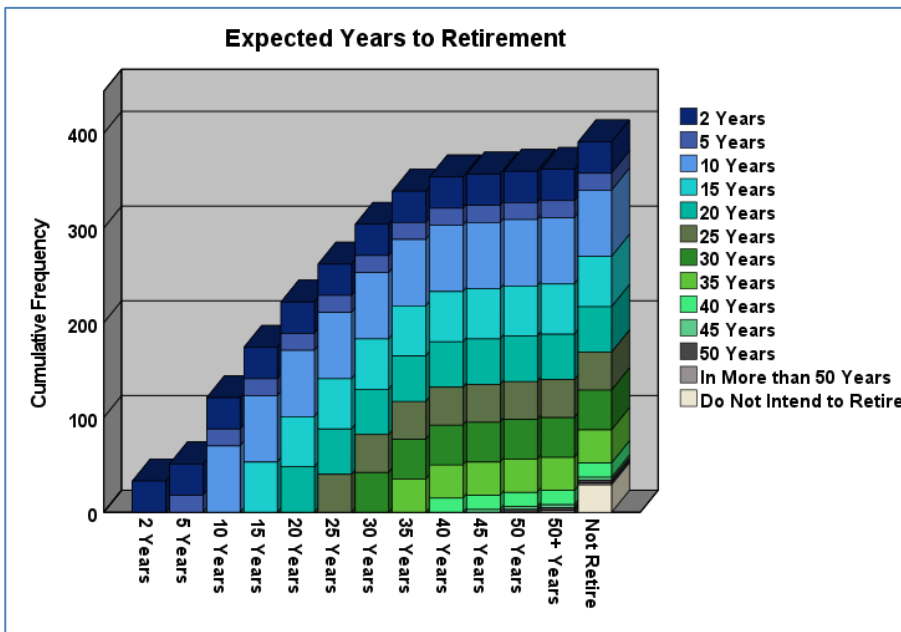
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	23	4%
Leave Virginia	28	4%
Decrease Patient Care Hours	60	9%
Decrease Teaching Hours	0	0%
Cease Accepting Trainees	5	1%
Increase Participation		
Increase Patient Care Hours	25	4%
Increase Teaching Hours	16	2%
Pursue Additional Education	74	12%
Return to the Workforce	2	0%
Begin Accepting Trainees	86	13%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While 9% 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 2042.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	40	9%	9%
5 Years	23	5%	14%
10 Years	82	18%	31%
15 Years	61	13%	44%
20 Years	55	12%	56%
25 Years	46	10%	66%
30 Years	50	11%	77%
35 Years	42	9%	86%
40 Years	19	4%	90%
45 Years	4	1%	91%
50 Years	4	1%	92%
55 Years	0	0%	92%
In More than 55 Years	3	1%	93%
Do Not Intend to Retire	35	8%	100%
Total	463	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 2032. Retirement will peak at 18% of the current workforce around the same time before declining to under 10% again by 2057.

At a Glance:

FTEs

Total: 686
 FTEs/1,000 Residents²: .080
 Average: 1.08

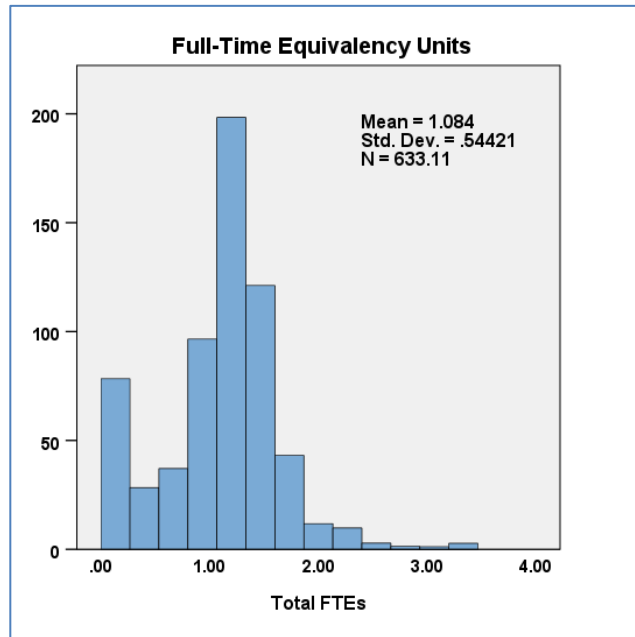
Age & Gender Effect

Age, *Partial Eta*²: Medium
 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:

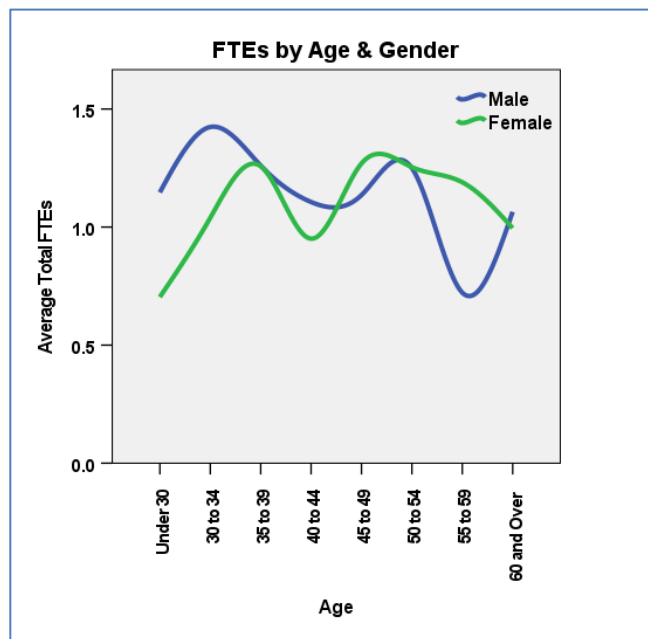


Source: Va. Healthcare Workforce Data Center

The typical ALFA provided 1.18 FTEs in the past year, or approximately 47 hours per week for 50 weeks. Although FTEs appear to vary by age, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.86	0.92
30 to 34	1.12	1.09
35 to 39	1.25	1.27
40 to 44	0.85	0.96
45 to 49	1.28	1.25
50 to 54	1.28	1.35
55 to 59	1.13	1.20
60 and Over	0.88	1.05
Gender		
Male	1.14	1.10
Female	1.12	1.18

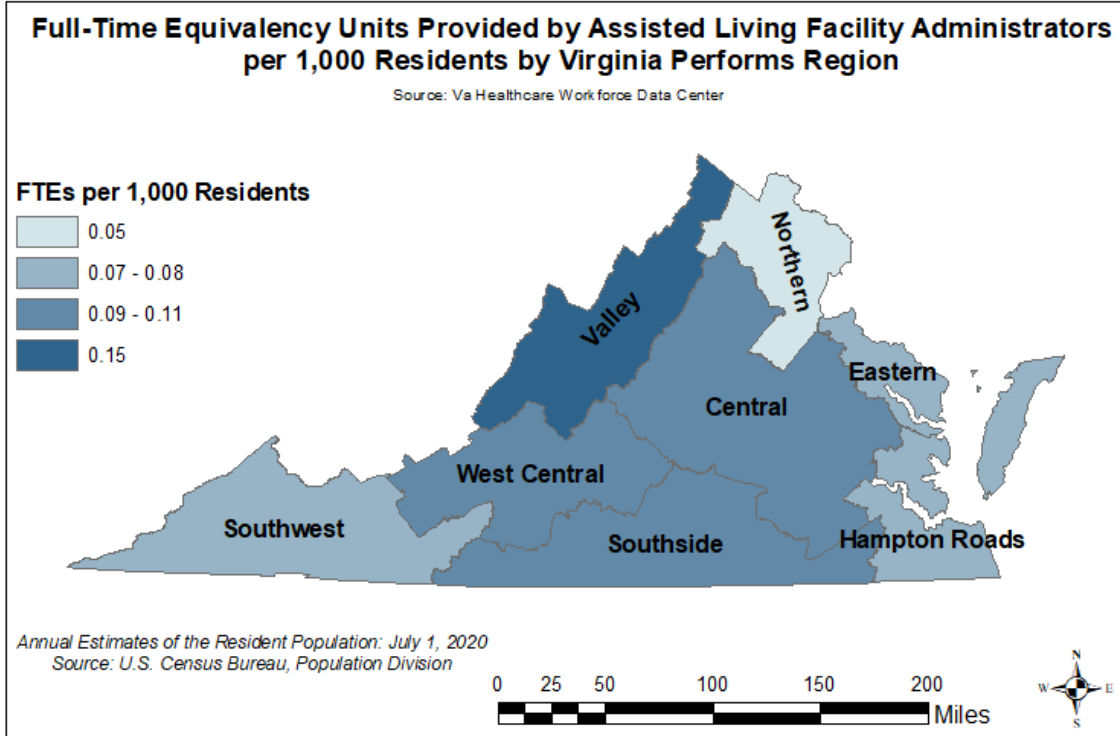
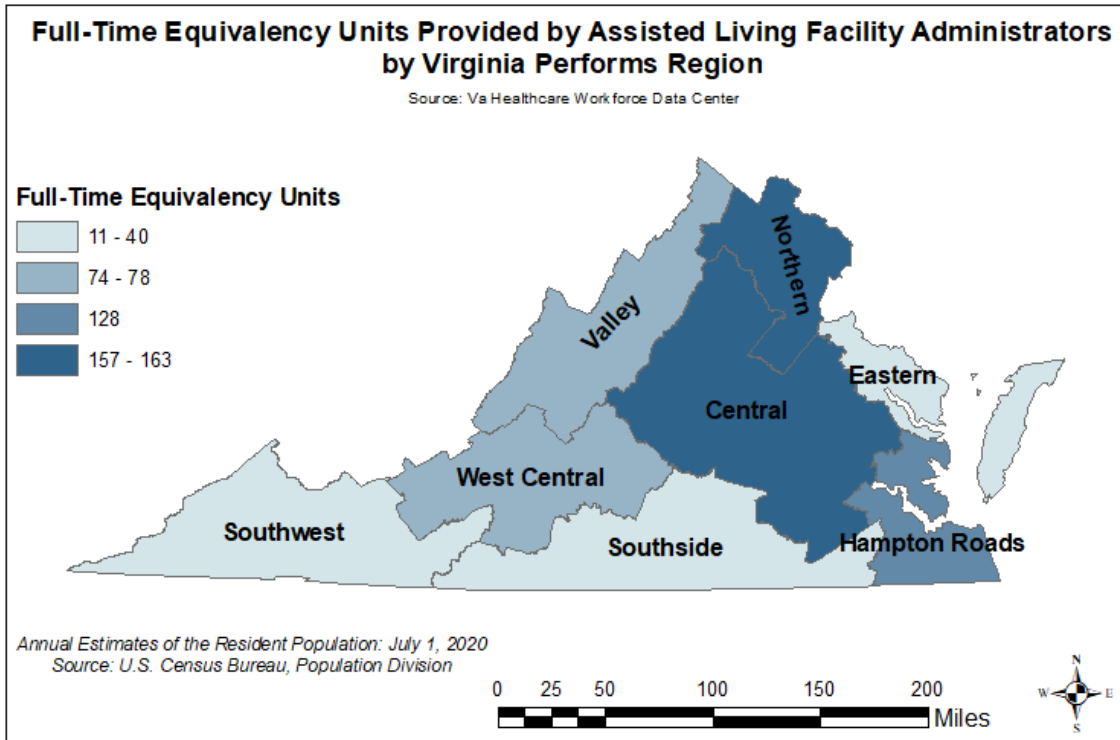
Source: Va. Healthcare Workforce Data Center

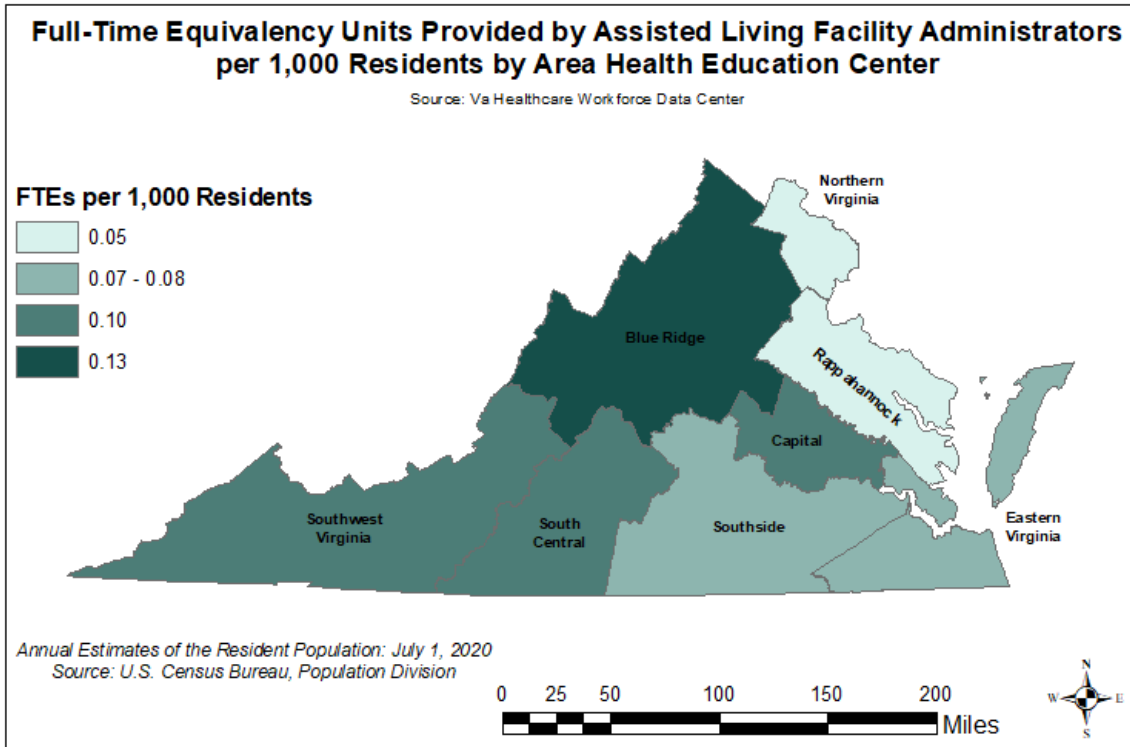
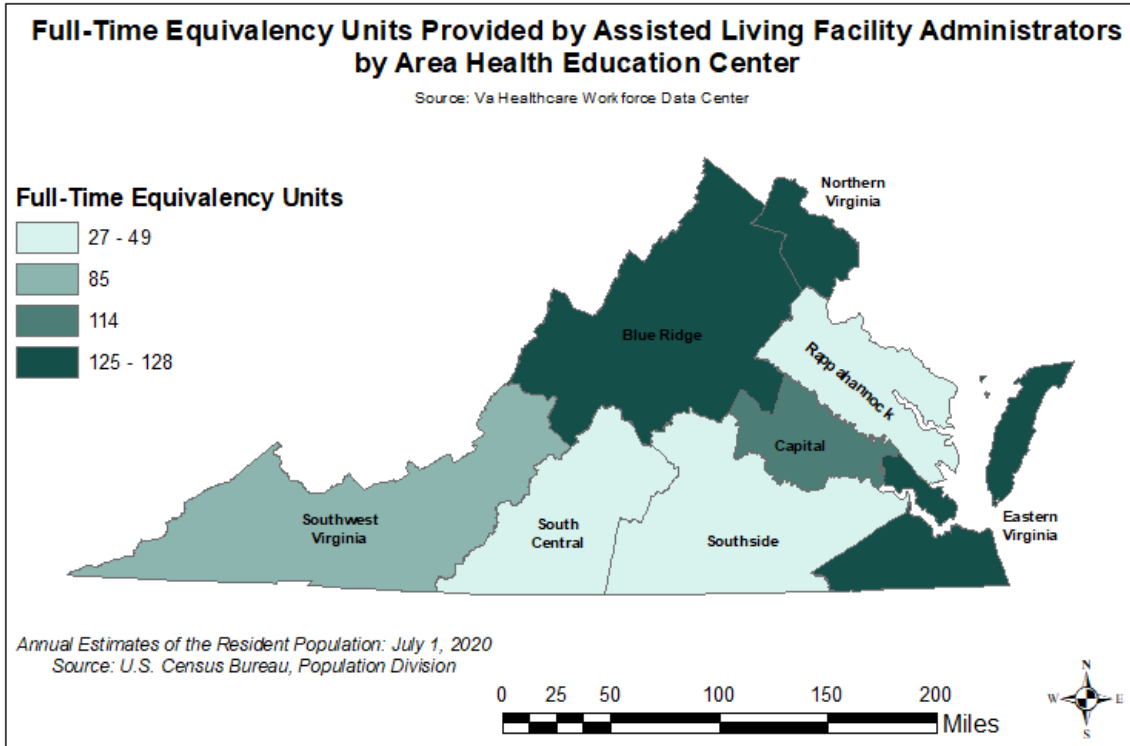


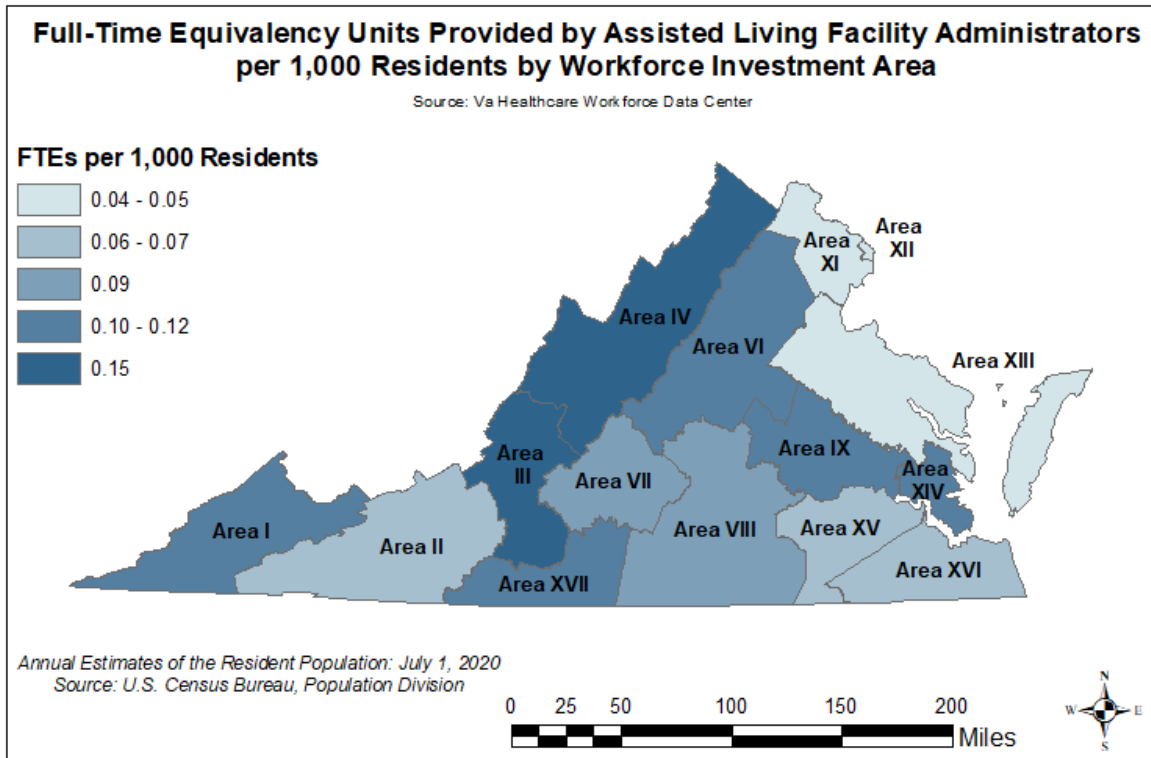
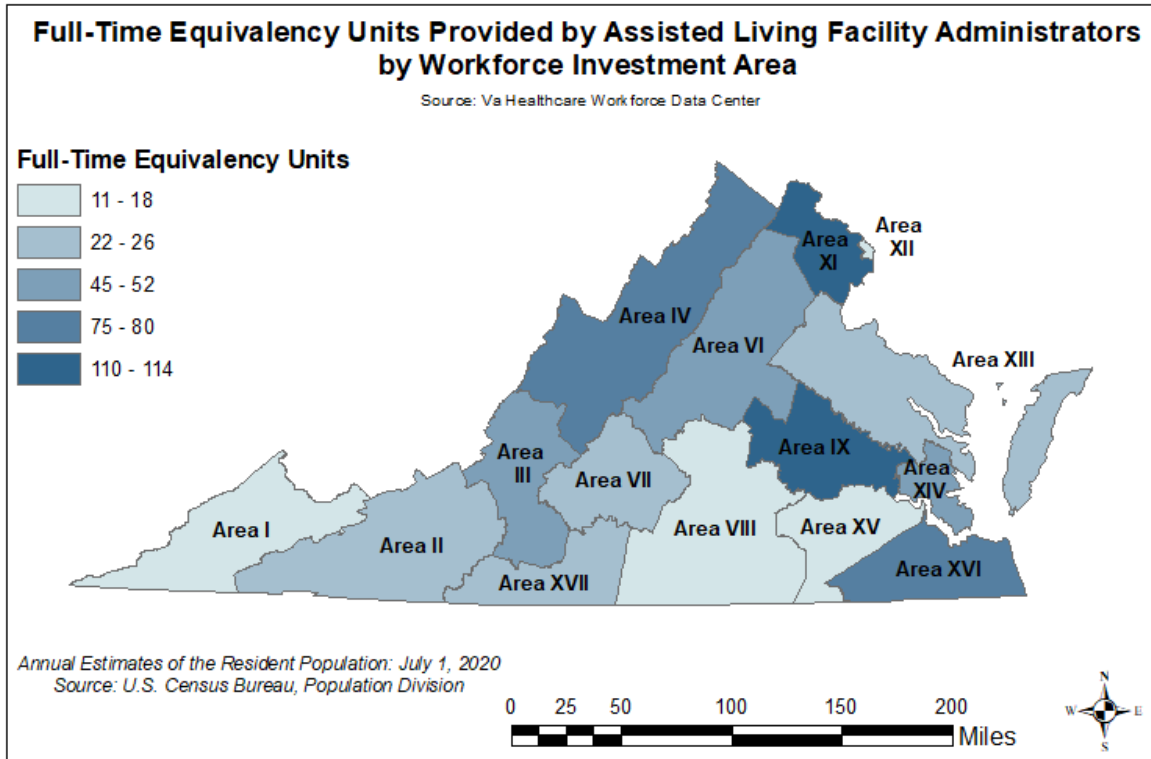
Source: Va. Healthcare Workforce Data Center

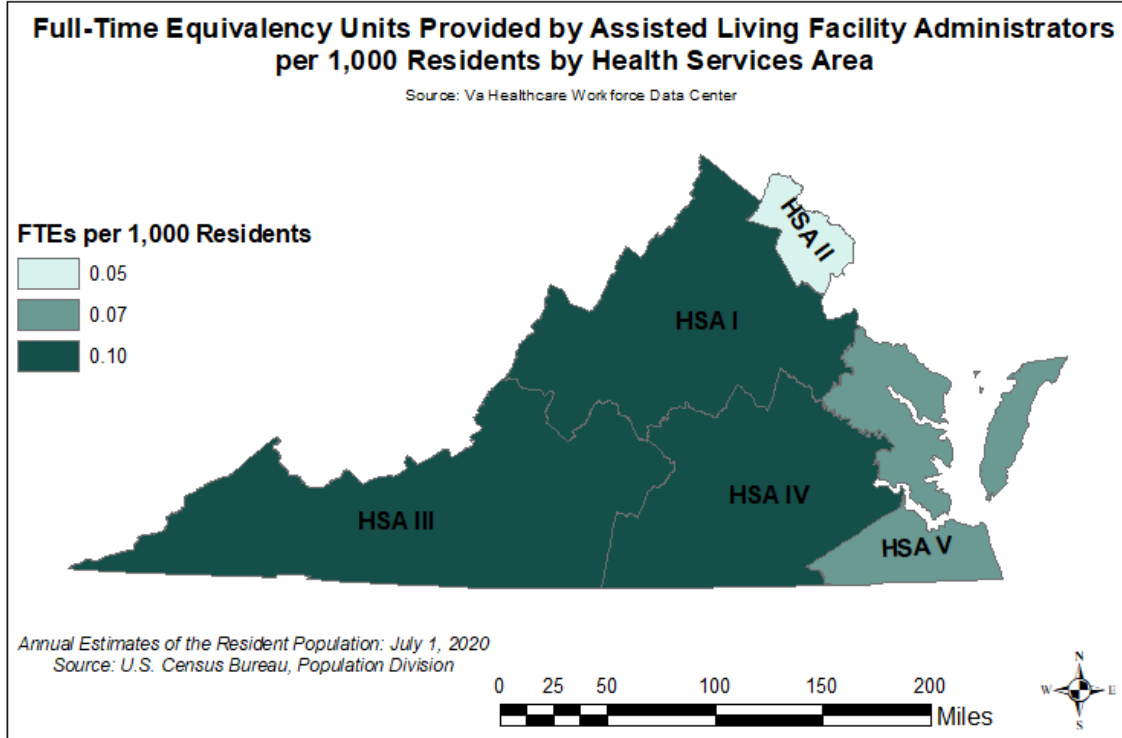
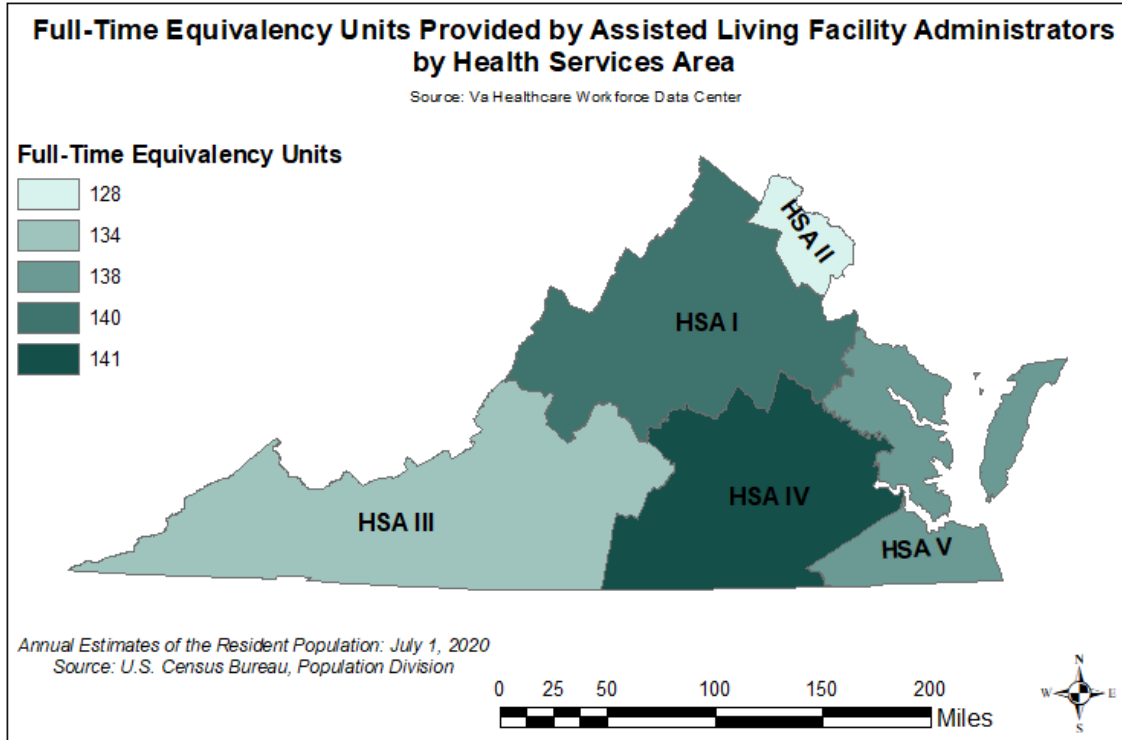
² Number of residents in 2020 was used as the denominator.

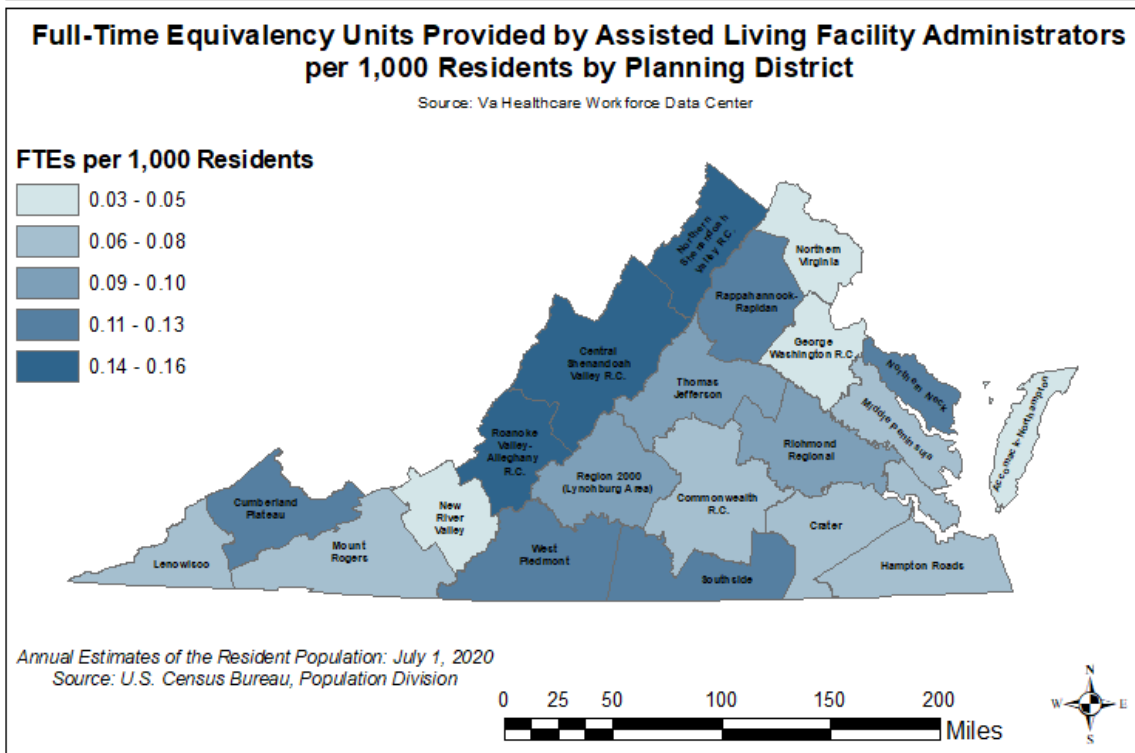
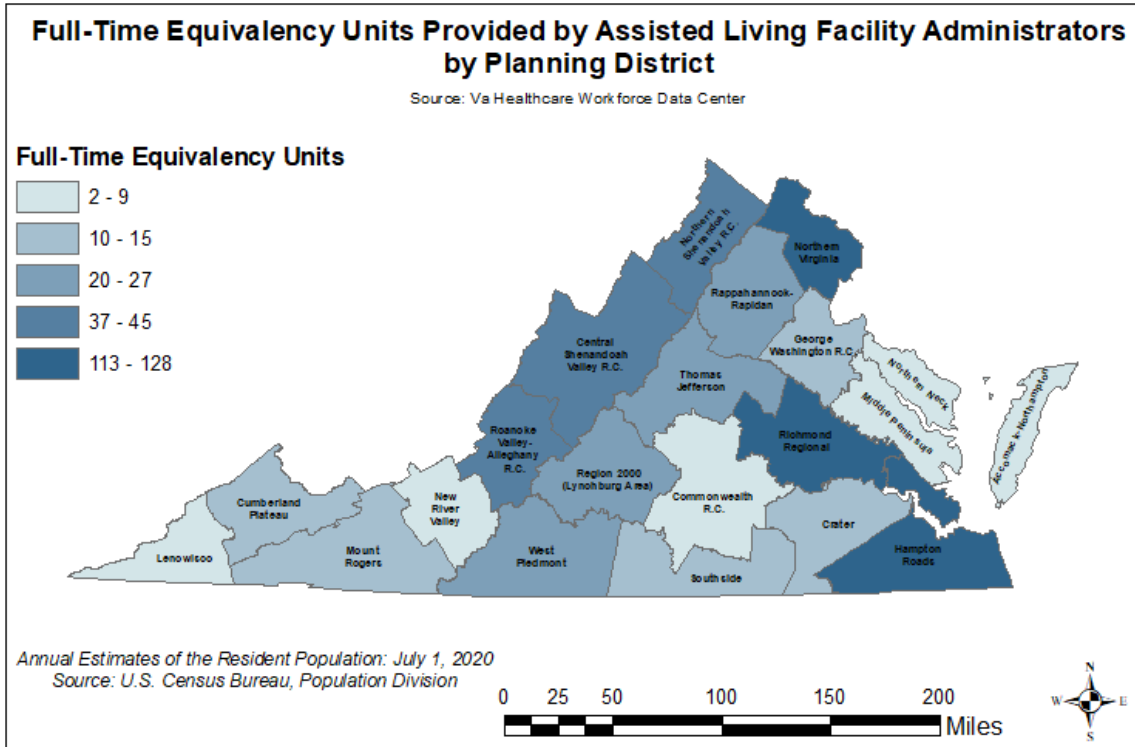
³ Due to assumption violations in Mixed between-within ANOVA (Interaction effect was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	384	79.95%	1.251	1.153	1.519
Metro, 250,000 to 1 Million	62	72.58%	1.378	1.270	1.507
Metro, 250,000 or Less	62	69.35%	1.442	1.329	1.751
Urban, Pop. 20,000+, Metro Adj.	17	82.35%	1.214	1.119	1.221
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	59	76.27%	1.311	1.208	1.592
Urban, Pop. 2,500-19,999, Non-Adj.	26	84.62%	1.182	1.089	1.293
Rural, Metro Adj.	20	80.00%	1.250	1.152	1.518
Rural, Non-Adj.	10	90.00%	1.111	1.024	1.215
Virginia Border State/D.C.	42	80.95%	1.235	1.138	1.351
Other U.S. State	14	85.71%	1.167	1.075	1.276

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	17	64.71%	1.545	1.518	1.751
30 to 34	45	80.00%	1.250	1.146	1.416
35 to 39	72	79.17%	1.263	1.103	1.431
40 to 44	73	80.82%	1.237	1.201	1.402
45 to 49	103	71.84%	1.392	1.215	1.577
50 to 54	102	85.29%	1.172	1.024	1.329
55 to 59	101	79.21%	1.263	1.102	1.431
60 and Over	183	78.14%	1.280	1.173	1.450

Source: Va. Healthcare Workforce Data Center

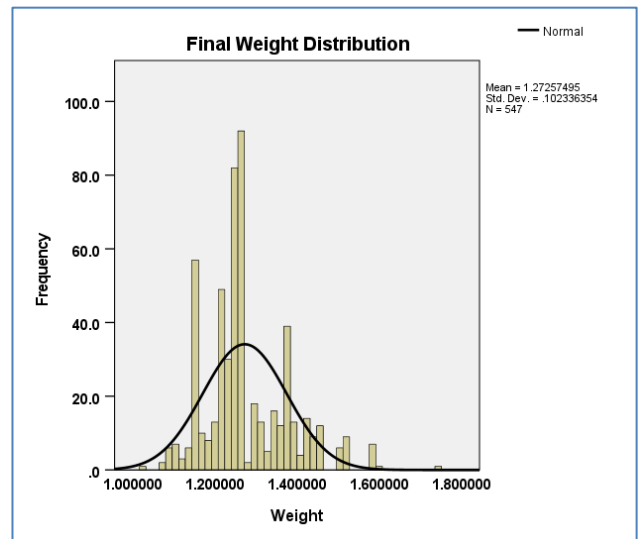
See the Methodology section on the HWDC website for details on HWDC methods:

<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: 0.785920



Source: Va. Healthcare Workforce Data Center

Staff Reports

**DHP
Board Cash Balance Report**

	114 - Long Term Care Administrato rs
	<hr/>
Cash Balance as of June 30, 2021	\$ 265,921
YTD FY 2022 Revenue	211,020
Less: YTD FY 2022 Direct and Allocated Expenditures	343,196
Cash Balance as of February 28, 2022	<hr/> <u>\$ 133,745</u> <hr/>

Legislative and Regulatory Report

Board of Long-Term Care Administrators
Current Regulatory Actions

Chapter	Action	Stage	Duration
Regulations Governing the Practice of Assisted Living Facility Administrators 18VAC95-30	Recommendations of RAP on qualifications for licensure	Proposed – comment period ended 4/2/2022	

Board Discussion and Actions

Agenda Item: Adoption of final regulations from recommendations of the RAP on qualifications for licensure

Included in your agenda package are:

- Town Hall summary page
- Comments received via Town Hall
- Comments received by agency
- Final regulations for implementation of recommendations of the RAP

Action needed:

- Motion to adopt final regulations



Agency Department of Health Professions

Board Board of Long-Term Care Administrators

Chapter Regulations Governing the Practice of Assisted Living Facility Administrators
[\[18 VAC 95 - 30\]](#)

Action: Recommendations of RAP on qualifications for licensure

Proposed Stage

Action 5471 / Stage 9481

[Edit Stage](#) [Withdraw Stage](#) [Go to RIS Project](#)

Documents		
Proposed Text	1/27/2022 9:39 am	Sync Text with RIS
Agency Background Document	11/3/2021	Upload / Replace
Attorney General Certification	11/9/2021	
DPB Economic Impact Analysis	12/22/2021	
Agency Response to EIA	12/29/2021	Upload / Replace
Governor's Review Memo	12/29/2021	
Registrar Transmittal	12/29/2021	

Status	
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
Attorney General Review	Submitted to OAG: 11/3/2021 Review Completed: 11/9/2021 Result: Certified
DPB Review	Submitted on 11/9/2021 Economist: Oscar Ozfidan Policy Analyst: Jerry Gentile Review Completed: 12/22/2021
Secretary Review	Secretary of Health and Human Resources Review Completed: 12/27/2021
Governor's Review	Review Completed: 12/29/2021 Result: Approved
Virginia Registrar	Submitted on 12/29/2021 The Virginia Register of Regulations Publication Date: 1/31/2022 Volume: 38 Issue: 12
Public Hearings	03/04/2022 1:00 PM
Comment Period	Ended 4/2/2022

4 comments**Contact Information**

Name / Title:	Corie Tillman Wolf / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233-1463
Email Address:	corie.wolf@dhp.virginia.gov
Telephone:	(804)367-4595 FAX: (804)527-4413 TDD: (-)

This person is the primary contact for this board.

This stage was created by [Elaine J. Yeatts](#) on 11/03/2021 at 4:03pm

This stage was last edited by [Elaine J. Yeatts](#) on 12/29/2021 at 3:22pm


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Agency

Department of Health Professions

Board

Board of Long-Term Care Administrators

Chapter

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

Action	Recommendations of RAP on qualifications for licensure
Stage	Proposed
Comment Period	Ends 4/2/2022

4 comments

[All good comments for this forum](#) [Show Only Flagged](#)
[Back to List of Comments](#)
Commenter: Alice Reynolds

3/7/22 6:40 am

Assisted Living Administrator

Thank you to the Board of LTC Administrators for reviewing the requirements for the AIT program. As an administrator of 21 years, I have worked alongside a group of leaders that are both skilled and passionate. Most started their career path in the industry outside of the administration field. Yet, they found a strong talent for leadership. Others became administrators as a second career.

Please consider opening up the pathways to becoming a licensed Administrator. According to a study by The New York Federal Reserve Bank, only 27% of graduates work in their field of study. This was from a database of 125-million professional profiles. For most, their field is their first major career milestone but certainly not their last. Most find a different path. It is more of a winding than a straight road. With a majority of administrators considering retirement, we need the ability to replenish the field. History tells us that we "grow our own". We promote from within. To widen the ability with coursework and experience would enhance the industry's ability.

This is an industry of both skill and passion. When those align, we see great accomplishments. Please help us to widen our opportunity to find the great not just the good.

CommentID: 120598

Commenter: Anna Gring

3/7/22 10:37 am

Assisted Living Administrator

Thank you for proposing to broaden the pathways for licensing in senior living. As a licensed administrator, I see the benefits of bringing fresh faces into the industry with ideas that could lead us into the next generation. The number of aging adults over the next several years will quickly outgrow what we can currently accommodate. I strongly feel that people should be given a chance to shine, especially when we are so limited with the number of licensed people in senior living

today. And, why shouldn't we in senior living be able to share our passion with people who may not know how great it is or who may not know this could be a path for them. Thank you for your time and consideration to better the senior living world for all.

CommentID: 120602

Commenter: Fairfax Home Health Care

3/7/22 10:10 pm

Administrator-in-Training Pathway

First off, I would like to start by thanking everyone who has voiced their opinions with the new Administrator-in-Training pathway which will open up opportunities to those hard-working talented individuals. They have put the time and effort to learn what must be done to run the daily operations in the nursing home or assisted living facility, but they only need that little help from the legal system, a certificate. I appreciate the time and effort from everyone to make this pathway a reality, yet I am only asking for the Administrator-in-Training program to be easy to find, and for anyone who is eligible to be able to attend the program. I am only suggesting having a community college or a university to teach the theory, but the practical aspect could be taught at a hospital or long-term facility. This will alleviate the extra work for the preceptors for them to focus on teaching the daily tasks of the operations. The nursing program is well organized and has clinical rotations at hospitals or long-term facilities. Just a thought.

CommentID: 120621

Commenter: Katie Jones

3/24/22 8:31 am

Assisted Living Administrator

Thank you for your consideration to enhance training and add an additional pathway towards licensure. As a licensed nursing home administrator for 10 years, I have seen the growing need for licensed administrators, especially those with the passion to serve our aging population. There should be an AIT pathway for those with years of experience and a strong passion for serving our industry.

CommentID: 120853



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: March 30, 2022

Re: Public Comments – Recommendations of RAP on Qualifications for Licensure

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 (Board) and the Regulatory Advisory Panel (RAP) for considering areas of improvement to the current regulations that will eliminate some of the barriers in the recruitment, licensure, and retention of licensed assisted living facility administrators.

In consultation with many assisted living providers throughout the Commonwealth, having an alternative pathway to licensure that includes licensure based on experience without a requirement to have completed hours at a college or university is highly recommended. Being able to train passionate staff members from a variety of departments within a senior living community helps to provide continuity of care, enhanced work ethics, and encouragement for providing career pathways that did not previously exist. The creation of the experience pathway to licensure also helps to eliminate the unintentional discrimination of AIT candidates based on income status, since many individuals were unable to go to college due to financial restrictions.

In addition to the alternative pathway to licensure, we have also heard many positive comments about the inclusion of continuing education credits for registered preceptors overseeing an Administrator-In-Training. We are optimistic that the inclusion of the CEU opportunity will encourage more qualified, licensed administrators to become a licensed preceptor.

With the increasing number of elderly citizens needing long-term care services and the high number of retirements of administrators as a direct result of the COVID-19 pandemic, the long-term care communities need more opportunities to recruit, to train, and to license administrators. With these considerations in mind, **we request the Board of Long-Term Care Administrators to approve the recommendations of the RAP.**

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.

Project 6286 - Proposed

Board of Long-Term Care Administrators

Recommendations of RAP on qualifications for licensure

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.

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~~ the licensee's 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~~ subsections 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 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.

18VAC95-30-70. Continuing education requirements.

A. In order to renew an assisted living administrator license, an applicant shall attest on ~~his~~ the applicant's 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.

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 of postsecondary education in an accredited college or university ~~in any subject~~ with at least 15 of the 30 semester hours in business or human services or a combination thereof 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~~ client or 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 ALF 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.

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. ~~A new ALF AIT program or internship shall not be conducted in a~~ Training in an ALF AIT program or for an internship shall not be conducted in:

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;
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 fewer 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 ~~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 program.

Agenda Items: Reaffirm Guidance Document 95-9, Continuing Competency Hours for Dually-Licensed Administrators

Included in your agenda package are:

Guidance Document 95-9

Action needed:

- Motion to reaffirm Guidance Document 95-9

Virginia Board of Long-Term Care Administrators

Continuing Competency Hours for Dually-Licensed Administrators

Persons who are dually licensed as nursing home administrators and assisted living facility administrators are allowed to count the continuing competency hours for both professions, requiring that only 20 hours be accrued to meet the requirements for renewal.

Agenda Items: Reaffirm Guidance Document 95-11, Disposition of Cases Involving Practicing on an Expired License

Included in your agenda package are:

Guidance Document 95-11

Action needed:

- Motion to reaffirm Guidance Document 95-11

VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
DISPOSITION OF CASES INVOLVING PRACTICING ON AN EXPIRED LICENSE

The Board of Long Term Care Administrators delegates to the Executive Director for the Board the authority to offer a confidential consent agreement or a prehearing consent order to resolve disciplinary cases in which a licensee has been found to be practicing with an expired license.

The board adopted the following guidelines for resolution of cases of practicing with an expired license:

Cause	Possible Action
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to one year	Consent Order; Monetary Penalty of \$500
First offense; one to two years	Consent Order; Monetary Penalty of \$1000